Social Work Profession in Ireland: Opportunities and Challenges

Introduction
The article is a result of completing a description of the role and work of the social work profession for the HSE’s Health and Social Care Professions Education and Development Section of the HSELearning Hub. During the process of completing the piece, reviewing a number of documents held within the Irish Association of Social Workers (IASW) regarding social work, and more recent information in relation to the establishment of CORU and the Social Work Registration Board the idea of writing a more substantial article was conceived, with the aim of including a consideration of the future opportunities and challenges that lie ahead in post Celtic Tiger Ireland.

The article is divided into three sections, firstly a short history of the development of social work, secondly a review of the current situation in terms of; information on social work courses, the regulation of social work, definitions of social work, the different areas in which social workers practice, and the main theoretical perspectives and models social workers possess on qualification, finally the author discusses the opportunities and challenges for social work in post Celtic Tiger Ireland.

History
(Christie 2005:113)
The development of social work as a profession, originated in the 19th century, at the time of the industrial revolution when the migration of people to urban areas was occurring in the Western World. This led to social problems such as poverty, disease and prostitution. Religious and charitable organisations attempted to respond to these various social problems. In America Alms Houses were built to house vulnerable people who had no support, these were the precursors to modern hospitals. In England the first social workers were called hospital Almoners and their role was to assess
if the people seeking hospital treatment for free were perceived as “deserving” enough.

In Ireland during the late 19th Century social work emerged out of the philanthropic activities of voluntary groups, such as St. Vincent de Paul and the Sisters of Charity. Christian values became embedded with social work and this remained the case up to the 1960’s. Raising funds and administering charity was the central focus of the various religious organisations.

The professionalisation of social work began in Ireland in the first half of the 20th century, as persons were employed to undertake social work tasks, such as working with families, as opposed to administering charity.

**Key events**

Key events in the development of social work in Ireland include the following:

- **1912** Alexandra College Dublin introduced a course in “Civic and Social Work”
- **1912** Ms Alcock became the first social worker to be employed by the Adelaide Hospital Dublin to work with individuals and their families.
- **Other hospital social workers** known as Almoners were employed in the 1930’s and 40’s
- **1937** an Irish branch of the Institute for Almoners was established. The Institute supported Irish Almoners to receive professional training in Britain.
- **1954** the first social science degree was introduced in University College Dublin
- **1962** social science degree started in Trinity College Dublin
- **1965** social science degree started in University College Cork.
- **The Irish Association of Social Workers (IASW) was founded in 1971**
- **2004** Masters in Social Work, National University of Ireland Galway commenced.

The numbers of social workers employed in Ireland increased significantly from the 1990’s:

- **1971** approximately 97 professionally qualified social workers were employed in Ireland
- **1999** there were 1,390, the increase followed the public discovery of child abuse, and the subsequent enactment of the Child Care Act in 1991
• 2001 there were 1993 professionally qualified social workers, with 723 working in the area of child protection.
• In 2011 there are approximately 3000 professionally qualified social workers

Section Two: Social Work Today

Regulation of Social Work (CORU)

The most significant recent development effecting social work occurred on 5th August 2010 when the Social Workers Registration Board became the first of 12 boards to be appointed by the Minister for Health and Children, under the Health and Social Care Professionals Act 2005. CORU (2012) is the umbrella body which is responsible for protecting the public by regulating health and social care professionals, through promoting high standards of professional conduct, education, training and competence across 12 health and social care professions is governed by the Health and Social Care Professionals Act 2005. The name CORU is a derivative of the Irish word Coir which means fair.

The Social Workers Registration Board at CORU has assumed statutory responsibility for the assessment, approval and monitoring of training courses for the health and social care professions under the Act; establishing the code of professional conduct and ethics and standards of performance to which social workers must adhere. The Board will also be designated Competent Authority and will be responsible for recognition of non-national qualifications.

By May 31st 2013 all social workers will be required to be registered and only registered social workers will be allowed to use the protected title of social worker. To register, social workers will have to comply with the registration criteria and agree to comply with the Code of Professional Conduct and Ethics for Social Workers. The public will be able to check online whether their social worker is registered. The fee for practitioners is €295 payable on registration or renewal of registration yearly, it is €100 if practitioners have graduated within two years of applying. The fee is tax deductible.

CORU: Approved Social Work Courses

The following qualifications have been approved by the Social Workers Registration Board as attesting to the standard of proficiency required for registration for Social Workers.

(1) Master of Social Work, University College Cork;
Definitions of Social Work

As social workers are employed in various settings with both adults and children, as well as in voluntary and statutory settings the role of social workers will vary. However there are common elements to the work of all social workers though the emphasis will vary. Social work academic Malcolm Payne 2003 articulated this in a discussion document entitled “The Role of Social Work”, compiled on behalf of the British Association of Social Workers for the International Federation of Social Work. Payne stated that:

“Social Work is constantly reconstructing itself by rebalancing three aims contained in all social work.

i. a social order element- maintaining social order and providing services in the welfare state,

ii. a therapeutic empowering element-helping people attain personal fulfilment and power over their lives and

iii. a transformational or emancipatory element- stimulating social change to promote service users’ freedom from oppression.”

Definitions of Social Work Include

The International Federation of Social Work (IFSW), to which the Irish Association of Social Workers is affiliated, defines the role of Social Work;

The Social Workers Registration Board at CORU

CORU offers the following description of the work of social workers:

“Social workers work in partnership with individuals, families and groups experiencing marginalisation, disadvantage, social, and or emotional difficulties. The aim of social work is to help people achieve change and make decisions, which will improve their quality of life. It is also a function of social work to identify options and support steps to advance social policy and service delivery.

Social workers work with individuals and groups experiencing social and emotional difficulties. People who may use a social work service include: various ethnic groups, young and adult offenders, children, families, travellers, older people, people with mental and physical illness and disability, homeless people, unemployed people, those with drug and alcohol problems.”

The IASW’s Code of Ethics

Defines social work practice as:

“The primary focus of social work is working with individuals, families and groups within their social context, through training knowledge and skills which support a high standard of professionalism, the social work task is to facilitate and enable client to identify options and make decisions for themselves so that they may develop strategies to effect improvement in the quality of their lives” (Code of ethics 1995).

The Different Areas of Practice of Social Workers

These include the following:

- Children and Family Child Protection and Welfare Services including Fostering and Adoption Services
- Hospitals
- Both Child and Adult Mental Health Services
- Local Authorities
- Disability Services both Physical and Intellectual
- Addiction Services
- Older Persons Services
- Probation Services
- Primary Care Teams
- Numerous Voluntary Agencies, both with Children and Adult Services.

Social Work Concepts and Frameworks Include
Social Work Assessment Framework
Social work assessments are one of the main tasks of a social worker. A comprehensive social assessment focuses on identifying the practical and emotional needs of the client. A social work assessment does not focus on the client as an individual only, but views the client in the context of the society or system in which they exist. Social work assessment includes liaising with professionals from other disciplines, family members, and other relevant persons and agencies in order to carry out a holistic assessment. This allows the social worker to provide an understanding of the client’s current psycho-social situation, and formulate a care plan, or contribute as part of a multidisciplinary team to a care plan that is focused on addressing needs so as to improve the quality of life of that person and his or her family.

The Concept of “Person in Environment” (IASW 2005) The concept of “person in environment,” which emphasises the role which environmental factors can have in the creation, maintenance and resolution of personal problems, is fundamental to social work. It underlies the social work commitment to working collaboratively with the families of service users. It alerts social workers to the value of assessing the needs of service users in a broad contextual way. It sensitises social workers to the negative effects that low income, poor housing, inadequate educational provision or discrimination can have on a person’s mental and physical health.

Case Management (IASW 2005) In view of the fact that service provision can become fragmented, social workers are committed to what is known as "case management" or "care management". This refers to working with individuals with a view to ensuring continuity of care and the co-ordination of services so as to maximise their well-being and quality of life. Case management involves the integration of health services with a range of other services, such as housing, social welfare, job training and employment, statutory and voluntary agencies, all of which may contribute to positive mental and physical health.

Theoretical Perspectives and Methods used in Social Work

Crisis Intervention
Crisis intervention theory’s focus is on increasing the client emotional capacity to deal with a crisis in a planned way. Crisis interventions are used in areas to manage various difficulties situations such as substance abuse, suicide, domestic violence.
The Roberts seven stages crisis intervention model includes;
1. Plan and conduct crisis assessment.
2. Establish rapport.
3. Identify major problem (including crisis precipitants)
4. Deal with feelings and emotions (active listening and validation)
5. Generate and explore alternatives.
6. Develop and formulate action plan
7. Follow-up and agreement.

**Systems Theory**
The client is not seen in isolation but is assessed and supported in the context of the systems around them;
- A. Informal /natural systems such as family, carers, friends.
- B. Formal systems such as community supports, specified services that are available in normal systems.
- C. Societal systems such as hospitals, health professionals, acute supports.
Problems occur not only because of an issue internal to the person but a breakdown in the interactions between that person and these systems. The role of the social worker is to assess where the cause of conflict arises and to mediate between the client and the resource system in question.

**Attachment Theory**
(Bowlby 1988:140) states attachment behaviour is any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world. It is most obvious whenever the person is frightened, fatigued, or sick and is assuaged by comforting and care giving.

4 Attachment strategies
- Balanced secure: childhood warm, secure, predictable, resulting in trust in others
- Avoidant: in childhood learned it is unsafe to express feelings, resulting in avoidance of closeness
- Preoccupied: Unpredictable care, resulting in attention seeking behaviour
- Disorganised: parents were source of comfort and danger, resulting in ambivalent behaviour in relationships

(Bowlby 1988:172) also states that a therapist’s role is like that of a mother who provides her child with a secure base from which to explore, for the therapist this means accepting and respecting the patient warts and all, as a fellow human being in
trouble and to encourage him to explore the world of his thoughts, feelings and actions not only in the present but also in the past.

While attachment behaviour is at its most obvious in early childhood, it can be observed throughout the life cycle, especially in emergencies. For social workers attachment theory is relevant both in working with children and adults. Vulnerable adults may require the social worker to be their secure base during a difficult phase in their lives.

**Task Centred Practice**
This practice is systemic and goal-directed with a time-limited intervention. The focus is on current situation and focuses on eight problem areas which are psycho social in nature:

1. Interpersonal conflict
2. Dissatisfaction with social relations
3. Problems with formal organisations
4. Difficulties in role performance
5. Problems in social transition
6. Reactive emotional distress
7. Inadequate resources

The social worker assesses the factors contributing to the current problem. From a range of practical tasks the social worker and client together assess which would be most useful in problem solving. This approach encourages mastery over difficult situations and improves the person’s ability to cope with future difficulties.

**Anti- Oppressive Practice/ Emancipatory Practice**

This practice seeks to tackle discrimination, inequality and exclusion. Social Workers are often engaged with the most vulnerable populations thus this practice focuses on working in partnership with marginalised people, and enabling these people to be educated on their rights and engage fully in decision making processes that concern their life.

**Strengths perspective:**

This conceptual framework is a model that builds on the strengths and resiliency that clients have developed, from coping with previous adversity in their lives. Self-determination and empowerment are central values in this model of practice. This approach recognises and promotes the worth and dignity of the person, that they are viewed as more than their limitations. Solutions Focused Brief Therapy is a therapeutic counselling model that developed from this framework. This model focuses primarily
on exploring solutions in detail, focusing on exceptions to the problem, referred to as problem free times.

Specific techniques include the following; **Miracle Question** where clients are told that during the night a miracle has happened and the problem experienced is solved, clients are then asked to consider as they begin to experience the day, what the small signs would be to make them realise that the problem has gone. The idea is to assist clients with implementing a series of behavioural changes in their lives. **Scaling Questions** are often used in helping clients to assess their own situations, progress or to evaluate how others might rate them on a scale of 0 to 10.

Both techniques are used to assist clients in identifying realistic solutions to difficulties. Solution focused therapy is anti-oppressive and empowering in its application and is non-pathologizing of clients.

**Counselling Skills and Methods**
During social work undergraduate training, social work students are introduced to a number of counselling theories and methods; these include family therapy, narrative therapy as well as cognitive therapies. Social workers often continue to develop their counselling skills by undertaking formal counselling training following their qualification. Cognitive behaviour therapy (CBT) in its various guises is becoming a key form of therapy, promoted by employer organisations as it has an evidence base in terms of outcomes and it is time limited in terms of using resources effectively. (Stallard 2006:1) states CBT is based on the assumption that cognitive and behavioural interventions can bring about changes in thinking, feeling and behaviour. In essence CBT focuses on the relationship between what we think, how we feel and what we do.

**Section Three: Challenges and Opportunities**

**Post Celtic Tiger Ireland**
Change is a reality for all of us but never more so for our profession. As a result of reduced health budgets, social workers are facing the reality of ever greater demands on their time with less financial remuneration. Whether you are a newly qualified social worker, now with a lower starting salary than your peers, with less opportunities for academic training than in previous years or a social work line manager who is now expected to take on more responsibility, such as line managing additional social workers, as well ensuring employees adhere to employer policies, procedures and meet quality and safety standards in their practice.
Social workers working within the HSE are to experience a major reorganisation with the creation of a separate children and families agency outside the HSE, other social workers will be divided into separate structures, such as primary care, mental health and hospitals. National standardised assessment frameworks being introduced into children’s services are being piloted in older persons’ services and will likely become a framework for all care groups, as a means to ensuring consistency in regard to risk management practices. The challenge for social work, both individual social workers and the professional body is to ensure that the new frameworks do not undermine an effective therapeutic client and social worker relationship throughout the process and that ultimately the client actually experiences an enhanced service that addresses their expressed needs.

**Gaining Employment**
Gaining employment as a social worker has in recent years become a challenge, additional social work training places that were required to meet the demand a decade ago have resulted in an oversupply of qualified social workers at present.

In addition the nature of employment opportunities is changing. The growth arrears of employment remain within children and families services but there is also a change in emphasis from recruiting additional medical social work posts within hospitals to social work posts in community settings such as primary care teams, community based older persons or mental health services. Arguably there is logic to developing a national community based social work service for vulnerable adults, as it can facilitate the process of supporting vulnerable persons to have a good quality of life and remain living in the community. The primary care team social worker has the ability to follow up the patient in terms of preventing admission and facilitating discharge. While there are over 500 primary care teams in place a significant number of these teams do not currently include a social worker, arguably this significantly limits the potential for social workers to play an important role in maximising the quality of live by supporting vulnerable persons living in the community.

Another positive development is the HSE funding of over 70 social work posts for child and adult community mental health teams, so as to achieve full multidisciplinary community teams as required by the National Mental Health policy “A Vision for Change 2006”, and ensuring that all service users have access to all the core professionals within a multidisciplinary team.
Social Work Leadership
The governance arrangements in some social work areas such as primary care and mental health services are haphazard, where social workers’ reporting relationships can be vague, and appropriate supervision arrangements absent. However there is an opportunity for social work line managers to show leadership by agreeing best practice governance models which result in each line manager taking on an equitable level of responsibility in terms of managing social workers as a means to deliver a consistently high quality service to services users. There is evidence from a social work survey (Browne & Shera 2010) of a more than adequate numbers of social work line managers and principal grades in some arrears but a deficit in other catchment areas.

Arguably each new challenge presents an opportunity. The registration of the profession has the potential to raise standards, so as to ensure that the colleges, health care employers and the professional body come together to ensure that social workers on qualifying have the skills, knowledge and values to work effectively and co-operatively with the various other disciplines. It has the potential to ensure in the coming years that continuous professional development is no longer an option but a requirement and in tandem with performance management systems ensure that professional development actives reflect both the needs of the organisation in terms of service delivery and the professional development needs of the practitioner.

The role of the Irish Association of Social Workers and Continuous Professional Development (CPD)
The IASW aims to provide a professional organisation that can; advocate for service users, contribute to developments regarding health care policy and legislation, and also to promote the on-going professional development of social workers. IASW is mindful that in the coming years, evidence of CPD will be a mandatory requirement of the Social Work Registration Board, and so in preparation IASW has developed a CPD folder which includes information regarding ethical practice, supervision, personal development planning and outlines the IASW CPD policy and CPD log in which to record CPD activities. IASW aims to encourage all social workers to practice ethically and to keep their knowledge and skills up to date with regard to best practice, as service users, their families and the community in general require a quality service provided by competent practitioners.

Summary
The article aimed to encourage all social workers to have a clear sense of their role and an ability to articulate what it is to be a
social worker, to have a social work knowledge base underpinned by capabilities in the three key areas of values, knowledge and skills and a commitment to continuous professional development throughout their career. Finally it is arguably in the interest of all social workers to have a professional body that can represent the unique perspective of social work as a means to ensuring that health care policy and legislative developments reflect the requirement to understand the needs of, promote the rights of and protect the most vulnerable in our society.

References


http://www.coru.ie/regulated-professionals/professins-to-be-regulated/socialworker/

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