

## **Professionalisation, Commercialisation and Managerialism**

Professionalisation of social care, at times erroneously conflated with professionalism, is a very topical issue in the UK and in the Republic of Ireland. In the Republic of Ireland professional registration of social care workers is anticipated to commence in 2017 (Jeyes, 2014). This places even more imperative on workers to engage with their profession. If not, we may find that the professionalisation agenda takes on dimensions determined by actors external to the profession, bureaucrats, politicians and administrators, and implemented within the profession by managers aligned with these principles. Managers implementing these models utilise the tools of audit management where key performance indicators (KPIs), which have become part of nomenclature within social care management in recent years, are defined with indicators that align more with the requirements of management and administrators than the wellbeing of the children. Abbott (1988) outlined a conception of professional work that bears consideration within the current professionalisation agenda in the Republic of Ireland. Abbott posited that a better way to consider professional work is to see it as something that is defined and redefined within the continuous struggle between different occupational groups. Abbott's thesis can be informative to consider the addition of the 'new managerialism' agenda (Clarke, 2000; Kirkpatrick *et al.*, 2005; Ruch, 2005; Meade, 2012) as representative of a new occupational group. This group includes managers who,

paradoxically, whilst attempting to reduce the professional status and autonomy of occupational groups in order to control these groups, in this case social care/work professionals, seek to claim the very professional status formerly associated with these occupational groups for themselves (Noordegraff & Schinkel, 2011).

Examples of this 'new managerialism' can be found in many official publications in social care. For example, the aforementioned 2011 HSE Review of Adequacy Report wherein under Point 9.3 *Service Developments within Foster Care* the development of standardised business processes is clearly linked to care plans:

- *The development of Standardised Business Processes to provide consistency in assessment tools and care plans. (HSE, 2011:47)*

This conflation of business with care has become pervasive in the Republic of Ireland over the past two decades. The pernicious tentacles of free-market defined corporatism, which poorly regulated led to what the economist Susan Strange famously labelled '*casino-capitalism*', have invasively spread from the private sector to the statutory sector. Significant drivers of this corporatisation were the shift in dominant political regimes in the UK and the Republic of Ireland in the 1980s and 1990s to neo-liberal paradigms coupled with the imperative to achieve international competitiveness (Hanlon, 1998). In the UK, at the end of the 20<sup>th</sup> century and into the beginning of the 21<sup>st</sup> century

New Labour championed the 'Third Way' (Ietto-Gillies, 2006). Halpern & Misosz (1998:43) point out "*There is no clear definition of the third way*" but certainly a cultural shift towards attitudes of welfare provision which focused on paid work rather than welfare assistance and the role of the state in 'enabling' its citizens to become economically independent by modifying welfare provision was a central tenant of the Third Way. Basically, the mantra was and remains that the state has no role in supporting/interfering with families. This was facilitated with a shift in social policy outlined by Miliband (1994:88-89): "*Welfare has to be preventive rather than ameliorative, economic as well as social: the most potent social policy is a successful economic policy.*" Rees (2010:332) commenting on Powell's (2000) observations of the Third Way stated: "*The Third Way is as Powell (2000) pointed out, hard to define but in practice it has led to the marriage of the public and the independent sector. In entering into this marriage, the public sector has acquired all the relatives of the independent sector as "in-laws"; market processes, financial primacy, competition and organizational streamlining.*" These processes in the UK influenced developments in the Republic of Ireland in promoting the neo-liberal agenda and the influence of the private sector within the public sector. As we have seen neo-liberalism promotes entrepreneurial behaviour and activity with government intervention perceived as an impediment to such enterprise culture. Additionally, enterprise defines the conduct of organisational and individual activity

which is focused on producing autonomous, self-regulating and self-limiting, productive organisations and individuals (Beck, 1992; du Gay et al., 1996).

*"Basically, one is no longer concerned with attaining something 'good', but rather with **preventing** the worst; **self-limitation** is the goal that emerges."* (Beck, 1992:49)

*"One might want to say that the generalization of an 'enterprise form' to **all** forms of conduct - to the conduct of organizations hitherto seen as non-economic to the conduct of government, and to the conduct of individuals themselves - constitutes the essential characteristic of this style of government: the promotion of an enterprise culture."* (Burchell, 1993:275)

Within this enterprise culture and the belief in the superiority of private-sector management (Doolin, 2002) the inclusion of Public Private Partnerships (PPP) can be seen to have facilitated a further corporatisation of the public sector in the Republic of Ireland. PPP commenced in the Republic of Ireland with eight pilot projects in 1999 with, in more recent times, PPP becoming a major pillar of the Irish government plans to stimulate the stalled economy with €2.5 billion in investment announced in July 2012 (Reeves, 2013). Coupled with PPP we had the emergence of the ranks of highly-paid consultants and consultancy firms along with government and ministerial advisers, predominately from within the private sector, taking up powerful shadow-roles within government. The intent of government in the UK to privatise large sections of public services initiated by Margaret Thatcher's

conservative government in the 1980s is manifesting in the 21<sup>st</sup> century. We now have the privatisation of the welfare states in major economies having been identified as a prime avenue of future business opportunity for corporations (Cogman & Oppenheim, 2002; Hanlon & Fleming, 2009).

These neo-liberally spawned enterprise culture processes and actions have reshaped Irish social, economic and state structures with the cumulative effect being the corporatisation of the public sector. In this process the state has been able to reduce its liability to supporting the needy and marginalised and thereby facilitate its retraction from the welfare state (Hanlon & Fleming, 2009). In the same process the state also seeks to shift risk to the private sector. The Department of Public Expenditure and Reform website states:

*"The PPP approach has the potential to offer value for money and timely delivery of infrastructure when applied to projects of the right scale, risk and operational profile. One key aspect of the PPP approach is that risk is transferred to the party that can manage it best."*

However, there is scant evidence that these PPPs, totalling €6 billion since 1999, have in fact met these objectives (Reeves, 2013). We have recently seen with Irish Water the enormous expenditure on consultancy, often to internationally based firms, with contracts awarded to IBM for €44.8 million and Accenture for €17.2 million (Irish Times, 2014). Additionally, the scale of

expenditure on government special advisers has been unveiled at €3.4 million with many instances of salaries above agreed pay caps (Irish Independent, 2012) coupled with numerous exposes of questionable process associated with these advisers often relating to their appointment.

Through such dynamics the public sector became subject to corporatisation and the assimilation of business practices within government departments, including social services. This then passed to the voluntary and community sector, as the state embraced these sectors to provide services which were formerly the preserve of state provision (Harvey, 2014). This process was in-part facilitated via the osmosis like legitimising mechanisms of organisational isomorphism.

*"Research in institutional theory has examined the causes of isomorphism, that is, the factors that lead organizations to adopt similar structures, strategies and processes (Davies, 1991; DiMaggio & Powell, 1983; Mezias, 1990; Jennings & Zhou, 1993)."*  
(Deephouse, 1996:1024)

This version of rampant corporatism masquerades under the guise of efficiency. It espouses the mantra of value-for-money with the underpinning basic assumption that business models when applied to social services will yield better and more-effective services at the lowest possible cost. This 'corporatisation of care' assumes that any enterprise will benefit from applied business practices and systems of risk, quality and performance management

thereby emulating, on a reduced scale, the trajectory of private corporations that have risen to positions of major prominence in the latter half of the twentieth century as masters of international competitiveness (Jessop, 1994).

*"The assumption that public healthcare providers can be organized as commercial entities and run as successful businesses is based on the belief in the efficiency of a competitive market mechanism and the superiority of private-sector management practices."*

(Doolin, 2002:385)

There is an unquestioning belief that this was as a result of efficiency and skilled leadership of key individuals further propagating the '*cult of the individual/entrepreneur*' so reified by neo-liberal paradigms. This assumption is at the least one-dimensional and at worst dangerous. It assumes that only by the ruthless implementation of these audit-based management and managerial-based models of practice that efficiency and value-for-money can be achieved. In the drive for efficiency and value-for-money the focus is all on the corporate and the manager and administrator implementing corporate practices and little or no focus, other than cost cutting and flexibility-generating efficiency strategies, on the workers actually delivering the support services. We must remember that the worker is the face of the corporate parent Stein (2012). Yes, it is true to say that any service needs to operate efficiently and waste should not be tolerated. Indeed, most businesses will not remain operational if run at a loss for prolonged periods of time which equally

means, in the case of social care, that those needing the support of such companies will no longer get a service (Forster, 2001). Also, it is not untrue to say that areas of the public services, social care included, needed reform in the Republic of Ireland after the excesses of the Celtic Tiger era and the recession which followed. However, just how this was achieved by the state, with the compliance of certain sections of the media, is a further example of the procrustean practice of individualisation and fragmentation inherent in neo-liberalism; seditious, divisive and surreptitious in nature. Here, the public sector was castigated for waste and pitted against the private sector which was extolled for efficiency (Murphy, 2010; Monaghan *et al.*, 2013).

However, the singular focus on efficiency and value-for-money with reliance on the likes of SWOT analysis and KPIs as indicators of professional excellence, and therefore as the essential mechanisms for achieving these legitimate organisational goals, is flawed. This disavows the key place of morality, ethics, values and the intrinsic motivation, dedication and commitment present in the majority of social care professionals, the desire to make a difference. This unilateral approach is not working in promoting better outcomes for children in care and needs to be correctly integrated into the profession but in balance with other factors such as the empowerment of staff and the value and place of practice-based wisdom. It cannot, for the sake of children in care, remain the dominant paradigm.



These managerial and audit models of practice are redefining the social professions within the neo-liberally defined parameters set by state, a point succinctly made by Gerald Hanlon:

*"...in short the state is engaged in trying to redefine professionalism so that it becomes more commercially aware, budget focused, managerial, entrepreneurial and so forth."*

(1999:121)

The evidence of this phenomenon is present within all sectors, statutory, voluntary and private, of social care in the Republic of Ireland in 2014. Most notably, there has been a 'blurring of the lines' between the voluntary and private sectors. As we saw earlier Rees (2010) identified some voluntary companies do in fact generate profits but label these profits as 'surpluses'. This financial mandate is evident in the Republic of Ireland with the revelations in 2014 of the salaries paid to some senior executives. We have senior managers in a considerable number of voluntary bodies being paid six-figure salaries with the rationale for this being that if we want the best people for the job we must pay salaries equivalent to what these people could command in the private sector in order to attract them to the voluntary sector. This places little emphasis on the value-bases of such managers and seriously calls into question their appropriateness for employment in leading roles in social care. Within these agencies the service ethic, originally defined in 1939 by Marshall as the professional service ethos with service provision determined by need rather than ability to pay, implicit

in the caring professions is essential but being eroded by the focus on personal monetary reward within an increasingly individualised and fragmented society. If these people want to make six-figure salaries there is nothing wrong with this ambition and they could more appropriately achieve this goal within private-sector employment in other sectors. However, to serve others within the caring professions is, and should be, itself part of the reward, the job satisfaction. Monetary remuneration, whilst important, should be at a minimum an equal, but ideally, a secondary goal; but certainly not the primary goal. It is with some irony, given that formerly he was a bank official and currently he operates predominately in international financial circles, but also respect, that I quote one of Ireland's more successful entrepreneurs, Gerry Murphy, with regard to personal monetary reward: *"It is, however, incidental rather than an end in itself. What excites me is creating something from nothing, solving problems and improving other people's lives"* (Murphy, 2014:xii).

There is nothing wrong with being well rewarded for enterprise, skill, commitment, qualifications and those who are driven to excel and lead are entitled to be appropriately remunerated. However, six-figure salaries in agencies providing support and care to the marginalised and vulnerable being supported partly or wholly by public donations and public money is, at a minimum, incompatible with the service ethic. It is also inappropriate within the context of shrinking resources available to provide

for the care and welfare of vulnerable children and young people. These resources are now more than ever vital for the sustenance of those in need.

This rationale of employing the 'best people for the job' is flawed on several levels not the least of which is by virtue of what our definition of 'the best' actually means. Hanlon (1998) outlined a form of commercialised professionalism which we are seeing within these voluntary bodies in the Republic of Ireland currently. These leaders are often identified as 'the best' within the three parameters of commercialised professionalism identified by Hanlon:

- 1) *Technical ability - this will allow one to practice in the profession but will not guarantee advancement nor success;*
- 2) *Managerial skill - this is the ability to manage other employees, the ability to balance budgets and the capacity to manage and satisfy clients;*
- 3) *The ability to bring in business and/or act in an entrepreneurial way. (Hanlon, 1998:13)*

Such selection processes result in a range of consequences which impact on support and care services for children in care and aftercare as well as other marginalised individuals and groups. Firstly, the ability to act entrepreneurially and generate profit or 'bring to the table' networks which have the ability to generate profit or attract funding weakens the focus on providing a service based on need. "In short, personal professional success is related to profitability not to servicing clients in need"

(Hanlon, 1998:50). Secondly, as previously highlighted, the people we support in social care are often those on the margins of society and the focus on satisfying these 'clients/customers' which is central to quality management programmes utilised by social services organisations such as the previously cited Total Quality Management (Morgan & Murgatroyd, 1994) ensures that the majority and powerful voice of these clients/customers is heard above the minority voice. This has clear repercussions for many excluded and marginalised children and adults alike. This holds major importance for care leavers as it is the more successful ones who will most often receive a service but the less successful and less engaged, those more prone to social exclusion and without a voice, the minority, who receive the least. Thirdly, the technical function/ability has been downgraded by the focus on the managerial and entrepreneurial skills as in the past only the technical skills was sought (Hanlon, 1998).

Furthermore, organisational and professional culture comes from the top down (Schein, 2004) and clearly leaders play a pivotal role in this process. However, little heed appears to be paid to the fact that some leaders in the public and voluntary sectors are getting paid six figure salaries, whilst the lower grade employees are experiencing salary reductions and increased workplace demands in the guise of flexible working arrangements. This engenders a conflict between what these leaders espouse in terms of what they demand from their workers and what they enact for themselves. We have a clear case of double-standards where

'do as I say not as I do' is the practice in evidence which results in a disavowal of the service ethic and community principles that are integral to the caring professions. Solidarity and transformation are preached but the price is paid by the workers and those they support, not the leaders. This clearly has the potential to demotivate and destabilise the workforces of such agencies and organisations and alienate public support.

An appropriate model for remuneration within the voluntary sector would be the model of 'maximum wage' as outlined by Sam Pizzigati (1992, 2012). Pizzigati develops the pre-existing concept of maximum wage that had previously been endorsed by business men such as J. P. Morgan in the 19<sup>th</sup> century. Central to the concept is the linking of maximum salaries in any company to the minimum salary within the same company within a defined ratio. So, for example, a company operating a ratio of 5:1 would mean that the highest paid person in that company could only earn five times what the lowest paid employee earns. Thus, if leaders want to pay themselves higher salaries they must also raise the salary of the lower paid employees to keep within the 5:1 ratio. This model does not, therefore, seek to prevent CEO's from claiming high salaries but it does ensure equity within any company and in the case of voluntary agencies would be in keeping with the voluntary service ethos and thereby prevent workforce demotivation.

The appointment of senior managers and leaders based on business and management skill-sets at excessive salaries is a self-reinforcing and self-perpetuating model which ensures that these business and management models are reproduced throughout these agencies and thereby ensuring that they remain the dominant models. Anyone seeking to be considered for such roles must undertake training in these models to satisfy the personal specifications requirements. These specifications are often stipulated by existing such managers and leaders or private recruitment firms, and thus they become exposed to inculcation into the paradigms associated with such business and managerial models. The potential for similar processes of reproduction is inherent in the utilisation of special advisers and consultancy firms, which also bears further attention. This ability to ensure reproduction via mechanisms of leadership and reward, seductive rather than coercive, is a feature of neo-liberalism and the beneficiaries are the managers, administrators and state. The workers and those in receipt of services are relegated in importance. In the case of the worker; with lower pay and employment rights: and for those in need services; with reduction in eligibility to, and ability to access, supports and entitlements.

The role of the board of directors, wherein business experience and many of the skill-sets currently sought for CEOs would be appropriate qualifications and experience for appointment, is an area where some of these issues might be addressed.

With growing levels of poverty the rationale of employing increasing numbers of managers to micro-manage budgets and effect cost savings is flawed on at least two levels.

Firstly, this consumes more of the resources available in salaries to these managers and administrators which has the effect of reducing what is available for those in need. Secondly, the *raison d'être* for these managers and administrators is to effect efficiencies and achieve cost reduction/savings and thus these become their targets to validate their role, and salaries. The needs of those requiring supports and services become secondary to these managers and administrators need to validate their role and salary. One of the dangers here is that it is eminently possible for these administrators to make savings far in excess of their salaries, thus appearing to validate their role, but at the less eminently apparent cost of reduced service availability and quality. Motivation is a key factor in the social professions and we must always question whether the end justifies the means within our work. Alfie Kohn's seminal publication *Punished by Rewards* (1993) offers valuable insight into the pitfalls of motivation by reward where performance is shown to suffer where motivation is promoted by incentives, including financial reward.

The focus on the usage and better management of resources takes the focus away from where it most needs to be, face-to-face support underpinned by meaningful relationships. Top-heavy investment in management resources reduces the amount of face-

to-face support for care leavers by consuming the available resources and generating targets that fit within such management models. The achieving of the target should not be the focus of the work, they are merely indicators of what it is hoped will be the outcomes.

We need to set our expectations higher than merely achieving targets such as the elimination of waiting lists. Having no waiting list but with a service that does not meet the needs of care leavers is not an acceptable achievement. It is difficult to conceive of just how an aftercare worker can have a meaningful relationship with an individual client when they have caseloads of 25:1 and as high as 40:1 (Tusla, 2014a) an issue addressed in some detail in the Irish social work context by Burns & McCarthy, (2012) and internationally by Ridley *et al.* (2013).

*"There is a clear link between caseload levels and quality of service as important both for outcomes for children and social workers' job satisfaction (Landsman, 2001; Strolin, McCarthy & Caringi, 2007; United States General Accounting Office, 2003)."*  
(Burns & McCarthy, 2012:26)

Whilst there has been progress made, for example within Dublin North East there is emerging clarity around just what aftercare support is and who is in receipt of this, there is still unfortunately strong evidence of this 'target focus' with regard to aftercare nationally. This is evidenced in Dublin North East (DNE) within the 'Aftercare Service DNE Review Report', 2014. This report is welcomed as an example of both willingness to make



available what formerly may have been restricted in terms of internal reports and also as a detailed account of aftercare services in DNE. This is important to acknowledge given the poor history of the former Child and Family Agency within the HSE which Carl O'Brien (2012), Chief Reporter at the Irish Times, correctly castigates for its excessive secrecy and unwillingness, originating at senior management level, to make available data to external stakeholders.

In an insightful and informative book chapter, that commences very poignantly with the tragic story of David Foley's death, he identifies some of these practices and their consequences.

*"Furthermore, this information vacuum feeds a largely negative stereo-type about the image of social workers as a kind of over-zealous social police. This does a huge disservice to social workers...Far too often, even the most basic information seems to be shrouded in a veil of secrecy...It ultimately allows inadequate and under-funded social services to limp along, and it increases the pressure on committed social workers on the ground."*  
(O'Brien, 2012:115-121)

Additionally, he identifies how when reports into serious failings in keeping children safe are eventually published, having been heavily censored, these reports invariably focus on *"statistics and examples of good practice - criticism of the HSE's own employees is almost entirely absent"* (2012:116). This is one practice that senior management within Tusla must guard against in their responses to reports of serious failings and

avoid seeking to deflect from the failings identified through tactical highlighting of any positive elements within these reports. These are reports commissioned to investigate serious failings and not to highlight good practice. Given that organisational culture is inculcated from the top down such practice would do little to engender a culture of accountability within all levels of Tusla, and would be in contradiction of senior managements' espoused aim to engender such a culture of accountability. Senior management must lead by example in accepting responsibility for failings and be mindful that in balancing the needs of maintaining public trust and confidence in child protection services that the same public recognise the defending of the indefensible as perpetuating the incompetent and that such practice lessens public trust and confidence in child protection services. As Brien (2009:404;405) has stated with regard to trustworthiness and public confidence in a profession: *"Quite literally, for a professional all else flows from it...in order to be trustworthy and trusted, the professional must be ethical and be seen to be ethical"*.

As noted this 2014 DNE Aftercare Service Review Report has much to recommend it and by making this available it is possible for external stakeholders to contribute critical analysis which can then inform scheduled revision of the report and ultimately improve services through real partnership working processes. One such critique is the interpretation of Mike Stein's research.

In Section 1.7:18, which addresses Aftercare Provision, the following statement is made:

*"The most important requirements for young people leaving care are secure, suitable accommodation, access to further education, employment or training and supportive relationships (Stein, 2009)".*

The reference citation for Stein 2009, an internet web link to a presentation he gave at a conference in Dublin in 2009, does not work and when asked neither Professor Stein, the conference organisers nor Tusla could make this presentation available as it was given six years ago. Indeed, it is curious why a presentation from 2009 is cited in a 2014 report when Professor Stein has published so much on this subject more recently than 2009.

There is also another example of contestable interpretation of Professor Stein's research within another Tusla publication, the 'Alternative Care: Practice Handbook', (2014), which states:

*"Stein (2012) identifies four major tasks of professionals supporting young people into adulthood:*

*1) finding settled, safe accommodation;*

*2) starting and maintaining employment;*

*3) further education or training;*

*4) being responsible for their own health and well-being."* (Tusla, 2014:138)

These are curious interpretations of Professor Stein's research given that since 1986 all his research into leaving care and

resilience has consistently highlighted the emotional and psychosocial needs alongside the above-cited needs. Whilst his 2012 book does identify the above-cited issues in Part 2, sections 4, 5, 7, 8 and 9 it also identifies in Part 2, sections 6 and 10 respectively: Homelessness, Housing Outcomes and Leaving Care Services; and Young People Needing More Support.

The best source of interpretation of the work of Professor Stein is the author himself. From the following two statements by Professor Stein it can be seen that he has consistently identified a wider range of needs other than those cited in the two Tusla publications both with regard to preparation for leaving care and aftercare:

*"Preparation (for leaving care) should be holistic in approach, attaching equal importance to practical, emotional and interpersonal skills..."* (Stein, 2006b:430)

*"Reflecting upon the main 'lessons learned', from research studies carried out over four decades suggests that the foundation stones of supportive pathways to adulthood are providing young people with: stability; continuity of attachment; emotional security; a positive sense of identity; compensation for educational deficits and opportunities to maximise progress; leisure activities, new opportunities and turning points; and holistic preparation - or put simply, good-quality care".* (Stein 2015:199)

Additionally, within the above-cited DNE report the issue of achieving targets as opposed to achieving what is in fact the required outcome, standardisation which would challenge inequity, is made manifest in the passage cited hereunder. Here, achieving the target of meeting the criteria of providing a dedicated aftercare services is evidently seen as sufficient and standardisation is identified as not worth changing what is apparently working, that is to say what is achieving the target: *"However, at time of writing this report, confirmation received from the Child & Family Agency national office with regard to the organizational structure for aftercare services informs that "Further to the aftercare audit (national audit) completed in 2011, it is clear that some areas have already in place a structure that meets the criteria of providing a dedicated aftercare service to young people leaving care.....where the current structure although not standardised nationally works well and does not need to change.""* (Tusla, Aftercare Services DNE Review Report, 2014:53)

Meeting identified targets such as eliminating waiting lists may produce excellent results when conceptualized statistically within data sets and management reports. However, although important, this is only one dimension of the complex combination of factors that constitute an aftercare service. What we cannot determine with this methodology is just what support the care leavers are actually getting or how many are not in receipt of a service. Thus we have no insight into the quality of the service

being provided or indeed, as previously highlighted, whether or not we are getting value-for-money for the €17 million spent on aftercare in 2012 (Dáil Debates, 2013, Written Answers, 19073/13). Furthermore, this same report makes reference to developing the best aftercare service possible which is to be lauded as an aspiration to be striven for whereas settling for achieving identified targets is tantamount to accepting mediocrity. But it is worse than accepting mediocrity, it is also a case of the needs of an organisation, and responsible individuals therein, being put ahead of the needs of those people the organisation is there to serve, in this case care leavers. Yes there are times where not fixing what isn't broken and is working well is indeed good practice but only when due consideration has been given to the reality that context is ever changing and that what worked previously may no longer be appropriate if the context has changed. Equally, when the desired outcome is an equitable service without regional variation this cannot be achieved without standardisation and thus change is essential in this case. However, standardisation also holds negative potential and the DNE Review Report evidences one such example where the case loads of the voluntary sector were raised to match those in place within the statutory sector. In this standardisation process the replication of the statutory sector within the voluntary sector is made manifest by what can be described as an 'isomorphic hammer'. Here, without compliance by

the voluntary sector with this process there would be serious ramifications from their main source of funding, the HSE/Tusla.

This is an example of the potential for quantity to be prioritised over quality through the focusing on readily quantifiable targets. This highlights the risk that employing targets within the social care profession presents where there is the potential for focusing on targets to promote unethical actions.

What I have learnt through my management and practice experience is that complex problems that can be influenced, no matter how challenging, are to be welcomed. These, whilst often difficult to resolve, are largely interpersonal, administrative or management of people and resources challenges and therefore are what we are trained and qualified to do. Consequently it is reasonable to expect that we should be competent in resolving such complex matters. It is the problems that lie beyond our control and spheres of influence that are most difficult to deal with and therefore the least welcome, societal, political and macro-economic to name but three. When our work is impacted by these problems this makes social care management and practice much more difficult as our ability to ameliorate these is limited. Thus, what we can influence we should not defer from addressing as such avoidance is not living up to our professional standards

or, as John Molloy refers to as, the exercising of 'moral discernment' and having the 'courage to act' (2014:270-272).

*"What decision is made and whether it is implemented will also depend on the strength of commitment, integrity and determination of the professionals involved."* (Banks, 2006:177)

Indeed, this same rationale applies to making entitlement to aftercare a right. Yes, this will pose some challenges. There may well be unintended consequences and it is true that legislation can be cumbersome and unwieldy to work with, but these challenges are issues that competent management and administration practices can reflexively resolve. Rights have responsibilities and all entitlements have eligibility criteria with defined resource availability parameters. Therefore, competent, effective and equitable implementation of these can address the challenges that may arise. Not to take on these challenges of either standardisation of provision or statutory entitlement to aftercare is a wasted opportunity and not good enough corporate-parenting or professional practice.

As we saw earlier the terms professionalisation and profession are both highly contested terms (Neal & Morgan, 2000; Devlin, 2005) and this ambiguity renders them susceptible to being appropriated by politicians and policy-makers to further their agendas. This ambiguity is added to by the fact that the meanings attributed to these terms in Anglo-American societies are not directly translatable or applicable in other languages (Jarusch, 1990; Neal & Morgan, 2000).



Much that is wrong with this market-defined neo-liberal conception of professionalism and the resultant welfare provision as well as the need to care as opposed to making money is encapsulated by Henry Tam who outlines the attendant potential harm to our sense of community:

*"One of the most pernicious aspects of market individualism is its suggestion that individuals have within them the power to lift themselves out of all hardships, and that those who do not exercise this power deserve to be the victims, only surviving at the mercy of those who use their power to the full. Capricious fortune may endow some of us with better initial conditions than others to live a fulfilling life, but it can just as easily throw us into tragic circumstances. It is the deep seated feeling that we need to care for other, just as we need others to care for us, that lies at the heart of human solidarity. When this feeling is dismissed as unworthy of competitive market heroes, it threatens to undermine the possibility of communal existence."* (1998:129-130)

Evetts describes the changes which result from such forms of professionalism:

*"..the appeal to the discourse (of professionalism) by managers in work organisations is a myth or an ideology of professionalism (Evetts, 2003). The myth includes aspects such as exclusive ownership of an area of expertise, increased status and salary, autonomy and discretion in work practices and the occupational*

*control of the work. The reality of professionalism is actually very different. The appeal to professionalism by managers most often includes the substitution of organisational for professional values; bureaucratic, hierarchical and managerial controls rather than collegial relations; managerial and organisational objectives rather than client trust and autonomy based on competencies and expertise; budgetary restrictions and financial rationalisations; the standardisation of work practice rather than discretion; and performance targets, accountability and sometimes increased political control.*

*The use of the discourse of professionalism as operationalised by managers in work organisations is also a discourse of self-control which enables self-motivation and sometimes even self-exploitation.” (2011:12-13)*

Evetts is not alone in identifying this potential for self-exploitation as many other have also referenced it as a strong feature of neo-liberally defined practices and policies. The inherent potential for achieving the desired production and control within neo-liberalism, veiled behind smoke screens and spin employing emotive and powerful terminology such as empowerment, choice, rights, inclusion, professionalism, but in reality achieving the aims of state or corporate capital, bears constant vigilance on part of today's professionals in the caring professions. Foucault's concept of neo-liberal government where control is exercised through the production of subject positions

and moral conduct "has inspired a whole tradition of work on the various institutions, mechanisms, techniques and groups through which conduct is regulated" (Fournier, 1999:283). In this form of governmentality the state freely conducts itself in a rationale manner through the constitution of free-willed subjects (Burchell, 1993). Foucault (1997) outlined a concept of 'subjectification' which involved a range of 'technologies of the self' where individuals engage with processes Foucault likens to the confessional. He posits that individuals engage in reflective processes as a result of discourses which lead to them acting on this self-knowledge in a self-regulating manner thus producing the self-managing individuals central to neo-liberal rule (Dreyfus & Rainbow, 1982; Miller, 1993; Turner, 1997; Gilbert & Powell, 2010).

*"Techniques of self-assessment, counselling, reflection and professional supervision all provide examples of confessional practice (Gilbert, 2001; Rose, 1999)." (Gilbert & Powell, 2010:7)*

This is not to say that the techniques outlined above are themselves flawed, correctly utilised and implemented they are beneficial techniques generally improving practice by improving self-awareness. Rather, it is the potential for manipulation and misuse by agents of state and corporate capital that we must guard against.

Government acts via the creation of this 'subjectivity' at the intersection of techniques of domination and techniques of the

self (Burchell, 1993). The promotion of free-will and choice appears to portray government as benign and obfuscates the mechanisms of control identified by Foucault and Burchell - *'government at a distance'*. Such forms of government rely on control being exercised through systems of trust rather than through overt, powerful, authoritarian government. As we have seen such forms of *'managed free-will'* in fact promote rampant individualism and consumerism and marginalise the vulnerable. Workers need to be aware of such potentials including the potential for them, as professionals, to reinforce the mandate of neo-liberal government. This form of governmentality relies on expertise and knowledge to exercise control. Additionally, workers need to be aware of the implications for their professional autonomy and ability to exercise their professional judgement and discretion as supposed *'self actualising employees'* (Miller & Rose, 1995).

*"'governmentality' has come to depend in crucial respects upon the intellectual technologies, practical activities and social authority associated with expertise... (Miller & Rose, 1990, 1)...It is through their 'professionalization', through their inscriptions into systems of expert knowledge, that individuals become the targets of liberal governments (Foucault, 1978)...The professions are central to liberalism, to the microphysics of power (Foucault, 1973) through which the governed are constituted*

*as autonomous subjects regulating their own conduct (Miller & Rose, 1990)."* (Fournier, 1999:284)

Both workers and those they support are united in their shared status of manipulation and individualisation by state and corporate capital. This, then, creates a mandate for real partnership working rather than the current neo-liberally defined versions of key areas of practice such as partnership working.

As we have seen, there are several pre-requisites for achieving professional status summed-up succinctly by Schinkel & Noordegraaff:

*"Professionalism, it is argued (e.g. Wilensky, 1964; Freidson, 1994, 2001), exists when workers are part of an occupational association that institutionalises a technical base (knowledge and skills) as well as a service ethic (some sort of calling or higher purpose)."* (2011:69)

From this perspective it can be seen that social care in the Republic of Ireland has achieved, to varying degrees, a reasonably defined base with regard to the first two issues. With regard to knowledge and skills, both of which can be taught and acquired, the Applied Social Studies degree course in colleges and universities has addressed this area albeit with some issues relating to oversupply and thus the dilution of a pre-requisite for professional status, relative scarcity of supply. With regard to occupational associations the formation and development of

Social Care Ireland (SCI), a technical accomplishment, has been targeted to address this area. However, it is the third issue, the service ethic, the concept of calling or higher purpose, what I refer to as the desire to make a difference, which substantiates my assertion that this desire is the one prerequisite to good social care and relationship-based practice. This cannot be taught or technically developed. My purpose in identifying this is not to devalue training and accreditation or professional associations, they are very positive elements within the profession, rather to attempt to unveil the significance of this desire to make a difference.

We must be mindful that what is at stake within the professionalism agenda is "the ability to *make a difference*."  
(Schinkel & Noordegraff, 2011:88)

A further factor in the establishment of a robust professional status is a defined code of ethics. A code of ethics establishes norms and expectations for practitioners and can be seen as a '*reflection of the profession's collective values and principles*' where the establishment of a code of ethics is considered the '*hallmark of professionalism*' (Francis & Dugger, 2014:131). From this perspective it can be seen that social care in the Republic of Ireland has work to do in this area to match the defined and

developed code of ethics of the social work in the Republic of Ireland. However, with regard to the enforcement of codes of ethics to regulate professional practice and highlighting the importance of the vocational aspect of the desire to make a difference, Brien (2009:393) cautions that "*using legislation to regulate ethical behaviour - as opposed to using legislation to constitute a vocation as a profession - would tend to de-professionalise the profession*".

Seen from the cautionary perspective presented by Schinkel & Noordegraaff (*ibid*) and Brien (*ibid*) we must be vigilant that the 'cure' sought via professionalisation - the claim to professional status for social care - does not turn out to be worse than the disease.

Consequently, this book is partly aimed at making a contribution towards addressing the deficit in published research on residential care and aftercare in the Republic of Ireland and raising awareness of the forces shaping the profession currently, including the professionalisation agenda.

## **Chapter 12 The Socio-Political and Socio-Economic Context**

We must recognise, as previously stated, that social care work and social policy is, in the widest sense, largely framed by the dominant political values in place.

*"These politically defined purposes of social work also influences the psychological and sociological theories chosen by practitioners to help them "make sense" and practice." (Howe, cited in Davis, 2000:86)*

Clearly paradigms come in and out of favour over time (Hannon *et al.*, 2010) and this requires practitioners being well informed to differentiate the factors driving these shifts as *"uncritical acceptance of change, however, can be dangerous for an individual, an organisation or a society"* (Partington & Brown, 1997:210). Esping-Anderson's (1990) study of welfare capitalism affords good insight into how the dominant political philosophies have shaped welfare provision in European countries. There are a multitude of theories to explain human behaviour and psychological and sociological functioning and rather than seeing these as directly contradicting each other, as often they may do, what they offer the informed practitioner is multiple opportunities to understand the complex array of human behaviours. No one theory should dominate practice just as no one epistemological paradigm should dominate the other.



We must be wary of becoming overly politically or professionally correct in what we say or advocate for if it is fear of censure, loss of standing or access to funding streams, or worse perhaps, perceived incompetence, from currently dominant forces within the profession that inhibits us. It is within this context that I make my position clear fully accepting that my views will not be embraced by all and my methods, and possibly myself, may well be subject to criticism. The words of Aristotle hold true still today:

*"There is only one way to avoid criticism: do nothing, say nothing and be nothing."*

Milligan (1943) employed the analogy of baking a cake to illustrate the flaws inherent in democracy. Using this analogy for the social professions, and for offering critical perspectives, it can be seen that there is much truth in the maxim that *'you cannot bake a cake without breaking some eggs'*. If, in the process of creating a cake (writing a book), wherein conflict (difference of opinion) is inescapable as eggs must be broken (convention challenged), we occasionally get the recipe wrong and end up with egg on our faces then *'what of it'*, this is the price of progress. More importantly, in the ensuing process of debate and truth-seeking (investigation) collaborative meaning-making (Bellefeuille & Ricks, 2010) is facilitated, even if driven by ulterior motivations on the part of some of those instigating these processes. Furthermore, as demonstrated within

Keith's story, getting egg on one's face by virtue of being fooled due to one's belief in people's positive potential can also sometimes be a good thing. However, when we get the recipe right in our practice, whether intentionally or not, great transformations can be facilitated with traumatised children developing into healthy young people and thereafter adults.

### **Social Justice**

Social care workers, and indeed social workers also, are tasked with practicing from a principal base of social justice and to operate with anti-discriminatory practices (Ruch, 2005). Perhaps it is this supporting of the underdog, the marginalised and excluded, the oppressed and those in need and pain, that constitutes the previously referenced desire to make a difference. However, as all behaviour meets a need many of us enter social care to fill our own need to care, as I am conscious I did when I identified I had such a need. This need or desire may make holders of such character traits well suited to caring work but that is not to say that they will be better functioning human beings than those with different characteristics. The pitfalls to what could be also construed as a character flaw are many and self-awareness is vital to mitigate these potential pitfalls.

These principles are made explicit within The Irish Association of Social Workers Code of Ethics and the International Federation

of Social Workers (2014) Global Definition of Social Work. The Irish Association of Social Workers Code of Ethics states:

*"The members of the Irish Association of Social Workers (IASW) acknowledge:*

- That every person is unique and has an intrinsic worth;*
- That society has an obligation to pursue justice, in all its forms, on behalf of every person including the assertion and protection of their human rights."*

The International Federation of Social Workers (2014) Global Definition of Social Work states:

*"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work..."*

If, then, we accept that principles of social justice and anti-discriminatory practice are central to our work then we should also apply these to our profession as it is the profession-specific values which shape our work practices. By re-framing theories to focus on workers and organisations rather than children, young people and their carers, as we did earlier with attachment theory, light can be cast on less well illuminated issues.

For example, we might see the dominance of evidenced-based practice and managerial models of practice as oppressing relational work and psychosocial practices and approaches? Once recognised, we then would hold a professional responsibility to seek a redress of such an imbalance. But, could it be that the dominant market forces and neo-liberal policies have diminished the professional autonomy, and therefore the ability to seek redress, of social care and social work professionals? Have the demands for flexibility, standardisation, accountability and inter-professional collaboration weakened the claim to professional status of many professions including the social professions?

*"...the neoliberal dogmas of managerialism and market relevance actively undermine professional authority and independence."*  
(Meade, 2012:906)

Standardisation of practice may improve consistency but it also weakens claim to esoteric knowledge mastery, as does the ability to access information rapidly and from most any location in the increasingly digitalised world (Evetts, 2011).

*"Positive developments include increased accountability and standardisation of social work practice however this may be at the cost of producing a punitive environment and reducing social work to a simplistic description of practice that operates within a culture of blame and protocolisation (time spent on activities*

*such as paperwork or electronic form filling).*" (Gilbert & Powell, 2010:12)

### **Accountability and Competence**

Those professionals who carry statutory responsibility can come under sustained attack with increasing calls for individual accountability for the failings in protecting children (Smith, 2009; Ruch, 2011). The expectation that by the implementation of better management models and risk assessments, the appliance of science approach, harm and complex situations will be made manageable can result in false expectations being placed upon under-resourced professionals. Dekker (2007) argues that accidents are no longer perceived or accepted as meaningless or uncontrollable events. They are seen as failures of risk management and behind these failures, Dekker argues, there is a person or multiple people who are to be held accountable. It is the task of experts to give meaning to these 'accidents' and to explain which risk factors were not controlled, when, where and by whom. Through such patently flawed processes the illusion that the uncontrollable and random is rendered controllable and predictable is propagated. The media, political and abuse inquiries, which inevitably result in a raft of new policies and procedural directives aimed at eliminating risk factors, add to this clamour for accountability which Gillingham (2006) argues is fuelled by the risk discourse which proposes that accurate risk prediction is possible.

*"Despite the acknowledgment that complexity, risk, uncertainty and ambiguity are intrinsic dimensions of child-care social work, government directives frequently contradict this belief. The exhortations to 'learn the lessons' from public inquiries and serious case reviews, for example, alongside the expectation that, if the 'right' systems are in place, risk can be eliminated, create false illusions that the eradication of risk is possible."*

(Ruch, 2012:1317)

Accountability is also be a mechanism for controlling the professional where their practice is controlled by employers, professional and regulatory bodies. This form of accountability *"entails not just undertaking work that can be justified in terms of recognised standards of practice (process) but also in terms of benefits (outcomes or products)"* (Banks, 2013:594).

It is not accountability alone that should be the focus of this 'moral panic' (Cohen, 2002; Clapton, 2013; Krinsky, 2013) but rather competence combined with accountability. Within the domain of competence accountability is a sub-domain. Accountability is critical as it can delineate roles and responsibilities which are essential for effective practice and safeguarding children but it can also be associated with blame culture, a point made by Holohan (2011:9):

*"But our focus seems not to be on the broad application and value of the principle of accountability as an essential tool to guide good decision-making and governance, but rather on accountability*

*as a means to apportion blame for past failings and to impose sanctions upon those who have failed or wronged us."*

The expectation of accountability and competence rests not just with the individual worker but also structurally, in that, workers must have the correct resources to competently undertake the task. Correctly resourced workers can then be accountable to those they support. The relentless calls for accountability do little to engender confidence in a sometimes beleaguered profession and indeed can be seen as promoting risk-adverse practice within the social professions. In 2015 we had the British Prime Minister, David Cameron, in reaction to the Rotherham and Rochdale Abuse Investigations, proposing to change legislation regarding the offence of wilful neglect within the Criminal Justice and Courts Acts 2015. This would allow for social workers to be imprisoned for up to five years for failing to keep children safe. Mr Cameron stated that this would send an *"unequivocal message" that professionals who fail to protect children will be held accountable*" (Community Care, 3.3.2015).

This proposal prompted the following response from Brigid Featherstone, Chair of the College of Social Work's Children and Families faculty who stated:

*"..the move will reinforce a climate of persecution. "The proposals also fail to address the incredibly important safeguarding issues that recent serious case reviews have raised.. We must address the severe lack of investment in child*

*protection services, which has put organisations and systems under incredible strain and reduced their capacity for in depth work with children and their families.” (Community Care, 3.3.2015)*

The retraction of the state from welfare provision to its citizens leaves many exposed and vulnerable and a social justice perspective would require us to consider the status of the worker/professional as well as the children and young people. By recognising that the residualisation of residential child care is a form of social injustice, as also is the virtual complete absence of positive discrimination for care leavers in the Republic of Ireland, we then recognise that the focus of this clamour for accountability may best be focused at policy-makers and government rather than individual workers.

*“...an emerging social structure of accumulation in which the state has cast aside a number of its ‘social welfare’ functions, creating the requirements for an autonomist civil social order if capital is to reproduce itself.” (Hanlon & Fleming, 2009:9)*

Expecting individual accountability when the resources are not there to support the professional in achieving their mandate is making a difficult task into a near impossible task (Burns & MacCarthy, 2012). This is akin to the empowerment conundrum (Peters & Savoie, 1996) whereby theoretically giving individuals the power to make choices empowers them (to be self-regulating



consumers) but in reality they do not have the wherewithal to actually make and realise these choices.

*"Consequently, empowerment takes on a purely individualistic meaning, rendering structural/systemic factors irrelevant. As Rose (2000) states, empowerment 'codes the subjective substrate of exclusion as lack of self-esteem, self-worth, and the skills of self-management necessary to steer oneself as an active individual in the empire of choice' (Rose, 2000, p. 334). Social exclusion is reconfigured to be 'a state of mind' amendable to cognitive restructuring and empowerment."* (Pollack, 2010:1268)

Concomitantly the state withdraws its supports to where professionals are required to complete a job despite commonly accepted realisation that they do not have the right resources to do this. The expectation on managers and leaders to operate models of practice, where notionally and often based on statistical formulations, the tasks can be accomplished, requires those who want to progress within this system to 'work with what they have' rather than be seen as difficult, inflexible or paradoxically and ironically, incompetent and unprofessional. Within such paradigms authority compliance (Bushman, 1984) becomes embedded.

Yalloway et al. (2012:96-97), with reference to Irish Child Protection Services, identify how *"the inherent danger in the implementation of rapid reforms to a system, which demands increasing standards of performance management and*

*accountability, is that the focus of the service becomes increasingly managerial rather than practice based (Tilbury, 2004; Buckley, 2008, 2009)."*

With regard to being professional Mark Smith, as cited in the introduction to this book, has stated "Actually being professional is about getting the job done, competently and ethically" (Smith, 2009:136). I concur with this statement and to this I add that which my practice experience has taught me. This being that a key component of competence in social care/work is defined within the minutiae. Attention to the minutiae within all aspects of the work, including knowledge of the child and their social ecology, oneself, implementation and execution of programmes and policies, assessment and the completion of documentation as well as practice skills such as listening, as we saw in Owen's case, is critical to competent practice. This precludes assumption and raises standards and therefore expectations. However, I am not the first to identify the importance of attention to detail in social care work. My practice learning merely confirms what Winnicott already identified, originally in 1947:

*"In no work is attention to detail more important than in work with children"* (Winnicott, cited in Winnicott et al., 2013:63)

Attention to the minutiae demands reflective (Perry, 2000) and reflexive (Cunliffe, 2009) practice on the part of the worker. D'Cruz et al. (2007) undertook an interrogation of the meaning

of reflexivity and its relevance to social work. They identify how the term is often used interchangeably with critical reflection but is in fact a different construct. They identify three different forms of reflexivity that are relevant to social work:

1) a worker's response to their immediate context and making choices for further direction;

2) a worker's self-critical approach that questions how knowledge is generated and what role power relations play in this process;

3) a worker's awareness of the relationship between thought and feeling in how knowledge is constructed and how this informs their emotional responses to a situation.

D'Cruz *et al.* cite Schön (1983) and Sheppard *et al.* (2000) in identify a crucial difference between critical reflection and reflexivity. They identify the distinction between critical reflection as reflection-on-action (past tense) as opposed to reflexivity as reflection-in-action "*in the moment*" (Sheppard *et al.*, cited in D'Cruz *et al.*, 2007:83). Within this construct of competence, workers operating competently, leads to practice which identifies and meets the needs of those whose needs are paramount, the children, young people and their families, as opposed to other vested and, at times, competing interests.

There is much to reflect on in the commonly cited adage that with power comes responsibility and the power that comes with statutory authority comes with a responsibility to seek the right resources to meet the needs of those requiring support. This is a valid and vital form of competence and those professionals who may be labeled as troublesome, incompetent or unprofessional for seeking the right resources to competently undertake the work are in actual fact being highly professional, both in terms of competence and ethics.

This is a point made explicit in Section 4.2.4 of the International Federation of Social Workers Statement of Ethical Principles:

*4. Challenging unjust policies and practices - Social workers have a duty to bring to the attention of their employers, policy-makers, politicians and the general public situations where resources are inadequate or where distribution of resources, policies and practices are oppressive, unfair or harmful.*

Social care work and the human support services in general are becoming increasingly complex tasks which, when considered from a psychodynamic perspective, can be seen to be anxiety inducing for professionals working within these professions.

*"In recent years, wider societal awareness of the impact of risk and uncertainty on social structures and behaviours has*

*penetrated into the domain of social work practice (Broadhurst et al., 2010; Parton, 2008; Power, 2004; Warner and Sharland, 2010). This recognition of the complexity of practice in social work, and more broadly across the human service professions, has been accompanied by the widespread growth of managerialism (Munro, 2010; Skinner, 2010)."* (Ruch, 2012:1316)

Ruch (*ibid*) has identified the tension between relationship-based child care/social work practice and managerial practice as being the tension that lies at the heart of current social work management. She identifies managerial practice as being based on principles of understanding of human behaviour that privilege predictability, cognition and rationality and less on the emotional, irrational and unpredictable aspects of human behaviour. Relationship-based practice, she posits, is founded on a holistic understanding of human beings that encompasses all of these dimensions of behaviours (Ruch, 2005, 2011, 2012). She identifies how the anxiety and pain inherent in social work is potentially avoided through the employment of managerial approaches, the aforementioned appliance of science approaches. These offer the illusion that risk can be made manageable, thus making their employment an enticing proposition. This can occur either consciously or unconsciously for anxiety-burdened professionals, both workers and managers alike (Trinder & Reynolds, 2000).

*"By adopting more managerialist approaches, the potentially anxiety-provoking aspects of practice are avoided."* (Ruch, 2012:1318)

At a minimum what is missing from this reliance on the appliance of science approach is an acknowledgement that it is the human being delivering such programmes, the worker, and their skill and relationship with the young person that will determine whether or not these programmes will be effective or not. These programmes and systems, including attendant policies, procedures and assessments, are not ends in themselves rather they are a means to an end.

Currently Tusla is accountable for large elements of the protection and wellbeing of all children under 18 and in reality, as we have seen, fulfil this growing mandate with limited resources. This is a very challenging and complex task, at times warranting the title of 'the impossible task', and seldom are the successes achieved acknowledged to the same extent that the failings are. Nonetheless, this is the duty employees undertake on taking up employment within Tusla.

However, we must also recognise that systems which facilitate practices such as the expectation of individual accountability without sufficient resources can be seen to be dysfunctional in terms of providing basic support for both workers and children and young people. It is entirely plausible to perceive of such systems as posing a real threat of harm to workers. Here, the risk of what can be termed 'system trauma', where the lack of support, resources and services afforded by the system of care, is equally, if not more of a reality for workers than vicarious trauma. Children and young people are equally exposed to such 'system trauma' within a system which, for example, in 2014, had 405 children waiting for an appointment within our Child and Adolescent Mental Health Service (CAMHS) for longer than 12 months (Children's Mental Health Coalition, 2015).

By placing aftercare on a robust legislative basis Tusla would then become accountable to care leavers and this accountability would ensure that aftercare is both delivered and develops in the optimum format. This is the form of accountability that affords most benefit to those who depend on the service.

## **Interdependence**

With the launch of Tusla there is a real opportunity to redress the past failings of children's service, some of which have been identified within this book. The potential for better outcomes for children leaving care will be promoted by focusing on the in-care development of children services. This includes the effective and statutorily prescribed preparation for leaving care targeting psychosocial and emotional wellbeing (Action for Children, 2014). Additionally, the focus on fostering interdependence (Stein, 2008a), the nurturing of autonomy within webs of dependence, rather than independence, will lead to better outcomes. It is these webs of dependence that constitute the supports and resources identified within the social-ecology model of resilience. As posited by Rutter and Ungar, access to these resources and supports is the critical factor in nurturing resilience. Resilience, within this construct, may be seen as the enactment of interdependency. Thus, to develop resilience in care leavers it is interdependence we need to be facilitating rather than independence and ensuring that the appropriate supports are available to them to access in their social-ecology when they have left care.

*"This social ecological understanding of resilience implicates those who control the resources that facilitate psychological wellbeing in the proximal processes (e.g., making education accessible; promoting a sense of belonging in one's community; facilitating attachment to a caregiver; affirmation of self-*



*worth) associated with positive development in contexts of adversity.” (Ungar, 2013:255)*

Within this construct of resilience and interdependence the need to prepare care leavers to access these supports within the community. The different supports that each care leaver will need to access according to their needs and abilities, is a central part of the task of preparing children to leave care.

Supporting care leavers in education, as we currently do, is beneficial and education is undoubtedly a cornerstone of independence. However, not all care leavers, as was the case for Keith, will take up this option on leaving care:

*“Given that young people in care often get stereotyped about their care experiences, it is interesting to note that after the age of 18, some 61.1% of those young people were in some form of education or training and some 55.8% of them were in full-time education. I accept that obviously means almost 40% of them were not in education.” (Dáil Debates, 2013, Topical Issue Debate)*

The fact that 38.9% of care leavers do not participate in either education or training upon leaving care renders these young people as potentially excluded from meaningful aftercare support. This potential is made explicit in Section 2.1 of the National Leaving and Aftercare Policy clearly states:

*“It is emphasized that the most important requirements for young people leaving care are for secure, suitable accommodation as well as further education, employment or training. These core*

*requirements will be prioritized in the provision of aftercare services."*

This section of the National Policy makes explicit the two-tiered aftercare service currently available in the Republic of Ireland. In this service those participating in work, education, training receive one form of service whilst those who do not participate in work, education or training may, or indeed in many cases may not, receive a different, and lesser, service.

### **Empowerment**

Current discourses within the social professions acknowledge empowerment as a pillar of effective practice with the fostering of enhanced levels of agency and self-efficacy within empowered parties. Bandura (1997) identified an individual's self-efficacy beliefs as the most powerful determinant of human agency and action (behaviour) (Ellett, 2008). Yet, paradoxically, in The Republic of Ireland we are currently empowering the wrong party, the state and its agents.

Watts conducted a comparative study of homeless service provision in Scotland and the Republic of Ireland in 2014. She identified that Scotland affords a legal right to accommodation for people experiencing homelessness whereas the Republic of Ireland does not. The Republic of Ireland retains discretion as to what

supports and service it makes available to individual people experiencing homelessness analogous to how it provides aftercare support. She concludes:

*"Nonetheless, the experience in Scotland demonstrates the potential for clear and simple legal rights to minimise provider discretion, 'crowding-out' non-needs related considerations in responding to homelessness, as well as to enhance the assertiveness of service users, and reinforce the perceived legitimacy of this assertiveness amongst service providers. Moreover, it seems to achieve this without fatally undermining self-reliance, and indeed may be argued to support self-reliance rather better than the highly-discretionary Irish model."*

(2014:13)

Watt's findings support the case for empowering care leavers in the Republic of Ireland with rights-based entitlement to specified aftercare supports thereby also enhancing their agency and self-efficacy, and promoting their participation in society as active citizens.

### **Aftercare Support**

It is notable and curious that the reference to social support as one of the most important criteria for young people leaving care that Minister Fitzgerald repeatedly acknowledged within her Written Answers to Dáil Debates (33365/12; 24027/12; 5502/12; 5503/12) has been omitted from the National Policy statement of

most important requirements, and therein demoted in significance. Care leavers are not a homogenous group (Stein & Wade, 2000; Skuse & Ward, 2003; Barnardos, 2012; Doyle *et al.*, 2012) and to limit conceptualisation of their most important requirements within the domains of just accommodation, education, training and employment is, at a minimum, reductionist.

*"The most important requirements for young people leaving care are for secure, suitable accommodation as well as further education, employment or training and social support. The most vulnerable group of young people leaving care are those that have dropped out of education and training and those that have left residential care."* (Dáil Debates, Written Answers, 33365/12)

It is to be welcomed that Minister Flanagan, the successor to Minister Fitzgerald, in his earliest written answers to Dáil Debates (23989/14 on 5/6/2014) included continuity of relationships within his definition of most important requirements for young people leaving care.

*"The most important requirements for young people leaving care are for continuity of relationships; secure, stable accommodation as well as further education, employment and training."*

Minister Flanagan, by his well-informed identification of the most important requirements for care leavers as commencing with continuity of relationships causes the National Policy for Leaving and Aftercare as well as the proposed Aftercare Bill 2014 to be considered as deficient in this area. The implication implicit within carrying out this needs assessment within the

aftercare plan proposed by the Aftercare Bill 2014 is that some care leavers may not need aftercare support. How this can be reconciled with their need for continuity of relationships is difficult to see. In fact, the latter would appear to disavow the former. It is entirely correct that continuity of relationships is vital for care leavers and there is no question that they absolutely need these relationships to be maintained (Ridley *et al.*, 2013; Action for Children, 2014). The challenge is to make this support available in such a manner that is accessible and acceptable to the care leaver. My practice experience has confirmed that many of the most difficult to reach young people who may have fractious relationships with authority and social work departments are capable of forming meaningful relationships with some staff. The important point is that these staff are chosen by the young people rather than be allocated to them. The rupturing of these existing relationships when young people leave behind care staff and foster families when they leave care represents the severing of any possibility to meet their essential need for continuity of relationships.

Meeting this challenge is possible as this is one of those areas where we can exert influence and bring our training, experience and resources to bear. One such solution would be to introduce mentors to care leavers whilst they are still in care and thereby allow time for the relationship to form before the young person leaves care. The mentor would then continue to support the care leaver in aftercare thereby ensuring continuity of relationships.

Aftercare workers generally work Monday to Friday during office hours whereas mentors have the advantage of being accessible to care leavers when they may need them the most, including weekends and out-of-hours times. This can be a key factor in promoting engagement. We know how vulnerable care leavers are during this transitional phase of leaving care, before, during and after, and having the support of a 'transition mentor' during this process would make a major difference for many care leavers.

Those care leavers who do not participate in work, education or training are, often, the ones in need of most support, yet paradoxically, within this model of aftercare provision they may get the least. At a minimum these young people representing 38.9% of care leavers are 'invisible from view' (Carr, 2014) as current data only addresses those in receipt of aftercare support and excludes any data on those not in receipt of a service.

### **Values**

The significance of values has been referenced repeatedly and therefore warrants more detailed examination. The range of values across human experience is wide and diverse and therefore discussion of common values is difficult and open to contestation. However, Tam has offered us what he has determined to be four deeply valued human experiences of core values:

*"First, there are experiences of loving and being loved, caring for others, passion, tenderness, friendship, sympathy, kindness, compassion and devotion. These can be grouped together as the*

**value of love.** Second, there are the experiences of understanding, clarity of thought, being able to think for oneself, to weight evidence and make good judgements. These constitute the **value of wisdom.** Third, are the experiences of being fairly treated by others, of being able to relate to other without the sense of discrimination or subjugation, and of knowing that reciprocal relationships are respected. These values are encapsulated in the golden rule 'do as you would be done by', to be found in the core moral code of every advanced culture. It is the **value of justice.** Finally, there are the experiences of developing and realizing one's potential, being able to enjoy oneself, to feel satisfied, and to take pride in one's actions and achievements. These can be viewed together as the **value of achievement.**" (Tam, 1998:15)

In the Republic of Ireland there is a growing recognition of the overarching importance of values and the place of the worker within the profession of social care and, more specifically, residential care. This is encapsulated by the following quotation from HIQA in 2013:

"The quality of children's residential services is almost entirely dependent on the commitment and quality of the staff team and its leadership". (HIQA, cited in Cúram, 2014, 48:19)

Banks (2006) advances what has been undertaken within this book, namely an interconnected positioning of practice within the

social professions. Within this she acknowledges the influence of values in the decision making processes of professionals.

*"most decisions in social work involve a complex interaction of ethical, political, technical and legal issues all of which are interconnected. Our values will influence how we interpret the law."* (Banks, 2006:12)

### **The Role of Language**

*"[B]eing aware of the terminology we choose, and the way in which we use it can be critical in determining whose view of 'reality' we are accepting, what power relations we wish to reinforce, the sort of world we wish to adopt, and in identifying the type of social work we wish to create."* (Hawkins et al., 2001:3)

It is not my intent to promote one model or approach above the other and merely attempt to replace one dominant paradigm with another (Ford & Harding, 2007). Rather, it is to seek balance and allowance for whichever model or theory best aids the individual young person or situation. Positivistic approaches can play a key role with, for example, neuroscience adding greatly to our work in recent years. Of course, we should seek value-for-money in our work. Truly integrated practice, with theoretical and practice equality, offers the optimum way to achieve this. But we must be ever vigilant not to be seduced by powerful rhetoric, mindful of the role of language (Ruch, 2009; Vojak, 2009) and that *"words become actions"* (Hartman, 1991). The language we use to describe things plays a major role in how we conceive of and think about



these things, as we saw previously with regard to the word institution with regard to residential care. Relationships alone are, just as knowledge, islands in the sea of human need. It is actions that count and the relationship must be meaningful, which requires that the power dynamics within the relationship are acknowledged and addressed. Ideally, relationships are reciprocally promotive of growth and change, just as knowledge needs to be catalysed into practice to become meaningful. In a similar vein Freire (1972) argued that "*reflection without action results in 'mentalism' and action without reflection in 'activism'; and both are empty*" (cited in Banks, 2006:160).

This is not to say that the relationship itself is not a therapeutic intervention, it is, as is highlighted by the interdependence (Antle *et al.*, 2009) and the relationship-based models (Ruch, 2005). The ability to tolerate and sustain a healthy relationship with an appropriate adult is a significant life skill which once acquired can be replicated. Whilst also acknowledging the psychological benefits accruing from 'connection' with another person, the worker must be regularly assessing the relationship for developmental opportunities to promote the holistic growth and wellbeing of the child or young person. We must learn from the mistakes of the past where in the 1980s the relationship was allegedly seen as the end in itself. This was potentially pathologising with these perceived flaws being one of the reasons for the subsequent decline in the

psychodynamic practices in place from that time (Ruch, 2005; Olson, 2007).

With regard to the use of business language in our profession, service user, client, performance indicators, value-for-money to name but a few, we must be mindful that:

*"as the discourse of enterprise culture becomes increasingly influential as a vocabulary of social calculation, more and more areas of human activity become conceptualised and treated in terms of commodity, production, distribution and consumption."*

(du Gay & Salaman cited in Doolin, 2002:372)

The question arises as to whether it has been the influx of private companies into residential child care and foster care that has precipitated this use of language or was this in place prior to the emergence of the private sector in the Republic of Ireland and the UK?

This then poses two further questions:

1) When did our profession become a business and how has this impacted on the care provided to children?

2) Are we conscious that every time we use the language of business management in our work we reinforce the commodification of our profession (Gregory & Holloway, 2005)?

*"Clients are no longer perceived as 'individuals with difficulties', but as 'service users', or 'consumers' who may - or may not - be eligible for services, depending on their circumstances and the relevant assessment criteria (Adams, 1998; Munro, 2000; Parton, 1998)."* (Richards et al., 2005:413)

Language is also important when we consider the terminology associated with leaving care and aftercare. The term 'aftercare' is potentially self-negating as it implies that care has finished and something comes *after* this and not necessarily to the same standard. A more dynamic title needs to be coined, ideally by young people, using active rather than passive terminology, and reflective of the high-quality service needed by care leavers. For aftercare to cease to be an afterthought, especially in the Republic of Ireland, the word 'after' needs to be removed.

Examples might include Care2Adulthood Service which can be written as C2A or Pathways2Adulthood Service which again could

be written as P2A. Both these afford opportunities for catchy URL's such as [www.P2A.ie](http://www.P2A.ie).

Language is also very important with regard to social policy. For example, we no longer have unemployment assistance support available within social welfare support services in the Republic of Ireland. This has been renamed and reconfigured as job seekers allowance making the conditionality of this support explicit. This is administered by a reconfigured Department of Social Protection where previously we had a Department of Social Welfare. Formerly we had social security and social welfare, now we have a multitude of schemes and programmes all geared towards achieving employment, termed by some 'workfare', with sanctions for those who do not or cannot participate as required. The *welfare state*, where citizens' welfare was prioritised with the state playing a key role in the welfare and economic and social wellbeing of its citizens, is being replaced by the *welfare of the state*, where the state's welfare is prioritised. This is achieved by the state withdrawing from supporting its citizens, who are notionally either self sufficient, or capable to become self sufficient, through achieving employment and ultimately becoming responsible for themselves in all but the most severe circumstances of incapacity.



The question arises, as it does with any statutory protection service - who is being protected? Is it the individual citizen or is it the state?

The employment of the term system of care throughout this book has been deliberately chosen on the recommendation of Stuck *et al.* (2000) and Professor James Anglin (2004). They identified how the usage of the terms 'continuum of care' or 'spectrum of care services' have a tendency to influence thinking that relegates "*residential care to an "end of the line" or "last resort" status*" (Anglin, 2004:181).

With regard to the term 'care leavers' the reality for many of these young people is that care leaves them regardless of their ability to function without it and often within what should be a managed process but in reality becomes an event over which they have little or no control. Thus the term care leavers is misleading and in reality 'care losers' more accurate. The term care leavers implies it is the young people who possess the agency in the leaving event and that somehow this event is benign because of this. These care leavers are conceived of as moving on in a managed process within which they have agency and power to exercise choice, they do not. For them, care is lost but their needs and vulnerability remain and are, in fact, multiplied and

magnified by this loss of care. They must seek the essential resources, which formerly were available to them as care, to meet their most basic needs for survival and development. This renders them more accurately conceived of as 'care seekers' or 'support seekers'. Aftercare for these young people really means *after care has gone* posing the question - what and who is left after care is gone?

### **The Impossible Task - Poverty, Risk and Resilience**

I refer to social care as being the 'impossible task' with reference to Bruno Bettelheim's concept. Some may question this choice of metaphor but I am not alone in utilising such a metaphor either with regard to social work/care (Balbernie, 1971; Taylor, 2007; Littlechild, 2008; Burns & MacCarthy, 2012) or other professions such as law enforcement:

*"Manning (1978, p. 8) observes that "Based on their legal monopoly of violence, (police) have staked out a mandate that claims to be efficient, apolitical and professional enforcement of the law". Manning calls this the "impossible mandate" which is driven by public expectation rather than the reality of police work. The heroic public image of the police is as "crook-catchers" and "crime-stoppers" is reinforced by the police themselves." (Chan, 1997:76)*

In social care, and indeed in social work, the task of 'curing' or ameliorating the ills of often years of exposure to systemic issues of poverty, violence, neglect, abuse, prejudice and social

exclusion can readily be seen as extremely difficult for the individual workers with stress at extremely high levels (Söderfeldt *et al.*, 1995; Lloyd *et al.*, 2002; BASW, 2012; Wilberforce *et al.*, 2014). However, when we factor in the inevitable implications of years of neo-liberal policies we can begin to see that the task has become exponentially more challenging than it was in the mid-late 20<sup>th</sup> century. To ameliorate the ever increasing gaps between those who hold wealth and those living in poverty in our society, with diminished resources yet growing demand for service provision, is becoming increasingly more difficult. Central Statistics Office data for 2012, The Survey on Income and Living Conditions published in 2014, reveals that 755,591 people are living in poverty in the Republic of Ireland, inclusive of 220,000 children. The gap between the richest and poorest is increasing as has the numbers living in 'consistent poverty' rising from 4.2% in 2007 to 7.7% in 2012 (CSO, 2014). It is not the children who are more difficult to care for than those formerly cared for, as some would argue, rather the absence of resources and supports from the state. This coupled with a less than heroic public image of the profession propagated by numerous high-profile failings and subsequent inquiries and the negative perception and stereotyping of young people in general (Devlin, 2006) causes the work to be more difficult than in former years.



Could it be these realities that inculcate the reification of resilience with researchers and policy formulators. We know that the concept of resilience in social policy and the social professions rose to prominence at the same time, from the 1970s onwards, as neo-liberalism in the UK and Ireland (McAslan, 2010). We have also seen that research and the psychological and sociological theories chosen by practitioners as are heavily influenced by the dominant political hegemony. Could it be that the construct of resilience has been exploited and re-authored to represent a form of magic elixir which offers a remedy for disaggregating and shadow-making social policies spawned by the neo-liberal hegemony and compounded by austerity? Those who refuse to imbibe this elixir, or those who imbibe but fail to succeed, are then held solely responsible for their own fate - having *"'chosen' their situation, being personally responsible for their situation."* (Howe, 1997:166)

This raises the question of where the worker is located with regard to risk and resilience which therefore warrants consideration. Resilient workers are essential to support children through difficult periods when behaviours can be unpredictable and the risks heightened and real. Workers who will 'stick with' children through these times and not give up or seek to move on the risk, thereby pre-empting placement breakdown and



the attendant harm that multiple movements within care placements is known to be associated with (Jones *et al.*, 2011; Ombudsman for Children, 2013), are essential to best practice in residential care. Clearly the work is highly stressful (Coffey *et al.*, 2004; Tham & Meagher, 2009) often with many setbacks and workers therefore need to be resilient, just as their clients also benefit from so being.

Deprived of ability to operate with risk and uncertainty can workers become resilient workers?

It is further interesting that, as previously noted, the seeking of security has become an elusive and preoccupying pursuit in recent times, and with care leavers experiencing high levels of insecurity, it is reasonable to conceive of their need to seek security. Factoring in the workers' need for security we now have the scenario where workers and young people are both potentially seeking the same thing. There is much scope then for transference and projection between workers and care leavers in such scenarios and this warrants awareness and further investigation by those working with care leavers. There is potential for cycles to be created and stress to be magnified through such processes. There is much truth in the maxim that "As we treat our staff so they

*will treat the children"* and in this context we need to engender resilience in our staff for them to nurture the same in the children they care for.

From an attachment perspective, and reinforcing this maxim, Walker (2008:12) states:

*"Attachment theory maintains that one of the key functions of a healthy organisation should be to function as a 'secure base' (Bowlby, 1988) for its staff. Attachment theory is clear that the more secure, safe and 'held' that a social worker feels, the more likely he or she will be able to continue to hold on to some reflective function when under stress."*

With regard to staff, I have met workers, few I am glad to say, who have recited training instructions that they would not breach no matter how grave the consequences for the children in their care. They, seemingly, were more concerned for their own professional and physical welfare than the children's wellbeing. This is a very dangerous recipe when working in social care and I am mindful of this when training staff. Here, I reinforce that above our professional responsibility, and the responsibility being imparted and imposed by the training being delivered, there is a greater moral responsibility we all hold to our fellow human beings. Whilst in the Republic of Ireland the Duty to Rescue may not be legislatively prescribed, as it is in many other countries, we, as social care professionals, have ethical and moral responsibilities which supersede our professional

responsibilities. The potential for unpredictable and complex scenarios often associated with crisis that can spontaneously occur with those we support makes it impossible to cover every eventuality within risk assessments, risk-management plans, policies and procedure manuals or models of care documents (Castel, 1991).

*"The world is therefore manageable through the myth of calculability or statistical probability (Reddy, 1996), where the concept of 'risk' is built on the technocratic rationality of control over the hazards or prevention of irruption of the unpredictable (Castel, 1991). Therefore, Castel (ibid., p. 289) speaks of the '...myth of absolute eradication of risk, they construct a mass of new risks which constitute so many new targets of preventive intervention.'"* (Šabić, 2013:77)

Risk is a part of normal everyday life and as human beings imbued with free will living in a democratic society we all make risk management choices daily, often without even being conscious of doing so. We choose what and how much to eat often based on information pertaining to the risks of certain foods to our health; we choose what mode of transport to use to get to get from place to place; we choose what we can say to others without offending them or being adjudged as someone with distasteful characteristics; we choose what clothes to wear based on what we think the weather may be later that day. These are all informed by risk. For those of us who are parents we manage the risks

present in our children's daily lives and make choices for them, as risk management is strongly associated with the ability to exercise choice. As their capacity evolves we, ideally, allow for them to exercise more choice in their lives and make risk based decisions for themselves. So risk and risk management are not only an inescapable and indeed normal part of life they are, in fact, also essential to a healthy and fulfilling life.

Whilst the relationship between risk and resilience has been well researched, and indeed referenced earlier in this book, there is another less well researched relationship between risk and resilience. This relationship is the commonality between the two constructs with regard to how they are interpreted within the natural sciences and then applied within the social sciences. As we saw earlier resilience originated in the natural sciences and is quantifiable and predictable within these sciences. Risk and quality, which are determined via systems of risk and quality management, share this same propensity of validity within natural sciences but deficiency in validity within the social sciences. These systems of risk and quality management were originally developed for commercial or manufacturing environments and within these environments, and therefore these systems, risk is only perceived as a threat, a negative construct. The connection between risk and quality is that by eliminating unfavourable occurrences from manufacturing or service systems the quality of the product or service will be improved. These systems, when

applied in these environments do have the potential to reduced risk as these risks are knowable and therefore predictable which renders them amenable to better management systems. Implicit in these processes is the compliance with insurance requirements. However, in social sciences they do not transfer so well. They do not they take account of the positive and essential place of risk in child and adolescent development, and indeed development throughout the life course. Yet, even within human sciences, a sub-domain of which is the social sciences, the same dilemma arises. The medical model perceives risk as solely a harmful construct and this had particular significance in the development of services for children and families which prior to the establishment of Tusla in 2014 were located within the behemoth Health Service Executive operating an overarching medical model of care.

*"In 2007 the HSE adopted the Australian New Zealand Risk Management Standard (AS\NZS 4360:2004) which was subsequently updated to the ISO 31000:2009 Risk Management: Principles and Guidelines"* (HSE, 2011b:3). The HSE Risk Assessment Tool and Guidance (2011a) makes explicit the negative perception of risk when outlining the ICC (Impact, Cause, Context) Approach to Risk Assessment with the following statement: *"Risk is inherently negative, implying the possibility of adverse impacts"* (2012:3). Furthermore, the HSE (2011a) Risk Assessment and Risk Register Process makes the following expect on the HSE website: *"Managers*

*must seek to eliminate or minimise all foreseeable risks in their service. All risks identified must be assessed in terms of the their impact and likelihood of occurrence".*

As previously noted the use and attributed meaning of language is a salient factor in social care and in the case of risk this is never more so the case. It is the negative perception of risk that poses a major problem in preventing the oppression of the crucial positive potential of risk in the social professions. Whilst ISO 31000 includes recognition of the positive potential of risk within its definition of risk as *'the effect of uncertainty on objectives - positive and/or negative'* this is always overshadowed by the negative construct on which professionals will tend to focus. Merely stating within a specific document that risk can be a positive construct but then framing this document within wider systems and documentation which identify risk as solely a negative construct is ineffective. Furthermore, the fact that risk is defined in dictionaries as a negative construct means that its common usage is as a negative construct which gives this meaning a cultural dimension. So whilst the usage of this new definition of risk within ISO 31000 is progressive, merely stating that risk can be both positive and/or negative does not address the professionals cognitive or cultural understanding of risk sufficiently. The Oxford Dictionary defines risk as:

"a situation involving exposure to danger: the possibility that something unpleasant or unwelcome will happen" and notably from the aforementioned insurance aspects is also states "a possibility of harm or damage against which something is insured; the possibility of financial loss".  
<http://oxforddictionaries.com/definition/risk>)

Systems which seek to manage and control risk and/or propagate the perception of risk as predominately a negative construct have the potential to pathologies what is, in fact, a normal process. Clearly it would be incompetent to ignore risk and certainly proportionately-appropriate risk management is critical in safeguarding children and young people. However, this must be achieved within a holistic framework which recognise the value of risk with regard to children's and adolescent's development, as well as the possible threats, but does not allow the negative constructs of risk to dominate (France, *et al.*, 2010). Whilst risk management systems may allow for different levels of risk and therefore different levels of intervention and control this must be made explicit for practitioners to correctly interpret the place of risk management within a holistic framework.

This raises fundamental questions as to why we place such emphasis on risk assessments in our work when, at best, whether clinical, actuarial or holistic, they are an uncertain tool (Littlechild, 2008)?

We must be mindful that whilst the reduction or indeed elimination of risk may improve quality in manufacturing and professional service industries within the social sciences this relationship between risk and quality requires more nuanced consideration.

Additionally, it also raises the question as to whether we are justified in changing the everyday life, and in this process potentially causing some degree of harm by depriving the child or young person of a normal life which they have a right to enjoy, on the basis of mitigating some future harm that may never actually happen?

The question of our position within a liberationist or protectionist stance with regard to the rights of children and young people is critical to this issue (Holland *et al.*, 2008).

This area of risk and quality registers needs further development with engagement of practitioners as well as policy makers and administrators in this process. This is an area where Continuous Professional Development modules may prove effective in raising competence and challenging the dominant negative perception of risk.

*"Dealing with risk is itself a risky business."* (Kemshall, cited in Davies, 2000:130)



Incorporating a risk and resilience and strengths-based approach to our work requires us to recognise that resilience development is dependent on exposure to risk and that without such exposure resilience cannot develop or become manifest (Laser & Nicotera, 2011). Within this context we would then recognise that a singular focus on the danger element of the situation being assessed becomes oppressive to resilience promotive factors thereby entrenching risk aversion within services. We need to consider the opportunity present within crisis, as well as the danger. Working from this base would require more consideration of practitioners' knowledge and recognition that ideally all risk-assessment tools should include the identification of such promotive factors before an action plan is devised.

*"Sense must be made of cases by well qualified professionals; care needs to be taken that risk assessment technologies do not short-circuit 'workers' ability and willingness to be intellectually active and critical."* (Benbenishty et al., 2003:152)

Regulatory bodies need to look at their own approaches and consider are they strengths-based or deficit-based, in their actions and what they commit to writing, and not just their verbal communications. The promotion of good practice warrants greater attention as does the role of values-based work from regulatory bodies. They must be mindful that as Einstein's said:

*"Not everything that counts can be counted, and not everything that can be counted counts."*

### **Security and Mortality**

The world is changing at an unprecedented pace and this is impacting on young people more than any other age group. Globalisation, unemployment and ruptured pathways to adulthood have all added risk and uncertainty into the lives of today's young people that, as a young person, I didn't experience to the same extent (Bryner *et al.*, 2002).

The search for security has become preoccupying yet illusive in an incessantly changing and risk-defined world with ever more porous borders, but for young people this is magnified (Pinkerton, 2012). The impact on young people's search for identity, an issue at the core of all young people's development (Meade, 1934; Erikson, 1980) but more complex for young people in care who may have fractured family and community biographies, is profound within such undefined futures (Stein, 2008a). Here, as Stein (2006) has said, we must remember that care leavers are first and foremost young people and impacted by the same forces that impact all young people in wider society. For example, in the Republic of Ireland 40% of young people aged 18-25 are at risk of poverty or social exclusion (OECD, 2013) with youth unemployment at 26.5% in 2013 (DCYA, 2014b). Care leavers, however, have the added disadvantage of having been exposed to trauma in their childhoods, having been in care, on leaving care,

being at risk of a range of poor outcomes. For care leavers, these forces are both magnified and multiplied whilst they are also experiencing transitions that are "compressed and accelerated" (Stein, 2004:53).

Paradoxically, at the very time of major vulnerability when they most need the stability and security of significant attachment figures care leavers experience broken relationships and attachments with care staff they are leaving behind (Holt & Kirwan, 2012). For some, predominately though not exclusively those leaving residential care, they also experience a re-traumatisation induced by past experiences of loss, separation and abandonment. The cumulative effect of these factors and forces renders leaving care in the Republic of Ireland a time of heightened risk across multiple domains including, tragically, the risk of death (Shannon & Gibbons, 2012).

*"Suicide levels among young people in contact with the State's child protection services are almost 10 times the rate of those who are not. Dr Ella Arensman, director of research at the National Suicide Research Foundation, described the findings as "extremely worrying"...An analysis of the report by the foundation showed that between 2005 and 2009, the average rate of suicide per 100,000 for adolescents aged between 15 and 19 in care, aftercare or known to the HSE for the period from 2005 to 2009 was 117, compared with 12 for the general population."* (Irish Examiner, 2012)

In fact, a care leaver who has just exited care at 18 years of age is more vulnerable to death from non-natural causes than at any other time from infancy to the age of 23. Shannon & Gibbons recorded eleven such deaths at age 18 as opposed to three from age 0-13, two for ages 14 and 15, four for age 16 and six for age 17. From age 19-23 Shannon & Gibbons recorded sixteen deaths. Clearly as children approach the age of leaving care their risk to non-natural death increases exponentially and peaks at the age of actually leaving care, 18. Of further grave concern is the fact that in the first two years after this report which covered 2000-2010, the numbers of deaths of children in care from non-natural causes doubled, from six in 2011 to sixteen in 2012 (Irish Examiner, 2013a). The figures for children known to the HSE for 2012 are even more disturbing:

*"Barnardos is deeply saddened by the findings of the National Review Panel that 23 children and young people who were either in care or known to the care services died in 2012. It is particularly alarming that nine of these children died by suicide, the youngest only being 13 years old."* (Barnardos, 2013)

These tragic statistics bear testimony to the risks care leavers are exposed to and the vulnerability they experience during the transition from care coupled with the inadequate preparation and support for leaving care. This vulnerability to suicide is a known risk for care leavers with a study by Saunders & Broad (1997) finding that nearly two thirds of their sample had considered suicide and 40% had actually attempted it on leaving

care. These statistics also highlight the paradox that at the time of highest vulnerability, and often after many years of intensive and expensive intervention by the state in the lives of these young people, when they most need the support it may not be available to them. This is especially pertinent to those most in need, the non-engagers and those care leavers who may not participate in further education or training and who get the least support in our current inequitable system. For them the unacceptably high mortality rate for care leavers as evidenced by these statistics confirms that aftercare support may be the difference between life and death.

Whilst making precise comparisons between these statistics and the general population is challenging, an issue addressed by the ICDRG and Minister Fitzgerald (Dáil Debates, 2013, Written Answers, 21773/13) partly due to the small amount of data available over limited timeframes, nonetheless some comparisons can and should be made.

It is shocking that 25% of all deaths from non-natural causes for children and young people in care and aftercare, over a 23 years age span, occur within one year, 18. Additionally shocking is the fact that for young people in aftercare non-natural deaths outnumber natural deaths by more than a multiple of 5:1 (27:5) whilst for children in the general population suicide accounts for 21.9% or 1:5 of all deaths of children aged 10-17 (DCYA,

2012). This statistic of 1:5 deaths of children aged between 10-17 years of age is a truly shocking statistic and profoundly worrying for the health and wellbeing of all our young people in the Republic of Ireland. Within the 15-24 age range in 2012 there were 95 suicides, again a 1:5 ratio (IMO, 2013). These statistics are poignant and distressing and highlight the shocking disparity in suicide rates amongst children in care and aftercare and children in the general population. A care leaver is five times more likely to die by suicide than any other cause of death whilst within the general population a young person of the same age is five times less likely to die by suicide than any other cause of death.

Norah Gibbons, then Director of Advocacy with Barnardos, made the following statement in 2010:

*"It is simply astounding that the Government is writing off the very notion of a mandatory provision for aftercare. In the past year we have seen numerous reports on cases of children whose young lives were cut short because of failings in the aftercare system; Government is refusing to learn the lessons of the past and continues to put vulnerable children's lives at risk with an aftercare system that is inconsistent and under-resourced."*

(Barnardos, 2010)

**Corporate Parenting**

The Department of Health, Social Service and Public Safety in Northern Ireland published guidelines in 2007 on corporate parenting that are notable for their reference to the state acting as a 'good parent' as opposed to just any parent:

*"...must ensure that we are everything a good parent should be, offering a quality home and experience of childhood, ambition, hope for the future and demand the best schools and services for these children."* (DHSSPS, 2007)

In the Republic a HSE report published in 2010 identified corporate parenting as:

*" The **In Loco Parentis** Role of the HSE*

*The HSE, acting in loco parentis has the responsibility of seeking the best possible outcomes for children in its care. Such a role encompasses three key elements:*

- The statutory duty of the HSE to promote the welfare of children and young people who are in its care.*
- Co-ordinating the activities of many different professionals, carers and partner agencies who are involved in a child or young person's life and taking a strategic, child-centered approach to service delivery.*
- Shifting the emphasis from 'institutional' to 'parenting', defined as the performance of all actions necessary to promote and support the physical, emotional, social and cognitive development of a child or young person."*

Stein (2012) makes several points in regard to corporate parenting:

*"For looked-after children and young people, it is the foster carer or residential worker who gives meaning to 'corporate parenting'...the essence of corporate parenting responsibility is to provide high-quality placements."* (2012:93)

He outlines a corporate parenting case model *"with legal responsibility held by personal advisers embedded within formalised intra- and inter-agency processes."* (2012:9)

The formalised intra and inter-agency processes have in the past been problematic for the HSE Child and Family Services. This has been exacerbated by the focus on accountability of staff and independence for, and the individualisation of, children in care and care leavers. Considered from a psychodynamic perspective it is possible to see how:

*"Acute and chronic feelings of anxiety about difficult cases or work situations impede the capacity for practitioners to think clearly and exacerbates the tendency to resort to defensive behaviours as responses to the emotionally charged situations they face (Taylor et al., 2008)."* (Ruch, 2009:351)

The focus on independence may have caused the HSE Child and Family Services, via mechanisms of isomorphism and defensiveness (Ruch, 2011), to itself become isolated and subject to individualised status within state structures and agencies. The HSE was left



holding responsibility for care leavers where passing of problems between departments and agencies was the norm where, as with a similar situation in England *"this places an unreasonable burden of responsibility on social workers and risks reinforcing the prevailing tendency towards individualising blame for mistakes and scapegoating a professional group, which usually targets social workers (Munro, 2010)"* (Ruch, 2011:440).

The climate of distrust and blame became pervasive and partnership working and inter-agency cooperation were poorly developed.

The focus within such corporate parenting models is on the responsibility and risk aspect of the corporate body rather than the norms, values and better parenting aspects implicit in the use of the word parenting. Evans (2014) makes the following notable points in relation to corporate parenting referencing the oxymoronic aspect of the term:

*"Part of the difficulty lies in the paradoxical basis of the concept itself - parenting denotes intimacy which is at odds with the idea of a corporation. The term 'corporate parent' is, thus, something of an oxymoron - how can a corporation be a parent? The irony is that the more accountable the 'corporation' becomes, the less parental it is, as Smith, in his review of residential care, has highlighted: '...demands for accountability in public care have gone too far and now detract from the act and the art of caring.'" (2009:118)*

*In her examination of the state's role as 'corporate parent', Mooney poses the following question:*

*'Ordinarily a good parent will fight for the rights of its child but when the parent also provides the services, who wins?' (2012:141)*

*The solution, she suggests, is to adopt the idea of 'parallel parenting' in line with the 'social pedagogy' model of care which characterises the Danish approach to social care." (Evans, 2014:66)*

Paradoxically, the one action which the HSE steadfastly refused to take may well have been one that would have precipitated the resolution of some these problems of individualisation and poor inter-agency and partnership working. Placing aftercare on a legislative basis would require that formalised inter-agency processes are agreed with all stakeholding agencies and departments. This process would have benefited the HSE by bringing all stakeholders together in a mediated and coherent forum with resources input mandated from all stakeholders thus ultimately reducing the resource demands on the HSE. Corporate parenting, as outlines by Stein (2012), implicitly involves developed interdependency with all relevant stakeholders where responsibility would be shared just as good parents share responsibility with each other. Legislation would both afford

aftercare a foundation of equitability and simultaneously facilitate enhanced corporate parenting.

There is much learning for the new Child and Family Agency to take from such experiences and it is not the derogation of the former HSE Child and Family Services that motivates this consideration. Rather, in the sociological tradition, it is the unveiling of the forces at play so that we learn from them. We need to be able to consider practice and policy developments, locally, nationally and globally within a wider socio-political context so that we can better represent those we are tasked with supporting. In this regard the actions of the HSE/Tusla can be located within the wider context via examination of current approaches and the individualisation and reductionist practices and policies from alternative perspectives:

*"In the current climate, when the principles of the welfare state are under threat, and we face ever increasing demands to measure our work in simplified ways, it is more crucial than ever to ensure that we can defend and sustain complexity. An important way to do so is through bringing a number of different perspectives to bear on our work."* (Burck & Cooper, 2007:193)

By so doing we may identify and mitigate some of these forces on behalf of those we represent and thereby seize the opportunity we have closely at hand within the new beginning stage, as identified within Bridge's (2004) model of transition, afforded by the establishment of the new Child and Family Agency.

Examples of effective corporate parenting can be found in the UK where positive discrimination (affirmative action) prioritises care leavers for supports and services as well as employment opportunities. In the Republic of Ireland, examples of positive discrimination are few and far between, other than social welfare payments where young people who have left residential care receive the full allowance at age 18. We have multiple opportunities to effect positive discrimination and here Tusla/HSE could lead by example. As previously noted, the HSE is the single largest employer in the state whilst also being a corporate body owned by the state. Were the state to act as an authentic corporate parent it might follow the example of parents who are fortunate enough to own businesses that can offer employment. These parents, legitimately and understandably, in the first instance prioritise their own children and family for such employment. Apprenticeships, trainee and starter employment opportunities could be targeted towards care leavers within the workforce of the HSE, which numbers circa 100,000; 60,000 plus direct employees and 40,000 in funded healthcare organisations. Creating such opportunities for care leavers, just as caring parents would and do for their children, would be an example of positive discrimination. This would have a major impact on the wellbeing of care leavers whilst also being cost-neutral. Similar positive discrimination occurs across multiple domains in the UK with universities, housing agencies and various departments and

local and county councils all positively discriminating in favour of care leavers.

Clearly, there is major financial benefit to the state in implementing such practices, a benefit not yet being realised in the Republic of Ireland. The focus on the positive has most to offer in caring for children and young people. Consequently, the opportunity to turn negative discrimination (social exclusion, marginalisation) into a positive force via positive discrimination (affirmative action, empowerment), just as the manager in Keith's story turned a negative into a positive and achieved the impossible task, is a missed opportunity to achieve positive outcomes for children in care in the Republic of Ireland.

The inherent tension within corporate parenting between the organisational, administrative and financial needs of the corporate body and the need to act as a caring parent that further renders the current situation and proposed Aftercare Bill (2014) inherently flawed. Tusla has to operate within its budgets and therefore its employees, social workers, have also to operate within these parameters. There is a clear potential conflict of interest in such a scenario where the best interest of the child, the recognition of the need for ongoing aftercare support, may place the organisation under further financial pressure. After six years of unremitting recession and remorseless austerity measures many boundaries have become blurred. Naomi Klein (2007) illuminates the processes whereby under the influence of shock

and awe tactics where bewilderment and confusion are created to stun the general population. Thereafter clandestine and seditious changes can be implemented by corporate power, without resistance from the population. This is informative in the Republic of Ireland's case since September 2008. Faced with catastrophic bank failure and potential imminent state bankruptcy, where public services may have ceased to operate, sweeping changes were implemented and continued to be implemented in the years thereafter on a population stunned but stoic, who to this day do not truly know what happened and how and exactly why it happened. New realities became defined as the norm over time, thresholds shifted. The banking catastrophe, despite most likely being unintentionally caused by neo-liberalism's reification of markets and market capitalism, presented the opportunity for further advancements of the neo-liberal paradigm into state and private life in the Republic of Ireland. The opportunity was not wasted. There has been a lowering of standards with a potentially dangerous acceptance that 'we can only work with what we have within the new reality' which incrementally leads to situations as outlined by MacGregor, in Heron & Murray, (2004:204) where, over time, these changes become entrenched as norms.

This potential for unchecked changes to become entrenched as norms holds particular importance in the case of the Republic of Ireland. As the country begins to exit recession we must be mindful that what may have been unavoidable during a time of

emergency may well be unacceptable and immoral now that the emergency has passed. An emergency is by definition a time-limited event and this is now passed. We now need to return to the value base we aspire to for our country. Social justice needs to be brought to the fore and we must guard against these draconian crisis measures becoming entrenched as new realities as might suit the neo-liberal hegemony.

From a professions perspective it can be seen that social care/work have adopted many of the mechanisms and paradigms from the commercial professions, with accountancy and business management to the fore, but in a non-reciprocal relationship.

An analogy, appropriately also defined by the markets, is the price of oil. We have seen that when there is a crisis that threatens oil supply, such as the OPAEC induced crisis of 1973 when oil went from \$3 a barrel to \$12 a barrel or the Oil Crisis of 1979 when oil again rose from \$12 a barrel to \$32 a barrel (Leddin & Walsh, 2003), that the price of petrol at the filling station inflates dramatically. However, when the oil supply crisis abates and production returns to normal, if indeed it ever reduced, the price of petrol does not return to its pre-crisis cost. In fact, it remains at the crisis induced cost thereafter as the new 'normal' price. Subsequent to these crises in the 1970s it now only takes the 'threat' of a potential crisis to induce the same phenomenon of inflating of prices as the risk associated with the threat induces the conditions necessary to

inflate the price whilst maintaining consumer demand (Beck, 2000, 2010).

*"As the risk society develops, so does the antagonism between those afflicted by risks and those who profit from them. The social and economic importance of knowledge grows similarly, and with it the power over the media to structure knowledge (science and research) and disseminate it (mass media). The risk society in this sense is also the science, media and information society. Thus new antagonisms grow up between those who produce risk definitions and those who consume them."* (Beck, 1992:46)

Such strategies can be seen to utilise principles of cognitive dissonance, (Festinger, 1962; Cooper, 2007; Gawronski & Strack, 2012) which are so effectively utilised by the advertising industry.

*"Festinger (1962) developed cognitive dissonance theory in the 1960s as a "consistency theory" so designated because it emphasizes the premise that humans desire congruence in their thinking and will act to reduce inconsistency among thoughts, and between thoughts and behaviours. He defined cognitive dissonance as "the existence of non-fitting relations among cognitions" (p.3). In other words, a person who has two cognitions that are inconsistent, experiences dissonance - a negative drive state similar to hunger or thirst (Aronson, 1997)".* (Taylor, 2007:95)

Here, the dissonance created within the individual by not possessing the item being advertised is reconciled by the



acquisition of the item via the act of buying the item, thus achieving the goal of the advertisement. In the case of oil the unease (dissonance) created by the perceived threat to petrol availability is reconciled (consonance) by consumers with the acceptance that petrol can still be bought even if at a significantly inflated price and thus cognitive congruence is restored.

Therefore, decisions where tensions outlined above are present, as is the case of assessing the need for aftercare support, requires that they be made by an independent body. It is generally accepted, and for the same reasons, that no organisation should act as its own oversight body or watchdog - the preservation of organisational integrity and standards and the protection of the customer/service user.

In Scotland the Children and Young People Act, 2014, became active in 2015. Part 9 of this Act outlines, in detail, the corporate parent role and responsibilities with regard to children and young people in care and aftercare. This progressive legislation, which has received widespread international acclaim, prescribes a mandate for aftercare up to age 26 in certain cases and for children and young people in all settings to have the right to opt to remain in these care placements until 21. However, as we noted previously with reference to Professor Stein's research Tusla is prone to questionable interpretation of data when it comes to aftercare. This is again evidenced with regard to this

progressive rights-based Scottish legislation for care leavers. Minister for Children, James Reilly, is of the belief that services afforded young people in Scotland via this legislation are *"akin to aftercare services for children leaving care in this State"* (Dáil Debates, 2015, Written Answers 17451/15). This is a curious interpretation of the Scottish legislation as it dismisses any recognition of the rights aspect of young people to, amongst other rights, opt to remain in their care placement until age 21 in Scotland. Rather, Minister Reilly references 'continuing care' as prescribed within this progressive Scottish Act not as a right for care leavers but as a *"new legal term to describe care leavers who remain in their 'looked after' (care) placements up to the age of 21."* He perpetuates the entrenched propensity of former ministers and senior HSE/Tusla management, which shall be consider in more detail in the next section on the Aftercare Bill 2014, of focusing on the duty of the state to provide support rather than the right of all care leavers to exercise agency and access support.

Furthermore, Minister Reilly identifies care leavers as children and yet contrasts them with young people aged 18-26 in Scotland. Elsewhere, Gordon Jeyes, CEO of Tusla, has identified young people who have turned 18 and who may seek to remain in their foster care placements as both youngsters and adults: *"..and ensure we not only support those youngsters who remain in education but those who choose to remain in foster care. We will fund this irrespective of their education arrangements. Those*

*involved will at that stage be adults and as such there will be no free rides.”* (Jeyes, 2014a). Consequently, it is unclear whether care leavers in the Republic of Ireland are seen as children or adults. Furthermore, there would appear to be concern at senior management level within Tusla that some care leavers, those not involved in education, may seek ‘free rides’, though just what is meant by ‘free rides’ is left ambiguous and unqualified and therefore may reasonably be seen, in the absence of any supporting evidence, to be based on assumption.

Could it be that the definition of care leavers as children or adults is offered to fit the particular agendas of the corporate parent in different contexts?

Where does this assumption that some care leavers may seek ‘free rides’ come from; is there any evidence to support this assumption and what role might this assumption have with regard to the corporate parent’s steadfast refusal to make aftercare a rights-based entitlement to all care leavers in the Republic of Ireland? Whilst such an attitude towards welfare provision may align well with the neo-liberal master narrative can it co-exist with an understanding of the magnitude and consequences of the price already paid by children admitted into state care?

One issue where there is no lack of clarity, however, is that the principal officers of the Irish corporate parent, the Minister for Children and the CEO of Tusla, both attest that aftercare services in the Republic of Ireland are good: "*By international standards, our current aftercare arrangements are good*" (Jeyes, 2014a). Just what international standards Mr Jeyes is referencing is curious given the failings that have been identified throughout this book, which include representations and findings from the NGO sector, the judiciary, Independent Inquiry Boards, politicians, the media, academia, care leavers themselves and international children's rights organisations. As we have seen earlier in this book extrapolating outcomes-based comparisons based on statistical data is a very contested area and open to distortion through focusing on certain criteria and excluding others. What is certain, however, is that if we compare our aftercare services with those available in our closest neighbouring states of England, Scotland, Wales and Northern Ireland on the basis of rights, dignity, respect, equity and social justice, as these are inextricably linked and all four of these States have placed aftercare on a statutory legislative base, the Republic of Ireland is deficient by this standard. Furthermore, as a direct consequence of these deficiencies our aftercare arrangements for those young people who do not engage in work, education or training, circa 38.9% of care leavers, are equally deficient.

To conclude this section on corporate parenting it is worthwhile considering one of the most influential research papers on corporate parenting: 'Can the corporate state parent'? (Bullock et al., 2006). The research found that there are three factors necessary for the state to effective corporate parent:

1) *The framework must be right to be conducive for optimal outcomes for children and families - this requires legislation and provision that meets the needs of a wide variety of young people and that professionals have equal opportunities to use the legislation to access a range of services and placement options as they deem to be most appropriate in each case. The state must also accept long-term responsibility for these young people into early adulthood with all agencies serving children and young adults contributing to young people's welfare and not just social services. The state must also recognise the need to support those children who have left care in order and identify and apply clear principles and values that underpin services for children;*

2) *The second requirement is to ensure that care offered is of a high quality. The minimisation of placement breakdown is essential. To achieve this "planning for children, support for carers, contingency plans, and the handling of difficult behavior and complex contact arrangements with birth relatives have to be well coordinated and effective (Sinclair, Wilson & Gibbs, 2004)."*

3) *The third requirement is the tackling of the weakness that ensues upon the ending of children's care in the late teens. They*

*recommend that a more informed approach to matching, permanence and attachment be implemented and clarity be brought to bear on just what is meant by permanence. (2006:17)*

The findings of Bullock *et al.* (*ibid*) are some the very issues highlighted throughout this book: the necessity for legislation to mandate quality services; a robust care system and system of care - which requires inclusion of residential care (Hillan, 2005); inter-agency and partnership working; the necessity for values in the work with children; and the need for support after young people leave care.

#### **Aftercare Bill 2014**

We have seen the launch of the Child and Family Agency (Tusla), in January 2014, initially under Minister Francis Fitzgerald. It is significant on many levels that Tusla has had three different ministers, from three different professional backgrounds, overseeing its first seven months of its operations. Minister Francis Fitzgerald, a former social worker, was replaced by Minister Charles Flanagan, a former solicitor, on the 8.5.2014. She was moved to the Department of Justice after what many have identified was a highly-effective term as Minister for Children. Minister Flanagan was moved on the 11.7.2014 to the Department of Foreign Affairs and replaced on the same date by Minister James Reilly, a former doctor.

The proposed amendment to legislation underpinning aftercare to strengthening the entitlement to the preparation of an aftercare plan, where the need for aftercare support is identified prior to leaving care, is welcomed as a step in the right direction. However, granting a right to an assessment of need for aftercare support via the development of an aftercare plan can also be seen to represent, whether intentional or not, yet another manoeuvre aimed at avoiding and deferring taking the one essential step of granting statutory entitlement.

*"It is proposed to strengthen the legislative provisions for aftercare, by amending the Child Care Act, 1991 to provide for a statutory basis for the preparation of an aftercare plan. The purpose of the proposed amendment is to provide clarity around eligibility and the arrangements for preparing, reviewing and updating the aftercare plan."* (DCYA, 2014)

Granting a right to the state to provide support to those it determines require it via assessments and describing how this may be done is a very different, and lesser, thing than granting a right to a care leaver to a service and affording them the agency to ensure that they receive this service.

The major part of this amendment (DCYA, 2014a) has to do with legislating for the interagency co-operation between Tusla and the HSE following the separation of Tusla from the HSE. The Bill was essential for this purpose. Incorporating within this Bill the legislative imperative to prepare an aftercare plan merely addresses one aspect of the complex task which is caring for and

supporting care leavers and mimics the focus on the preparation of care plans within residential and foster care. Care plans are considered indicators of quality. The definition around eligibility appears to be somewhat analogous in terminology to that from Northern Ireland but nonetheless is welcome in bringing enhanced clarity to this critical issue.

It can be said that *'just because we give something a name does not mean we understand it'* and also, that *'just because we know the right thing to do does not necessarily mean we will actually do the right thing'*. Making more explicit the statement of the duty on the Child and Family Agency is reminiscent of Minister Andrews's 2010 statement and has, as we have seen, had limited efficacy historically.

*"The aim (of the 2014 Bill) is to create an explicit statement of the Child and Family Agency's duty to prepare a plan that identifies a child's needs for aftercare supports."* (DCYA, 2014c)

It is somewhat of a rhetorical question to consider that there is any doubt as to whether any 18-year old *may* need some form of ongoing support in the 21<sup>st</sup> century. I know of none who do not, and for care leavers this is even more assuredly the case given their trauma biographies and known ongoing vulnerabilities.

*"All children need support during their transition from adolescence to adulthood. Young people leaving care are a particularly vulnerable group who often have no family supports available to them. If they don't receive adequate aftercare they*



*are cut adrift and left to cope with situations most adults would find impossible to navigate.” (Barnardos, 2010)*

Support can come in many forms, practical, assistance with holidays, knowing that someone cares about your wellbeing and is there to listen if needed, emotional support and a 'felt-sense of security', financial, social, somewhere to fall back on in emergencies and general advice and general encouragement, to name but a few. It is also important to recognise that the transition process is not necessarily linear, and needs may vary accordingly (Stein, 2008). The question to be asked is are we providing the supports they actually need and how, and on what basis, are the supports currently available being made available to care leavers.

It may be the cases that for some care leavers that they return to the family home from which they were removed and that in some of these cases the family may not want any further dealings with the social work departments who removed these children. Equally, some young people may stay on in a foster home beyond 18 and the foster family may not desire any further dealings with social work departments. However, we have no way of accurately knowing how many such instances of children remaining in foster placements without aftercare support actually occur due to the unacceptably inchoate data recorded and made available by the HSE/Tusla. In both instances it may not be the support that is being rejected rather the interaction with social work

departments. This represents a failure to engage with these families on a meaningful level by the HSE/Tusla across various services ranging from social work to family support.

Just because some disenfranchised young people, or their families or foster families, may refuse any contact from social work and aftercare services upon turning 18 does not mean that they do not need support. In reality, these young people need support all the more due to these negative care and pre-care experiences, but this support needs to be made available in a format that is acceptable and therefore accessible to them. These young people may not be able to accept or tolerate the support being offered to them in the format it is currently being made available. We understand that children in care may not be able to accept or tolerate feelings of trust, affection and intimacy and we work to build their capacity to tolerate and sustain these feelings and emotions yet, we do not appear to always extend such understanding to these older children and to their families. Making this support available on terms they can accept and tolerate is another of the core challenges of caring for these vulnerable care leavers, as it is with all children and young people. As ever caring parent knows 'no' does not necessarily mean 'no' in every incidence when it comes to children and adolescents' refusal to take direction or accept input from their parents. Certainly, there are times where no means no but by knowing their children through their knowledge of, and relationship with them, parents learn to discern the difference.

There are times where they are testing their boundaries and, at times, may just want to see how much the adult actually cares which they may determine by assessing the adult's perseverance. Sometimes it takes encouragement, patience, cajoling, humour, change of approach or rewards, coupled with a thick skin, to persevere beyond the refusal and get children and adolescents to say yes, even though they may really like doing what they are being asked to do. This is as vital a form of co-regulation as emotional co-regulation (Butler, 2013).

Keith recounts how I had the tough conversations with him on sensitive matters, such as family relationships, and how he took my advice. He finishes his chapter with some excellent advice for those working with children in care:

*"Take the time to get to know the person in your care. Always show an interest in what is going on in their social circle. Have the tough conversations with them, if required, as you won't say anything to them that they are already not aware of or about which they have some understanding."*

It has been my experience, based on observing colleagues over many years of practice interact with children in care, that those colleagues who were direct and spoke their mind with children tended to also have close, meaningful and trusting relationships with the children. This, despite the fact that, at times, these workers would be very challenging with the children in terms of addressing behavioural or interpersonal matters. Children tended

to value this authenticity very highly, perhaps as Keith has posited because they may have already known of these matters at some level themselves. Such workers had the ability to challenge children when needed yet maintain a strong and meaningful relationship with the young people. They were comfortable dealing with conflict and therefore capable of providing care and control in the correct balance. The young people knew where they stood with such workers which afforded them some certainty in their, oftentimes, very uncertain lives.

The consequences of the workers 'playing it safe' and being less direct and honest with the young people, perhaps from a professionally defensive position or a focus on 'first causing no harm', would include the loss of such meaningful trusting relationships. This loss would in fact represent 'harm' to these children with the opportunity for recovery and growth being wasted. Risk and uncertainty are integral to caring for children and young people and, as previously stated, if we focus on harm in order to avoid causing harm we may, in fact, inadvertently cause harm to become manifest. Equally, deliberately avoiding conflict when conflict is required can be harmful (Kleipoedszus, 2011). The key to such relationships, as Keith has identified, is the worker knowing the child, having a meaningful relationship with them and having the courage and authenticity to speak their mind. As previously noted, children in care, through harsh necessity, must learn to discern authenticity and intent in adults. This was evidenced in Keith's story where he identified

how, as a growing child, he developed this ability to quickly discern adults' intent where he talks of being able to determine his "parents' mood or mental state by observing how they dressed, stood, or even to how my mother had her hair brushed. This is a state of mind where one is hyper-sensitive to the environment and the individuals in it" (p. 18).

This issue, where the lines between the worker being either an educator, fire fighter or abuser are very fine, with workers' professional judgement being utilised to interpret the real meaning behind the words, encapsulates the absolute necessity to both know, and have meaningful relationships with, the children and young people we work with so that we can make the correct interpretations in such instances.

As a corporate parent striving to be a good parent this is a core challenge for aftercare services and social work departments just as it is a core challenge for all those working with children in care. It is too easy to just accept the no and say they refused the service and there is little or no more that can be done. There is always more that can be done although there is no guarantee of success and as every caring parent knows sometimes it's a thankless task but, nonetheless, this is what it means to

try to be a 'good enough' parent - we put the child's needs above our own needs and comfort.

We prioritise our children's needs above their wants as we recognise that as they mature, they are acquiring the ability to regulate these matters and therefore they need our support during this developmental process. As a good corporate parent Tusla would do the same and recognise that there is a world of difference between wanting something and needing something. Therefore, Tusla would, as a good corporate parent, extend the paramountcy of the child principle, where the child's needs rank the highest, to care leavers also. Making aftercare 'core business' for Tusla by implementing statutory entitlement to a service represents the singular most effective mechanism to achieve such an extension of the paramountcy principle.

To accept the rejection of the offer of support, tantamount to an '*abdication of duty*' as Shannon & Gibbons (2012:xvii) termed it, represent yet another failure and missed opportunity on the part of the HSE/Tusla to support these vulnerable young people. Furthermore, if we accept the assertions of eminent theorists such as Anna Freud and Erik Erikson who posit that adolescence is the second, and sometimes last, chance to address the crises of earlier childhood then aftercare can be seen to represent the second, and last, chance to address the crises of negative in-care and pre-care experiences. These include failings of the state to adequately support and protect these children and young people, and therefore to miss this opportunity represents the

gravest of failures. It is the state's last opportunity to right many of the wrongs perpetrated upon these young people and therefore aftercare must be awarded the highest status we can bestow upon it when seen in this light. Endings and beginnings are intertwined, so eloquently put by T.S. Eliot, and for these young people having a positive ending to their care experiences can facilitate positive beginnings in their adult lives but unfortunately the converse is also true.

Notably with regard to the support and assistance that may be made available to care leavers the wording of The National Leaving and Aftercare Policy bears consideration:

*"Section 45 of the Child Care Act 1991 places a statutory duty on the HSE to form a view in relation to each young person leaving care as to whether there is a "need for assistance" and if it forms such a view to provide services in accordance with the section and **subject to resources.**"*

Having reviewed the past failings of the state in supporting care leavers and with specific regard to the final three words 'subject to resources', the above statement inspires limited confidence in the policy being fully implemented and achieving its aims. What is needed is sufficient ring-fenced funding.

Minister James Reilly, the current Minister for Children and Youth Affairs, in one of his first written answers to Dáil questions made the following statement which appears to develop the theme of available resources further:

*"The prioritisation of services for young people receiving aftercare is considered in the context of the statutory and administrative criteria and rules relating to State provision of services and the requirement of all State bodies to provide services in accordance with resources available to them. The Agency and officials of the DCYA have been and continue to explore these matters further with the relevant Departments and agencies, on a bi-lateral basis, to continue to support the improvement of aftercare for this vulnerable cohort."* (Dáil Debates, 2014, Written Answer, 35541/14)

By making aftercare services and support a statutory entitlement for care leavers Tusla can make its proffered commitment to children in care and aftercare real and meaningful. Then, as active agents in determining their own futures, care leavers will be empowered to ensure that they receive the support they absolutely need. This support will be available within clear support systems benefiting from ring-fenced funding, and this will enable care leavers to become the active citizens we wish for them to become.

*"When accorded rights, individuals are legally recognised as members of a social order and this enables self-respect to develop, as well as respect for other. Social esteem is expressed through acknowledgement of individual's achievements and abilities and enables self-esteem."* (Ridely et al., 2013:3)



Political short-term planning and leadership together with changes in political direction brought about by changing governments can be seen to be a major factor in Irish child care provision. We have seen with the launch of Tusla that there have been three different ministers responsible for overseeing its beginning. The significance of this can be located both in terms of continuity of relationships and also when we consider that each minister came from a different professional background. Therefore, there was potential inconsistency and allegiance to different professional disciplines. This one example, then, reveals a major flaw of policy development and implementation as well as strategic development of integrated and coherent child care services in the Republic of Ireland, namely, short-term political leadership and vision. Political parties and individual politicians must constantly seek voter's preference. Consequently they are prone to making promises and commitments whilst seeking election, but fail to follow through once elected. Children cannot vote and the marginalised of society are typically not the highest level of voters. Thus the needs of these two groups do not rate as highly as those societal groups who are known to vote for politicians seeking a mandate.

*"Children have been set low on the list of political priorities in Ireland for far too long. Too often they have been sidelined and voiceless. Those living in communities who are*

*disenfranchised and marginalised are even further away from the political table.” (Barnardos, 2011a:3)*

We know that in 2014 there were 9,450 reported cases of abuse, neglect or welfare concerns awaiting social worker allocation with 3,450 of these being categorised as high priority cases (Dáil Debates, 2014, Written Answers 36155/14). Burns & MacCarthy (2012:34) suggest that *“entry thresholds to the (child protection and welfare social work teams) are increasing to respond to issues of capacity, which means that children and families who normally would receive a service are being placed on a waiting list or are not worked with at all, and opportunities for preventive work are being lost.”* Yalloway et al., (2012) identify that the 2005 HSE Dublin North Interim Data Set Returns confirms that *“Large numbers of children are being ‘screened out’ for services because of the need to prioritise available resources to respond to children who are most in need...this reflects the wide variation in practice across the country concerning referral and assessment of child abuse and service capacity issues in each HSE area.”* (2012:93). There is a growing body of evidence demonstrating the fallacy of delaying entry into care which entrenches harm and makes reunification with family less successful whilst also costing the state substantially more in the long-term (Ward et al., 2008; Holmes, 2012). However, to tackle this issue would require government to prioritise children’s services for funding when they are increasingly coming under pressure for poor health

services and other public services deficiencies. It may be the case that tackling the public health system will prove more beneficial to the current, or indeed any, government in terms of retaining its mandate. Thus, the problem accrued by not providing investment in children's services is deferred, potentially for a different government, for political reasons.

Political responsibility for child protection failings in the Republic of Ireland, linked to negative public perception of children in care and their families, was a major finding of Holohan's (2011) research report *'In Plain Sight: Responding to the Ferns, Ryan, Murphy and Cloyne Reports.'*

*"This research makes clear that political and societal attitudes to those living in poverty contributed significantly to the situation whereby children at risk and living in poverty were victims of human rights abuses. Families at risk of or living in poverty were somehow blamed for their socio-economic status. They were viewed as morally suspect, degenerate and unworthy."* (Deasy in Holohan, 2011:325)

It must be noted that it is regrettable that the current government has failed to follow through on the proposed Constitutional Referendum to lower the voting age to 16 in the Republic of Ireland scheduled for 2015. However, the identification of the need for political leadership and vision in order to strategically develop children services effectively is not an acquisition levelled against any one particular

political party or politician. It is the challenge to all political parties and individual politicians and therefore to the political system itself. Children and their services need to be prioritised by Government. Government itself acknowledges this challenge but have as yet to identify a robust and effective solution. This acknowledgement is evidenced within another policy document published by the DCYA whilst under Minister Fitzgerald's leadership in September 2013. This policy, 'RIGHT FROM THE START: Report of the Expert Advisory Group on the Early Years Strategy' contains the following observation within its preface:

*"A set of recommendations, of course, is not enough. If the people of Ireland really do want to change the future - to ensure that right from the start all our children have the best possible chance - that requires a major statement of political purpose and a radical re-orientation of structures, organisations, resources and policy priorities. (DCYA, 2013:1)*

We have seen the political influence on social care throughout the preceding sections of this book. We have seen its role in social policy, research, children's rights, theory and the professions, all of which shape services and practice. There is also has a political dimension with the media coverage of social care issues, a point made by Carl O'Brien:

*"The problem with social issues is that most politicians and political parties - but not all - see them as being of relevance only to the most marginalised, who are less likely to vote or to*

*be active members of 'civil society'. Because the issues are marginalised politically they, they are also marginalised in the media...Ultimately social work needs to be higher on the political agenda if it is to receive wider coverage."* (O'Brien, 2012:118-119)

Given the extent of this influence we can see the magnitude of the impact of the short-term focus on children's services outlined above.

The politically induced short-term focus on children's services development can be seen to underpin much that is wrong with Irish children's services (Kennedy, 2014).

A closing observation with regard to the proposed Aftercare Bill (2014) is the usage of the word *may* as outlined by Minister Reilly in 2015. As we have previously noted the usage of the word *may* has long been identified as the problem with the existing legislation with campaigners seeking its replacement in the Child Care Act 1991 Section 45 with the word *shall*. It would appear that the proposed Bill merely perpetuates the employment of this permissive word, *may*.

*"Section 45 of the Child Care Act 1991 provides that the Child and Family Agency may assist a child leaving its care if it is satisfied that the person has a "need for assistance". The provisions have been interpreted and applied on the basis that young people who have had a care history with the Agency are entitled to an assessment of need, from which an aftercare plan may be prepared and an aftercare service may be offered (based on the assessed needs)." (Dáil Debates, 2015, Written Answers 9659/15)*

### **Aftercare and Positive Outcomes**

At the risk of stating the obvious, but in the interest of academic rigour, it is necessary to state the case for aftercare in terms of promoting positive outcomes for children leaving care. As far back as the Kennedy Report, (1970) and as recently as the Ryan Report (2009) aftercare provision has been highlighted as an essential service for children leaving care:

*"Aftercare, which is now practically non-existent, should form an integral part of the Child Care system." (Kennedy Report, 1970:14)*

*"...comprehensive aftercare services that assist young people in the transition to independent living are vital." (Ryan Report, 2009:396)*

Recent research by Harder, Kalverboer, & Knorth (2011) and James *et al.* (2013) highlights the link between aftercare and positive outcomes and this research builds on the existing body of works, previously cited, by Mike Stein and John Pinkerton within the UK and Irish contexts.

This is not to say that repositioning the relationship back at the centre of practice will alone resolve all that is wrong with social care. However, by acknowledging the centrality of relationship which requires that we also acknowledge the importance of the worker, and elevating both within policy and current models of practice, then the system may operate to its best effect and the elusive 'better outcomes' may begin to come into clearer focus.

### **Quality Assurance**

There is also the issue of quality assurance of service delivery which requires consideration. There is little doubt that registration, inspection and monitoring regimes have brought significant benefits to social care for children since the introduction of The SSI in 1999 and more recently with HIQA. The current situation where Tusla Registration and Inspection Service monitors and inspects private and voluntary children's residential centres whilst HIQA inspects statutory children's residential centres is not ideal. Although identified by the DCYA as a priority issue to resolve there is as yet no set date for the assimilation of these private and voluntary centres within

the scope of HIQA inspection services (Dáil Debates, 2013, Written Answer 53791/13). Some of the benefits attributable to Inspection and Monitoring Services for children in care have been previously identified such as the role in the elimination of abuses that formerly occurred within residential care and the promotion of better practice. What is needed is quality assurance achieved through the evaluation of services against a framework of National Standards for Aftercare Services. In order to empower HIQA and Registration and Inspection Services to have a similar mandate extending to aftercare, legislation is required. Therefore, any legislative change to place aftercare on a statutory basis requires the inclusion within its scope the necessary wording and clauses to create the mandate for HIQA and Registration and Inspection Services to hold authority of compliance enforcement within identified standards for aftercare services.

The fact that 93% of children in care are in foster care (Tusla, 2014) and that of the four HIQA Inspection Reports on Foster Care Services carried out from January - July 2014 (ID 687; 683; 674; 669) all services were found to be non-compliant with the standard for preparation for leaving care and adult life is a shocking indictment of the preparation for leaving care currently undertaken for the majority of children in care in the Republic



of Ireland. This represents the clearest of indicators of just why preparation for leaving care, aftercare and the inspection of aftercare services must be placed on a statutory legislative basis and implemented by HIQA.

### **Summary**

These two chapters have covered many issues germane to children in care and those in aftercare whilst also acknowledging the professional as a critical component of care, the 'face of the corporate parent'. Some of the implications of the professionalisation agenda have been revealed. The relevance of issues of social justice, values, empowerment and the impact of language as well as the need for external inspection and monitoring have been considered. There are many factors and processes impacting social care and social work in the 21<sup>st</sup> century. These factors require understanding on the part of the professional to inform their practice and policy makers to inform service development and configuration. These include political, economic, social and professional processes. The professional must be able to evaluate these to inform their decision making so as to best represent and support those they are tasked with assisting. This section has been wide ranging and intended to promote thinking on the part of the professional across a variety of areas to better inform their professional judgement. There are

many perspectives to be considered to inform our decision making. As such this section, as is the entire book, is intended to be thought provoking rather than provocative but should the reader find it provocative I can only say that is not my intent.

Rather my intent is to align with the advice of The Munro Report (2011:84), previously cited in the introduction to this book. Munro identified the importance of workers' professional judgement and the paramountcy of the relationship in social care and social work and identified professional judgement as:

*"... requires social workers to be in possession of the right knowledge and be capable of clear reasoning. Children need and deserve a high level of expertise from their social workers who make such crucial decisions about what is in their best interests. This expertise should include being skilled in relationships where care and control often need to be combined, able to make critical use of best evidence from research to inform the complex judgements and decisions needed and to help children and families to solve problems and to change."* (Munro, 2011:84)

## **Conclusion**

Some of the best professional advice ever given to me was from Professor James Anglin. He said: *"Always stay curious and question everything."* This is the soundest of advice, in my opinion, and therefore advice I endorse and impart to the reader. This book is intended to promote the reader to be curious and

question everything, seeking their own answers through their endeavours, professional development and practice, knowledge of the children, young people and their families and their social ecologies. This is the surest way to promote better practice and keep children and young people safe which will result in better outcomes for children in care. Informed workers will be professionally-active workers and they will seek to increase the resources and opportunities of those they support. But, on the face of it to advocate questioning everything may appear to promote paralysis and indecision whereas in reality it does not. We may question something today and, indeed, find a truth for our answer. However, tomorrow the same question may have a different context and thus a different answer. We need to be open to constantly learning as we can never assume, when we are dealing with human beings, that what was true yesterday will be true today. This may be appropriate in the natural sciences, but it is not in the social sciences.

Keith's experiences of poverty and loneliness within the placement I was involved in moving him to makes clear the need to always maintain an inquiring stance. I now know that I assumed that he would be well cared for in this placement as it was with a long-standing and wellknown reputable service provider. Additionally, it was the only such service available in Dublin at that time and securing a placement there was in itself an achievement. However, I didn't verify this for myself even though

I visited him there several times and witnessed his circumstances. I now see that my assumption may have obscured my objectivity in seeing the reality of his circumstances, just as, historically, assumption prevented so many adults from hearing and acting on children reporting abuse. Assumption that the child was lying or that the adults involved wouldn't do such things or that it was someone else's responsibility to deal with it. Assumption underpins the discrimination and stigmatisation Keith experienced within the community as a child growing up in a dysfunctional family. Had I inquired beyond my assumption Keith may not have suffered the harm and hardship to the extent he endured. No young person should endure such experiences in 2015. I have come to recognise that:

When it comes to caring for children and keeping them safe assumption is the fertile breeding ground of harm and an inquiring stance with attention to the minutiae is the best remedy.

In interrogating some of the assumptions surrounding residential care and aftercare, as well as practice, theory, policy, service trends and research coupled with wider agendas influencing this sector, this book has attempted to dispel some mistruths whilst promoting an inquiring stance on the part of the reader on key

issues shaping social care in the 21<sup>st</sup> century. However, within this process some facts have also been revealed.

Residential care, as currently configured, is a residualised service in the Republic of Ireland, a placement of last resort. Children placed in this service are mixed with children with disparate levels of needs and thereby the ability of the service to function in the best interest of each child is compromised. Residential care needs to be valued and become a placement of first choice for those children and young people identified as needing a residential placement and at the time this need is first identified. The care system cannot function optimally without all elements of the system of care operating in an integrated and congruent manner. The current usage of residential care in the Republic of Ireland is set too low by any international standard. It needs to be increased, with a range of specialist placement options, if we are to keep children safe and see the desired positive outcomes for children in care.

Preparation for leaving care needs to be placed on a statutory footing and given the recognition within residential care and foster care it warrants. There is a pressing need for an implemented National Standard of Preparation for Leaving Care in the Republic of Ireland.

There needs to be a paradigm shift with regard to how we care for children requiring out-of-home care in the Republic of Ireland. We need to reposition values and principles of social justice at

the core of all that we do. We need to cease configuring services within existing budgetary allocations. This enables superficially convincing planning whereby, on paper, a care system can operate without the required range of placements offered by a robust system of care. The tragedy of the current system is that it is only after it has been proven to be ineffective, and children and young people have come to harm, that it will be changed. We need to rethink what services are necessary to meet the needs of children and young people in the 21<sup>st</sup> century, and then put in place a strategy to resource and implement the configuration of our children's services accordingly.

Statutory entitlement to aftercare support is a means to, and guarantee of change, rather than the conversation about change which has been ongoing in the Republic of Ireland's case since the Kennedy Report in 1970. Mendes *et al.* (2014) make the point that far more is known about leaving care and aftercare in the 21<sup>st</sup> century than formerly, which places policy-makers and practitioners in a much better position to address the criteria associated with leaving care. In the Republic of Ireland over the past two decades we have had numerous inquiries and investigations into the failing of the former Health Boards, and the HSE Child and Family Services in attempting to care for children and care leavers. We have had The Madonna House Inquiry (1996), The Commission of Inquiry in Child Abuse (2009), Investigation in Deaths in Care (2012) to name some of the most

prominent, and all of these highlighting the inadequacies of aftercare provision. Concomitantly, we have had numerous recurrent publications by a variety of NGOs, Barnardos, Focus Ireland, EPIC, The Children's Rights Alliance, Office of the Ombudsman for Children to name but a few. Additionally, there have been media investigations and publications as well as academic publications all highlighting these failures in supporting care leavers. All the while, the plight of care leavers has been incrementally revealed with the Left Out on Their Own publication in 2000 unveiling what previous reports had highlighted but had remained largely unresolved. Burns & MacCarthy (2012:36) describe change following these reports as '*glacially slow*' echoing Gilligan's (1993:366) observation regarding the implementation of the 1991 Child Care Act in the Republic of Ireland as "*the genteel pace of reform*".

Given the facts outlined within this book and also the fact that the four states neighbouring the Republic of Ireland - Northern Ireland, Wales, England, and Scotland have all placed aftercare on a firm legislative basis it is difficult to logically understand just why the Republic of Ireland has not as yet done so. Based on the experiences within these neighbouring states it is true to say that legislation alone is not the solution, however, it is also true to say that the solution is not possible without rights-based legislation. Aftercare needs to become 'core business' for Tusla as opposed to its current status as 'non-

core business'. The fact that many care leavers achieve positive outcomes currently is commendable and must be acknowledged. Focusing on the deficits of the aftercare system should not detract from the remarkable accomplishments of these care leavers. Rather, it is intended to achieve equity and positive outcomes for all care leavers.

Whilst there has been a notable focus on aftercare services in the Republic of Ireland in recent years indicating a recognition of the importance of aftercare and an intent to improve the service the fact remains that for aftercare to cease being the 'poor second cousin of social work' (*under 18's*), in essence an afterthought, legislation alone has the power to mandate this. Legislation provides robust protective factors, by virtue of its equalising remit which would empower care leavers to access the resources they need to become resilient. It would also empower workers by providing role clarity and ring-fenced funding. It is the combination of legislation, policy, regulation and education that shapes practice. Currently, practice in the Republic of Ireland supporting care leavers is deficient legislatively and educationally, weak in policy and with notable regional variability in terms of availability and quality of support.

Attempting to shore-up a legislatively flawed service with permissive legislation constrains aftercare within restrictive parameters. Here, the focus often appears to be designed to eschew the one essential action, placing the service on a rights-based footing, with tactical manoeuvres and the proffering of



questionable interpretations of existing legislation. A reactive rather than a pro-active service.

Support services for young people who have left state care that was made available solely on the basis of chronological age and employment, training or education status was never equitable or sufficient to meet the needs of all care leavers. It was not a service fit for purpose then and for the same reasons nor is it now.

By enacting legislatively supported statutory provision to aftercare support for care leavers the Republic of Ireland may become the authentic corporate parent she aspires to be rather than the obdurate one she has been. This version of corporate parenting would be very different from what we have had to date. Responsibility would be shared across all stakeholding agencies and government departments. Coupled with this, single case-holder legal responsibility would ensure both the mandate to access resources with statutory authority and the continuity of relationships for the young people leaving care. Such an aftercare service would be equitable, values-based and developmentally-appropriate, with an expectation that all care leavers will thrive as opposed to some merely surviving.

We cannot rewrite history and erase the harm caused to many young people who left state care in the past but we can right the wrong now.

