

## THE REGISTRATION OF CHILD AND YOUTH CARE PRACTITIONERS AS A DISTINCT DISCIPLINE IN IRELAND: BECOMING AWARE THAT WE ARE AWARE

C. Niall McElwee

*President, Irish Association of Social Care Educators  
Centre for Social Care Research  
Waterford Institute of Technology  
Republic of Ireland*

**ABSTRACT:** This paper is written at a time of profound change where various stakeholders are examining the possibility of introducing statutory registration of child and youth care practitioners in the Republic of Ireland. It examines some of the aspects in relation to self-regulation and registration that have been identified as being particularly important. I argue that the current politicised social climate will work against self-regulation because the Irish public is now aware, for the first time *en masse*, that there is neither notification nor formal registration in place for child and youth care practitioners. There is no comprehensive, accurate and current national statistics for active practitioners employed in either the voluntary or statutory sectors. We do not know the figures for part-time and full-time child and youth care employment. We do not even know the qualifications of those working in the field of child and youth care.

The paper suggests that the Irish child and youth care system should actively pursue formal registration, that it should do so as a distinct discipline with an independent body and that it should undertake this as a matter of urgency. The Registration body should include nominees from all of the stakeholders, including the voluntary and statutory sector of practitioners and the educational providers. The body should have the full support and resources of the Irish Department of Health and Children who are crucial to the implementation of registration. Finally, the paper provides a number of potential models of statutory registration *for discussion* that child and youth care practitioners could consider for the future professional development of the discipline in the Republic of Ireland whilst this important debate takes place.

### INTRODUCTION

*Experience is not what happens to you. It is what you do with what happens to you.*

Aldous Huxley

There is currently a struggle over who will determine the professional remit of child and youth care in the Republic of Ireland and considerable confusion exists amongst students and practitioners as to

the differences between notification, recognition, certification and registration. Five years ago, a number of "helping" and "caring" associations such as social workers, psychologists and child and youth care workers could not reach agreement on a formal statutory registration process that they could all live with (Bailey, 2000). This is not surprising when one considers the vastly different histories, philosophical underpinnings and *modus operandi* of each discipline. Nonetheless, the Irish government is "very committed to this umbrella registration" as deliberations have taken place across a number of strata for "approximately twenty years on the issue of registration".

Members of the Irish Association of Care Workers which is the main professional association claiming to represent child and youth care practitioners, for instance, may be surprised to learn that their professional registration was originally to come under an umbrella administration structure with the proposed title of *The Council for Professions Allied to Medicine*.

In some ways it is extraordinary that this would even be proposed for child and youth care practitioners as very little of the current training is around medical issues and the dominance of medical models (as opposed to nursing models) were rejected decades ago by our nursing colleagues. One wonders how the general membership of the Irish Association of Care Workers feel about (a) being categorised in a paramedical sub-discipline as opposed to having separate, autonomous recognition and status and (b) returning to a joint registration forum when there is potentially so much to lose.<sup>1</sup>

### What is at Issue?

At some point in our history, in the moment when we moved, according to Western Buddhist thought, from our biological evolution into an early stage of *Higher Evolution*, people became aware that they were aware (Barker, Campbell & Davidson, 1999).

Both certification and registration can be understood as educational concepts, but to differing degrees. One thinks here of the six Institutes of Technology and St. Patrick's College (where child and youth care training takes place) awarding Certificates, Diplomas and Degrees at the end of an agreed period of study to people who have studied child and youth care or early learning and education programmes.<sup>2</sup> In other words, *certification* is a process and a prerequisite education and/or experience. It has a clearly defined standard which must be met through some form of external examination (Stuart, 2000). *Registration*, on the other hand, is more a legal concept whereby one registers with a body that has the backing of an Act of Parliament. It is, in effect, a legal passport or licence

---

<sup>1</sup> In an RTE news (the State TV station in Ireland) item on the prevailing crisis of recruitment and retention in residential care, the current president of the Irish Association of Care Workers was described as the president of the Irish Careers Association (RTE, 9.3.2000).

<sup>2</sup> Similar to Community Colleges and Polytechnic Universities in Canada.

to practice in a particular discipline (Brehony, 2000). Registration may, of course, be a process of formally joining an association (with prerequisite education levels at an "accredited" educational institution).

In an Irish context, the Expert Working Group on Childcare agreed that the principle difference between notification and registration is:

When a system of notification is in place, the onus is on the person or organisation providing the service to notify the relevant authority. Registration, on the other hand, requires the State to agree to register or licence a service as meeting the minimum standards; it also empowers the State to refuse registration and allows for annual review (1998, p. 46).

### **What's Controversial about this Paper?**

I am aware that what I propose will require much informed debate and soul searching amongst students and child and youth care practitioners, but the role of the child and youth care worker in Europe has been identified as being closely concerned with "the principle of dialogue" (Goovaerts & Franck, 1997) and from this I take some hope. It seems to me that we can either take the road less travelled and advocate statutory registration, or we can choose the well-trodden path of attempting to self-regulate which has done us no favours in the past when one considers the amount of child care scandals that have befallen us.

The issues are complex. Perhaps *the* complicating factor for the Irish Association of Care Workers (as with many such Associations internationally) is that a *significant* number of the current membership of that Association hold no formal third level qualifications and should, in fact, qualify only as *Associate* members as opposed to *Full* members. In fact, material from the membership secretary reveals that of the 400 paid-up members, between 40% - 50% were "qualified to appropriate levels" (Thorne, 2000). This is the case in many other systems I have researched such as the Canadian and American CYC landscape.<sup>3</sup> (in the Child and Youth Care Association of Alberta, for example, there were 499 members which comprised of 210 fully certified members, 33 intermediate members, 63 registered members, 62 full members, 1 associate member and 22 student members (CYCAA Post, 1998).

### **Ambiguity Around Statutory Registration of Child and Youth Care Practitioners in the Republic of Ireland**

There has been, to put it mildly, a degree of ambiguity in the Republic of Ireland around, on the one hand, the attempt to maintain an open recruitment base to child and youth care whilst, on the other, ensuring that there is training available which is exclusive to those who may

---

<sup>3</sup> 5.3.2 of the Constitution of the Irish Association of Care Workers states Associate membership applies to ...students of a recognised training course but who are not in the final year...non-seconded students of a recognised training course...those employed as care workers and who are as yet without formal training...those who qualify for full membership but are not in practice.

practice afterwards. This has created a dangerous contradiction, which lies at the heart of child and youth care as it is practised in Ireland. There has also been a notable divide between, on the one hand those who advocate a critical reflective practitioner and those who advocate a “practical training for a practical practitioner”.<sup>4</sup>

My purpose in calling for a National Registration Board is to attempt to enhance the credentials and practice environment for child and youth care practitioners, whilst attempting not to alienate people already working in the system in this process. However, as with recent international developments in Scotland and in South Africa, we should draw a line in the sand and clearly state that registration is now a priority of the professional organisation(s) representing child and youth care practitioners in the Ireland.

In one sense, what I propose is not new in that we have debated some of the issues, in a different context, when looking at Constitutional membership status to the Irish Association of Care Workers over the past five years. Of course, the crucial difference is that this involved people taking out membership grades on a *voluntary* basis and there was no external regulating body involved in our deliberations as is proposed for the future by the Irish government.

I suggest that an independent Registration Board should be established and that it supports the grade structure put forward in this paper. Furthermore, I suggest that we should create three *new* grades within the Irish Association of Care Workers for the purposes of certification *and* registration (something similar exists in nursing in the Republic of Ireland and in the UK) and lobby the relevant government Departments to seek their support on this issue. I will briefly outline two suggested models of Registration that I feel would work here in this country.

## Suggested Grades for Formal Registration

### Model One

*Certified Social Care Practitioner* –

On Completion of National Certificate or equivalent

*Registered Social Care Practitioner* –

On completion of National Diploma or equivalent

*Specialist Social Care Practitioner* –

On completion of Degree or equivalent<sup>5</sup>

---

<sup>4</sup> A similar debate has taken place in the UK with regard to social work. See Dominelli, L. (1997) *Sociology for Social Work*.

<sup>5</sup> I had originally considered using the title ‘Professional Social Care Worker’ in grade three, but this was rejected by many of my third year CYC Diploma students at the time of writing. Some of these students insisted that the all grades should be understood as being ‘professional’. I would, however, point to the distinction in social work in Ireland between a ‘social worker’ and a ‘professional social worker’.

## Model Two

- Assistant/Associate Social Care Practitioner* –  
(voluntary sector, unqualified, but training/about to train)
- Certified Social Care Practitioner* –  
(National Certificate or equivalent – 1200 field hours)
- Registered Social Care Practitioner* –  
(National Diploma or equivalent – 1200 field hours)
- Executive Social Care Practitioner* –  
(Degree or equivalent – 1200 field hours)
- Specialist Social Care Advisor* –  
(a person trained in a particular subsection of Social Care such as therapeutic engagements or management – as opposed to a general degree) <sup>6</sup>

## Bringing Unqualified Practitioners in from the Cold

My model(s) allow for practitioners with significant practice/field/clinical experience, but with no formal qualifications to seek statutory registration status. One approach might be to change the current Irish Association of Care Workers Constitutional understanding of *Associate* member (section 5.3.2) and offer *Associate* membership to people with, say, ten years experience, “proposed and seconded by a *Full* member...with substantial credibility” as is the practice with both the Marketing Institute of Ireland and the Chartered Institute of Transport in Ireland. Due to the sensitivity of child and youth care work, we would need to add a further layer of “proofing” to the proverbial cake and introduce an interview and independent verification of any claimed experience (Rohan, 2000).<sup>7</sup> It is the case in this country that people with significant practice experience in social work may present a portfolio to an independent body (National Social Work Qualifications Board) in seeking recognition (Ward, 2000) so there are existing models that appear to work.

## Divisional Registration of Child and Youth Care Workers

I want to propose two things under this heading. The first is that all members must register to the new proposed Board *independent* of their Associational status within the Irish Association of Care Workers and/or the Resident Managers’ Association as child and youth care practitioners. The second is that members could assume divisional registration status as with our colleagues in psychiatric nursing.

The nursing model in Ireland includes registration as Registered General Nurse, Registered Psychiatric Nurse, Registered Sick Children’s

---

<sup>6</sup> Gratitude here is due to Joanne Tubritt, as child and youth care student, Waterford Institute of Technology, who took the time to read through material and present me with informed commentary on this debate.

<sup>7</sup> The Chartered Institute of Transport has an interesting model whereby those with *Associate* membership may attempt to gain *Full* membership by going through an agreed process.

Nurse, Registered Mental Handicap Nurse, Registered Midwife, Registered Public Health Nurse and Registered Nurse Tutor. There are many possibilities and this would advocate membership with specific areas of interest/expertise such as community child care or residential care. We have to be mindful of the fact that child and youth care has become so diverse and there are now many *separate* identities held amongst practitioners. This has led to fragmentation of representation with serious consequences for the Irish Association of Care Workers as an effective collective entity with the community child care workers seeking separate status with government Departments.

### **Is Self-Regulation by the Two Irish Practice Associations Good Enough?**

In the past the Irish Association of Care Workers has been asked to attempt self-regulation, with varying results. Based on my experiences of that Association, the short answer to self-regulation is that we should look elsewhere.

Self-regulation in child and youth care will fail in the current political climate because the public (who only have a partial understanding of child and youth care) no longer trust self-appointing, self-regulating individuals or associations. Anecdotal evidence suggests that this is particularly the case in child protection and welfare with the recent child abuse scandals we have witnessed in a number of health board areas. Indeed, the Expert Working Group on Childcare received a substantial amount of written submissions from the public with 16% asking for registration of childcare workers and facilities (National Childcare Strategy, 1999, p. xxiii) and the Expert Working Group has come out in favour of registration over notification (1999, p. 33).

Child and youth care requires an independent Registration Board with membership composed of individuals *not* currently in senior positions in either of the two existing "professional" Associations already mentioned in this paper. I am also of the opinion that this Registration Board should include child and youth care practitioners, managers and academics/researchers as is the case in related Registration Boards in this and other countries. It is crucial that the proposed Registration Board must be seen to protect the rights and interests of the public and the client, as well as membership. More of this later.

### **Outlining the Case for Formal Registration**

It has been acknowledged, in related emergent professions in the Republic of Ireland (such as social work and counselling) that we have a "mania for certification" driven by three factors. These include various dictates from the European Union, the developing caring professions and the risk of professional involvement in or in areas connected to prominent scandals (Maloney, 1998, p. 20). I do not wish to contribute to the perceived mania, but let me outline my case for registration as follows.

### *The Moral Case for Registration*

As the saying goes, "if I only knew then what I know now things would have been so different." It seems to me that there is a moral, professional and ethical duty upon us to register child and youth care practitioners with the unfolding body of knowledge on the history of child care provision and services in Ireland. Child and Youth Care Associations could usefully ask at conferences, what type of person should be permitted to work with vulnerable populations?<sup>8</sup> A registration body is allowed to take a more "holistic" view of an individual's suitability for practice and would therefore be an effective means of protecting the public in ways that were not possible for the criminal justice system (McElwee & Wells, 1999). In any of the United States, for example, the cost of conducting a background check on an individual working in child care has been estimated as averaging out at \$40 (McElwee, 2000a). Surely not too high a price to pay for crucial information. It is also of note that the Gardai (Irish police force) will only *officially* process police clearance for "prospective full time Health Care Workers of the Health Boards," although the Police Commissioner does acknowledge that a new office could be established within the next six months which would provide assistance in processing clearance and dispensing guidance to employers regarding its use and limitations (Irish Association of Social Care Educators, 2000). As with much of Irish life, there are ways around this.<sup>9</sup>

### *The Practical Case for Registration*

I have argued in the past that Ministers from the Department of Health and Children have been allowed, by both practice Associations, to "kick to touch" on State registration, but it is now essential that we return to this issue (McElwee, 1999a). Child and youth care services report a "crisis in staff morale"; a crisis in the "availability of placements for children;" and a service which is "crisis driven at all levels" (in Gilligan, 1999; McElwee, 2000b). There are significantly different pay rates for similar work in child and youth care between the voluntary and statutory sectors. There are significantly different training approaches and programmes in existence. Child and youth care is characterised by poor pay, low status, poor work conditions and a limited career structure (McElwee, 2000b). If we arrive at statutory registration, we can develop a strategy that is clear, unambiguous and fair to people who have dedicated their lives to working with "vulnerable populations." In the long run, we will all be better off as practitioners will benefit from a unified approach.

---

<sup>8</sup> Proposals about "tracking" sex offenders and requirements that sex offenders inform the authorities if they intend to seek employment in an area involving children rely on conviction in the criminal justice system. Yet the standard of proof is such in this system that not all cases are prosecuted and those that are do not always result in a conviction.

<sup>9</sup> Although we now have legislation that protects 'whistle blowers', there *was* not a culture of reporting colleagues who were seen to abuse 'clients' in their care (States of Fear, 1999). We have seen this in the recent report on residential care provision in North Wales (RTE, 2000).

As with our colleagues in nursing (Tobin, 1994; White, 1998), child and youth care practitioners will need to become familiar with, and clearly articulate, the processes of change and how this change is likely to affect people in their care.

An obvious example of this is the current, but new, situation in this country vis a vis ethnic populations such as Romanians and Nigerians moving into a number of health board areas bringing with them specific cultural as well as personal needs. Another example is the recent Department of Health and Children's guidelines on mandatory reporting, which will ultimately, change the landscape in which child and youth care practitioners operate.<sup>10</sup> Let me summarise, then, the benefits of registration as I see them.

### **The Benefits of Formal Registration in Summary Form**

- Registration will further define the profession of child and youth care
- Registration will control access to child and youth care
- Registration will assist in the maintenance of standards of training and practice
- Registration will provide one with a Licence to Practice as a child and youth care practitioner
- Registration will provide a formal complaints and appeals process

I will now provide some material from the international child and youth care landscape to ground some of my observations and suggestions.

## **SECTION II**

### **The System in the United States of America:**

The Americans disagree when it comes to formal registration with the result that there is no national registration procedure in place. The training and qualifications required of child and youth care workers vary widely with each state permitted individual licensing requirements that regulate what is termed *caregiver training*, ranging from a high school diploma, to community college courses, to a college degree in child development or early childhood education. At the heart of their debate lies the contentious political issue of Federal governing versus State governing and States are unwilling to relinquish power in this area.<sup>11</sup> Texas and Wisconsin have been identified as the most progressive States in relation to certification (Phelan, 2000), but only six States out of 50 have a full certification process in place. The Americans are currently undertaking a certification process

---

<sup>10</sup> Ireland is experiencing, for the first time, waves of peoples moving here seeking refugee status since the Irish economy has started to do so well. This has a number of implications for child and youth care practice.

<sup>11</sup> It has been suggested to me by some of my American colleagues in child and youth care that this is mainly due to historical differences between States and taxation implications.



for child and youth care workers under a programme titled *The North American Certification Project* and it is expected that a multilevel certification system will be the end product of deliberations based at the University of Pittsburgh.

One result of this disparity in standards in the States has been a feeling of frustration seen in this comment from an American child and youth care practitioner, (which could have been written by any Irish child and youth care worker):

Across the continent, too many staff are hired without appropriate qualifications, too many organisations operate in isolation from the larger cyc community. We are not recognised by others as a profession, and this has an impact on the quality of individuals who enter the field, the salary scales of staff (which are still dismally low), self-identity of staff, and the motivation for competent cyc's to stay in the field (Modlin, 1998).

Let me contrast this briefly with the situation of social work in North America. The Council for Social Work Education and the National Association of Social Workers have established themselves as the professional bodies for social work educators and practitioners. They have managed to bring a status to the profession that was lacking. More importantly from our point of view in Irish child and youth care, they have achieved protected title status for social workers and enforced the registration of practitioners (Dominelli, 1997).<sup>12</sup> We should take note of this.

### **The Canadian System:**

There is presently no system of formal registration in Canada, although there is a system of voluntary certification, but only in some provinces. As with the United States of America, power has been devolved from the Federal system down to the provinces. Alberta has been identified as having the "most rigorous system for certification" (Stuart, 2,000) and the certification system has been in existence of fifteen years and is run by the CYC Association (Phelan, 2000). The Child and Youth Care Certification Programme of Alberta in Canada, for example, insists on diverse criteria.

There are a number of important points worth noting about the Canadian system. The first is that this system allows classification as a child care worker *based solely on completed formal education*. Work or life experience, in themselves, are not considered acceptable for classification. People who qualify in other systems are required to furnish proof of qualification and this/these are checked for equivalency. The second is that *all* staff employed in a child care facility must be classified. This includes those not working directly with or having contact with children. The third is that classification is only granted to those who apply prior to taking up a position or to those who apply immediately upon commencing work.

---

<sup>12</sup> On the down side, social work has been described as a semi-profession.

### **The South African System:**

South Africans have sought formal State registration since the 1970s and have finally agreed a path forward enshrined in law. Interestingly, the South Africans decided to change the existing Interim Social Work Council (after protracted negotiations) and elect for a South African Council for Social Service Professions. The new council (SACSSP) has to consult with existing organisations and was due to come into force in February 2000.

### **The Situation in the UK:**

There are over 120 University and Higher Education Colleges in the UK who offer Central Council for Educational Technical Social Work (CCETSW) approved Diplomas in Social Work. The DipSW is a professional qualification and is always linked to an academic qualification. There is no formal registration system in operation in the UK at present although there are moves to register care practitioners. This is worrying as approximately 80% of the one million social care workers hold no qualification (Community Care, 2000).

The Scottish government has launched a residential child care training initiative and one will no longer be permitted to work in what is described as a "priority area" without being registered. Incidentally, registration is linked directly to training in the new government documentation.

An influential White Paper was published in the UK which states that "The registration function of the General Social Care Council will be framed specifically and introduced incrementally to secure the best interests of service users and the public" (Parker, 1990). A word of caution comes from Terry Philpot (2000, p.28-29) who notes that there are several problems that need to be confronted not least the size of the workforce, will dual registration take place, what happens to the thousands of people who currently are outside the remit of proposed legislation? Perhaps, surprisingly then, staff in UK in Children Homes are hopeful that residential child care workers and managers will quickly come under the ambit of registration. Having obtained some idea of the situation regarding certification and registration in several systems, let us return to the Irish scene.

## **SECTION III**

### **A Climate for State Registration: An Irish Perspective**

At present there is neither notification nor registration in place for child and youth care practitioners. There is no comprehensive and accurate national statistics for active practitioners employed in either the voluntary or statutory sectors although the union IMPACT has just commenced a national study in this area. Anecdotal evidence suggests that, many child and youth care practitioners are increasingly finding security through union membership as opposed to associational

membership. This is disturbing as unions generally lobby for such issues as pay advances and employment improvements, and are less interested in "clients" or consumers. A professional body naturally has a wider brief.

### **The Case for Registration: Child and Youth Care Practitioners Speak Out**

The vast majority of child and youth care practitioners in this country favour registration as opposed to self-regulation and both the Irish Association of Care Workers and Resident Managers' Association have sought statutory registration and are sitting on the government appointed Statutory Workshops on Registration. The elected Executives decided to lobby membership to support registration (February, 2000). Indeed, the issue has been consistently raised at a number of annual conferences of both Associations. I believe that child and youth care must seek registration (a) to protect "clients" in the care of child and youth care workers, (b) to enhance child and youth care as a discipline and (c) to protect child and youth care practitioners when allegations are made (McElwee, 2000a). A national register to practice would enhance the professional status of practitioners with regard other disciplines; something it seems they lack at present. This position was certainly articulated at the Annual Conference of the Irish Association of Care Workers in 1998. It would also greatly enhance the "political voice" of the profession amongst the general public and the counsels of government (McElwee and Wells, 1999).

### **The Logic for State Registration of Child and Youth Care Practitioners**

The logic for a state registration of child and youth care practitioners is overwhelming as it is established practice elsewhere in related areas such as psychiatric nursing to register on completion of an *agreed* period of study. Our colleagues in Irish nursing have had State registration since 1919, although this has not been unproblematic. Registration with the Royal Medical Psychological Association had begun before this date and continued until the 1950's It is only since 1985 that nurses have been accorded numerical superiority on their own governing body - An Bord Altranais. This requirement for psychiatric nurses to register is somewhat ironic as they work with similar populations of "vulnerable" people as their child and youth care colleagues (McElwee and Wells, 1999). 4,776 hours over 144 weeks are now mandatory to qualify for the Psychiatric Nurse Registration Education Programme. This comprises of:

Theoretical Instruction – no less than 33% of 4,600 hours	1,533 hours
Clinical Instruction – no less than 50% of 4,600 hours	2,300 hours

Psychiatric nurse students must complete a number of clinical rotations as follows:

Psychiatric Nursing	40 weeks	1,400 hours
Specialist Care	12 weeks	420 hours

Care of the Older Person	8 weeks	280 hours
Adult General Nursing	5 weeks	175 hours

Let me now concentrate on some of the specifics of registration as it might apply to child and youth care.

### The Specifics of State Registration

- 1 Registration moves legal responsibility to the State for regulating standards of practice and moves away from Associations that, for a number of reasons, do not hold a representative percentage of child and youth care practitioners in the field.
- 2 All child and youth care practitioners who want to work would have to provide a full background profile to the registration body for consideration. This material could be held centrally and could be monitored on a constant basis. This approach is already used in the United Kingdom, where the United Kingdom Central Council for Nursing, Midwifery and Health Visiting requires that all registered nurses maintain a professional portfolio of their professional development and maintenance of their competence that will be periodically called in for inspection as a requirement to maintain their registration.
- 3 If a child and youth care practitioner wants to move from one job to another, she must contact the Registration Board and supply full details of mobility. Such a scheme would provide a data base that would be invaluable for future information needs and social and educational policy formulation.
- 4 A rating system for courses could be developed whereby a national standard could be agreed. For example, there are an estimated 4,000 people registered on childcare courses in over 50 centres nationally with wholly varying standards and qualifications.<sup>13</sup> Many people attending such courses are dissatisfied with this situation, particularly those who have elected to train for lengthy periods. It is naïve to argue that all courses are the same and that all should carry equal status if they are not of the same duration with academic and practicum standards.
- 5 A code of practice and conduct could be established by which a child and youth care practitioner would be expected to abide or face sanction. A practitioner who is disciplined for infringing the code, for example through inappropriate practice (such as sexually, psychologically or physically abusing a child or young person in his/her care) could be struck from the register and this noted with all relevant bodies to ensure that this person does not gain entry into child and youth care again. Exactly who constitutes "all relevant bodies" is a major bone of contention and would require a considerable amount of reflection.

---

<sup>13</sup> I use the term 'childcare' courses here in the sense that it is nationally used although I favour a clear distinction between Child Care/early learning and Child and Youth Care.

- 6 Employers in the area of child and youth care could undertake a background check (on an agreed basis) or practitioners be required to produce proof of registration (and their certification/ registration category) *before* they could take up employment. Although this is contentious, if we really are concerned about the “best interests of the child” (UN Convention, 1989, Child Care Act, 1991) we have to be proactive rather than reactive. Of course, to ensure fairness and equity an appeals panel should be established. Any appeals process should have clearly formulated and *predetermined* routes of complaint and procedures.
- 7 State registration with an independent body would remove any “difficulties” in the market place where collusion between favoured employees and employers could potentially arise.
- 8 State registration would assist in the “professionalisation” of child and youth care. Characteristic of professions are; a systematic body of theory, professional authority, sanction of the community, a regulative code of ethics and a professional culture (Greenwood, 1957).<sup>14</sup> Our Canadian colleagues suggest that a system of ethics, established norms, and knowledge base of child and youth care are the important criteria in professional development.

### Linking Registration to Professional Status

For me, registration is intrinsically connected to the emerging professionalisation of child and youth care in this country. I have written about this issue on many occasions to the point of boring myself to date never mind the poor Irish readership! I am aware that, for some, being professional means arriving at work on time, being courteous to one’s clients, peers and the public, adequately researching one’s review notes and the like. This is also true in a North American context (see Beresh, 1998). There is, however, a qualitative difference between *being* professional and being acknowledged as a *professional*.

It seems to me that there are two opposing views on what constitutes professionalism (particularly in what may be termed the “helping” and “caring” disciplines). The first view of professionalism concerns itself with exercising autonomy and judgement whilst the second centres more on adhering strictly to established protocols, procedures and policies. It is interesting that the Irish Medical Council has suggested that medical Doctors should undertake a five yearly review of their competency (Irish Independent, 17.2.00) as their work is so complex and demanding. I believe that child and youth care should operate a three yearly review of competency. So, what would the functions of this proposed Registration Board be? I suggest some tentative ones here.

---

<sup>14</sup> I recognise the position put forward by one of my American colleagues that there is ‘no true profession in human services’ (VanderVen, 1993), but this debate is for another paper.

### Functions of the Proposed National Registration Board for Child and Youth Care Practitioners

- Satisfy itself as to the adequacy of and suitability of people entering into child and youth care and those currently working in child and youth care.
- Satisfy itself that practitioners have attained a base skill level in the area of child and youth care practice and can demonstrate this.
- Satisfy itself that assessments by colleges are appropriate, robust and fair.
- Satisfy itself that there is both a strong theoretical and practical component to the training programme of those entering child and youth care.
- Receive from the third level training colleges a detailed curriculum document illustrating the structures, process and outcomes of course programmes, methods of assessment, teaching strategies and appeals mechanisms.
- Obtain a data base of centres wishing to be included as appropriate training sites for child and youth care students and practitioners.
- The Board will appoint a panel of experts from practice, management and academia.
- The Board will appoint independent experts to act as advisors.
- The Board will receive annual audit of each participating institution/practice site/member organisation.
- The Board will review all academic/training courses and practice sites on an agreed time period—say two years.
- The Board will maintain a live data base of child and youth care graduates with detailed information on qualification(s) held, training site, year of award and status of membership.
- The Board will maintain a data base of any documentation of a criminal nature on an individual practising in the field of child and youth care and will be empowered to make a decision as to the suitability of that person to practice.
- The Board will issue a licence to practice to a child and youth care practitioner, which must be renewed every three years by submitting relevant documentation to the Board.
- The Board will undertake to engage in a site review from time to time.

### What are Likely to be the Main Barriers to Change

As I have mentioned earlier, the change process is unfamiliar territory. Any management textbook will list out a series of potential problems with attempts to introduce change in an organisation. Perhaps the most common fear is one of being 'left out' or 'left behind' in the

change process itself. This is understandable. People need to feel valued and that their opinions will be sought, listened to and taken into account. In this way, a fear of the unknown becomes a concern rather than an insurmountable barrier.

### *The Personal Fear Factor to Change in Child and Youth Care*

A second fear is a more personal one. There are literally hundreds of people working in the field of child and youth care that are formally unqualified but have given many years of their lives to advocacy and understand practice better than the proverbial "snotty nosed college graduate," or indeed, academic locked into his or her ivory tower. The two Irish practice associations must bring such people on board and cherish their valuable experience and insights. Nonetheless, we must also create a supporting environment where such people are facilitated with the opportunity to return to formal education and training programmes (in-service and/or adult and continuing education often being viable options). This brings me nicely on to my next point.

### *A Lack of Knowledge about the National and International Child and Youth Care Terrain*

All of the membership of the Irish Association of Care Workers must be adequately informed about developments in child and youth care and be given an opportunity to read through and digest suggested changes that will affect issues such as title designations, status and conditions. Registering as practitioners is a fundamental stepping stone to wider professional recognition and will provide a shared sense of security about one's work and role in life as so many of us define ourselves through our work.

### *A Lack of Political Will*

I have commented in the past that there was not the political will amongst Irish politicians to instrument a national registration panel and I understand this, as one of the functions of any government Department is to save itself money if at all possible. Nonetheless, it seems to me that the appropriate government nominee(s) should pursue registration immediately and not wait until it is forced to do so by European directive.<sup>15</sup> We must throw the responsibility back to the government.

### *The "Dumbing Down" of Child and Youth Care*

Neither notification nor self-regulation are effective enough in the child and youth care debate, not least because they do not command a legitimacy amongst many that *formal* State registration would. Child and youth care in the Republic of Ireland is only emerging as a profession, and has been justifiably described as a semi-profession (McElwee, 2000a),<sup>16</sup> yet

---

<sup>15</sup> The European Union's First Directive on Professional Training stipulated a three-year minimum period in an institution of higher education for professional training to be recognised across frontiers.

a recent Resident Managers' Association Newsletter has warned of the dangers of child and youth care being "dumbed down." It alleges that some Health Boards are permitting people with only school Leaving Certificates to work where they were previously insisting on a National Diploma in Social Care (Child and Youth Care). Indeed the Association criticises the government Department of Health and Children for "a lack of clarity...in providing a national context for centres and their management" (Resident Managers Association, 2000).<sup>17</sup> As with the experience of medicine in the American system (Ehrenreich & English, 1979), what will move child and youth care forward into a pivotal sphere of influence is a recognition that a transformation has taken place from "Social Care practice" into "scientific Social Care" (italics my emphasis).

The child and youth care practitioner is now daily involved in the attempt to create "the therapeutic climate" and is considered in many systems "an expert on every day life" (Garfat, 2001). Perhaps the first surprise in researching this paper is that not many systems actually have formal State registration of child and youth care practitioners in place, although most have various levels of "recognition" and "certification." The second is that statutory registration of child and youth care practitioners is a political football, although for very different reasons, across systems.

### The Road Ahead: Looking outside our System

There are many difficulties ahead. Registration will bring with it responsibilities such as the idea that one may act independently by having a universally agreed level of competence (Rohan, 2000). Registration will demand a *sustained* level of human and economic resources. We, in child and youth care, do not want to end up in the same situation as nursing in this country where there are now effectively two boards involved in "looking after the public."<sup>18</sup> Collating the information for State registration will, in the short term, prove costly and demanding and it will require collaboration at government, academic and practice level amongst organisations and individuals. The voluntary and statutory sectors will have to come closer together in thinking on a number of key issues. If this happens, commonalities of purpose may be addressed, structures may be modified and an agreed agenda could be devised as with the American system (see VanderVen, 1993; McElwee, 1999a).

Should we look to colleagues in social work for answers on this issue? In the context of registration, I would suggest that we have much to learn, but other systems have rejected the social work registration model (South

---

<sup>16</sup> Formal training commenced in 1970 in Kilkenny, Ireland.

<sup>17</sup> In the UK, the National Association of Probation Officers has represented its interests for over 80 years because it has had one voice in representations with governments. It rejected the Dews Report, which sought to remove probation training's links with higher education. The Irish Association of Care Workers could research the history of NAPO.

<sup>18</sup> Two Acts, the 1950 and the 1985 Act govern nursing in this country. The 1985 Act is seen as defective.



Africa springs to mind here). The Irish Association of Care Workers (and the Resident Managers' Association) has the potential to advocate strongly both on behalf of its membership and the people with whom its members work. It can act as a visionary, as a practice expert, as a change agent and as a source of information on best practice *if it develops structurally*.

I would not dismiss entirely the idea of a shared child and youth care and social work registration body (National Social Services Registration Panel is a catchy title) as both disciplines have more in common than many might think. This will require even more debate with a range of partners, but shortcuts often do not save time in the long run.

As I see it, my proposed Registration Board for child and youth care practitioners will ultimately have a two-fold function. The first is to advocate on behalf of child and youth care (students, practitioners, managers, researchers and academics) and the second is to ensure that best practice is advocated, encouraged, monitored and validated. This will ensure that "client self-determination" is more than a phrase. However, I am not naïve enough to think that registration is a panacea for all the ills that have apparently struck child and youth care practice in this country.

Also, it should be remembered that we all have a part to play in this process. Standards, certification and accreditation relate only to skills and are no guarantee of how those skills might be (ab)used over a period of time. Registration should concentrate our efforts on the "very nature of our work, focused on relationship and always in process" (Stuart, 1998). Registration should not translate into professional codes of practice being superseded by bureaucracy. This is a danger in any registration system.

### CONCLUDING COMMENTS

The central questions for child and youth care practitioners in the Irish system are, how do they see themselves as a collective entity and how do they acquire, adopt and present a unified professional identity? The Irish Association of Care Workers has now a written constitution and a *draft* code of ethics, two things considered *de rigueur* in terms of professional credibility.<sup>19</sup> The development of a clearly written, focused and legible Code of Ethics is an integral step in establishing any system of formal registration and must be agreed as soon as possible by the Association. Indeed, American child and youth care workers have argued that the North American Code of Ethics for Child and Youth Care is a *benchmark* for their professional system as it "unites the range of professional roles and functions and relates them to common commitments and shared responsibilities. The Code of Ethics establishes a framework to guide thinking and practice for all Child and Youth Care Professionals"

---

<sup>19</sup> The Director of the Psychological Protection Society noted in a recent interview that insurance companies want people to become members of professional societies with codes of ethics and disciplinary procedures. (Inside Out, No. 32. Spring, 1998). This provides food for thought for Social Care workers.

(NACYC, 1995, italics my emphasis). As I see it, the ball is firmly in the court of Irish child and youth care practitioners themselves to instrument change and take control of their own discipline of practice.

### Postscript

Since an earlier version of this paper was delivered at the national conference of the Irish Association of Care Workers in March 2000, the government Department of Health and Children has held a series of workshops on statutory registration for the Health Professions and Social Care (Child and Youth Care) around the country. There is now a strong feeling amongst practitioners that political will to effect change has developed, particularly with the appointment of Minister Mary Hanafin to the child care junior Cabinet position. Both the Irish Association of Care Workers and the Resident Managers' Association were invited onto the group representation and have made written submissions. Unfortunately, the Irish Association of Social Care Educators was not invited to the workshops despite representation for this to take place, although it, too, has made a number of formal written submission on registration to the Department of Health and Children. .

My conference paper was given to the Irish Minister with Special Responsibility for Children and one of the positive results is that the title of the workshops was changed to incorporate social care as a separate designation to health and the agreed title is now "Health and Social Care Professionals" (DOHC, 2000). It is hoped by the Child Care Policy Unit in Dublin that the Heads of Bill will be written up in the Irish House of Parliament in 2001 and that legislation will come into being in 2002.

Interestingly, the main concerns raised by the social work, social care and psychology representatives were around accreditation of courses. There are already at least two dissenters from the various professional Associations in the workshops and it remains to be seen how many partners will be left at the end of the consultation process.

### References

- Bailey, P. (2000). Correspondence with author. 4.3.00.
- Barker, P., Campbell, P. & Davidson, B. (1999). *From the ashes of experience: Reflections on madness, survival and growth*. London: Whurr Publishers.
- Beresh, D. (1998). Becoming a professional: A new B.A graduate's perspective. *Journal of Child and Youth Care* 12(4) pp. 87-93.
- Brehony, V. (2000). Correspondence with author.
- Community Care*. (2000). Wise council: Towards registration for everyone in social care. June.

CYCAA Post. Volume 3. Issue 3. Fall, 1998.

Department of Health and Children. (2000). *Role of professional bodies and registration structures in the context of a statutory registration system*. Dublin: DOHC.

Dominelli, L. (1997). *Sociology for social work*. London: MacMillan.

Du Toit, L. (1999). Child and youth care work in South Africa: Recognition and Regulation through registration, at last! *Child and Youth Care*. (South Africa) November/December 1999.

Ehreneich, B. & English, B. (1979). *For our own good: 150 years of the expert's advise to women*. London: Pluto Press.

Expert Working Group on Childcare. (1998). *Final Draft of the Report. National Childcare Framework: Partnership 2000 for Inclusion, Employment and Competitiveness*.

*Expert Working Group on Child Care*. (1999). *National Childcare Framework: Partnership 2000 for Inclusion, Employment and Competitiveness*.

Garfat, T. (2001). Private Correspondence with Author.

Gilligan, R. (1999). Child welfare review 1998, *Administration*, 47(2), (Summer 1999), 232-256.

Gooverts, H., & Franck, J. (1997). *Job description of the social educator*. Belgium: Limburg Catholic Institute of Higher Education.

Greenwood, E. (1957). Attributes of a profession, *Social Work*, 3, 2, pp.44-55.

Hodson, M. (1999). Registered nurses: Involvement in the change process. *An Bord Altranais*. Vol. 11 No. 2. Summer 1999.

*Irish Association of Social Care Educators*. (2000). Internal Documentation.

*Irish Independent*. 17.2.2,000

Maloney, A. (1998). The mania for certification. *Inside Out*, No. 32. Spring 1998. 20-25.

Mattingly, M. (2000). *Certification*. Personal Correspondence to Author.

- McElwee, C. N. (1998a). *Beyond the far side: Risk and adolescence. Mental health and young people*. Irish Journal of Applied Social Studies/ Mental Health and Social Care Research Group Forum. Waterford Institute of Technology. 8.9.1998.
- McElwee, C. N. (1998b). *The challenge for the future. Children at risk in early education*. National Forum on Early Childhood Education. Dept. of Justice, Equality and Law Reform. Dublin Castle. 25.3.1998.
- McElwee, C. N. (1998c). *Mental health, social care and adolescence: Two disciplines divided by a common language*. Paper to the Association of Psychiatric Nurse Managers Annual Conference. Kilkenny May 20th, 1999.
- McElwee, C. N. (1999a). *Mandatory Reporting and the Risk Society: A Sociological Commentary*. Conference on 'Rape and Child Abuse'. Waterford Institute of Technology, Ireland. 8.3.1999.
- McElwee, C. N., & Wells, JSG. (1999). 'Registration of social care workers: An Irish solution'. *Child and Youth Care: A Journal for Those Who Work With Troubled Children and Youth At Risk*, Nov/Dec 1999.
- McElwee, C. N. (2000a). *Damned if You Do and Damned if you Don't: Self-Regulation or Formal Registration of Social Care Workers in Ireland*. 11.3.2000. Annual Conference of the Irish Association of Care Workers. Ennis, Ireland.
- McElwee, C. N. (2000b). *To Travel Hopefully: Views from the Managers of Residential Child Care Units in the Republic of Ireland*. Waterford: Centre for Social Care Research/Resident Managers' Association.
- Modlin, H. *Professionalisation: A student replies*. 19.2.1998. CYC Net.
- National Education Association. (2000). Correspondence with author.
- National Childcare Strategy, (2000). Dublin: Department of Health and Children.
- Phelan, J. (2000). *Certification*. Correspondence to author.
- Phillips, D., & Whitebook, M. (1986). Who are the child care workers. *Young Children*, 14, 21-25.
- Philpot, T. (2000). A council of perfection? *Community Care*. June, 2000. 28-29.

- Report of the Expert Group on Various Health Professions. (2000). Dublin: IMPACT.
- Resident Managers Association. (2000). *Newsletter*. February Vol. 2, Issue 1.
- Rohan, P. (2000). *Discussion on Registration*. E mail correspondence with author.
- Stuart, C. (1998). *Response to McElwee: A Profession*. 5.2.1998. CYC Net.
- Stuart, C. (2000). *Response to McElwee: Certification*. 3.6.00. CYC Net.
- Thorne, J. (2000). Correspondence with author.
- Tobin, G. (1994). Change: threats or opportunities. *Nursing Review*. 13(1).
- VanderVen, K. (1993). Views from the field: It's that simple. *Journal of Child and Youth Care* (8)3. pp. 97-98.
- Ward, E. (2000) Phone conversation with author. 23.2.2000.
- White, R. (1988). Cited in: Proceed with political care. Northway, R. (1996). *Nursing Management*. 3(3) pp 14-15.

## **For all who work with children, youth and families**

### **CYC-NET**

is a daily e-mail forum for child and youth care with hundreds of members world-wide – students, on-line workers, trainers, administrators. You are welcome to join by sending mail to [cyc-net@icon.co.za](mailto:cyc-net@icon.co.za).

It is also an extensive and informative web site which you are invited to visit at [www.cyc-net.org](http://www.cyc-net.org)

### **CYC-ONLINE**

is a monthly on-line magazine for child and youth care workers around the world which you may visit at [www.cyc-net.org/cyconline.html](http://www.cyc-net.org/cyconline.html)

**The International Child and Youth Care Network**  **NET**

P.O. BOX 23199, CLAREMONT 7735 SOUTH AFRICA • TEL (+27+21) 788-3610  
E-MAIL [CYC-NET@IFCON.CO.ZA](mailto:CYC-NET@IFCON.CO.ZA) • [WWW.CYC-NET.ORG](http://WWW.CYC-NET.ORG)

## **DIRECT CARE: MAKING A WORLD OF DIFFERENCE**

**An International Conference on Practice and Professionalism  
June 13-15, 2002**

This international conference will create a live forum for sharing global perspectives on the provision of direct care services. Individuals from participating countries will also have an opportunity to exchange valuable insights and information on many key aspects of direct care work.

The focus and theme of this conference is the essential presence and practice of direct care in every culture.

### ***DIRECT CARE: MAKING A WORLD OF DIFFERENCE***

Led by experts from every continent and with an anticipated 1,000 participants, this conference will challenge and inspire its participants to help develop direct care as a profession. It also will:

Engage direct care practitioners and theorists from around the world in an exchange of views, knowledge and public policy with their counterparts in the United States, providing an opportunity to translate their respective experiences into global understanding;

Emphasize the importance of collaboration among human service providers, institutions of higher education, consumers and government, highlighted by models from a variety of countries that demonstrate sustainable ways to educate and professionalize the direct care workforce; and

Effect positive cultural change regarding direct care in the United States and throughout the world, forming new alliances and opportunities for replication across boundaries.

People responsible for working in the life-space of those with special needs have many names: direct care workers/practitioners, social pedagogues, social educators, educateurs, direct support professionals. Their title is not as important as the vital work they do with children, adolescents, adults and seniors. These workers provide sustenance, direction, treatment, community integrating experiences and advocacy, as well as health-related, vocational, educational and recreational supports. Their collective roles and tasks serve to care for and empower others.

In some cultures, those engaged in direct care practice are honored and respected as professionals who are essential to the quality of life of a community; in others, they are as devalued as some of the people they serve. Many countries are in varied stages of providing "direct care" to others. Some see this action as familial and others view it as professional work. Regardless of perspective, we are all, to some degree, engaged in reinforcing or reconstructing existing social policy.

It is most appropriate that this conference will be held at the State University of New York at New Paltz, which is located in the beautiful Mid-Hudson Valley region of New York State, 90 miles north of New York City. In 1992, the Mid-Hudson Coalition for the Development of Direct Care Practice, Inc., and SUNY New Paltz developed a Concentration in Direct Care Practice, enabling student/workers to attain a Bachelor's Degree in Sociology augmented with courses focused on generalist direct care practice. Danish experts in social pedagogy heavily influenced this program, which continues today and has contributed significantly to educating and professionalizing the direct care work force in the region. Inspired by this development, the international exchange of knowledge and resources has been utilized in many forms at the local colleges and in the Mid-Hudson Coalition's human service agencies. It symbolizes the type of cross-cultural collaboration that will be fostered at this international conference in 2002.



