Irish Journal of Social Work Research

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EDITORIAL

Trish Walsh

As the first refereed journal in Ireland devoted to social work, the *Irish Journal of Social Work Research* can be seen as a significant milestone in the development of the profession. With five papers in this first issue coming from practising social workers, the intention to provide a forum for practitioners, as well as researchers and academics, is clear.

It would be easy to claim that the appearance of this journal is long overdue and if we continue to look anxiously over our shoulders at what our counterparts in other parts of the world do, that might seem the case. We can view ourselves negatively as yet again only jumping on the tailcoats of that which is already established elsewhere. Or we can view ourselves as establishing more clearly the uniqueness and particularly of social work in Ireland at this time through the development, promotion and dissemination of Irish - based research. There are factors pertinent to the Irish social work landscape which can be counted as either limitations or blessings, and which in themselves should be the basis for informed debate. Several which spring to mind include: the smallness of the Irish social work field - is it claustrophobic or comfortingly supportive?; the minimal organisational and procedural structure in some settings: is this an aid to professional autonomy or a lack of necessary support?; the recent emergence of child protection as a dominant discourse in social work: its saving grace or a nail in the coffin?

If my own experiences and that of most practitioners I have worked with are anything to go on, the area of research is one which many social workers historically have had a slightly ambivalent if not hostile attitude towards. For a start, there was never any time for it. Secondly, there was a fear that research equalled assessment of effectiveness and practitioners knew that the complexities of practice would not translate easily to notions of 'cure' imported from the medical field. Thirdly, it seemed to be inherently disrespectful to our clients, if not ourselves, to condense their complex, multi-faceted lives into seemingly simplistic and researchable categories. The perceived pervasiveness of a positivist, experimental paradigm in the research field confirmed rather than dispelled these prejudices, although the social sciences had always fought the battle for a broader canvas to work on.

Yet the time now seems right for the profession to embrace and actively engage in the area of research more vigorously. For a start, there is now funding available for research and post-qualifying courses containing research components and more practitioners are attending these. More organisations and agencies are now seeing the benefits of research and development activities and several have recently or are currently engaged in significant large projects. The emphasis in the Health Strategy of 1994 on the concept of 'social gain' challenges social workers in the medically dominated health boards to establish this concept as being as significant as 'health gain' in the overall welfare of people, to fight for the social services element in State provision, to aspire to a Health and Social Services Department which will acknowledge the significance of social gain more fully. The development and refinement of qualitative research methods in social work has now advanced to a stage where they can be applied either solely or in conjunction with quantitative methodology to individual practice issues, service delivery issues, organisational and policy issues. Through the development of ethnography, discourse analysis, narrative analysis and grounded theory, practitioners and researchers can now unpack the totality of social work practice and and examine the various dimensions of day to day practice as viewed and experienced by client, worker, manager and policy maker, as opposed to the official texts and theories of how it ought to be. And finally, the social work profession, having recently been asked to account for itself and its practices in several high profile child abuse inquiries needs to proactively develop accounts of the possibilities and limitations of social work practice, bound as it is between the personal and the political, accountable both to client and agency. Research has a part to play in this, but we can also be informed by other types of knowledge and hence the encouragement for the submission of papers on practice innovation or critical literature reviews on specific topics in this journal, and more broadly based reflections on practice and policy in the *Irish Social Worker*.

This first issue consists of four papers based on empirical research and a paper composed of a critical literature and research review. The editorial group has had the invaluable assistance of a board of assessors, from both within and outside Ireland, in choosing these. The standard therefore while aiming to be of international quality also remains informed by an assessment of what is relevant and significant for Ireland. The subjects range from violence in residential care, to the outcomes of a teenage carers project to the role of schools in child protection, to the position of Irish women in relation to HIV infection. Also included is an analysis of how the sister-journal Irish *Social Worker* has evolved over time. This, it is hoped will both emphasise the various types of knowledge of relevance to social work, and also locate the emergence of this new journal within the development of Irish social work publications over time.

The research papers in this issue demonstrate that through some of the qualitative and quantitative research methodologies, the complexities and multi-dimensional processes of social work practice and the lives of the people we work with, becomes more obvious rather than less. The focus on process rather than product has been said by others to be the way forward for social work research.

If I can allow myself three wishes for the future of this journal, they are these:

• that it will illustrate the diversity and richness of social work practice;

• that it will encourage informed debate about practice, organisational and policy issues among practitioners;

• that it will, with respect, make room for the researched as well as the researcher, for the client's voice as well as the worker's.

The editorial group gratefully acknowledge the assistance of the Department of Health Child Care Unit which has made this publication possible.

YOUNG PEOPLE AND VIOLENCE IN RESIDENTIAL CARE: A Case Study

by Andrew Fagan

Abstract

This paper reports on a piece of research that explored factors associated with variations in the rate of assault in a residential unit for adolescents with emotional and behavioural problems. Reasons why children behave violently are explored with particular reference to the experiences of young people in residential care. It is argued that providing continuity and stability in the arrangements for the care of young people in residential units, that is, providing them with a secure base, can reduce the level of violence.

Keywords: Violence and young people; residential care; secure base.

Introduction

Over the last 10 years child care professionals in Ireland have been preoccupied with the problem of how to care for young people with severe emotional and behavioural problems who need out of home placements. When these children and young people have been placed in foster homes and children's homes the placements have frequently broken down due either to the young people absconding or acting out violently. It was in response to the needs of children such as these that St. John's (not the unit's real name), was opened. The author of this paper was the first manager of St. John's.

St. John's was set up in 1992 to cater for those young people whose needs were not being met by the existing services. Young people referred to St. John's had often been through a number of other placements, either in residential or foster care or both, which had broken down. Within the child care system, the residents of St. John's were perceived as amongst the most difficult to care for. St. John's was an open unit and no use was made of medication or locked rooms as means of controlling the young people's behaviour.

At the beginning of 1994, the year to which this study refers, there were 6 young people resident in St. John's. In June another young person was admitted, bringing the total to 7. Two young people left St. John's, one in September and one in October, so that at the end of the year there were 5 young people in residence.

Violence was a problem in St. John's from the time the unit opened, perhaps the single most serious problem the unit had to deal with. A number of staff members were hurt and, as a consequence, some staff members became disillusioned and left. Within the wider child care system doubts were expressed about the viability of the particular approach to working with young people pursued in St. John's. Many young people who might formerly have been considered for a place in St. John's are now being placed in secure units. The unit itself closed in 1996.

This paper explores the idea that attending to the needs of young people for emotional security can prove effective in reducing levels of violence in children's residential centres. It begins with a discussion of children and violence, with particular reference to the experience of children in residential care. This is followed by a description of the research carried out into violent incidents in St. John's. The findings are set out and presented in tabular form. The findings are then related to the argument of this paper by demonstrating that the incidence of violence was related to staffing arrangements for the care of the young people in St. John's. When the staffing arrangements promoted stability and continuity in the care of the residents there was a lower level of violence. However, when the staffing arrangements failed to promote stability and continuity the number of violent incidents increased.

Children and Violence

Research on children who have committed serious violent crimes indicates that the majority are themselves victims of violence or have experienced a major loss. In one study of children who had committed serious violent crimes (quoted in Gulbenkian, 1995), 72% had experienced abuse, 57% had experienced significant loss (death or loss of contact with a significant other), 35% had experienced both and 91% had experienced one or the other. In other words, of all the children who had committed a violent crime only 1 in 10 had not either been the victim of violence or experienced a major loss. Studies of children who bully others report that these children have, in many cases, experienced abuse, neglect and loss. The Gulbenkian Report (1995) found that though bullying typically takes place outside the home, for instance in school, the development of bullying behaviour is to be found in the family circumstances of the child. Contributing factors include lack of warmth and involvement of the primary caretaker, and the use of physical punishments and violent emotional outbursts as child rearing methods. Similarly, the Cambridge Study in Delinquency Development found that "harsh or erratic

parental discipline, cruel, passive or neglecting parental attitude, poor supervision and parental conflict, all measured at the age of eight, all predicted both convictions in general and convictions for violence in particular." (cited in Gulbenkian, 1995: 48). Other studies have found similar parenting styles in families of school bullies.

These factors are also the factors that can lead to children being admitted to care. Gilligan (1991) reports that one third of all children admitted to care in the Republic of Ireland in 1988 were admitted due to neglect or physical, emotional or sexual abuse. It seems fair to assume that many of the others admitted during that year experienced neglect and abuse even if these were not stated as the primary reasons for admission to care. Once they are admitted to care children are exposed to experiences of powerlessness and dependence.

Research suggests that there is a high level of violence in residential units for children and young people. The Social Work Services Inspectorate for Scotland carried out a survey for the Report "Another Kind of Home" (1992). In a one month period, 39% or 46 of the homes surveyed experienced violence against staff members. Eight homes reported 5 or more incidents and one reported 23 incidents.

Powerlessness and Dependency in Residential Care

Admission to care is often a highly traumatic experience (Ward, A: 1993). It involves separation from and/ or loss of the previous carer and may involve feelings of rejection and failure (Ward, L: 1980). People in care often feel relatively powerless and that they have little influence over the decisions taken about their own lives. They are also dependant on others to meet at least a major proportion of their physical, emotional and spiritual needs. As Adrian Ward (1993) argues, these issues are intertwined as the people upon whom the client depends also tend to be the people the client perceives as holding the greatest power over them. Such dependency and powerlessness can give rise to aggression as a means to redress the power imbalance (Storr, 1970; Breakwell, 1989).

The Importance of a Secure Base

Powerlessness and dependency are, however, not the only factors operating to produce violence among young people in residential care. According to attachment theory, aggression springs from the frustration of the need for emotional security and is activated by the experiences of separation and loss (Holmes, 1993). In order for development to unfold in a healthy manner the child must form a secure attachment with at least one person, normally the mother. By 'secure attachment' is meant that the child knows that the attachment figure is available when the child needs him or her. Having made one secure attachment

the child can go on to make others. An attachment relationship is characterised by three key elements: the child will seek proximity to the attachment figure; the attachment figure provides a secure base from which the child can go forth and explore the world and the child will protest when separated from the attachment figure (Holmes,1993). Where the child has not made a secure attachment (where the availability of the attachment figure is conditional rather than unconditional, for instance) development will be impaired both emotionally and intellectually.

The concept of a secure base comes close to what could be described in everyday language as a stable home but it has a wider applicability. Byng-Hall (1995) writes that attachments lie at the heart of family life. They create bonds that endure through life and provide care and protection. They evoke intense emotions such as joy and, when broken, anguish. They create considerable problems if the attachment is insecure. Attachment figures are used as secure bases throughout life. Children take on more responsibility for managing their attachment relationships as they grow older until eventually they take over the care giving role in their parent's old age. As children grow older they form new attachment relationships. As adults they may provide for partners and friends a mutual secure base providing care and support in times of illness or other hardship. Byng-Hall argues that even strangers such as therapists can become temporary attachment figures for people in times of stress. "The knowledge that there is someone who is concerned about you, and has you in mind, is crucial to the functioning of a safe base at any time and in any circumstances. This image supports autonomous behaviour even when the attachment figure is not currently available" (1995:45-46).

Attachment is promoted by care giving behaviour. Bowlby (1977) describes the roles of care givers as being available and responsive and intervening when the young person is heading for trouble. This is the kind of work that is done by staff members in a residential unit.

The concept of a secure base has many applications. Holmes (1993b) uses it to describe the therapeutic process. The therapist provides for his client a secure base, one where the client is enabled to explore the world including his own inner world of thoughts and feelings. "Consistency, regularity, and reliability, the combination of warmth with firm boundaries, are basic requirements in any psychotherapy and are clearly related to the ingredients of effective parenthood" (1993b: 434). These are also the requirements of good residential care.

One response to separation from an attachment figure is anger (Bowlby, 1973). He differentiates between functional and dysfunctional anger. The former is "the anger of hope" and occurs where the child has missed his or her attachment figure and the anger acts as a reminder to this person that the child is not to be left alone again. Dysfunctional anger, the "anger of despair" occurs when the child has lost hope of an end to the separation from the attachment figure. Bowlby describes the case of 'Reggie' who was cared for in a nursery for two and a half years by

numerous different carers. One nurse, to whom he became attached, left. Reggie was lost and desperate but when the nurse visited him a fortnight later he refused to look at her. Later, he was heard to remark: 'My very own Mary Ann! But I don't like her' (Bowlby,1973: 247).

Dysfunctional anger is destructive of relationships. The anger, due to prolonged and persistent separations, becomes so intense and persistent that, rather than bringing the other person closer and strengthening the relationship, it alienates the attachment figure.

Anger and aggression can also follow a loss. Here the anger can have no function since the separation is permanent. Bowlby argues that this occurs because in the early stages of grieving there is a refusal to accept that the loss is permanent. The bereaved person is still searching for his lost loved one with the intention of reprimanding him for his abandonment of the bereaved.

Bowlby (1973) argues that the most violently angry reactions come from those children and adolescents who have not only experienced repeated and prolonged separations but who have been subjected to threats of outright abandonment by their parents. These children cannot express their anger towards their parents for fear that the threat of abandonment will be carried out. The anger is usually repressed and directed at other targets.

The experiences of separation and loss are particularly pertinent in the lives of young people in care. Admission to care is a critical event in any young person's life and one that typically involves separation from and/or loss of a previous carer. Within the residential care sector these experiences are constantly recreated for the young person. The young people have to deal with separation every time there is a shift change, which in St. John's took place daily. Staff turnover is high in many residential units so the young people constantly have to deal with loss.

In summary, young people in residential care often experience feelings of powerlessness and dependency which can give rise to aggression. In addition, aggression can be expected when the residential unit fails to provide a secure base for the young people who must live there. To help reduce aggression among young people in care, residential units need to provide a consistent and stable environment and opportunities for young people to form appropriate attachments to members of staff.

Research Hypotheses

It seemed, from my perspective as Manager of St. John's, that when it became difficult to provide the stability that the young people needed, due to factors such as staff turnover, it was also more difficult to contain their violence. I wished to see whether I could find evidence to support this.

I hypothesised that high levels of violent acting out on the part of the young people in St. John's was related to factors at work within the staff team which undermined the stability of the relationships between staff members and young people in the unit. The factors that I studied included:

1. the use of people employed on temporary contracts to staff the unit,
2. team structure,
3. the absence of the manager.

Data Collection and Analysis

Staff members who worked in St. John's were required to record serious incidents on an Incident Report Form. A "serious incident" for the purposes of this form of recording was any incident where a person was or might have been injured. Not every serious incident was an assault. Serious incidents included accidents. However, every assault was a serious incident. In theory, every assault should, therefore, have been recorded on an Incident Report Form by the person who was assaulted or by a member of staff on duty at the time the assault occurred. There was no agency definition of 'assault' and although assaults can include verbal abuse, this was not recorded on Incident Report Forms in St. John's unless accompanied by a threat of and/or physical assault. In addition, threats of violence were only recorded where a weapon of some kind was involved.

For the purpose of this project all the Incident Report Forms for 1994 were read and the assaults identified. However, since research of this nature finds under-reporting of violence (Breakwell, 1989; Leadbetter, 1993) these Report Forms were cross checked with the monthly reports that were prepared for senior managers in the agency. In these latter reports references were made to incidents that had not been recorded on the official forms. In these instances the Summary Sheets and Individual Daily Notes which were the standard forms used for recording day to day events were checked for further information about the incidents themselves as well as what staff members were on duty when the incidents occurred. Once all the data had been gathered I looked at who was on duty when assaults occurred.

I chose to analyse a few key areas and interpret the findings by reference to attachment theory. Other analyses are possible. For instance, I could have focused on what staff members were assaulted and tried to relate the rate of assault to various characteristics of those staff members, for example, to see whether less experienced or less qualified staff members were more likely to be assaulted. However, I was interested to explore the kinds of situations in which violence occurs and avoid what Leadbetter describes as "stereotypical explanations of assault which link victimization to a lack of professional competence" (1993; 627).

A weakness in the analysis is that I did not run statistical tests on the quantitative data to establish levels of significance.

Findings
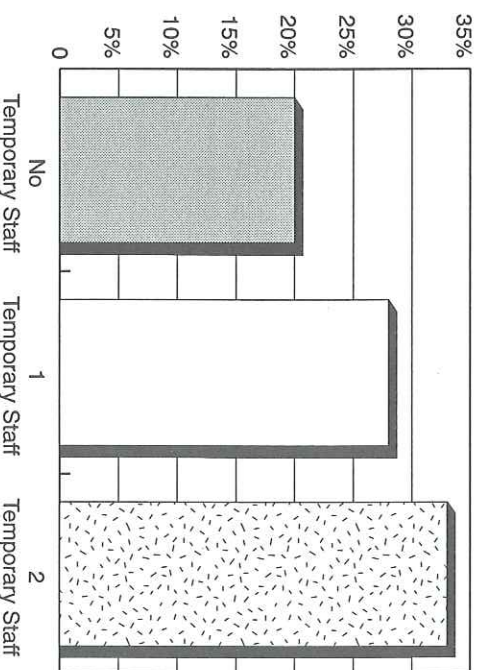
There were 54 recorded assaults by young people on other young people and on staff members in St. John's during 1994. When assaults not recorded on the official forms are added in the number rises to 99. Some incidents involved multiple assaults, for example, one young person hitting a number of staff members as part of the same incident. The figure of 99 refers to the number of separate assaults rather than to the number of separate incidents, of which there were 67.

The residents of St. John's tended to be most violent at the beginning of their placement. Two young people were between them responsible for 71 assaults. Both were at the beginning of their placements, having been admitted at the end of 1993. Of the other 5 young people, who between them were responsible for 28 assaults, 4 had been in St. John's since it opened in July 1992. This lends support to the theory of attachment. For, if, as Bowlby claims, aggression springs from insecure attachment, one would expect more violent acting out at the beginning of a young person's placement. A young person who has recently been admitted to St. John's has not had time to form a relationship of any depth with any of those caring for him.

1. The use of temporary staff

Table 1

Percentage Rate of Assault per Shift Classified by Team Composition

St. John's was staffed by a Manager, Deputy Manager, two part time house keepers and 12 residential workers, who worked 3 to a shift, from 9.30am to 11am the following day. There were also relief staff who covered for people on annual and sick leave. There were constant staff shortages.

The majority (87) of the assaults occurred when there were one or more temporary staff members on duty. 40 occurred when one temporary staff member was on duty, 44 when there were 2 temporary staff members on duty and 3 when all three staff members on duty were on temporary contracts.

These figures were compared with the overall number of shifts where there were temporary staff members on duty. In the year overall, 360 shifts were worked. The unit closed for 5 days at the end of September. Of the 360 shifts, 64 were worked by all permanent staff members. On these shifts 13 incidents occurred, roughly one incident for every 5 shifts. Thus, assaults occurred on 20% of those shifts where all the staff on duty were employed on a permanent basis. When there was one temporary staff member on duty (145 shifts), 28% of all such shifts. On those days where there were two temporary staff members on duty (134 shifts), the rate again increased to 1 incident for every 3 shifts or 33% of all such shifts. There were 15 shifts with 3 temporary staff on duty and 3 incidents occurred on these days, the same rate as for all permanent staff. Why this should be so is difficult to say, but, given th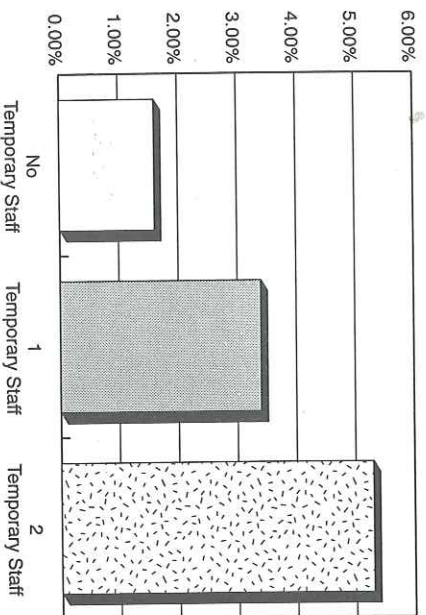at the number of shifts is small, it would not be safe to draw any conclusions based on this finding. There were 2 shifts where it is unclear from the records who was on duty so I excluded these from the analysis.

The overall percentage of shifts where incidents occurred was 28%, which is the same as the average when there was one temporary staff member on duty. An assault was over one and a half times more likely to occur when there were 2 temporary staff members on duty as compared to a shift with all permanent team members.

Multiple Assaults

Table 2
Percentage Rate of Multiple Assault per Shift Classified by Team Composition

Bar chart. Y-axis: 0.00%, 1.00%, 2.00%, 3.00%, 4.00%, 5.00%, 6.00%. X-axis categories: No Temporary Staff; 1 Temporary Staff; 2 Temporary Staff.

In all of 1994 there were 13 shifts where 3 or more assaults occurred on the same day. Just one of these occurred where there were all permanent staff members on duty. On 5 such days one temporary staff member was on duty. On the other 7 days there were two temporary staff members on duty. On 5 such days one temporary staff member was on duty. These data are presented on Table 2. Overall, multiple incidents occurred on 3.6% of all shifts. The figure for shifts with all permanent staff on duty is 1.6%, less than half this figure. The figure for shifts with 2 temporary staff on duty is 5.3%, which is nearly one and half times the average. Multiple assaults occurred 3 times more frequently when there were two temporary staff members on duty as compared to when there were all permanent staff members on duty.

Staff Changes

During the year 3 permanent team members left, one in February, one in June, one in September. One team member was off from the end of August for the rest of the year. One new, permanent team member joined in June. By the end of the year there was, therefore, a much greater reliance on temporary staff than there was at the beginning. 35 incidents occurred in the first 6 months of the year. 64 occurred in the second 6 months.

2. Team Structure

The staff team in St. John's was broken down into 4 small teams each of three people. Nearly every staff member was assigned to work with a particular team for a period of at least six months. Some staff members did relief work, coming in to cover for people who were ill or on holiday. Each team worked one day per week between Monday and Thursday. Friday, Saturday and Sunday were worked in rotation. Thus each team worked 7 days / shifts every 4 weeks.

Altogether 282 shifts were worked by teams, that is days when there were either 2 people from a particular team on duty or that all 3 on duty belonged to the team in question. With annual and sick leave it is not possible to have a full team on duty all the time. On the remaining 78 days there were no two people from the same team on duty. On days where this happened there was an assault for every 2 shifts ie on 50% of shifts where no two workers on duty belonged to the same team an incident occurred. On the days worked by teams the rate was one assault for every 4.7 shifts. Thus, assaults were more than twice as likely to occur when no team was working as against those days/ shifts where at least two members of a team were on duty. However, the differences between the teams are very marked depending on the extent to which the team concerned was composed of temporary as compared with permanent staff members.

In comparing the experiences of the various teams I have allowed for the fact that there were changes in the composition of some of the teams during the year. One

team, the Green Team, was composed of 3 permanent staff members throughout the year. Another team, the Red Team was composed of 2 permanent and one temporary team member throughout the year. However, for the other two teams permanent team members left and were replaced by temporary team members during the year. Taking the year overall, the Blue Team had somewhat less than two permanent team members out of three and the White Team somewhat more than one permanent team member.

Table 3

Percentage Rate of Assault per Shift Classified by Staff Members working as part of small team

No Team	
White Team	40% Permanent Staff
Blue Team	33%
Red Team	26%
Green Team	12%
	12%

(x-axis: 0% 10% 20% 30% 40% 50%)
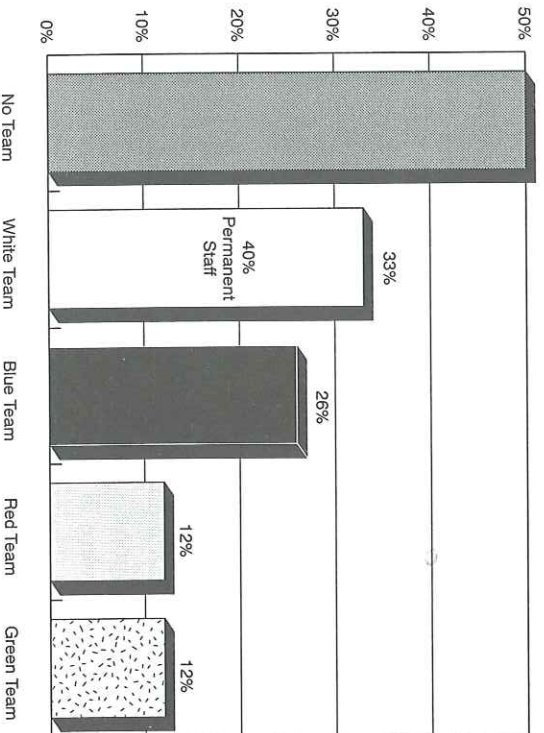
The most stable staffing situation was one where 3 permanent staff members worked together as part of a team, at least two being on duty at any given time. This was the situation with the Green Team and on their shifts assaults occurred at the rate of one for every 8 shifts. The next most stable situation was one where there are two permanent and one temporary staff members working as part of a team. Such was the case in St. John's during 1994 with the Red Team and the rate at which assaults occurred was the same as with the Green Team. Thereafter, once more temporary staff were used the rate of violence incidents increased. The Blue Team did not have 2 permanent team members throughout all of 1994 and the rate at which assaults occurred was double that of the Red and Green Team. The White Team, which had only one permanent team member throughout the year and another permanent team member for a small part of the year, had a rate of assault which was higher again: one assault for every 3 shifts. However, the most

unsafe situation was one where no two members of the same small team were on duty and the 3 staff on duty were all drawn from different teams. On those shifts there was one assault every second shift.

3. The Absence of the Manager

The worst period for assaults was September/October. The manager was away for a total of 6 weeks during this time and in that time there were 31 assaults, nearly one third of the total for the entire year. In contrast when the manager was absent for a two week period in May there was no increase in the rate of assault.

Discussion

I have argued that the purpose of residential care is to provide good quality care and this can only be achieved through positive relationships between staff members and the young people they care for. However, relationships cannot be assumed. They take time to grow. There are factors at work within residential care which make the process of attachment formation problematic. In this paper I have focused on stability of staffing arrangements in one particular residential unit and examined its relation to the incidence of assault. The findings suggest that stability of staffing arrangements is related to the level of violence among young people in residential care. Three aspects of stability were examined.

Firstly, it was found that assaults were more frequent when staff members who were on temporary contracts were on duty. From an attachment theory perspective this suggests that young people in St. John's were less likely to behave aggressively in the presence of staff members who had a longer tenure and perhaps more permanent commitment to working in the unit.

Fundamental to the idea of attachment is that it is a relationship that endures through time. There is a basic inconsistency, if not a contradiction, in relying on temporary staff members to meet the needs of young people for long term relationships. In discussions about this issue with the staff team in St. John's, those on temporary contracts consistently made the point that they felt inhibited about making a wholehearted commitment to their work because they never knew how long they were going to be employed in the unit.

Secondly, assaults were less frequent when the staff members on duty were members of the same small team. This suggests that consistency in the composition of the staff on duty is another element that contributes to the stability of the unit and to lower levels of aggressive behaviour.

The concept of a secure base can be applied to staffing arrangements. The safest way to work with young people with emotional and behavioural problems is to set very clear boundaries and limits for them. However, one has to feel confident in order to resist manipulation and threats. Staff in St. John's reported that they

derived a sense of confidence from working as part of a small team. Within a small team each had a chance to get to know the others well. Team members could work out how best to be available and help out each other, particularly in difficult situations. They became attached to each other and thus the team formed a secure base for its members. Staff members who were working with their teams, therefore, were confident enough to set limits for the young people.

Thirdly, assaults were more frequent when the manager was absent. The manager provides a secure base for the staff team and the young people. In a residential unit the person in charge functions in a parental role and it is the presence of the parent which reassures. Some absences can be handled with confidence. Thus when the manager was off for two weeks in May there was no increase in the rate of assault. 6 weeks, it would appear, was too long an absence.

It is not suggested that these factors are the only factors at work in bringing about violent situations in residential units. In considering the literature on the subject, I referred to the impact of separation and loss and the experiences of powerlessness and dependency of young people in care as well as the fact that many young people who behave violently have themselves been the victims of violence. We saw, too, that the two young people who were most violent in St. John's during 1994 were at the beginning of their placement. In contrast to this, however, one young man who was admitted during the year was responsible for fewer assaults (3) than some of those who had been resident in the unit since it opened two years previously. It is likely, therefore, that there are a whole complex set of factors at work in producing a pattern of violent behaviour. In relation to the young man who was only violent on 3 occasions it may be that there was less violence in his own background than that of some of the others. It may be that he experienced less rejection in his life. It may also be significant that this young man made a choice to come to St. John's from another unit which had a more restrictive regime so that the experience of powerlessness in relation to being in care may have been less acute in his case than in some others.

What is important about the factors identified in this research is that they have not, to date, been investigated by researchers and, more importantly, they are matters over which agencies running residential units have some control. Those admitted to care will continue to be children and young people who have experienced the pain of loss, rejection and abuse. As a consequence, they will have a tendency to act out violently in particular situations. However, by attending to their need for a secure base and by attending to the needs of staff members for a secure base to work from, the number of situations in which violence occurs can be reduced.

Implications

The research findings presented here suggest that breaking large staff groups into small teams makes for greater stability in staffing arrangements and lowers the level of violence.

For the team structure to be effective teams need to be composed exclusively or mainly of permanent team members. Temporary staff members can be only be used safely, when they do not form a majority of the overall staff team and when they work alongside permanent team members who belong to the same small team.

The role of the manager is crucial and agencies need to consider how best to support managers of residential units given the expectation that managers make themselves available 'on call' outside of their normal working hours. The findings of this research suggest that frequent short breaks may be preferable to infrequent long ones.

Further research would help to clarify these matters.

Conclusion

All writers on residential work put the relationship between the young person in care and the adult who cares for him as central to the purpose of residential child care. The research findings presented here demonstrate the validity of this. I have used the concept of a secure base to describe the characteristics of the kind of relationships within which violence can be contained. A young person who finds in his relationship with his keyworker , the manager of the unit and/ or another staff member a secure base will be enabled to grow and develop socially, intellectually and morally. Change becomes possible in the way the young person perceives the world and responds to it. The young person finds the confidence to accept responsibility for his behaviour.

Staff members too need to feel confidence if they are to deal with the very considerable challenges of caring for young people with emotional and behavioural problems. Such confidence comes from operating within a team and from the presence and support of the manager. It is within such a network of relationships that therapeutic work becomes possible. Relationships occur in a context. The uncertainty created by using a lot of temporary staff militates against this work. Making units like St. John's a safe place for young people and the adults who care for them involves creating a context which facilitates the emergence of attachments between the young people and those who care for them.

Bibliography

Bowlby, J. (1973) *Separation: (Attachment and Loss, Volume II)*, Hogarth Press, London.

Bowlby, J. (1977) 'The Making and Breaking of Affectional Bonds', *British Journal of Psychiatry*, No 130, 201 -210.

Breakwell, G. (1989) *Facing Physical Violence*, The British Psychological Society and Routledge, London.

Byng-Hall, J. (1995) 'Creating a Secure Family Base: Some Implications of Attachment Theory for Family Therapy', *Family Process*, Vol 34, 45 - 58.

Calouste Gulbenkian Foundation, (1995) *Children and Violence: Report of the Commission on Children and Violence convened by the Gulbenkian Foundation*, Calouste Gulbenkian Foundation, London.

Gilligan, R. (1991) *Irish Child Care Services*, Institute of Public Administration, Dublin.

Holmes, J. (1993) *John Bowlby and Attachment Theory*, Routledge, London.

Holmes, J. (1993b) 'Attachment Theory: a Biological Basis for Psychotherapy?', *British Journal of Psychiatry*, No 163, 430 - 438.

Leadbetter, D. (1993) 'Trends in Assaults on Social Work Staff: The Experience of one Scottish Department', *British Journal of Social Work*, Vol 23, 613 - 628.

The Social Work Services Inspectorate for Scotland, (1992), *Another Kind of Home: A Review of Residential Child Care*, HMSO, Edinburgh.

Storr, A. (1968) *Human Aggression*, Penguin, London.

Ward, A. (1993) *Working in Group Care*, Venture Press, Birmingham.

Ward, L. (1980) 'The Social Work Task in Residential Care', in Walton, R., and Elliott, D., (Editors): *Residential Care*, Pergamon, Oxford.

What Do Teachers Do With Child Protection and Child Welfare Concerns which they Encounter in their Classrooms?

by John Kelly

Abstract

This study explores the notion that, given teachers' exposure to children and given their opportunity to perceive trauma and its subsequent effects on children it might be reasonable to assume that child protection and welfare concerns would be picked up quickly, acted upon and referred to the appropriate authorities. The rates at which schools refer children to those authorities is quite low, however, prompting the question: what do teachers do with concerns which they encounter in their classrooms?

This study shows that teachers do indeed encounter children who cause concern. It is clear, however, that despite the existence of procedures to deal with such concerns, teachers process those concerns in a variety of ways, including referral to child protection services, making direct contact with parents and keeping the concerns within the school system.

Some conclusions are drawn from the study about the process in an attempt to explain and understand the rationale for teachers' actions. Among the conclusions drawn are that there is significant non-adherence to procedures, that reporting causes major difficulties for teachers, that some teachers need to be 100% certain that abuse has taken place before they will report and that appropriate training and a shift in societal attitudes would go a long way towards addressing the difficulties.

Key words: teachers' key position; small referral rates; need for certainty; societal change.

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Introduction

Acute public awareness of child abuse has been a relatively recent phenomenon in Ireland, having been preceded by a similar awareness in the UK and earlier still in the United States. A number of events have been significant in the Irish context. The Kilkenny Incest Investigation (McGuinness, 1993) brought to the public's attention the details of a case where a father was imprisoned for sexually and physically abusing his daughter over a seventeen year period. This case was followed by the Kelly Fitzgerald Inquiry report (Keenan, 1996) which described the events leading to the conviction of a couple for neglect after their fifteen year old daughter died of blood poisoning.

The public awareness created by these two inquiries has continued with a number of high profile cases where professionals and institutions have been involved in the abuse of children.

The public and political response to these developments have been such that a number of initiatives have taken place. For example, a lengthy debate followed the publication of a discussion document on mandatory reporting (Department of Health, 1996). The consultation period on this issue ended with the relevant Government Minister, Austin Currie, announcing in a press release on 23rd December, 1996, that he was instead going to create an Office of Ombudsman for Children.

The fall-out from the Kilkenny case included a recommendation that the remaining sections of the fledgling Child Care Act should be implemented as a matter of urgency (McGuinness, 1993). This piece of legislation, which had been enacted in 1991 after a long gestation period, places onerous responsibilities on health boards as child protection agencies to promote the welfare of children and to identify those who are not receiving adequate care and protection. This identification process, rather than suggesting a witch hunt of sorts, requires of health boards rather to create links with agencies and sectors which have dealings with children (Gilligan, 1996). The biggest sector with face to face contact with children is of course the education sector.

The author, as a social work practitioner of over twenty years standing with the North Western Health Board has had a mixed experience of contact with schools. The author observed that some experiences had created a sense of mutual mistrust between the social work services and schools as well as a sense that there had been missed opportunities to work together for children.

For the author, secondment to the Child Abuse Prevention Programme (CAPP) from 1992 to 1996 created a rare opportunity for an outsider to work within the school system where the brief was to work in conjunction with a teacher colleague to provide in-service training regarding the introduction of the Stay Safe (CAPP, 1991) personal safety skills programme to all primary schools within the North Western Health Board area.

The in-service training included creating a context for understanding child abuse, placing the Stay Safe programme in that context and discussing the prescribed procedures for reporting cases of child abuse to the relevant authorities.

Irish teachers had previously acknowledged their growing awareness of child abuse when in 1987 they requested guidelines to govern the identification and reporting of abuse (INTO, 1991). The introduction of those guidelines (Department of Education, 1991) was designed to meet that need. Yet the teachers in the North Western Health Board area during the CAPP in-service training period indicated a significant lack of awareness of those guidelines and, where the awareness did exist, marked dissatisfaction with their content.

The difficulties referred to above prompt an examination of the literature. There is a considerable body of literature addressing the role of schools in child protection and welfare. For example, the pastoral care role of schools has been highlighted by recent Irish education policy makers who see schools having a responsibility in promoting the social, personal and health education of pupils (Department of Education, 1995). In the UK context, Milner and Blyth (1988) argue that the teaching and caring roles can be separated only to the detriment of the child.

In order for schools to exercise their pastoral care role they obviously need to be aware of abuse. That awareness is necessary if schools are to be able to help children resist abuse, a role conferred on them by, for example, Sage (1993), David (1993) and McIntyre (1987).

Although Adams (1995) sees schools as child protection agencies it is clear that there are many obstacles standing in the way of the realisation of that role. Maher (1986) a teacher, for example, poses the question to his colleagues:

Have you read your guidelines? (p.173).

Gilmartin (1995) found that in a study set in rural Ireland only 14% of school principals under study saw child abuse as a serious issue. Milner and Blyth (1988) put forward the possibility that painful memories of their own abuse might act as a possible barrier to reporting by some teachers.

An examination of the reporting patterns of local primary school teachers is both fascinating and a cause of major concern. The North Western Health Board area covers the counties of Donegal, Sligo and Leitrim and has a primary school population of 32,483 (Department of Education, 1994). Despite the size of that population, only 10 of the 692 referrals/inquiries made to the social work services of the North Western Health Board during 1995 came from primary schools. This represents a mere 1.43% of those referrals and inquiries. This is a startling figure given the key child protection and welfare role that the literature confers on teachers as the professionals with most face to face contact with children. Clearly, therefore, a need existed to examine the implications of these figures and to pose the question: What do teachers do with the child protection and welfare concerns

that they undoubtedly must encounter in their classrooms? The present study seeks to address the complexities of that question.

The methodology employed in the study is outlined below.

Method

A qualitative research approach was used to take an in-depth look at how a sample of ten teachers in the North Western Health Board area thought and acted regarding the protection and welfare of the children in their care. On the basis that Lawlor (1993) found that female teachers were not only likely to have a more accurate perception of the scale of sexual abuse but also more likely to believe the disclosures of a child than their male counterparts, it was decided to select two schools, a boys' and a girls' school, which would produce a mixed gender sample of teachers.

The research instrument used was a semi-structured interview schedule which, in the main, employed open-ended questions to address the probability that the reporting experiences of the various members of the sample would be different. Analysis of the data was carried out manually, with the central research question eliciting specific data. More general questions produced a contextual profile of the broader teaching role which deals with issues such as deficits and barriers to learning.

No attempt was made to find a sample which would be representative of Irish teachers as a whole or indeed of teachers within the North Western Health Board area. It was felt that an in-depth examination of the practices of a small number of relatively easily accessible practitioners would produce interesting and valuable data, data which would potentially be very useful to a health board in its attempts to liaise with the school sector.

A considerable body of specific and general data emerged from the study, along with some unsolicited data which will be examined in detail.

Results

The findings which will now be examined attest to the fact that for the sample studied the subject of responding to concerns about children in their care posed serious moral and professional problems for some teachers, while appearing to be relatively simple and straightforward for others. Various themes were explored whilst others emerged during the interviews. They will be dealt with under the headings: actions taken in response to concerns; what a teacher would do if encountering a concern; colleagues' experiences; reporting procedures; distinctions which teachers make; child and parent power; teacher frustration and finally, pursuit of certainty.

Most of the teachers in the sample were very experienced. The majority had also taught in other schools and they brought their experiences to bear on the research findings.

The majority of the sample had some level of involvement in child abuse concerns. These teachers talked of encountering or suspecting a range of abusive situations, such as physical and sexual abuse as well as emotional abuse and neglect. Having encountered these situations, the teachers' responses will now be examined.

What Do Teachers Actually Do?

Teachers acted in a number of different ways if they had a concern. Some reported cases to the principal. Others attempted to make contact with parents. Yet another dealt with a concern in a very practical way. The various approaches will now be described.

One teacher described a case of emotional abuse. The child's parents had separated and the separation had seriously affected the child's behaviour. After discussion with the principal it was decided to contact the parents. At the meeting with the parents the principal offered to refer the child to the psychology service. However, the parents refused, deciding to refer the child directly and requesting that the school should play no further part in the case.

The strategy of calling in the parents directly was attempted by a number of the teachers, with varying levels of success. One teacher recounted calling in the parents after a child alleged that a bruise on his face had been inflicted by his father. This incident angered the teacher who sent for the parents straight away. The parents acknowledged hitting the child but claimed that it was a one off incident which would not be repeated. This response reassured the teacher who, however, told the parents that their behaviour was inappropriate, and continued to keep a watching brief on the child.

Sometimes teachers know that parents will not respond to direct invitations to visit the school in response to a teacher's request to discuss a concern. Other methods are then attempted such as parent/teacher meetings which provide the teacher with a less threatening way of addressing such concerns. This avenue was also blocked for the teacher of an undernourished child in that the parents did not attend on that occasion either.

In another instance where the parents refused to come to the school the teacher said:

"I did report it to the principal and talked... about it. ...We tried to do various things about it and work from there but when you don't have the parents' consent ... it is very difficult."

Practical ways of dealing with concerns were adopted by other teachers as an alternative strategy. For example, a junior teacher described providing extra food, drinks and warm clothing for a neglected child. This child would arrive at school inadequately clothed and without a lunch. The teacher recounted putting a coat on the child at playtime and sharing food with her at lunch break.

Some teachers who had not handled a concern directly spoke of what they would do if they were in that situation.

What If .....

The hypothetical situation of what they might do if they came across a case was put to the teachers who had no direct involvement in abuse cases. One said that she would need to be very sure before she would proceed. She explained it thus:

"I think I would talk to the other teachers in the school who maybe had this child and ... sound them out ... I would definitely bring whatever worries I had about the child so I had about the child definitely, and see where we went from there."

Other teachers were very clear that they would report directly to the principal if they had a case.

In order to gain the broadest possible knowledge base of reporting patterns, teachers were asked how their colleagues handled situations.

Colleagues' Experiences

The Department of Education (1991) procedures require strict confidentiality, and the teachers' responses indicate that, by and large, this was observed.

Some of the sample were certain that their colleagues had handled abuse cases, others presumed so but were not sure. The most common response, when asked what way their colleagues handled their concerns, was that they didn't know, as their colleagues, keeping to the guidelines, had not shared this information with them.

Handling concerns involves utilising reporting procedures. The teachers' perceptions and actions in relation to those procedures will now be described.

Reporting Procedures

Lack of knowledge of, or disagreement with, the content of the Department of Education guidelines was one of the findings of a previous study of school principals (Kelly, 1995). This finding prompted an examination of the views of the class teachers on reporting procedures generally. One teacher in the present study outlined her school's procedure by saying that the principal is approached and that

the principal contacts the authorities. She also included in those procedures discussions with

"other members of staff who would have relevant information about the child, ... people who taught the child before..."

Other respondents were clear that their school had adopted the Department of Education guidelines as their procedures. They welcomed these procedures as being clear and as offering security to reporters. Yet other teachers indicated that they had never seen written procedures but were aware that working procedures had been developed by the school staff themselves.

One teacher described her school's procedures thus:

"They are very clear. I feel I would get support in the school. I would hope that everybody's welfare would be looked after, the child's and mine."

Decisions to refer or not to refer depended on a number of factors.

Distinctions between Suspicions and Disclosures

The decision-making process about whether to pass on a concern depended on a number of factors. For example in the case of sexual abuse, a teacher within the sample drew a distinction between a suspicion and a disclosure. That distinction led to a different course of action:

"If it was only suspicions I would probably be more cautious. If the child talked to me it would be different. I feel that I would act and go ahead and talk to the principal and see if we could contact the social workers..."

This teacher drew a further distinction within the disclosure context:

"If the parents were the abusers one would have to be very careful when they found out that the child had disclosed; on the other hand if the alleged abuser was a baby-sitter the parents would have to be contacted promptly."

The above discussion refers to sexual abuse, the category most feared by the teachers in the study. The attitude to sexual abuse was captured by one teacher who described it as "a minefield."

Another teacher referred to the fact that the type of abuse dictated the response. For example, in a case of suspected physical abuse she would call in the parents and talk to them in general terms, without confronting the issue. She would hope by so doing, to "suss out their whole approach." "The fact that there was proof (for example, a mark on the child) dictated this teacher's approach." In the case of other types of abuse where there would be no clear-cut evidence, this teacher would bring the concern to the principal instead.

Teachers referred to a number of other factors which determine their reporting actions. These include child and parent power.

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Child and Parent Power

Child and parent power are terms used to describe the process whereby teachers' responses to concerns are influenced by the wishes of the parents or the child who is the focus of the concern. The reactions and wishes of both parents and children would determine for some teachers the follow-up action which would be pursued in in a case of abuse. This is highlighted by the following recommendation from a teacher: "The child's wishes as to whether it should go further should be ascertained." This teacher was referring to a situation where she might suspect that a child had been sexually abused. Her decision about processing the concern would be guided by the child's wishes. That child's wishes, according to the teacher would, in turn, be determined by the identity of the abuser. The teacher did not elaborate further on this point. One could speculate, however, that this meant that a child might not wish a case of intra-familial abuse to be pursued further by the teacher.

A teacher described a case where a child had behavioural problems due to emotional abuse. The parents in this case, which was described earlier, indicated that no further school involvement should take place as they were going to seek out the appropriate services for the child directly. Here is a clear example of parents dictating to a school how that school should pursue reporting procedures. It also caused the teacher to have a lot of concerns as to whether the appropriate professional input for the child actually took place.

Another difficulty for teachers is being certain about their concerns.

Pursuit Of Certainty

The Department of Education procedures encourage teachers to pass on concerns to the principal and onwards, to the chairperson of the Board of Management. The procedures do not provide for teacher investigation, stating that that is the job of the Director of Community Care of the health board. Despite this, however, teachers attempt to establish, without doubt, that abuse has occurred. Anything less than that certainty poses major problems. One male teacher put it thus:

"As a teacher you need to be very careful of the procedures that you would take ... I think that to go out making accusations ... you need to be just very careful."

The certainty that was being sought was found by some teachers in cases of physical abuse and neglect which could be observed. Sexual abuse was more problematic:

"I would really need the child to tell me that something was going on ... I would really like it to come from the child, where I would sit back and listen and then take it from there ..."

The sample teachers' thoughts and actions on a number of issues have been examined. Also explored have been the teachers' actions where there were concerns, as well as a number of related issues such as distinctions in types of abuse and what their colleagues did when encountering abuse situations.

No differences were found in the way the male teachers in the sample responded to concerns compared with their female colleagues.

The major finding in the study was the significant non-adherence to the prescribed procedures, epitomised chiefly in the amount of direct contact between teachers and parents. This, along with other issues, will be discussed further now where their implications will be examined in more detail.

DISCUSSION

The responses made by teachers in reacting to child protection and welfare concerns have already been highlighted. A number of implications emerge from those findings. These include: non-adherence to guidelines, teachers' perceptions of their expanding role, the potential of training and joint-learning and dilemmas posed for teachers.

Non-Adherence to Guidelines

One of the major findings of the study, as has already been stated, is that the Department of Education Guidelines are not followed in very many cases. The majority of the sample were very experienced teachers for whom the arrival of those guidelines has been a relatively recent phenomenon. Those teachers have presumably developed their own strategies for dealing with concerns, strategies which appear not to have been influenced to any great extent by the arrival of the guidelines.

For some teachers guidelines provide security but for others there are weaknesses. The fact that one teacher saw reporting an allegation as synonymous with accusing a parent of abuse is a worrying notion.

It is evident that the teaching role has broader duties. Those duties will now be examined further.

The Ever-Expanding Teacher's Role

While the teachers in the sample regarded themselves as highly committed professionals they saw their primary role as carrying out academic teaching. Other duties came second. The suggestion in the White Paper (Department of Education, 1995), as cited in the introduction, that teachers have a responsibility not only to identify children at risk but to ensure that the necessary follow-up action was taken prompted one respondent to ask:

"Where does my role stop?"

For another, adhering to the principles of the White Paper suggested an extension of the teaching role into the social work domain, something which for that teacher was undesirable.

Some of the sample portrayed the classroom as a busy, challenging place, containing children of mixed abilities and behaviour, where signs of abuse could easily go undetected. Is it therefore reasonable to expect teachers to be able to tune in to the deeper needs of individual children in an already busy, demanding environment?

In examining the broader role the teachers were asked about their training for that role.

Training and Joint Learning

The respondents did not see their training as having prepared them to embrace the wider role. That pre-service training focused on the didactic function. There was no emphasis on training in child abuse, reflecting the findings of McIntyre (1987). A significant number of respondents said that the only training on child welfare and protection was that provided by the CAPP team as part of the in-service training to introduce the Stay Safe programme.

The respondents identified a need for training in abuse identification, counselling skills, family breakdown and management of disadvantaged children.

Training materials are available (Braun, 1988; Milner and Blyth, 1988). According to McIntyre (ibid.), McClare (1983) and Kleemeier et al. (1988) those materials are successful in building teachers' awareness about their child protection and welfare roles.

Joint-learning came up in the context of the implementation of the confidentiality clause in the teachers' guidelines where, it will be remembered, the sample reported that they were not aware of their colleagues' reporting behaviours. While the exercise of that confidentiality clause is admirable, perhaps it also restricts learning. One teacher put it thus:

"It (i.e. reporting) is a very serious business and it only comes up very rarely ..... When it is not something you do very often you're not that confident about it."

Perhaps a way could be found to enable teachers to benefit from their colleagues' reporting experiences while at the same time protecting the identities of the central players?

The broader role created some dilemmas for teachers.

Dilemmas

A number of dilemmas emerged for teachers in the study including the need for certainty about abuse, contact with parents, fear of them when the procedures were followed, as well as lack of background information.

The need for certainty before reporting has already been mentioned. The lack of certainty led to inaction, non-explicit contact with parents or discussion with colleagues who previously taught the child.

If a child posed a concern the teacher's natural instinct was in many cases to contact the parents, a course of action precluded by the Department of Education Guidelines (S.4.1.c).

The guidelines pose a problem for teachers who wish to maintain a relationship with parents. For some teachers that relationship is shaky and they fear parental anger, an anger which they perceive could be activated by a report to the health board.

Lack of background information about children caused some teachers in the sample to treat all their pupils the same. Teachers, when they did know that a child had difficulties, reported responding sympathetically by temporarily assigning less homework, for example.

One teacher reported having to leave a sick child home. That brief encounter with the child's home caused the teacher to re-assess her whole approach to that child, freshly aware that some of the home circumstances made it very difficult for the child to concentrate fully on matters in the classroom. It is clear that there are very limited opportunities for teachers to have access to background information on children, opportunities which, as has been seen earlier, are reduced even further by the non-attendance of parents at meetings with teachers.

Conclusions

Clearly this research has left many questions unanswered. As things stand, expecting schools to identify children who are not receiving adequate care and protection is not going to happen. The issue of moral or professional obligation is greatly outweighed by perceived risks. Teachers walk a peculiar tightrope: on the one hand, as seen in this study's findings, a teacher admonished parents for maltreating their child while, on the other hand, her colleagues live in fear of those very parents should the procedures which preclude contact with parents be pursued. There are positive signs, however, CAPP sought to bridge the gap between the education and health sectors by the dual-discipline social worker-teacher model which enabled schools to implement the Stay Safe programme and be supported in making referrals to health boards. Some health board social workers now have a school liaison role which is continuing to build on those earlier relationships.

The Stay Safe programme is being taught to significant numbers of children throughout the country and 72% of schools are actually teaching the programme (CAPP, 1996). Teacher awareness of child abuse and its prevention have been raised in the process.

Teachers also attend case conferences and are making a significant contribution to the child protection system in that way.

Mandatory reporting, had it been introduced after the government's consultation process in 1996, would have caused half the teachers in the present study to report cases of abuse automatically.

The existence of home-school liaison teachers or designated child abuse teachers would be a positive step forward according to some of the sample. Cantan (1995) found that the notion of a school based social worker with a child protection as well as a prevention role would be welcomed by a sample of designated disadvantaged schools in the Dublin area.

Multi-disciplinary and uni-disciplinary training would clearly address the needs of some of the respondents interviewed. Trinity College's Advanced Diploma in Child Protection and Welfare has paved the way for such training to begin at local health board level where multi-disciplinary child care training officers are now being put in place. This initiative which is at present endeavouring to include a wide variety of professionals needs to now take imaginative steps to engage teachers, something which heretofore has been difficult to achieve.

In the final analysis referral rates such as those indicated in the introduction to this article mean that for the moment anyway health boards are not being significantly facilitated in identifying vulnerable children by the single largest sector which has face to face contact with them. It appears that further measures need to be put in place if teachers, who clearly have a mandate to teach, feel that they have now been given the complementary mandate to care for the most vulnerable members of society.

Bibliography

Adams, S. (1995) 'Child Protection', in Best, R. et al. *Pastoral Care and Personal-Social Education: Entitlement and Provision*. London: Cassell.

Braun, D. (1988) *Responding to Child Abuse: Action and Planning for Teachers and Other Professionals*. London: Bedford Press.

Cantan, C. (1995) *A New Alliance: Should Social Workers be Attached to Disadvantaged Primary Schools?*. Unpublished research for dissertation.

C.A.P.P. (1991) *The Stay Safe Programme*. Dublin: Child Abuse Prevention Programme.

C.A.P.P. (1996) *Child Abuse Prevention Programme Report, September 1996*. Unpublished material.

David, T. (1993) *Child Protection and Early Year Teachers*. Buckingham, Philadelphia: Open University Press.

Department of Education (1991) *Procedures for Dealing with Allegations or Suspicions of Child Abuse*. Dublin: Department of Education.

Department of Education (1994) *Tuarascail Staitistiuil (Statistical Report) 1992/93*. Dublin: The Stationery Office.

Department of Education (1995) *Charting Our Educational Future: White Paper on Education*. Dublin: Stationery Office.

Department of Health (1996) *Putting Children First: A Discussion Document on Mandatory Reporting of Child Abuse*. Dublin: Government Publications.

Gilligan, R. (1996) 'Irish Child Care Services in the 1990's: The Child Care Act 1991 and Other Developments,' in Hill, M. and Aldgate J. (eds.) *Child Welfare Services: Developments in Law, Policy, Practice and Research*. London: Kingley.

Gilmartin, S. (1995) *The Stay Safe Programme: Barriers to Acceptance*. Unpublished research for M. Ed. dissertation.

Irish National Teachers Organisation (INTO), (1991) *Tuarascail*, October, 1991, p. 9.

Keenan, O. (1996) *Kelly: A Child is Dead - Report of a Committee of Inquiry*. Dublin: Government Publications.

Kelly, J. (1995) *Demonstration Practice Project: Teachers' Perceptions of Their Caring and Health Promotion Role - Possibilities for Co-operation between the School and Health Systems*, submitted in part fulfilment of the Advanced Diploma in Child Protection and Welfare, Trinity College, Dublin.

Kleemeier, C. et al. (1988) 'Child Sexual Abuse Prevention: Evaluation of a Teacher Training Model', *Child Abuse and Neglect*, Vol. 12., pp.555-561.

Lawlor, M. (1993) 'Assessment of the Likelihood of Primary School Teachers Believing Children's Disclosure of Sexual Abuse', *Child Abuse Review*, Vol.2, pp.174-184.

Maher, P. (1986) 'Child Abuse: The Educational Perspective - How Can We Help?', *Pastoral Care in Education*, November, 1986, pp.164-176.

McClare, G. (1983) 'The Management of Child Abuse and Neglect Cases in Schools: The Toronto Model', *Child Abuse and Neglect*, Vol.7, pp.83-89.

McGuinness, C. (1993) *Report of Kilkenny Incest Investigation*. Dublin: Stationery Office.

McIntyre, T.C. (1987) 'Teacher Awareness of Child Abuse and Neglect', *Child Abuse and Neglect*, Vol.11., pp.133-135.

Milner, J., and Blyth, E. (1988) *Coping With Child Sexual Abuse: A Guide For Teachers*. London: Longman.

Sage, G. (1993) *Child Abuse and the Children Act: A Critical Analysis of the Teacher's Role*. London: A.T.L. Publications.

All correspondence to:

John Kelly, Social Work Dept., Western Health Board, Health Clinic, Letterkenny, Co. Donegal.

A REVIEW OF PLACEMENTS WITHIN THE EASTERN HEALTH BOARD CENTRALISED EMERGENCY CARERS PROJECT OCTOBER 1992 - JANUARY 1994

by Siobhán Connolly

Abstract

This study provides a review of all completed placements within the centralised Eastern Health Board (EHB) Emergency Carers Project, a family placement service for adolescents, between October 1993 and January 1995.

Particular attention is given to the issue of placement outcome and statistical analysis undertaken to try to identify factors associated with placement success or failure. Forty-nine percent of placements were found to be successful, taking success to mean a placement that lasted as long as planned. Streetwise behaviour prior to placement, and situation at the time of referral, were the two factors found to have an association with placement breakdown.

Interviews with a selected number of the emergency carer families found them, in the main, content within their role and satisfied with the criteria used for selection of young people for placement. However, they did express concern about the lack of available information on the young people placed in their care.

While the findings of the research are specific to the centralised emergency carers project, the issues raised have direct relevance for the nature of service provided within the broad range of emergency provision for adolescents out of home.

Key words:- carers; adolescents; placements; outcome.

Introduction

Aims of the Study

This article is based on a study providing a review of all completed placements within a centralised emergency family placement scheme for teenagers, namely, the 'Emergency Carers Project' between October 1993 and January 1995, with a particular focus on placement outcome (Connolly, 1995).

The study aims to

(a) provide basic information on the numbers and characteristics of young people placed, and the outcome of these placements;

(b) to seek to identify factors that may be associated with either placement success or failure.

Interviews with a selected number of the emergency carers families, gives information on their views as to what contributed to placement success.

Agency Context

Lack of placement provision both short and long term for all aged children is an ongoing problem facing the Eastern Health Board. The young homeless are a very visible group and hence lack of placement provision for this age group has tended to attract particular media attention.

All agencies both voluntary and statutory involved in the area of youth homelessness recognise the importance of positive intervention immediately a young person presents. If help is delayed there is an increased risk of the young person linking into the streetlife subculture with all the accompanying dangers.

The Emergency Carers Project was set up in 1992 as one of the initiatives taken by the Eastern Health Board to provide a response in a crisis to young people in need of placement. Initially, the project was set up as a central service attached to the juvenile homeless section within the community care social work services. It provided family placements up to eight weeks for 13-18 year olds. The objective of the service was to provide a safe environment for the young person while their situation was assessed and a return home or more long-term placement options explored.

Nine families in total have worked as part of this central service. The six of these families that had completed placements within the period under review are included in this study.

Between October 1992 and June 1995, 39 placements in total were made. The nature of the crisis necessitating referral to the service were very varied. In some situations parent-teenage relationship problems of long standing came to a head and the young person left or was thrown out. In others it was unsafe for the young person to return home due to physical or sexual abuse. A significant number of

those referred were already within the care of the Board, their previous residential or foster placements having broken down.

The following criteria were considered in selection of young people for placement:

1) Presenting level of need and risk.
2) Likelihood of the young person being able to settle in a family;
3) Involvement in a day programme (experience had shown that from a practical point of view it was very difficult for families to cater for a young person not involved in a day programme).
4) Location of the placement on offer in relation to the young persons' school/course.

Priority was given to young people out of home for the first time. Individuals who were abusing drugs, were suicidal or had a history of serious violence were not considered for placement.

The Emergency Carers Project ceased to operate centrally from 1996. By that stage the ten area teams within the Eastern Health Board community care social work service had been resourced to develop their own area based service

The emergency carers service now provided within each area differs somewhat from this original project. Firstly, the age range catered for is broader with children being placed as young as nine and ten years of age. Secondly, placements are now usually open ended with young people being allowed to stay as long as needed if everything is going reasonably well, in contrast to the fixed short-term nature of placements within the centralized service.

This lessening of restrictions on the type of service provided is no doubt due to the fact that decentralization has meant that managerial responsibility for the child referred in need of a placement and the service providers is now located in the same social work team.

METHODOLOGY

As stated above the aim of the study was to provide information on all completed placements within the centralised emergency carers project between October 1993 and January 1995 with a particular focus on placement outcome. There were 39 placements within this 15-month period involving 36 young people. One individual being placed three times and another twice.

Information on number and type of young people placed

A questionnaire was completed in relation to each of the 39 placements using information obtained from the project placements files and supplemented where necessary by enquiries to area social workers.

Information was provided in relation to the following:

(i) The numbers of young people placed.
(ii) The length of stay.
(iii) The situation at time of referral.
(iv) Where the young person moved on to.

Characteristics of young people placed, both personal and situational:

(i) Age.
(ii) Sex.
(iii) History of care.
(iv) Contact with natural parents during placement.
(v) History of physical or sexual abuse.
(vi) Involvement in streetwise type behaviour prior to placement.
(vii) Involvement in day programme.

The above information while basic was not routinely available to staff within the Board.

Placement Outcomes

Information was provided on placement outcome categorised as follows:

Successful Placements

(a) The placement fulfilled its stated function in the sense that the young person stayed for an agreed period and then transferred into a positive situation.
(b) The young person was maintained within the placement for an agreed period, this may have been an extension of the initially agreed 8-week limit.

Non Successful Placement

(c) The young person choose to leave before the agreed date of departure.
(d) The young person was asked to leave by the carers or project staff.

This means of measuring the success of placements has obvious limitations. Firstly, no account is taken of the quality of the experience for the young person involved. Did the young person benefit on an emotional or psychological level? Secondly, there is the question of what time frame is used. For example, a placement may be categorised as successful where a young person moves into a long-term residential unit, however three months later he/she may be back on the street without accommodation.

However, while recognising the above limitations I considered the definition chosen for success and non success meaningful in the context of the stated aims of the project. The Emergency Carers Project aimed to provide a safe place to stay to

a young person in a crisis for an eight week period while more long-term options were explored. If the young person moved on from the placement to a positive situation (approved by the area social worker) then the placement was fulfilling its stated function.

There were a number of young people placed within the emergency carers scheme for whom no long-term placement could be found. So as to capture this group within the 'successful' count I included the definition "the young person is maintained within the placement for an agreed period".

Factors Influencing Outcome

The information obtained in relation to each young person's personal and situational characteristics was examined with reference to placement outcome to see if any pattern emerged correlating one or a group of characteristics with a particular outcome.

As indicated in the literature review section below, factors such as age and history of care have been identified in the research as having an association with particular placement outcomes. One of the aims of this study was to try and see if this pattern also held true for the emergency carers project. I would also have presumed based on practice experience that other factors such as involvement in a day programme and lack of a concrete future placement plan would influence outcome.

The public health department within the Eastern Health Board did the necessary statistical work. The Chi Square test and the Fisher exact test were used to test the probability of association between the various factors and placement outcome.

Interviews with Service Providers

I interviewed three of the six emergency carers involved in the 39 placements under review. I selected for interview the three families that had the most even balance between successful and unsuccessful placements. The focus of the interviews were on individual perceptions of what factors most influenced placement outcome.

LITERATURE REVIEW

In my search for reading relevant to this study I found no research evaluating schemes similar to the subject of this project, i.e. emergency short-term fostering schemes for adolescents. There have been quite a number of studies of specialised adolescent fostering schemes such as the Kent Project, however, they are significantly different in that they involve planned placements with medium to long-term stays. A further unfortunate aspect was the lack of research in Ireland on how young people are faring within family placements.

Definition of Placement Outcome

The difficulty of finding a meaningful measurement of placement outcome is remarked on time and again within the fostering literature. Concise definitions of 'success', 'failure' and 'breakdown' are all problematic.

Early studies of long-term fostering by Parker (1966) and George (1970) took the length of time as the key criterion in measuring placement success. Any placement ending earlier than three or five years (depending on the study) were described as failures. Berridge and Cleaver (1987) in their extensive study of 156 short-term placements broadened this concept somewhat and used the following definition of placement 'breakdown'.

"a placement ending that was not included in the social work plan either in the ending itself or the timing of the termination."

Berridge and Cleaver recognise that ideally other considerations such as the quality of the experience and meeting the social work aims have a bearing on placement success but defend their methodology mainly on the grounds of practicality, but also adding the comment.

"Esoteric debates about how to meet children's needs more effectively are somewhat superfluous if in the meantime the child has departed."

John Triseliotis (1989) maintains that this approach of asking whether the placements lasted 'as planned' suits particularly short-term and temporary placements, and in this category I would include the emergency carers project, because in theory at least plans and expectations will have been clarified prospectively.

Rates of Breakdown

Trying to get a sense from the literature of average rates of foster breakdown is difficult as you are not necessarily comparing like with like, such as children of similar age and background being put into the same type of care. In the studies by George (1970) and Parker (1966) of breakdown within long-term foster placements a failure rate of approximately 50% was found. In contrast Aldgate and Hawley (1986) studied the progress of 97 children in long-term fostering in Oxfordshire between 1976 and 1980 and found that 80% of the children were still in placement after their cut off point of two years.

In the 156 planned short-term foster placements studied by Berridge and Cleaver, referred to above, 19% 'broke down' in so far as children were removed in a manner that was inconsistent with the social work plan. O'Hara and Dewar's 1988 study is the most relevant to the emergency carers project. Using Berridge et al's definition of breakdown given above they looked at 100 placements for teenagers ending in Lothian in one year and found a 48% breakdown rate.

Factors associated with placement and success and failure

In his article 'Foster Care Outcomes', Triseliotis (1989)gives a review of the key research in foster care over the last thirty years including references to among others Berridge and Cleaver, Rowe, Parker and George. He states that with few exceptions the findings regarding factors associated with placement success and failure are common across all types of fostering i.e. short term, long term etc.

Ruth Nissim and Mike Simms (1994) undertake a similar exercise in attempting to identify factors which consistently emerge across a range of studies as associated with particular outcomes. The four key factors highlighted by Nissim and Simon and also featuring in Triseliotis' somewhat larger list are as follows:

1. The age of the child at placement.
The likelihood of breakdown increases with increased age.

2. Contact with the family of origin.
Children who experience consistent parental contact are more stable and settled in their foster care placements.

3. Behaviour problems.
Success in all types of fostering is more likely when the child is not very disturbed.

4. Previous history of care.
Long stays in residential care prior to foster placement, are associated with breakdown.

The HMSO (1991) report makes the important point that when a factor is found to be associated with a particular outcome it does not mean it caused that outcome.

Aims of Placement Related to Outcome

The relationship between aims of placement and outcome is another interesting dimension to this complex issue of influences on placement outcome.

Rowe et al (1987) collected information on all placements starts and endings during a two-year period in six local authorities in the U.K. They found a higher percentage of positive outcomes across all age groups for foster placements with a simple aim such as 'temporary care' compared to placements with more complex aims such as treatment. Furthermore, the differential in terms of success between adolescents and young children lessened

The Emergency Carers Project would seem to be most akin to the 'Emergency holding placements' also featuring in Rowe's study. For adolescents 30% of these brief placements failed. Rowe suggests the uncertainty inherent in emergency holding placements in regard to future plans, a feature common to the emergency carers project, as a reason for the high failure rate.

The literature reviewed highlights two significant points relevant to my study. Firstly, that certain factors such as previous history of care and contact with natural family are consistently found to have an association with a particular placement outcome. Secondly, while it is difficult to determine placement breakdown rates, rates as high as 48% were found for projects similar in kind to the emergency carers project.

FINDINGS FROM QUESTIONNAIRES AND CASE FILES

Characteristics of Young People Placed

Age of young person:
Twenty-three (59%) of the young people placed were within the 14-15 age group and only two young people were placed outside the 13-18 age group.

History of care:
Twenty-two (56%) of those placed had a previous history of care, while only six (15%) experienced care in the first three years of life. Twenty (51%) had a placement in the two-year period prior to their stay with an emergency carer.

History of physical and sexual abuse:
Thirteen (33%) of the young people placed were known to have had experienced physical abuse and fifteen (38%), some form of sexual abuse.

Involvement in streetwise behaviour prior to placement:
Sixteen (41%) young people were known to have engaged in streetwise behaviour prior to placement. Streetwise behaviour was defined as involvement on more than one occasion in shoplifting, substance abuse or staying out most of the night.

Situation at Time of Referral

Table A

Situation	Frequency	Percentage
(i) In placement and respite requested by carers	6	15.4%
(ii) At home in need of placement	9	23.1%
(iii) Residential placement breakdown	1	2.6%
(iv) Staying with friends/relations and in need of placement	7	17.9%
(v) Unsuitable placement	2	5.1%
(vi) No place to go*	10	25.6%
(vii) Bed & Breakfast	4	10.3%

Fourteen (36%) of the young people placed, at the time of referral had no place to go or were staying in bed and breakfast accommodation. 'No place to go' described the following:

(i) Unable to return home and no alternative accommodation has been found.

(ii) Sleeping rough or staying in unsuitable accommodation with friends.

Six (15%) of the placements were in a response to a request for respite care. This is quite a significant figure given that respite care was not one of the stated aims of the project.

Involvement in a day programme - school, course:

Twenty-seven (69%) of the young people were involved in a day programme during the placement.

Problem behaviours while in placement:

Refusing to accept limits, staying out all night and lying were the most common behaviour difficulties presented within placements.

Length of stay per placement:

Thirteen (33%) young people stayed less than two weeks. Nine (23%) young people stayed longer than the expected eight weeks.

Placement Outcome

Table B

Outcome	Frequency	Percentage
A Young person moved into placement approved by social worker	15	38.5%
B Young person maintained in placement for agreed period	4	10.3%
C Young person chose to leave placement	13	33.3%
D Young person asked to leave by carer or project staff	7	17.9%

In twenty (51%) of the placements the young person either left of their own violation or was asked to leave. These situations can be classified as placement breakdowns if we use Berridge and Cleaver's definition referred to earlier:

"A placement ending that was not included in the social work plan either in the ending itself or the timing of the termination."

The other nineteen (49%) placements referred from categories A & B had a positive outcome and can be termed "successful".

Where the young people moved on to

Table C

Moved to	Frequency	Percentage
*EHB out of hours, B&B or no fixed abode	10	25.6%
Foster family	3	7.7%
Residential Unit	9	23.6%
Home	6	15.4%
Relative	4	10.3%
Returned to previous placement	7	17.9%

From the above we can see that twelve (31.3%) young people moved to new long-term placements i.e. foster family, residential unit, and just over a quarter of the young people to quite an unstable situation i.e. out of hours bed etc.

It can be reasonably assumed that a move to a foster family, residential unit, or a return to a previous placement are all approved placement by the area social worker. As can be seen from Table C these moves make up 49.2% of the total, which is greater than the percentage given in Table B, Category A for those who moved into placements approved by the social worker. Two conclusions can be drawn from this: (i) percentage of the young people asked to leave the placement or who left by choice were immediately found alternative placements; (ii) the majority of moves to home and relative were not approved by area social worker and hence could well have been unsafe for the young person concerned.

Factors Associated with Placement Success or Failure

Each factor from age of young person to behaviour within the placement was tested for association with successful or non successful placement. No significant association was found except in relation to streetwise behaviour prior to placement and situation at time of referral.

Streetwise type behaviour

Table D

Placement outcome	Yes	No
Successful	5 26.32%	14 73.68%
Non successful	11 55%	9 45%

Statistical analysis showed an association between placement outcome and streetwise behaviour at a 10% level i.e. moderately significant. From this we can state that there is a good indication that streetwise behaviour prior to placement will result in a less positive outcome but the evidence is not conclusive.

The seven categories used for situation at time of referral were collapsed into two, 'more stable situations' and 'less stable situations':

More stable: At home in unsuitable placement, residential placement breakdown, in placement and respite required.

Less stable: Staying with friends/relations, 'no place to go' and in bed and breakfast accommodation.

A significant association at a 5% level was found between being in a 'less stable' type situation at time of referral and unsuccessful placement outcome.

INTERVIEWS WITH THE SERVICE PROVIDERS

I interviewed three of the emergency carer families. The persons interviewed were as follows:

Female (a): Woman with adult daughter.

Couple (b): A couple with three children aged 12-16 years.

Couple (c): A couple with three children aged 8-15 years.

Difficulty of Defining Placement Outcome

Not unexpectedly the issue of what constitutes a successful placement was raised.

Couple A referred to one 15 year old girl placed with them for five months who transferred on to a long-term fostering family. In terms of the placement fulfilling its function this was a success. However, as male A stated, within a couple of months the girl returned home and became pregnant, none of which were part of the social work plan.

Couple B cared for one girl from a foster breakdown situation which they found particularly difficult as they felt 'she knew the system' and 'had a mask on all the time'.

"In some cases the placement looked like it worked but can you say that if it is a performance." (Male B).

The interviewees also talked about placements that appeared to have failed in the sense that the young person left, but that from their perspective were positive experiences. The fact that a number of these young people have made contact with carers since they left suggests that the experience was also in some way positive for them.

Major Reasons for Placement Breakdown

Coping with limits. Difficulty in accepting limits was seen as the major child-related factor contributing to placement breakdown.

"They do not like to be told their dinner is at 6.30 p.m. or to be in at 10.30 p.m. They cannot cope with discipline." (Female A).

"The younger they are and the less streetwise they are the more chance they have of settling." (Female C).

The focus of the questions asked were around people's perception as to the causes of breakdown so there was little discussion in regard to management of difficult behaviour.

However, Couple B did state that placements worked best when they were supported by the social workers in confronting the young person's behaviour.

"This needs to happen, where issues are confronted and you can have a row. If given their space (the young person) to rant and rave they will come back after the row."

They felt that good reviews where issues were brought up, that were "not just sympathy sessions" for the young person, helped the placement work.

Young People's Relationship with Area Social Worker

The general consensus was that the young people on placement did not like seeing their social worker.

"A lot of them would prefer if they did not hear from their social workers. For many of the kids it is a them and us." (Female C).

Female A thought that this was because social workers brought up the past with the young people. She knows this has to be done but is aware of how defensive the young people are.

Female C felt that social workers perpetuate their own negative image with the young people by only contacting them 'in the bad times.'

Information on Young People Placed

Lack of good quality information was a major bone of contention with all interviewees. The general experience was that the information given at the time of placement often bore little relation to the actual child.

"I am told by the social worker that they are a peach, and they are a peach until confronted." (Female A).

While they were all of the opinion that social workers did not know the young people they were not critical of social workers as individuals. It was recognised that there is a high turnover of staff and they presumed that in some cases social workers were operating from a file having had little or no association with the young person.

However, couples B and C did feel that in a few situations there was reluctance on the part of the social worker to pass on information.

"You need information to know you are doing the right thing, won't go putting your feet in it, hitting a nerve." (Male C).

Criteria for Selection of Young People for Placement

Outside the already agreed criteria i.e. young people with a serious history of violence, ongoing drug abuse, or suicidal tendencies the family interviewed expressed virtually no qualifications on acceptance of referrals.

Female A's comments give a flavour of the general attitude "all of them should be given some sort of opportunity. I would hate to have a kid like Z again but I still think he should be given a chance."

ANALYSIS OF FINDINGS FROM QUESTIONNAIRES AND STATISTICAL WORK

Characteristics of Young People Placed

From the information gathered on age, situation at time of referral and length of stay it is evident that the emergency carers project was in the main adhering to its brief of providing short-term placements to 'out of home' teenagers. Only two young people were placed outside of the 13-18 age range and a significant number 36% were homeless in the sense of having no place to go or staying in bed and breakfast accommodation.

Influences on Placement Outcome

The finding that young people involved in streetwise behaviour and coming from particularly unsettled situations were more likely to be involved in unsuccessful placements was fairly predictable. What is indicated here is the difficulty of providing an appropriate service when an individual reaches this level of crisis and the obvious need for intervention at as early a stage as possible.

As stated in the literature review section, research has consistently found that factors such as lengthy history of care and no contact with parents were found to be associated with placement breakdown. In relation to this scheme I would have thought that other factors such as existence of a concrete future placement plan and involvement in a day programme would have a bearing on placement outcome.

The fact that no association was found between factors such as history of care or contact with natural parents and placement outcome does not mean that no association existed. Thirty-nine placements, is in statistical terms very small and so all that can be said is that given the size of the sample we can make no statement as to the association between these factors and placement outcome.

Level of Placement Breakdown

The 51% breakdown rate is marginally higher than the 48% rate found by O'Hara & Dewar for teenage placements in the Lothian area during 1988 and referred to in the literature review section.

In the majority of cases that broke down the young person left of their own violation. In only seven situations were they asked to leave by the carer or project staff. This would indicate that young people were opting out of the scheme themselves rather than carers not being in a position to cope with them.

Breakdown within the emergency carers project needs to be seen in the context of the service provided. Firstly, we were dealing with a relatively difficult client group, though not the most difficult as a screening process was involved at the selection stage. Secondly, given the nature of the service provided, i.e. emergency accommodation, matching of the young person to carer and placement planning was at a minimum.

In looking at the issue of breakdown, however, it is important to take account of the emotional toll on the young people involved. Each young person entered into their emergency carers placement on a voluntary basis and so at some level at least had a hope and desire for the situation to work. When the placement broke down it was yet another failure for the youngster who has probably already experienced a long line of rejections and disappointments.

Added to this, it is important to be mindful of the resource implications involved in this level of breakdown. In 51.5% of cases, the service as provided is not meeting the needs of the young people placed.

Analysis of Information Obtained from Interviews with Service Providers

Availability of Information

It was clear from the interviews held that lack of information on young people placed left emergency carers feeling less confident than need be in their role. My own practice experience is that lack of accurate information at time of placement is an ongoing problem for all emergency placement services for adolescents including residential units. The challenge is to get the balance right between maintaining easy access to the service in keeping with its emergency brief, while ensuring a minimum level of information is obtained in terms of safety for all involved.

The emergency carers interviewed perceived a reluctance on the part of some social workers to pass on information. This relates to the issue of whether foster parents are regarded as colleagues or clients.

Reasons for Breakdown - Failure to accept limits

Inability to cope with limits was perceived by the emergency carers as the main reason for placement breakdown. This links with the finding in this research that there is an increased rate of breakdown among young people involved in streetwise behaviour prior to placement. Obviously, young people used to being unsupervised around the street for long periods will be less inclined to accept rules.

Young People's Attitude to their Social Worker

Many of the young people placed were less than enthusiastic about their social worker. In part this may be explained by their stage of development i.e. the tendency of adolescents to challenge and question anyone seen to occupy a position of authority.

Of particular concern are the comments made by carers about social workers not knowing the young people they are dealing with. If a social worker is going to make an assessment of what a young person needs in terms of future placement then they need to have a sense of that young person's problems and how they feel about things. Quality time is needed to do this as the young person is often very slow to open up in the situation of the traditional office interview.

The sheer volume of work being dealt with by community care social workers severely restricts the nature of the service that can be offered to young people out of home.

I believe there is a strong argument for retaining and further developing specialised adolescent posts within community care social work teams. This would facilitate staff who have a particular interest in working with adolescents out of home to develop specialised skills and explore effective strategies relevant to this client group. Furthermore, it would militate against situations arising where the adolescent out of home is just one of a large and pressurized caseload where priority by necessity has to be given to young children at risk.

IMPLICATIONS FOR PRACTICE AND SERVICE DEVELOPMENT

As with any emergency placement service the Emergency Carers Project did not operate in isolation. Its capacity to fulfill its function was very much influenced by external factors such as availability of long-term placements to move young people into, and good social work backup.

It was clear from the research however, that there were weaknesses within the internal organisation of the project affecting the quality of service provided and on this basis the following changes were made:

(i) A more efficient system was set in place in regard to the passing on of good quality information on young persons placed, to the emergency carers concerned. Written guidelines were provided for social workers on the type of information required.

(ii) More emphasis was placed within the project's ongoing training programme for existing emergency carers on how to present and negotiate house rules with young people.

Issues relating to the wider provision of Services for Adolescents Out of Home

Due to a long-standing lack of comprehensive child care services, many of the young people coming through the emergency carers project had slipped through the net of existing services, and reached situations of chronic homelessness and consequently become very difficult to help.

As has been shown, the chances of successfully placing a young person in a family situation are significantly reduced once they become engaged in the street scene.

Vulnerable children in communities need to be identified and helped at a much earlier age if we are to reduce the numbers reaching this stage of crisis. Community based preventative services such as resource centres, neighbourhood youth projects and family support services have an important role to play here.

Need for Further Research

The aims of an emergency placement service are necessarily limited. However, in the interests of ensuring good use of limited resources it is important to ensure that in the main, young people placed in a better position at the end of placement, than at the time of referral.

The study detailed in this article is an evaluation of one contained segment of the emergency provision within the Eastern region for young people out of home. A similar evaluation of the more recently developed area based emergency carers services referred to in the opening sections of this article would be worthwhile. In particular an exploration of the benefits or otherwise of decentralization of the service which is a relevant issue for the provision of all forms of emergency accommodation for adolescents.

All emergency placement services for adolescents should be monitored on an ongoing basis to identify the extent to which they are providing positive experiences for young people placed and the extent to which they are adequately meeting the needs presented.

Allocation of funding within the Eastern Health Board to emergency placement services for adolescents out of home, has by necessity significantly and steadily increased during the last number of years.

Future planning of placement services from this client group would greatly benefit from detailed and qualitative research to establish what are the dynamics that result in placement breakdown. Feedback from young people themselves would be essential in this respect. With this type of information available there may then be some hope of adapting services to cope with the young person that is currently being failed.

Bibliography

Aldgate J., & Hawley D. (1986) 'Helping fostering families through disruption', *British Association of Adoption & Fostering*, Vol. 10, No. 2, pp. 44-49.

Berridge D., & Cleaver H. (1987) *Foster Home Breakdown.* Oxford, Blackwell.

Connolly, S. (1995) *A Review of Placements within the Centralised Emergency Carers Project, Eastern Health Board, October 1992-January 1994.* Unpublished dissertation as partial fulfilment of the advanced diploma in Child Protection & Welfare, Trinity College, Dublin.

U.K. Department of Health, (1991) *Patterns and outcomes in child placement: messages from current research and their implications.* London, HMSO Books.

George V. (1970) *Foster Care - Theory & Practise.* London, Routledge & Keegan.

Nissim R., & Simms M. (1994) 'Linking research evidence and practise in fostering work', *British Association of Adoption and Fostering*, Vol. 18, No. 4, 1994, pp. 10-17.

O'Hara G., & Dewar C. (1988) 'Fostering teenagers - what works for whom and why', *British Association of Adoption & Fostering*, Vol. 12, No. 2, pp. 38-42.

Parker R.A. (1966) *Decisions in Child Care: A Study of Prediction in Foster Care.* London, Allen & Unwin.

All correspondence to:

Soibhán Connolly, Eastern Health Board Child Care Services,
Park House, N.C.R., Dublin 7.

A CONTENT ANALYSIS OF *Irish Social Worker*

by *Brian Horgan*

Abstract

This study examines Irish social work as reflected in some of its own literature. *Irish Social Worker* is the only periodical devoted to the discussion of social work issues in the Republic of Ireland. Through a content analytic study of the publication it is intended to show what the issues and concerns of the profession were, as represented by the articles, over the years 1980 to 1994. *Irish Social Worker* is the official publication of the professional association of social workers in the Republic, the Irish Association of Social Workers (IASW). However, each edition states that the "views expressed in this publication are not necessarily those of the IASW, nor are they intended to reflect IASW policy". This study began with the first edition of the publication (Vol. 1 No. 1) which was published in January 1980 and ended with the issue of Winter 1994 (Vol. 12 No. 3-4). *Irish Social Worker* was usually published four times annually. During the period of this study there was a total fifty four issues. The journal contained editorials, articles on social work and related issues, information relevant to social work practice, news items about the profession, book reviews, conference reports and assorted advertising. The extent to which this magazine style format has been maintained over time will be examined.

Key words: *Irish Social Worker*; content analysis; social work publications.

Introduction

The publication was first published as *The Irish Social Work Journal.* Nine issues were published under that title (Vol. 1 No. 1, to Vol. 2 No. 4), the last one being the issue of October, November & December, 1981. It was re-launched in April 1982 and the title changed to *Irish Social Worker*, which is the present title. (The numbering of volumes then began again at Vol. 1 No. 1). Except where specific reference is made to it, generalised reference to *Irish Social Worker*, or the "publication", or the "journal", includes *The Irish Social Work Journal.*

During the period under examination the publication has had a total of four editors. On occasions there have been guest editors for particular issues. From

April 1982 (Vol. 1 No 1) to Winter 1985 (Vol. 4 No 4) the journal was edited by a committee of members of the IASW. All of these involved in editing have done so as volunteers and in their spare-time. They have all been qualified social workers and have worked in various social work settings.

The periodical is distributed free of charge to every member of the IASW. It is also available in all Irish university libraries and in some local authority libraries. It is also sent to the relevant sections of the national print and broadcast media. Individuals from a multitude of disciplines and occupations (e.g. doctors, lawyers, health service managers and other interested individuals) are subscribers. It was not sent to anyone *ex-officio* of their function in the political, legal or public service world.

Research Questions

A primary focus was intended to identify the themes addressed in the publication since its inception. This first of all involved establishing the principal themes in the journal and the use of specialist issues. The first research question then was: what were the topics being discussed in *Irish Social Worker* between 1980 and 1994? From a quantitative analysis, child care has emerged as the single most frequent topic written about in articles in the journal. Secondly, there was an analysis of the references, where such existed, and the authorship of the articles.

Sources of Data

It is obvious from all this that the main source of data for this research is *Irish Social Worker* itself. There were fourteen volumes, fifty four issues with each issue varying in size from sixteen to twenty-four pages.

Methodology

There are many definitions of the technique of content analysis (Berelson, 1952, p. 18; Holsti, 1969, p. 2; Krippendorf, 1980, p. 21). Weber (1990) says of content analysis that "it can be used to reveal the focus of individual, group, institutional, or societal attention... [and] to describe trends in communication content" (p. 9). It was for these purposes that content analysis was used in this research.

In order to establish the different foci of *Irish Social Worker*, it was necessary to categorise the contents of the material under various headings. This part of the analysis was aimed at identifying the concerns of social work in the Republic of Ireland from 1980 to 1994, as expressed in the journal. "Critical to obtaining an objective and systematic account of content, is having clearly formulated categories into which the data can be placed", (Allen-Meares, 1984, p. 54).

There were two main units of analysis in this study: editorial and feature articles. The initial examination of the material was done with an analysis based on subject

matter/topic (Holsti, 1969, p. 104). This categorisation referred to the area of social work theory or practice addressed by the particular editorial or article. On occasion there were units of analysis which did not relate specifically to the social work task. In these cases the subject matter category was defined with reference to a topic that was of concern to social work. For example, the budget submission of the Society of St. Vincent de Paul, in Vol. 1 No. 1 (1980) was classified under the category of poverty. In other words, this article deals with the social policy issue of income maintenance and support.

The Data Base

In order to facilitate the analysis as outlined above it was necessary to generate a computerised database containing: number of entry; year of publication; volume and edition; title of editorial; article or conference report; topic of entry; category of article (descriptive, prescriptive or comparative); profession of author; name of author; referenced or not; name of referenced author; title of reference; year of publication of reference; title of journal to which reference belongs (where appropriate).

On completion, the database contained 5,565 entries. It was essential to generate this data in order to have accessible information for this content analytical study.

Krager (1983) states that in social work, those who publish, have a profound influence on the profession, although others would maintain that legislators and the media can also have a significant effect. Using a content analytical method makes visible some of the influences on Irish social workers over a fifteen year period.

An analysis of the content

This study discussed the contents of *Irish Social Worker* in a broad sense, from its foundation in 1980 to the end of 1994. During that time there were 54 issues published. This section looks at the principal themes of these issues using two basic units of analysis, editorials and articles. It has been difficult to decide what constitutes an article. The decision entailed deciding what would constitute an article as opposed to a news item. There was also the problem of distinguishing between reports and articles. In the end my definition of an article was that it should be:

- a piece of writing listed as an article
- written specifically for *Irish Social Worker*
- more than one page long
- was not a news, conference or seminar report and, of course, was not an editorial.

As a result of the above categorisations, there were 249 articles and 54 editorials identified in the journal.

The primary categorisation of the articles and editorials was by subject content. As one might expect, the subjects covered in the fifteen years under examination were many and varied. The definition of what constituted a subject was not easy to arrive at either. It was necessary to take into account the title of the article, but this did not always convey the de facto content of the particular article (for example an article entitled "Twenty Years of Social Work" (1984, Vol. 3 No 1) is, in fact, an article about Travelling people and service provision).

As with any type of categorisation, it was a matter of distilling a large number of items into a smaller number of groups. The criterion for categorisation into subjects for this chapter was primarily whatever constituted the main thrust of the article, taking into account the fact that the publication was published, written, or read by, practising social workers/social service staff. Thus, for instance, the article "Group Work with Bereaved Siblings" (1991 Vol. 1, No 2), could be classified under the heading of bereavement or group work. The decision to place in the subject category of 'group work', was taken on the basis that:

(1) the article appeared in a special edition of the publication on group work,
(2) the purpose of the article was to illustrate the skills of group work in the context of bereavement, and
(3) the article was descriptive of the process of the group, both as a theoretical and practical model.

Thus, the subjects were defined by the client group they address, by they social workers, or social work clients and according to the area of social work they address.

Over the years there were several specialist issues of the journal (i.e. issues dedicated to particular topics). The use of this technique was also analysed.

In all then there were 303 items to be considered in this analysis, gathered from 54 issues, over 15 years, made up of 54 editorials and 249 articles.

Categories

Before proceeding to the analysis of the content of *Irish Social Worker*, it was necessary to outline the meaning of the subject categories. In all, 18 categories emerged. These categories were also used for the analysis of the editorials, however, it was necessary to add a further two categories to the classification of the editorials, bringing the number in that case to twenty. These categorisations emerged from a close study of the journal between 1980 and 1994. They are comprehensive, and mutually exclusive. The following was the list of categories in alphabetical order:

Adoption: Matters related to the process of adoption.

Agency Profile: Described the work of a social service agency in general or in the past year (such as an annual report).

Child Care: Referred to the law, policy and practice relating to children at risk or subjected to neglect or abuse.

Client Rights: The participation of the client, actual or aspirational in the social work process.

Community Care: The structures and services provided in the community as opposed to those in institutions.

Criminal Justice: Social work with offenders and offending issues.

Family Therapy: The therapeutic process and its use.

Geriatric: Issues related to the elderly and their concerns.

Group work: The process and descriptions of group work in various settings.

Law: Legislation and court procedure as relevant to social work practice.

Minorities: Issues related to disability; homelessness, Travellers and migrants.

Poverty: Policies and practices which cause inequity.

Psychiatric Services: Issues related to the mentally ill.

Social Policy: Matters relating to the structure and distribution of economic and social resources (excluding social work).

Social Work Training: The theory and practice of social work training.

Social Work Policy: The intellectual, administrative, legal and physical environment of social work.

Social Work Skills: Ways of doing social work, including methods, practices, and biographies.

Substance Abuse: Theory and work in the area of alcohol and drug use.

Analysis of the articles

As stated above, there were 249 articles in *Irish Social Worker* from 1980 to 1994. These were divided into 18 different categories. Childcare constituted the largest number of articles on any single subject - 46 or 18.47% of the total. There is a fairly even spread of articles on this subject throughout the fifteen years of the journals existence. This would certainly reflect the concerns of social workers in practice in health boards, residential and hospital settings. In the early issues the emphasis was more on physical neglect and abuse, however since 1984 (but not until then) the issue of child sexual abuse (CSA) has been the dominant topic in the child care articles. This reflects the greater awareness of CSA in Ireland after 1984. Even though child care was one of the dominant concerns of the journal, and was clearly a dominant concern of social workers, particularly those employed in community care, only one issue of the publication has been devoted to this subject, Vol. 10 No. 4 (Winter-Spring, 1991 - 1992) which was a special issue on the 1991 Child Care Act.

The next most dominant theme of the publication were Social Work Policy (45 articles, 18.07%) and Social Work Skills (43, 18.26%), and Social Work Training

with 9 (3.61%) of the articles. Overall his showed that the policy, skills and training of social work took up 38.54% of all the articles of the publication over the years.

Table 1: Articles Categorised by Topic

Topic	'80	'81	'82	'83	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	Total	%
Child Care	3	8	4	4	2	2	4	4	6	2	6	2	4	4		46	18.47%
Social Work Policy	4	3	4	2	3	3	6	5	2	1	4	1	4	3		45	18.07%
Social Work Skills	2	2	3	3	7	5	2	3	3	5	2	2	1			43	17.26%
Minorities	2	6	2	6	1	1	1	3	1	1	1	1				23	9.23%
Agency Profile		3	2	1	1	1	1		1	1	1		1	1		14	5.62%
Substance Abuse				3	1	1		2		3						10	4.01%
Groupwork				2	1						6					9	3.61%
Soc. Work Training						5			1				2			9	3.61%
Geriatrics		1					1	1	1	1	1	1		1		8	3.21%
Adoption	1								1	1	4					7	2.81%
Family Therapy	6						1									7	2.81%
Community Care	1			3				3	1		1					6	2.40%
Clients Rights						1							1			5	2.00%
Poverty						1			3					1		5	2.00%
Social Policy								1					2			5	2.00%
Criminal Justice									1	1						2	0.80%
Law	1				1	1										3	1.20%
Psych. Services					1	1										2	0.80%
TOTAL	20	23	12	17	16	12	21	12	19	21	17	7	14	17		249	99.91%

Table 1 shows the subject analysis of the articles as they appeared yearly. It also shows the percentage representation of the subjects over the fifteen year period. With regard to the authorship of the articles 140 of them were written by practising social workers. Twenty eight were written by social work teachers, and the remainder by various other professionals and lay people.

Analysis of the Editorials

In addition to list of categories above, a further two were added to the list of editorials, dealing with (a) journal matters and (b) editorials that dealt with a variety of topics but not dominated by any one in particular. Every edition of *Irish Social Worker* had an editorial, fifty four in total over the period of the analysis. However, the purpose of the editorials varied considerably. In some cases the function seemed to be to introduce the articles in that edition and group them around a common theme. Others were more in the form of opinion, while still others were explanations about the nature and purpose of the publication.

Table 2: Editorials Categorised by Topic

Topic	'80	'81	'82	'83	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	Total	%
Child Care	1		1	1												4	7.40%
Social Work Policy	2		1	2		2		2	1	1		2	2		1	11	20.37%
Poverty		1	1	1	1	1	1									7	12.96%
Journal	1	1														13	24.07%
Social Policy				1						2						2	3.70%
Soc. Work Skills				1		1										3	5.55%
Adoption																2	3.70%
Criminal Justice												1				2	3.70%
Geriatrics										1						2	3.70%
Agency Profile							1									1	1.85%
Various					1				1							2	3.70%
Substance Abuse				1												1	1.85%
Soc. Work Training						1										1	1.85%
Law							1									1	1.85%
Family Therapy	1															1	1.85%
Minorities			1					1		1						2	3.70%
Clients Rights																1	1.85%
Community Care							1		1							0	0
Psych. Services																0	0
Groupwork																0	0
TOTAL																54	99.95%

Table 2 sets out the analysis of the editorials in terms of subject, year, number and percentage. For the first seven topics there was a relatively wide spread of editorials devoted to them. This applied not only to the topics as such, but also to the year on year occurrence of them. For a profession that regards the advocacy of clients as very important, it is strange that this topic has not yet been the subject of an editorial. However, the relatively high number, 7 (13%), of editorials on poverty would indicate that the editors have not ignored economic issues as they relate to clients.

Comparison of Articles and Editorials

Table 3: Comparison of Articles and Editorials

	'80	'81	'82	'83	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	Total	%
Child Care (Art.)	3	8	4	4	2	2	4	4	6	2	6	2	4	4		46	18.47%
Child Care (Ed.)	1		1	1				2	1	1		2	2	2		13	24.07%
Social Work Policy (Art.)	4	3	4	2	3	3	6	5	2	1	4	1	4	1		45	18.07%
Social Work Policy (Ed.)	2		1	2		2		2	1	1		2	2		1	11	20.37%
Social Work Skills (Art.)	2	4	2	3	3	3	7	5	2	2	3	3	1	2		43	17.26%
Social Work Skills (Ed.)	1	1		1	2	1	2	1	1	1		1			1	13	24.07%
TOTAL	20	23	12	17	16	12	21	12	19	21	17	7	14	17		249	99.91%

Table 3 sets out the comparison between editorials and articles when grouped according to the three dominant subjects (i.e. child care, social work policy and social work skills). It is notable that the subject of the editorial was not related to

the content of the articles in the child care category, until 1993 and 1994. Apart from the years 1985 and 1987 there was no coincidence of categories for the social work policy category. This may indicate a lack of editorial congruence between the contents of the editorial and the contents of the articles and publishing them in a quarterly journal can be extensive. By their nature, editorials are generally topical, in the sense that they relate to immediate concerns and controversies. When one looked at the percentage of the subjects, however, there was a similarity between articles and editorials for child care and social work policy.

Specialist Issues

Of the 54 issues, 30 (55%) were specialist issues. The greatest single number of these (6) were concerned with child care issues. Social work policy with 5 was the next most common. This very much reflects the pattern of articles in the journal over the years. Since the Spring issue of 1990 (Vol. 10 no 1) every issue of the journal has been dedicated to the discussion of a particular theme. This represents 14 issues or 47% of all the specialist issues.

Overall Perspective

When one examined the themes of the publication, as analysed, a number of features emerged:

(i) Focus of Subject Matter

There was a concentration on three particular subjects over the years, ie child care, social work policy and social work skills. This applied to both the articles and editorials.

(ii) Practitioners as authors

It is clear that practising social workers contributed most to the publication over the years. By far the greatest number, 153 of 249 articles, and all the editorials were written by them. This showed a keen interest by practitioners in discussing and exploring social work issues and in providing information to colleagues.

(iii) Absence of Probation Officers as authors

Over the fifteen years only two articles relating to social work with offenders have been published. It should also be noted that the Probation Service, the agency which provides a social work service to the criminal courts and the prisons, is also responsible for the social work service to the courts in matters relating to family law. This is an area of social work which is seriously neglected in the journal. The social workers of the Probation and Welfare Service receive similar training to other social workers. It would seem that the lack of publishing on criminal justice and family law matters may be due to a disinterest in the work of the agency. Obviously, this greatly limits the opportunity for the knowledge accumulated by social workers in the Probation Service to be shared with colleagues elsewhere.

(iv) Gender Issues

Given the generally acknowledged sex bias (female) of the membership of the social work profession in Ireland, it is remarkable that gender issues have not figures more prominently over the years. This is at a time when there have been major developments in the sociological understanding of gender and also a time when the gender issue has been very much a part of political and social policy discussions during the divorce and abortion referenda. In fact there are only five articles which could be said to examine issues from a gender perspective (Clarke, 1987; Daly, 1989; Gibbons &White, 1991; Hegarty, 1993 and McAleer, 1994).

The Knowledge Base of Irish Social Worker

The content of any communication is determined to a greater or lesser extent, not only by the purpose for which it is intended, but also by the training and background from which the authors come. As the official (and only publication) of Irish social workers, *Irish Social Worker* reflects not just their views and concerns, but also offers some insight into where ideas which inform the profession originate. An analysis of the knowledge base (i.e. the source of information) of the articles and their sources was the second research question of this analysis.

This section analyses the knowledge base of the 249 articles in the publication. There is a brief analysis of the authorship of the material. This is followed by an analysis of the research foundation of the ideas that informed the readers. The references are also analysed with a view to examining the sources of the material published.

Authorship of articles

The total number of authors of articles in the publication was 196. Sixteen of the articles were co-authored by two or more people. In a further 19 articles it was not possible to determine authorship, as they were not attributed to any individual author. As authors or co-authors, social workers wrote 140 of the articles. Social work teachers wrote 28 articles. In 19 cases it was not possible to establish the occupations of the authors, as it was not stated, or known to this writer. The remainder of the articles were authored by individuals of various occupations and professions.

On this evidence it would seem that there was a large representation of practising social workers among authors. This would probably go some way to explaining the dearth of social research articles in the publication. It also suggests that *Irish Social Worker* has not been seen by other professionals or social work teachers as a prestigious journal in which to publish major research articles, such as the British Journal of Social Work (BJSW). However, the absence of a referencing system would indicate that *Irish Social Worker* saw itself as more similar to *Community Care* than the BJSW in the U.K.

As mentioned earlier, members of the Probation and Welfare Service of the Department of Justice was under-represented as authors of articles. Only one of the articles was credited to a member of that organisation, and in that case he was writing as a member of his trade union, not as a probation officer. There are doubtless many reasons for this. One being the Official Secrets Act (1963), which places restrictions on what civil servants are allowed publish. There is also a complicated and restrictive procedure to be adhered to, prior to publication of any literature, as all information relating to the work of the civil service remains the property of the Government and can only be used with express permission.

The Research Base of the articles

It was not possible within the time and space constraints of this study to survey the extent and content of social research and social work research courses taken by a representative sample of Irish social workers. However, it would appear from anecdotal evidence that the research knowledge of social workers in this country depends on when and where they trained, and is, therefore, varied. However, the gathering of information and the use of assessment, evaluation and supervision are acknowledged to be essential elements in the pantheon of social work skills. The extent to which these skills are successfully employed is seen as an indicator of the quality of social work in many agencies. The skills of social research are in many ways very similar, except that a method is applied in such a way as to allow the outcome to be judged as scientific (the collection, organisation, presentation and analysis of data). The teaching of social work research methods could become a more central feature of a social worker's training, provided the space and resources are made for it in the curriculum.

Some years ago, a study published in the *Journal of Social Work Research and Abstracts*, (Fraser, Taylor, Jackson & O'Jack, 1991) analysed the content of ten social work journals published in the United States between 1985 and 1988. In the ten journals a total of 1,825 articles were published. Of this number of articles 919 articles were written by social workers and 406 written by non-social workers. The authors report of that the 919 articles written by social workers, 29% were researched based. However, of the 906 articles written by non-social workers, 82% were researched based. Of the 29% of researched articles written by social workers 80% used descriptive statistics to analyse the data. With this evidence the authors were led to the conclusion that social workers make very little use of rigorous systematic analysis (p. 13).

What was the position in *Irish Social Worker*? Clearly, *Irish Social Worker* is not a journal dedicated to research and was never intended as such. However, articles using recognised research methods were published during the period of the study. Of the 249 articles in the publication only four articles used descriptive statistics, representing 1.6% of all the articles published. Furthermore, of these four articles,

two were co-authored by non social workers, one was written by a doctor and the remaining article was written by a social worker. However, this latter article is the only one of four which did not use any original research.

The position with regard to qualitative research was even less encouraging. There was much material that would lend itself to qualitative research, personal descriptions, testaments, literature reviews. However, none of these articles followed the standard research procedure of formulating a clear research question, presenting the research material, and outlining the research method.

An analysis of the references in Irish Social Worker

In the period 1980 to 1994 there were 249 articles published in *Irish Social Worker*. Of these articles, 76 (31%) were referenced. In all there were 618 references. The number of references per article in the publication ranged from 0 to 41. Of the total number of references, 177 were to journal articles and 27 to official government and international reports. Although it was not possible to determine the total number of authors cited in the literature (quite a number of the references gave one author and referred to the others as 'et al') the number of primary authors cited totalled 409.

The category of article referenced very much reflects the proportion of articles in each category throughout the publication, with the exception of the articles on social policy where all articles were referenced:

Topic	Articles	Referenced
Child care	47	15
Social work skills	42	14
Social work policy	45	11
Substance abuse	10	8
Adoption	7	4
Social Policy	5	5
Group work	9	5
Minorities	23	4
Social work training	9	2
Client rights	5	2
Geriatrics	8	2
Law	3	2
Poverty	2	2

In terms of the authors referred to in the references, the following table shows that there were no dominant experts whether in the study of social work theory or in the discipline of human behaviour. The most frequently quoted authors were only quoted five times each, with no author having more than four works cited.

In the terms of the sources of the knowledge that the authors used in the articles, it was not possible to categorise all the references without having access to each and every one of them. However, an analysis of the periodicals and journals referred to in the references was instructive. In all there were 71 such journals referred to. Below is a list of the twenty four most referred to journals:

Author	Topic	Occurrences	Works
Kadushin, A	Social work with children	5	4
O'Hare, A	Social Research	5	4
Trisileotis, J	Adoption	5	4
Dobash, R&R	Domestic Violence	4	4
Ferguson, H	Child Abuse	4	4
Kempe, H	Child abuse	4	3
Lifton, J	Adoption	4	2
McGuiness, C	Official report (Child abuse)	4	1
McKeown, K	Social research	4	3

Journal	No of References
Social Work	14
British Journal of Social Work	13
Community Care	8
Social Casework	8
Irish Social Worker	8
American Journal of Orthopsychiatry	7
Social Work Today	7
Adoption and Fostering	6
British Journal of Psychiatry	6
Child Welfare	6
British Medical Journal	4
AIDS Care	3
Family Process	3
Social Science Medicine	3
Social Studies	3
Social Work in Health Care	3
Administration	2
AIDS	2
Irish Medical Journal	2
International Journal of STD and AIDS	2
Irish Journal of Psychological Medicine	2
Journal of Studies of Alcoholism	2

(All the remaining journals are referred to only once.)

It is clear from the above list that the primary, but not exclusive, source of information was the social work literature. This would seem to indicate that the ideas and social work information that were being generated in *Irish Social Worker* belonged very much to the main stream of social work as it is taught and practised in Ireland, Britain and the United States of America. However, this also begs the question about the lack of knowledge ad information that was coming to Ireland outside this English speaking world. The absence of any references to any studies or reports in Australia and New Zealand as also striking. Even more remarkable was the absence of any references to social work as practised or discussed in Europe (excluding of course, Britain). There were references to official reports and protocols from what is now called, the European Union, but these were to English language editions of the documents. In the fifteen years of *Irish Social Worker*, there was not one reference to any literature, report, study, article or book in a non-English language. There would seem to be an implication here for the education and training programmes of social workers. Other faculties in Irish universities (e.g. science and engineering) make the study of a continental European language a component in the degree courses. Perhaps the faculties of social science should do the same. As the political influence of the European Union increases and is becoming a dominant influence on the life of the country, an openness to social work, as understood and practised on the continent of Europe, would seem to be desirable.

Conclusions

In one of those coincidences that happens quite often, the last two lines in the last article of *Irish Social Worker* for 1994 is also the final quotation and reference of the data upon which this research has been based. The quotation is as follows:

'Written words have influenced the decisions, attitudes and behaviour of mankind since the beginning of recorded history'.

(Conway, 1994, p. 15, quoting Pardeck and Pardeck, 1984).

The basic premise of any study of communication is that the studied communication influences both those who receive it and those who initiate it. The purpose of this research has been to examine the contents and ideas set down in *Irish Social Worker* in the years 1980 and 1994 and to examine from whence they came.

The first edition (Vol. 1 No 1, 1980) set out the purpose of the publication. The editorial stated:

"This journal...will present you with a collage of informative and interesting material in each issue - incorporating items of relevance to social workers, paramedical and medical staff, and many others in this very wide field of interest. The reader can expect to find in these pages material ranging from serious articles

to rather lighter fare. We shall include book reviews, information on seminars, items of interest on the Irish front spiced with international news, with a special spot for Association news. As editor, I invite you to take part in this new exciting venture with us...perhaps we will put to bed the notion that social workers fight shy of the mighty pen" (p. 1)

The author of the editorial need not have been afraid that the profession was shy of writing. Fifteen years later the publications is still going. There have been changes over the years of course. The above quotation indicates the intention of having a magazine type of publication which would be a forum for informal discussion and exchange of anecdotal information. In contrast, the final edition of 1994 (Vol. 12 No 3-4) was a special issue on The Family. It contained four articles on this topic, three of them with extensive references, and a book review. There was no 'light fare', nor was there any magazine type information. In fact, *Irish Social Worker* has changed from a magazine to a journal of serious exploration and discussion of social work issues. This has been a deliberate policy by the present editor and editorial board (McGrath, 1995).

The evidence presented in this research shows that *Irish Social Worker*, throughout its existence, has been a publication that has evolved over the years. As was pointed out, the topics written cover most aspects of social work as it is practised, with a few notable exceptions (social work with offenders and social work in the psychiatric services). The paucity of such a contemporary and relevant framework as gender analysis is striking.

An analysis of the approach taken in the articles and the authorship of the articles indicates that *Irish Social Worker* is very much a practice based publication. Given the fact that it is the official publication of the Irish Association of Social Workers, whose members are mostly practitioners, this is probably not surprising. The fact that there is only one article (Loughran & Price, 1994) in the fifteen years that has the word 'theoretical' in its title is probably an indication of a practice bias!

The shortage of articles indicating a social research/social work research base was a surprising finding of this study. It is probably, in part, explained by the fact that most practising social workers are too busy to research their practise as they go along. One of the results of this is that there is a lack of knowledge of what social workers actually do in Ireland and how effective they are in achieving stated goals. The monitoring and researching of initiatives and new developments did not seem to be a priority, at least when it came to publishing the results.

The fact that so few articles were referenced over the years, could imply that the knowledge base of social work in Ireland is rather tenuous, or it could be an indication that this was not seen as essential by either authors or the editorial boards. It must be said, however, that in latter years the trend has been towards a far greater amount of referenced articles.

Overall, this content of analysis of *Irish Social Worker* has shown the publication to be instructive and informative on a wide range of topics for practising social workers. Other studies of the content of the publication would show other aspects of the publication. Content analysis is very much about choosing elements of the content to explore. This analysis has shown that, by and large, the readership of the publication have been well served by it in its diverse and informed contributions, but that there is a marked absence of research studies.

Bibliography

Allen-Meares, P. (1984) 'Content Analysis: Does it have a Place in Social Work Research?', *Journal of Social Service Research*, Vol. 70 No. 4 pp 51 - 68.

Berelson, B. (1952) *Content Analysis in Communication Research*, Glenco. Illinois: Free Press.

Clark, M. (1987) 'Feminism and Family Therapy', *Irish Social Worker*, Vol. 6, No 2, pp 19 & 20.

Conway, E. (1994) 'The Chosen Baby Story and Other Fairy Tales', *Irish Social Worker*, Vol. 12, No. 3-4, pp 12-15.

Daly, M. (1989) 'Women in Poverty', *Irish Social Worker*, Vol. 8, No. 4, pp 12-13.

Fraser, M., Taylor, M.J., Jackson, R., and O'Jack, J. (1991) 'Social Work and Science: Many Ways of Knowing', *Social Work Research and Abstracts*, Vol. 27 No 4, pp 5-15.

Gibbons, N. & White, P. (1992) 'Group work with Women Who Have Placed a Child for Adoption', *Irish Social Worker*, Vol. 10, No 2, pp 10 & 11.

Hegarty, M. (1993) 'Women Deserve More', *Irish Social Worker*, Vol. 11, No 4, pp 8 & 9.

Holsti, O.R. (1969) *Content Analysis for the Social Sciences and Humanities*. Massachusetts: Adison-Wesley.

Horgan, B. (1996) *A Content Analysis of Irish Social Worker*. Unpublished masters dissertation, UCD.

Krager, J., (1983), 'Science, Research and Social Work: Who Controls the Profession?', *Social Work*, Vol. 28, No pp 200-205.

Krippedorf, K (1980) *Content Analysis*. London: Sage Publications.

Loughran, H. & Price, B. (1994) 'Theoretical Models to Inform Practice', *Irish Social Worker*, Vol. 12 No. 1, pp 12 - 13.

McAleer, J. (1994) 'Destitutes Not Prostitutes', *Irish Social Worker*, Vol. 12, No. 3-4, pp 7-8.

McGrath, K (1995) Editor of *Irish Social Worker*. Personal communication (26.7.'95).

Pardeck, J., & Pardeck, J. (1984) *Young People with Problems*. Connecticut: Freewood Press.

Weber, R.P. (1990) *Basic Content Analysis*. London: Sage Publications.

All correspondence to:

Brian Horgan, c/o Probation & Welfare Offices,
Smithfield Chambers, Smithfield, Dublin 7.

RESEARCH REVIEW

SOCIAL WORK, HIV AND IRISH WOMEN

*by Maeve Foreman
and Dr. Fiona Mulcahy*

Abstract

St. James's Hospital in Dublin runs the largest HIV clinic in Ireland which to date has supported more than 900 people infected with HIV, 25% of whom are women. The aim of this review was to look at what was currently known about HIV among Irish women in order to inform social work practices and improve services.

Relevant research and literature from 1989 to the present day were reviewed. Existing research shows the unique way women are being affected by HIV in Ireland. Psychosocial and demographic factors, reproductive issues and the effects of emigration are explored, as is women's low uptake of HIV and related services. There is a clear need for an increased awareness among social workers as to how HIV can affect Irish women. Social workers need to reach out proactively to young women at risk of HIV infection, as well as to influence the development of services designed to meet the multiple needs of HIV positive women and their families.

Introduction

HIV is a significant and, according to Department of Health statistics (1996), continues to be a growing problem in Ireland, especially among women. It is a problem that many social workers are involved with. Social workers fill all posts as HIV counsellors in hospitals in Ireland as well as some of the community based HIV counsellor and addiction counsellor posts in voluntary and statutory agencies. For community care social workers, particularly those working in areas devastated by drug use, HIV is a live issue. It is also of significance to those working in the probation and prison welfare service. As well as being involved in providing a counselling and social work service to those affected and infected with HIV, Irish

social workers are actively involved in HIV prevention, motivating behaviour change to safer sex and drug use among the vulnerable young people they have contact with (Jones 1994; Foreman 1994 (1), Foreman 1997; Travers 1996; Woods 1990).

The total number of people who have tested HIV positive in Ireland has grown from 638 in 1987 to 1,731 in 1996 (Department of Health 1996). These statistics unfortunately do not give a gender breakdown on those who have tested HIV positive. An indication of the percentage of women involved is given in the figures from St. James's Hospital's Genito-Urinary Medicine Clinic who care for over half of those infected with HIV nationally: 25 % of HIV positive people attending St. James's G.U.M. Clinic are women. The number of people who have become infected through heterosexual contact, the majority of whom are women, has grown from nil (0%) in 1987 to 260 (15%) within that same time period (Department of Health 1996). We do know that in Ireland women comprise 17% of those with AIDS (Department of Health 1996) although it is unclear what percentage of women who test HIV positive will go on to develop AIDS. Intravenous drug users comprise 46% of those testing HIV positive according to the national statistics, with 32% of these being women (Department of Health 1996). It is of note that 70% of HIV positive women in Ireland are recorded as being infected through intravenous drug use, as opposed to 10% in the U.K. (St. James's Hospital Statistics 1997).

Children and Families

The risk of transmission of HIV during pregnancy has ranged from 6.4% to 60% internationally (Berer 1993). The majority of recently reported studies have found a rate of between 13% and 40% (Thorne 1997), with the European Collaborative Study (1991) showing a transmission rate of 12.9%. To date 127 children have been born in Ireland to women who are HIV positive. Of these children 33 became infected (Butler K. 1996). This indicates a seroconversion rate of 26% which is higher than shown in the European Collaborative Study. However, with the proactive use of antiviral therapy now available during pregnancy there has been no recently reported perinatal transmission in Ireland (Butler K. 1996). This is in keeping with the current goal of medical intervention in pregnancy to reduce perinatal transmission rates to less than 2% (Bryson 1996).

Social workers working with children with HIV have identified secrecy as the major difference between HIV and other illnesses. It affects how families cope (Travers 1996). This secrecy is prompted by fear of stigma that might attach to HIV both because of society's fear and disapproval of homosexuality and drug use and because of society's fear of contagion. Nearly 60% of children in various studies in the U.S.A.

had not been told their diagnosis (Bor 1997) compared with 95% in Ireland (Travers 1996). Social workers face the dilemma of balancing the rights of parents and the rights of children, particularly as with the new treatments children are living longer and growing into adolescents. Secrecy affects people's ability to take proper care of themselves, develop support networks and plan for the future, as well as affecting their ability to process feelings of grief and bereavement (Travers 1996, Hayes 1996). Almost 50% of HIV positive children in Ireland have had one or both parents die of AIDS (Hayes 1996). Studies indicate that disclosure to children about their HIV status is more successful if carried out before children become symptomatic and where children have access to information and support outside family circles (Bor 1997; Thorne 1997). It is generally agreed that the family should disclose the child's diagnosis with professional support if needed (Thorne 1997). Many inner city communities in Dublin are showing an increased acceptance and support of those with HIV and where schools have been informed of the diagnosis of a pupil they have been positive in their response (Hayes 1996).

There is evidence that some families have more that one member infected (Mulcahy 1994). Because of this it is clear that that many children are *affected* by HIV even if they have not tested positive themselves. A feature of the drug using population in Ireland is the large number of siblings who have become infected with HIV. In one study, 46 families had 126 siblings infected - 1 family had 5 siblings, 7 had 4, 11 had 3 and 21 had 2 siblings infected (Mulcahy 1994), with some extended families having up to twenty infected members.

Multiple infection can lead to multiple bereavement and as with gay men in American cities like San Francisco, multiple bereavement is a major issue facing Dublin's inner city drug users. Many young Irish women have lost partners, brothers, sisters, childhood friends, cousins, in-laws and children, as well as having to cope with a life threatening illness themselves. If you add poverty, addiction, housing need, history of sexual or physical abuse, illiteracy and single parenthood to the equation, it is clear that the challenge facing some young Irish women living with HIV infection is enormous, with far reaching consequences for existing children and future generations.

Irish people with AIDS depend enormously on their families to support them. The usefulness of a systemic perspective, familiar to many social workers, has been highlighted (Jones 1994). This perspective challenges social workers to be aware of their own prejudices and judgements. It highlights also the importance of the extended family and the need to provide support to them. Systemic therapy directs social workers to take account of the cultural and social issues for people living with HIV and to be aware of how these impact on their families. Jones (1994) highlights the need for social workers to apply non-judgmental principles to work with clients with HIV in the same way that social workers aspire to do so with all

client groups. This demands the on-going examination of personal prejudices. She also stresses the need for social workers to give the role of advocate special consideration. People with HIV and AIDS are often doubly marginalised because of their chosen lifestyle as well as their illness. Vigilance against discriminatory practices, as well as discrimination in general is essential.

Over 15% of the patients with HIV attending St. James's Hospital come from outside Dublin City, with all Health Board areas in Ireland being represented.

A larger percentage of those outside Dublin were infected through heterosexual sex (Foreman et al 1994). Where women have been infected by bisexual husbands or partners, they can suffer self-imposed isolation resulting from secrecy and fear of stigma. This can inhibit their use of local services where these exist. In a study of patients from outside Dublin City attending St. James's Hospital in Dublin 27% of all patients had told only one person of their infection and 39% had travelled to the hospital because of a wish for confidentiality (Foreman et al 1994).

Because of Ireland's history of sending development workers to African countries, a small but growing number of those infected in both urban and rural areas have an African connection. In St. James's Hospital, 3% of current patients fit this category.

Socio-demographic factors

St. James's Hospital has seen a total of 223 HIV women patients since the HIV clinic opened in 1987. 25% (158) of their current HIV patients are women and 30% of these picked up the virus heterosexually; A review of 40 HIV positive women attending the hospital in 1990 showed the majority had been infected through intravenous drug use and depended on state income support. 58% lived in public housing. It is worth noting that Ireland has the lowest stock of public housing in the European Union, so the percentage living in public housing would not include those on a waiting list for housing and currently staying with relatives or living in inadequate private rented or hostel accommodation (Foreman et al 1990). 50% of these women had spent time in prison, 75% had children and over 50% of them were single parents. As Ireland has a limited social and welfare system, there is less dependence on statutory services and more dependance on voluntary sector, family, community and church support.

Whilst 10% of women would require foster care for their children, should they become too sick or die, the majority choose parents or siblings to care for their children. 70% of women with children had discussed the issue of their children's future care with their chosen carer and all had met a positive response. It is noteworthy that there was no difference in planning for their children's future care between women who used drugs and those who did not. It is clear that Irish women give priority to their role as carer (Butler & Woods 1994).

Emigration

Ireland has a history of emigration and migration, borne out of its colonial past. In the writer's experience many people who are HIV positive add to these emigrant figures. This would appear to result from lack of facilities for drug users and what many would view as a stigma against homosexuality. More Irish women than men emigrate to England and form a sizeable percentage of the immigrant community there. For example, Irish women comprise 10% of all women in London (London Strategic Policy Unit 1987). The majority of HIV positive Irish women in Britain migrated after their diagnosis. Some went to improve the situation for themselves and their children, others left to get away from problems with the law, or from inner city communities blighted by drug use and HIV. They are a highly mobile group and some frequently move between Ireland and Britain. Of the Irish intravenous drug users availing of the services of Positively Irish Action on AIDS in London (closed in June 1996 due to cuts in funding), 43% were women (O'Brien 1996), despite the fact women comprise only 32% of Irish drug users infected with HIV.

Prevention and Reproductive issues

Although some HIV positive women have had abortions (International Community of Women living with HIV 1996) the majority choose to carry on with the pregnancy. D. Murphy et al (1993) reported that of 130 HIV positive Irish women, 93 were mothers of 206 children, although some of these births would have predated infection and only two had had terminations of pregnancy. In a review of 109 HIV positive women, 40% had children after they became infected, with no adverse affects reported on HIV progression (Mulcahy et al 1994). (Generally, the progression rates to AIDS in Irish women was higher than that reported in studies of homosexual men, but similar to men and women infected through drug use.) Although contraceptives are now legally available in Ireland and condoms are provided free of charge to HIV positive women, abortion is not a legal option. It is, however, legal to receive information and advice about abortion services abroad and in 1995 alone 4,449 Irish women according to official statistics travelled to England for abortions although the real figure is believed to be more.

78% of male partners of women in D. Murphy's study either did not always or never used a condom. Only 57% of the women used a reliable method of fertility control. 38% of male partners had not had a HIV test although there is evidence that up to 44% of male partners of positive women are themselves HIV positive (Murphy, D. 1993; Study Group for MRC Collaborative Study 1996). In a recent study of HIV positive women in the U.K. and Ireland, 28% of male partners did not always or never used condoms - the data on Irish women in the study is not

available separately (Study Group for MRC 1996). Lack of access to condoms, or lack of access to expert counselling cannot be blamed in all incidents of unsafe sex. The role played by social, economic, cultural and psychological factors has been highlighted in studies looking at risk behaviour and HIV transmission (Douglas & Calvez 1990; Holland et al 1992; Dowsett 1993; McKirnan et al 1996; Bajos 1997) and must be taken into account if HIV prevention initiatives are to be successful (Kippax 1997). Two Irish studies have looked at why some Irish women, or their partners, knowingly put themselves at risk of HIV infection (Butler & Woods 1992; Murphy et al 1993). One study noted the change to safe drug-using practices but not to safe sexual behaviour (Murphy et al 1993), while the other concluded that cultural attitudes towards sexuality and childbearing among working class Dublin women were equally if not more constraining than any legal or other institutional arrangements. It was not until 1985, long after HIV had taken a hold in Ireland, that legislation was changed so anyone over eighteen could buy condoms, while the Catholic Church has consistently maintained its stance against the use of condoms (Butler & Woods 1992). Some people who are HIV positive have difficulty disclosing their status because of fear of rejection or discrimination. This can raise issues about the individual's right to privacy vs. the other's right to be informed or protected and clients may need help and support from social workers in disclosing their HIV status to sexual partners. Studies in both developed and developing countries suggest most relationships survive the crisis of disclosure. At the 11th International AIDS Conference in Vancouver all examples given of problems with disclosure related to men not informing female partners and highlights the need for women to be informed and assertive enough to protect themselves if they are aware of any possible risk (Bor 1997). A recent Irish study looking at the effectiveness of HIV counselling on changing behaviour to safer sex practices in a Dublin clinic found a young population, 42% of whom were women, engaging in risky sex but not seeing themselves at risk of HIV infection (Foreman & Mulcahy 1997). The major sexual risk to women is through heterosexual sex, as the risk to women having sex with women is believed to be low. However, some of the women who have contracted HIV through drug use are lesbian and there is a need for them and their partners to have easy access to information and support to enable them to change to safer sex practices where necessary. There is a clear role for social workers in raising awareness of the risk of HIV in vulnerable young people in their care, helping them to explore reasons to change behaviour and where necessary providing them with the tools to do this e.g. by raising self-esteem through assertiveness training. To do this, social workers need to be actively discussing issues around sexuality and sexual orientation with young people they have contact with.

Treatment Issues

In the MRC Collaborative study of HIV infection in women 500 women were recruited from 16 GUM and HIV clinics in the U.K. and Ireland. 84 Irish women participated, the largest number from any one centre. 10% of women had AIDS when they first tested positive although when broken down ethnically the study shows 16% "Black African" and 7% "white" had AIDS when they first presented (Study Group for MRC 1996). Studies in Ireland indicate that the percentage of Irish women presenting late may be much higher. A study of HIV positive in-patients in St. James's Hospital from 1987 to 1990 (Murphy et al 1991) showed 27% had AIDS when they first tested HIV positive and 40% of male and female patients outside Dublin had AIDS before they presented to the St. James's Hospital HIV clinic (Foreman et al 1994). This suggests that there is a low take up on services amongst women at risk of HIV and AIDS with some not aware of their risk of infection until they become symptomatic.

In the MRC Study 20% of women with a lowered immune systems were not on preventative treatment, only 40% of women with AIDS were on anti-viral therapy when recruited to the study and only 4% had participated in clinical trials (Mercy et al for MRC Study Group 1996).

With the advent of new treatments which have created new hope in the fight against AIDS it is important that women have access to information and counselling on their treatment options.

As in other countries, Irish studies have confirmed a high increase in abnormal cervical smears in HIV positive women (Pomeroy et al 1989, Murphy M. et al 1995), with 58% of women presenting with cervical changes. Other cofactors for cervical cancer may tie in with the profile of some of the women studied because of the high numbers of women with a history of intravenous drug use, low socio-economic grouping, early age first intercourse or history of STDs or prostitution.

Prostitution

In one of the studies already referred to six out of 130 positive women studied worked in prostitution (Murphy, D. et al 1993) and in another at least eight HIV positive women (out of 136) were known to have a history of prostitution, usually to finance their drug addiction (Murphy, M. et al 1995). Significantly only 38% of women working in prostitution have been screened for STDs and HIV (O'Connor 1996). As in other European countries the laws on prostitution in Ireland are a barrier to providing an accessible sexual health care and HIV prevention programme although the Eastern Health Board's Women's Health Project is now actively involved in health education with women sex workers and is a member of the European Intervention Projects AIDS Prevention for Prostitutes (EUROPAP).

The actual figure of HIV positive women working in prostitution in Ireland is unknown with estimated numbers ranging from one to six hundred, and there is no overall figure for other European countries (EUROPAP 1996). Contrary to the view that sex workers are at greater risk of contracting and spreading HIV, research in twelve European countries has shown a low prevalence of HIV in female sex workers who do not inject drug. On average 1% to 3% of female sex workers tested positive in studies in several European cities and most sex workers report a high level of condom use with their clients (Berer 1993; EUROPAP 1996). The prevalence of HIV among sex workers who are intravenous drug users is believed to be much higher, and the majority of those testing positive in the European studies were also intravenous drug users, in line with the experience here in Ireland. In some studies the actual prevalence of HIV infection in IDU sex workers ranged from 30% (Portugal), 35% (Netherlands) to 40% (Italy and France) (EUROPAP 1996).

Low take up of services

There appears to be a lack of awareness among social workers and health care providers that women in their care may be HIV positive, or at risk of HIV infection.

Health care workers outside the main centres do not seem aware of the risks or early signs of HIV infection. It is not uncommon for people who do not fit the so-called 'at risk' groups presenting in the later stages of AIDS, having gone undiagnosed for weeks or months. If women are not known intravenous drug users or partners of IVDU's HIV is often just not thought of. Women also appear to have a low perception of their own risk. As already referred to, this can result in late diagnosis of those with AIDS. There is also a low take up of services by women infected with HIV and contributing factors may be denial, women giving their role of carer priority or the fact that for many women infected through drug use issues such as accessing addiction services, child care, housing and finance come before their HIV status (Flynn et al 1990). Another factor and one that has only just come to light in Ireland is that some people were infected through blood transfusions in the mid-80's and are only now presenting as they become ill. The first known woman to have been infected in this way was identified by the South Eastern Health Board. Services are not specifically directed at women with family responsibilities and services for children with HIV are located in hospitals separate from those with adult services. A HIV positive woman using woman with a HIV positive child could attend up to four separate hospitals or treatment centres to receive proper care for herself and for her child including a HIV clinic for her out-patient care, a children's hospital for her child's care, a separate drug treatment centre for methadone maintenance and a gynaecology clinic for colposcopy to check on cervical changes. The fact that 35% defaulted when referred on for colposcopy, is a cause for concern (Murphy, M. et al 1995). Siting colposcopy

services in HIV clinics may help, and there are plans for joint HIV clinics for parents and children.

As with other illnesses needing specialist treatment, women outside the main urban centres may need to travel long distances to avail of health services. St. James's Hospital in Dublin has patients who travel from all eight Health Board areas in the country, from Donegal in the North West of the country, over 300 miles away, to Kerry in the extreme South West, which is over 200 miles away. In view of the significant number of HIV positive women infected through intravenous drug use (70%), compliance with treatment and medication is a problem particularly with those still leading a chaotic life style. 24% of women are still using drugs, with 40% on a methadone maintenance programme and the remainder drug free (Foreman et al 1990). Hopefully with the increase in community based addiction centres in the Eastern Health Board area more drug users will be able to stabilise and access treatment.

Conclusion

Existing research in Ireland shows the specific way in which women are being affected by HIV infection. There is a clear need for increased awareness among social workers, other health care workers and women throughout the country, both in urban and rural areas, as to how HIV can affect Irish women. Services specifically designed to meet the needs of poor, single parent families with multiple social and addiction problems are required. Social workers need to work actively with people with HIV and where appropriate to advocate on their behalf, promoting equality and combating discrimination.

Bibliography

Bajos, N. (1997) 'Social factors and the process of risk construction in HIV sexual transmission', in AIDS Care, 9, 2. 227-237.

Berer, M., with Ray, S. (1993) Women and HIV/AIDS - an International Resource Book. London: Pandora Press.

Bor, R. (1997) 'Disclosure - Vancouver Summaries', in AIDS Care, Vol. 9 No. 1, February 1997.

Bryson, Y. (1996) 'Perinatal transmission rates of less than 2% - an achievable goal?' quoted in article in HIV in Focus, Issue 4, at XI International Conference on AIDS, Vancouver.

Butler, K. (1996) HIV Children and Family - a needs assessment and proposal for the establishment of a National Paediatric HIV Centre, report to Department of Health.

Butler, S., & Woods, M. (1992) 'Drugs HIV & Ireland: Responses to Women in Dublin', in Dorn, N., Henderson, S., & South, N. (Eds) AIDS: Women, Drugs & Social Care. London, Falmer Press.

Department of Health (1996) Statistics on HIV/AIDS December 1996.

Department of Genito-Urinary Medicine (1997) Statistics on HIV/AIDS up to May 1997. St. James's Hospital, Dublin 8.

Douglas, M., & Calvez, M. (1990) 'The self as a risk taker: a cultural theory of contagion in relation to AIDS', Sociological Review, 38, 445-464.

EUROPAP-European Intervention Projects AIDS Prevention for Prostitutes (1996) edited by Mak, R.P. Belgium: Academia Press.

European Collaborative Study (1991) 'Children born to women with HIV-1 infection: natural history and risk of transmission', in The Lancet, Feb 2, 8736, vol:337: 253-60.

Flynn, D., Foreman, M., Foran, D., Pomeroy, L., Ross, D., & Mulcahy, F.M. (1990) Pattern of Coping with Human-Immunodeficiency Virus amongst HIV Positive Women in Dublin. Poster Presentation, 2nd European Conference on Clinical Aspects of HIV Infection.

Foreman, M., Flynn, D., Pomeroy, L., Foran, D., Ross, D., & Mulcahy, F.M. (1990) HIV Positive Women infected through IVDU in Ireland and their future plans for themselves and their children. Poster/Book of Abstracts, 6th International Conference on AIDS, San Francisco.

Foreman, M. (1994) (1) 'HIV and AIDS - some issues for counsellors in Ireland', Journal of the Irish Association for Counselling and Therapy, Vol. 1, No. 28, Summer 1994, 19-28.

Foreman, M. (1994) (2) 'Women and AIDS', in AIDS Inform - Newsletter of Irish AIDS Liaison Forum, Summer/Autumn 1994 issue.

Foreman, M., O'Mahony, A., Neagh, C., Mosley, J., Tynan & M., Mulcahy, F.M. (1994) AIDS in Ireland - the National Picture. Poster/Book of Abstracts, AIDS Impact Biopsychosocial Aspects of HIV Infection, 2nd International Conference, Brighton.

Foreman, M., Mulcahy, F.M. (1997) Evaluation of Effectiveness of HIV Counselling on Changing Behaviour to Safer Sex Practices. Poster/Book of Abstracts, AIDS Impact Biopsychosocial Aspects of HIV INFection, 3rd International Conference, Melbourne June 1997.

HAYES, E., with Mooney, A. (1996) 'The Impact of HIV on Families', in Inside Out, (a quarterly publication for humanistic & integrative psychotherapy in Ireland) No. 26, Autumn 1996.

Holland, J., Ramazanoglu, C., et al. (1992) 'Risk, power and the possibility of pleasure; young women and safer sex', in AIDS Care, 4, 273-283.

International Community of Women Living with HIV (1996) Study into the needs of Positive Women in Ireland, France, Italy and Spain. (In Press).

Jones, A.M. (1994) Sharing the Challenge - a Systemic Approach to AIDS in the Family. Unpublished thesis for Masters in Social Science University College Dublin, July 1994.

Kippax, S. (1997) 'Vancouver Summaries - Social-cultural aspects', in AIDS Care, 9, 1. 119-123.

London Strategic Policy Unit (1987) Irish Women in London.

McKiman, D.J., Ostrow, D.G., & Hope, B. (1996) 'Sex, drugs and escape: a psychological model of HIV-risk sexual behaviours', in AIDS Care, 8, 6, 655-669.

Mercey, D., Griffionen, A., Woronowskil, H., & Stephenson, J., Study Group for the MRC Collaborative Study of HIV Infection in Women (1996) 'Uptake of Medical Interventions in Women with HIV Infection in the Britain and Ireland', in Genitourinary Medicine, 72, pp.281-282.

Mulcahy, F.M., Kelly & G., Tynan, M. (1994) 'The Natural History of HIV Infection in Women Attending a STD Clinic in Dublin', in Genitourinary Medicine, 70, pp. 81-83.

Mulcahy, F.M. (1994) 'Meeting the Challenge of AIDS in Ireland - a Multidisciplinary Strategy for Care - the second Paul Wagstaff Memorial Lecture, Physiotherapy Ireland, Vol. 15, 2, December 1994.

Murphy, D., Lynch, M., Desmond, N. & Mulcahy, F.M. (1993) 'Contraceptive Practices in HIV Seropositive Females in Ireland', in International Journal of STD & AIDS, 4, pp. 107-109.

Murphy, M., Misquito, N., & Pomeroy, L. (1991) 'Admissions for HIV Related Disease in a Dublin Hospital 1987-1990, International Journal of STD and AIDS, Vol. 2, pp. 436-439

Murphy, M., Pomeroy, L., Tynan, M., Murphy, J.F., & Mulcahy, F.M. (1995) 'Cervical Cytology Screening in HIV Infected Women in Dublin - a Six Year Review', in *International Journal of STD & AIDS*, 6, pp. 262-266

O'Brien, O. and Positively Irish Action on AIDS (1995) 'Irish Women & HIV', in *Women's Health Newsletter 'Crossing the Water - Irish Women in Britain'*, Number 25, February 1995, London: Women's Reproductive Rights Centre (WRRC).

O'Brien, O. (1996) 'Emerald Isle Distress', in *Positive Action*, July 1996.

O'Connor, A. (1994) *The Health Needs of Women Working in Prostitution in Ireland* - a report prepared for EUROPAP and the Eastern Health Board Women's Health Project by Women's Education, Research & Resource Centre, University College Dublin, November 1994.

O'Connor, A. (1996) *Women working in prostitution: Towards a Healthier Future*, Second Report for EUROPAP and the Eastern Health Board's Women's Health Project by Women's Education Research and Resource Centre, U.C.D., May 1996.

Pomeroy L., Foran, D., Flynn, D., Ross, D., Foreman, M., Mulcahy, F.M. (1990) *Knowledge of and attitudes to Perinatal transmission of HIV amongst a group of HIV positive women*, presented at 2nd European Conference on Clinical Aspects of HIV Infection, Brussels, March 1990.

Ross, D., Flynn, D., Foran, D., Foreman, M., Pomeroy, L. & Mulcahy, F.M. (1990) *The Impact of Socio-Demographic Factors on the Experience of HIV Infection in Women* - Poster Presentation, 2nd European Conference on Clinical Aspects of HIV Infection, 1990.

Sherr, L. (1991) *HIV and AIDS in Mothers and Babies*, Oxford: Blackwell Scientific Publications.

Sherr, L. (1995) 'Japan Summaries - Children and AIDS', in *AIDS Care*, Vol. 7, No. 1, 85-89.

Thorne, C. (1997) 'Vancouver Summaries - Children', in *AIDS Care*, Vol.9, No.1, 87-91.

Travers, R. ((1996) 'Children with HIV and AIDS - the Challenge of Secrecy', in *Inside Out*, No.26, Autumn 1996 (a quarterly publication for humanistic & integrative psychotherapy in Ireland).

Woods, M. (1990) 'Irish Women and HIV- an Overview', in *AIDS Inform*, Spring 1990 issue.

Study Group for the MRC Collaborative Study of HIV Infection in Women (1996) 'Ethnic Differences in Women with HIV Infection in Britain and Ireland', in *AIDS*, lO, pp. 89-93.

All correspondence to:-

Maeve Foreman, Senior Medical Social Worker,
Social Work Department, St. James's Hospital, James's Street, Dublin 8, Ireland.

BOOK REVIEW

E. Sherman & W. Reid (eds.,), (1994), Qualitative Research in Social Work, New York: Columbia University Press.

This 520 page tome is one of the most comprehensive explorations of qualitative research methodology in social work that I have seen. An American publication, it appears to be aimed primarily at a student audience, but would benefit equally well practitioners, policy makers, academics and researchers. It is a source book rather than a 'how to' textbook. Divided into five sections it first tackles what are seen as the five major qualitative methods: ethnography, heuristics, grounded theory, narrative methods and discourse analysis. The relevance to social work of each of these approaches is argued usually by established experts in the particular field and other chapters illustrate the application of each particular method on areas as diverse as Naturalistic Qualitative Evaluations of Child Treatment; the Process of Social Drift among the Homeless, Oral History Narratives of Elderly African-Americans, and Discourse Analysis in the Framework of Change Process Research. Other contributions address theoretical, ethical and practical aspects of each approach. This first section comprises nearly half the entire text at over 250 pages.

The remaining four chapters look at: Qualitative Approaches to Evaluation; Applications to Types of Practice, Settings, and Client Populations; The Integration of Qualitative and Quantitative Methods and finally Qualitative Research and Epistemological Issues.

Although there is always a problem of translating texts such as these featuring applied research in one country to the specific context here in another, I found the examples of usage informative.

Some well known social work academics and researchers such as Maluccio, Siporin, and Goldstein are featured here and the sweep of the book is impressive. It establishes firmly the claim of qualitative methodology for a central position in social work research while acknowledging the particular richness to be achieved by the combination of quantitative and qualitative approaches. In one contribution, Ann Hartman writes: "The boundaries of our profession are wide and deep and our literature must reflect this extensive territory. We are concerned about the nature of our society, about social policy, social justice, and social programs. We are concerned about human associations, about communities, neighbourhoods, organisations and families. We are concerned about the life stories and the inner experiences of the people we serve and about the meaning to them of their experiences. No one way of knowing can explore this vast and varied territory." (p.463). This book succeeds very well in highlighting some different 'ways of knowing' that can be used for social work research.

Trish Walsh
28.7.97.

BOOK REVIEW

Angela Everitt & Pauline Hardiker, (1996), Evaluating for Good Practice, BASW Practical Social Work Series, Macmillan.

As the authors of this text rightly point out, increasing attention is currently being paid to 'measurement' in social services and social welfare generally, terms like total 'quality management', 'performance indicators' and 'value for money' becoming commonplace in the public sector discourse. This movement coincides with considerable transformation in the organisational context within which services are planned and administered. The nature, orientation and validity of evaluative practices therefore become all the more crucial. A primary aim of Everitt and Hardiker's book is to develop an approach to evaluation which, the authors claim, can potentially facilitate open and informed debate about policies and practices. Yet, the aspect of this publication which is, to me, most interesting is less the actual research guidance offered than the critical perspective it presents on the role and function of evaluation in the public sector. In so doing, it exposes the often cynical manipulation of research data and questions the credibility of certain types of commissioned research, issues which should sound a warning knell in an environment which prides itself on its reflexivity.

The research paradigm or approach adopted is, according to Everitt and Hardiker's analysis, crucial to the outcome of any evaluation. They link the usage of rational technical (i.e. quantitative or positivist) methodology, with the de-professionalising tendencies of the 'New Right' in Britain. This approach to evaluation, through supposedly objective procedures, produces 'facts' which can only speak for themselves, and, the authors claim, can ultimately serve to legitimate supposedly objective management decisions which can include cutting and privatising services. Such an approach, they suggest can, by de-contextualising practice, also de-politicise it, ignoring the fact that practice is constructed within legislative, policy and funding processes, and 'is shaped through dimensions of class, gender, race, age, sexuality and disability' (p.26). The danger, argue Everitt and Hardiker, is not only the failure of a de-contextualised evaluation to provide opportunities for learning about the negative effects of discriminatory practices, but its further upholding of them. If the outcome of an evaluation is to improve practice it must include outlets for moral debate, and give a voice to the users, who include front-line professionals and clients. 'Conflictual discussions' about definitions of good practice and 'genuine dialogue' between users and those within the organisation are, the authors suggest, essential. They make a comparison between the 'assumption of rationality in organisations' (p.64) and the implementation of 'easy-to-measure' outputs such as statistics or simple measures of activity like case clearances. The limitations of these types of indicators are illustrated in three useful ways. Firstly, that some agencies do not 'own' certain aspects of their performance, for example, inter-agency relations, or the impact of

various policies. Secondly, they point out that 'objectives' are often conflicting, vague and displaced, using as an example the provision of 'accommodation' to children, (known in Irish legislation as 'voluntary care' for children) which can be used for many different purposes including social protection, social control or just an 'ordinary' service. Thirdly, they allude to the occasional conflict between professional ideologies and managerial control which renders practitioners' activities less visible, and consequently less measurable.

Neither are the authors satisfied with the 'interpretivist' paradigm, which, within its pluralistic approach facilitates the expression of differing perspectives and conflicting criteria of success or failure. Its weakness lies, they argue, in failing to clearly demonstrate the status of different conclusions, or the worthiness or suitability of those persons who make such an adjudication. These criticisms lead Everitt and Hardiker to propose the use of 'critical theory' as a research approach, which would serve the purpose of 'acknowledging the significance of subjectivity, values and power in the shaping of understandings of programmes, projects and practice' (p.84). By contextualising programmes and practices politically, socially and economically, and exposing dimensions of class, gender, age and 'prevailing ways of thinking' (p.99), evaluation within a critical social science paradigm would, they assert, be more effective in ensuring 'good' practice. Critical evaluators could use their awareness of power and powerful processes to ensure that workers and users, often marginalised and excluded from meaningful decision making about services, would have a 'say' in making judgements about effectiveness or otherwise.

Some of the principles which underpin the approach adopted by Everitt and Hardiker have been usefully illustrated by Trinder (1996) in her critique of the British Department of Health Child Protection Research Programme (Dartington Research Centre 1995). In this, Trinder points out that research strategies cannot be separated from current ideologies, and deplores the 'passing glance to plurality and social constructionism' (p.236) offered by the 'pragmatic' approaches employed in the research programme, which manages to present quite intractable 'real life' phenomena in a plausible fashion, and distance the analysis from consideration of wider, structural, influences.

As a handbook or guide or to social research, Everitt and Hardiker's work is not a particularly easy read, nor does it completely resolve the complex questions which it raises. Nonetheless, its aim to stimulate debate and consciousness about the political dimensions of evaluation is well met, and it offers a good theoretical foundation for a methodological approach to research in the social sciences. Anyone who is familiar with the uncertainty of the social world they are planning to study will appreciate the integrated nature of the critical perspective with its ability to address the different levels involved. Equally, this book could serve the purpose of enabling students and practitioners to apply critical and informed reasoning, or a jaundiced eye, to the various 'truths' presented by evaluative studies which have the potential to considerably re-shape social welfare policy and provision.

Helen Buckley
1st August 1997

BOOK REVIEW

Research Made Simple - A Handbook for Social Workers, by Raymond Mark (1996) Sage Publications, 413 pp

Any book that suggests that something can be "made simple" has to be immediately suspect. One that suggests that scientific research can be simplified must be treated with skepticism. Happily, initial doubts about this book are ill-founded. High quality research will never be made simple but it can be explained clearly.

This book acknowledges that social workers often approach research "with less than complete enthusiasm" if not total antipathy and that social work sometimes appears not to easily lend itself to the rigours of the physical sciences. This may be true but it is also the case that social work interventions are much more effective if backed up by good research and the knowledge that social workers gather can have a very positive impact on policy.

The first part of the book looks at the philosophical base of social work research, defining "research" and what constitutes a "scientific" approach. This is followed by considerations of ethics and research terms: variables, theories, concepts, hypothesis and so on. This section is done well with clearly laid out graphics to aid simplification.

The section on gender sensitivity is of obvious importance in any country but cultural sensitivity is perhaps more important in a multi-cultural society like the US. Though, with major issues arising in this country regarding immigration and refugees, perhaps the time is not far off when the same energy will have to devoted to it here too.

One of the best chapters, from this reviewer's point of view, was the one dealing with defining the research problem and conducting a library search of the literature. Regardless of what type of research one undertakes or whether the number crunching is left to specialists, this skill is a basic one that will pay dividends time and again.

Mark moves on then to look at such issues as sampling, quantitative and qualitative research, as well as data analysis, reliability and validity measures, statistics and hypothesis testing. None of these are "simple" concepts. However, they are all treated in a clear and relatively easy to follow style. Not everyone engaged in social work research needs to have complete grasp of these latter issues. A complete understanding of the use of the chi-square is no substitute for clear insight into the subtleties of the subject matter being studied. Unfortunately, some people engaged in research replace clarity of thought with quantity of data.

The section on qualitative research is particularly valuable, as some of the best social work research will be of this in-depth variety. However, it is extremely useful to have a basic grounding in quantitative research also and this Mark succeeds in providing. He also includes a useful outline for preparing a research proposal that can be used in a variety of situations. Also included is a useful glossary of terms.

If there is one message that comes out of this book it is that social workers should not undervalue either what they have to gain from, or contribute to, a greater familiarity with research skills. Mark also promotes the old fashioned concept of patience: "So don't be discouraged if at first the concepts appear strange or confusing. Some of them are. Know that this handbook and a good dose of patience are all you need to accomplish the task". But then, nothing worthwhile is ever really simple, not even research.

This is a useful book that would be a valuable asset on any social work student's book shelf or the library of any social work office.

Kieran McGrath

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