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Overview of the book

The chapters of this book fall into four sections. In Part I (Chapters 1 to 4) we attempt to sketch out the parameters of the field, drawing on experiences gained in Ireland, Europe and North America. It will become clear that social care practice, while having many common elements across contemporary developed societies, has different nuances and emphases that reflect varying political, ideological and social systems across the world. You are encouraged to view social care practice in this international context. It is always good to see what is happening elsewhere, in particular to draw on international best practice, but also to be aware of national traditions, histories and particularities. We discuss the issue of professionalism in social care, an important and pertinent theme that you will no doubt encounter at every stage of studying or working in this field.

Part II (Chapters 5 to 10) identifies some of the theoretical bases of social care practice. These include ideas drawn from psychology, sociology and social policy. There is an examination of the fundamental role of the 'self' in social care practice and of the key discourse of equality. The theory base of social care practice is evolving and has developed through the interplay of theory building, evidence gathering, policy development and polemical debate. We can expect to see the emergence in Ireland of an increasingly distinctive body of knowledge and thought in relation to social care practice that will be inextricably linked to the development of professionalism.

Part III (Chapters 11 to 16) focuses on key practice issues. These range from broadly based practices such as student placement, workplace supervision and multidisciplinary teamworking, to specific aspects of practice such as responding to challenging behaviour. We do not claim to address every aspect of the dynamic and expanding field of social care, but to provide some knowledge about, and insight into, the realities of social care practice, as well as linking that practice to theory.

Part IV (Chapters 17 to 25) examines social care practice with particular social and demographic groups such as young people, older people, homeless people, people with disabilities, Travellers and new immigrant communities. You will detect common themes such as respect for the people social care practitioners work with and the practitioner's close relationship with the worlds of others. You will also learn about the skills and approaches associated with working with people in specific social structures and circumstances. Social care practice is becoming a complex mosaic and this section tries to illuminate some of its components.

Part I

Understanding social care

Kevin Lalor and Perry Share

OVERVIEW

There is a good chance you are reading this because you are planning to be, or already are, a social care practitioner. Yet for many in Irish society, even those entering the field themselves, the meaning of the term ‘social care’ is not self-evident. A common question directed at social care students and professionals alike is, ‘What do you do?’ Misconceptions abound and in many cases practitioners are not accorded the recognition or status they deserve, partly as a consequence of a limited understanding of what the term means.

This chapter explores the notion of social care itself. Some definitions are examined, phrase by phrase, to see what is involved. A short history of social care in Ireland is provided, placing the current set of institutions and practices in a historical context. Aspects of social care practice are described, such as what qualities practitioners possess; what sort of work is involved; what practitioners do and where they do it; how much they get paid; and the difference between a social care practitioner and a social worker. It is hoped this opening chapter will answer some of the basic questions voiced by students, practitioners and others.

DEFINING SOCIAL CARE PRACTICE

It is difficult to define social care practice. Indeed, it has suited governments and some agencies not to have a standard definition as it helps keep salary and career structures vague. As of March 2013, full implementation of the Health and Social Care Professionals Act 2005, the legislative basis for defining social care practice, has yet to occur. A linked issue is the contested notion of social care as a profession. There is something of a chicken-and-egg situation here: it can be hard to define social care because of the lack of a clearly identifiable profession we can point to as ‘practising social care’; this in turn makes it hard to pin down what social care practice might be.

We hope that by the time you have read this book, and certainly – if a student – by the time you qualify, you will have a clearer idea of what social care practice means. Inevitably, this will be complex: you will have become aware of social care’s flexible nature; its contested position vis-à-vis other practices and

occupations (such as nursing, social work, counselling, occupational therapy); and, above all, its dynamism. Social care is a rapidly changing and developing field, in Ireland as elsewhere. We hope that you pick up something of this energy from this book, from your studies, from your interpretation of the world around you and from your own practical experience.

A concise definition agreed over a decade ago by the Irish Association of Social Care Educators, the body that represents the educational institutions in the field, is that social care is:

... a profession committed to the planning and delivery of quality care and other support services for individuals and groups with identified needs.

This definition is sketchy and could be applied to many helping professions. Nevertheless, it incorporates a number of key terms that help to mark out the 'professional territory' of social care practice. Let us deconstruct it:

'a profession'

Social care practice is not just an ordinary job. Nor is it done on a voluntary or amateur basis, which distinguishes it from the (equally valuable) care that is carried out informally in Irish society by family and community members. 'Professionalism' implies an occupation with some status that requires access to a specific body of skills and knowledge.

'planning and delivery'

Social care is not just about providing services, it is also about devising and planning them. This process requires various skills and types of understanding; for example, an ability to provide hands-on care and support to people, an ability to identify what people require, an ability to plan accordingly, preferably drawing on available evidence and policy guidance, and an ability to communicate directly with people in an authentic way.

'quality care and other support services'

Social care is about the provision of quality care, and also about providing other supports. For example, advocating on behalf of another, turning up in court to speak before a judge or knowing where best to refer a person who has a specific problem.

'individuals and groups'

Social care can be provided on a one-to-one basis, but it can also involve working with a small or large group or a community. It requires well-developed interpersonal communication skills and a good knowledge of group dynamics.

'with identified needs'

Social care practitioners in Ireland (as in many other countries) have traditionally worked with children, young people and people with disabilities, who are in the care of state or voluntary organisations. While caring for these groups remains an important task, social care practitioners now work with a broader range of people, of all ages, who have special 'needs' or vulnerabilities. There are people whose needs have been identified only recently, such as survivors of clerical sexual abuse or children with hyperactivity disorders. New sets of identified needs may emerge at any time. For example, due to recent immigration patterns, it is quite likely that there will be a need for ethnically appropriate care of older people in Ireland in the future. The dynamic nature of society helps to explain why social care is a constantly changing field of practice.

So, even a single sentence can constitute quite a complex definition!

A second definition (more a description) of social care work emerged from a 2011 consultation with practitioners, managers and educators. Members of the Irish Association of Social Care Workers (IASCW), Irish Association of Social Care Educators (IASCE) and Resident Managers' Association (now, Irish Association of Social Care Managers, IASCM) were asked by the Professional Regulation Unit of the then Department of Health and Children to suggest a definition that would capture the full range of activities involved in social care work. This definition would facilitate the translation of overseas qualifications for people coming to work in Ireland, especially from other parts of the European Union. The following description of social care work emerged:

Social care workers plan and provide professional individual or group care to clients with personal and social needs. Client groups are varied and include children and adolescents in residential care; young people in detention schools; people with intellectual or physical disabilities; people who are homeless; people with alcohol/drug dependency; families in the community; or older people.

Social care workers strive to support, protect, guide and advocate on behalf of clients. Social care work is based on interpersonal relationships which require empathy, strong communication skills, self awareness and an ability to use critical reflection. Teamwork and interdisciplinary work are also important in social care practice.

The core principles underpinning social care work are similar to those of other helping professions, and they include respect for the dignity of clients; social justice; and empowerment of clients to achieve their full potential.

Social care practice differs from social work practice in that it uses shared life-space opportunities to meet the physical, social and emotional needs of clients. Social care work uses strengths-based, needs-led approaches to mediate clients' presenting problems.

Social care workers are trained, inter alia, in life span development, parenting, attachment and loss, interpersonal communication and behaviour management. Their training equips them to optimise the personal and social development of those with whom they work. In Ireland, the recognised qualification is a 3-year Level 7 degree. In Europe, social care work is usually referred to as social pedagogy and social care workers as social pedagogues.

This description of social care work contains most of the elements of previous definitions and attempts to describe roles, values and formation of professionals in the field. Some key phrases are evident:

‘Social care workers’

This term has been replaced in most educational and many professional settings by the term ‘social care practitioner’. Neither is inherently superior to the other, but we have largely used the latter term in this book for reasons of consistency. It also helps to clearly distinguish social care practitioners from social workers.

‘plan and provide’

This phrase emphasises the autonomous, independent nature of social care practitioners, who do more than simply implement the plans of other professionals.

‘professional’

All definitions and descriptions of social care practice claim professional status and the associated benefits of pay, prestige and status. ‘Professions’ are socially constructed and particular groups must advocate for the social privileges that come with this status; it is not enough to simply claim it.

‘personal and social needs’

Social care practice is manifestly a helping profession.

‘Client groups are varied’

While the origins of social care practice in Ireland (as elsewhere) lie in residential child care and work with people with disabilities, the role has now expanded to include multiple settings and groups.

‘support, protect, guide and advocate’

The term ‘care’ is considered in a more dynamic way today than it was in the past, to include ideas of advocacy, education and development.

‘interpersonal relationships’

This is how social care practitioners work towards change: a central idea is that of the ‘self’ as the ‘toolbox’.

‘empathy, strong communication skills, self-awareness and an ability to use critical reflection’

Education and training alone are not sufficient. As with all the helping professions, particular personal attributes and dispositions are required.

‘Teamwork and interdisciplinary work’

Social care practitioners should be capable of managing the dynamics of working in groups, including interdisciplinary teams.

‘core principles . . . include respect for the dignity of clients; social justice; and empowerment of clients’

These core principles are shared with other helping/social professions but have typically not been articulated explicitly in previous descriptions of the role of social care practitioners.

‘differs from social work . . . uses shared life-space opportunities’

In Ireland, social work is the older profession and has a considerably longer education and training history, based on the British model. Thus, it is not surprising that a description of social care work will emphasise how it differs from social work. In truth, the two professions are closely related and the distinction made in Ireland is less pronounced in other jurisdictions.

We have now discussed several elements that you could assemble to create your own definition of social care practice. Such descriptions will help you to understand what social care practice is, but the reality of social care practice does not always adhere tightly to any definition. Some ideals may not be attained; some are favoured in specific situations. There are political debates and disagreements over what social care practice should be. We suggest that you make use of these ideas to examine and think about examples of social care practice you encounter directly or through reading and research. Ask yourself: Which aspects are brought to the foreground? How could things be done differently? How could they be done better?

In the broader European context, social care practice is usually referred to as social pedagogy, and social care practitioners as social pedagogues. In the United States, Canada and South Africa, the term ‘child and youth care’ (abbreviated as

CYC) is commonly used, with the derivation child and youth care worker. These alternative models are explored in greater detail in the chapters that follow.

How does social care work differ from social work?

Students of social care work often ask how it differs from the profession of social work. In a sense, the answer is straightforward.

Social workers are typically employed by the health authorities (different branches of the health services or the Child and Family Support Agency) and are allocated 'cases' to manage. Legislation empowers the health authorities to take children into care and social workers are usually the officers used for this function. Section 4(1) of the Child Care Act 1991 states, 'where it appears to a health board that a child who resides or is found in its area requires care or protection that he is unlikely to receive unless he is taken into its care, it shall be the duty of the health board to take him into its care under this section'. Social workers may initiate and manage this process.

Social care practitioners typically work in a more immediate way with service users, sharing their daily living environment and interacting across a range of care, domestic, education and semi-therapeutic settings. They do not have a specific legal role, nor the power that comes with it. They are less likely to spend their working day in an office or behind a desk (although this is always a risk!) and are more likely to be found in a residential setting, at a youth club, in the street, at a community centre or with a family. The differences of work orientation between the two professions are outlined in Table 1.1.

Table 1.1. Social work and social care practice: orientations

Social work focuses more on:	Social care practice focuses more on:
<ul style="list-style-type: none"> • Social and community networks. • Social problems. • Organisations and policies. • Knowing about children and families. • A wide variety of societal groups and issues. • Problem-solving. • Gaining power and societal influence. 	<ul style="list-style-type: none"> • Individual and interpersonal dynamics. • Human development. • People and relationships. • Living and working with children and families. • Specific needs of particular groups. • Helping and growth process. • Gaining self-awareness and personal growth.

Source: Anglin (2001: 2)

It is fair to say that, in Ireland, social care practice and social work have developed on parallel yet separate paths. Social care practice is a 'newer' professional area than social work. Its origins can be traced to various sources, but most specifically to the residential care of young people and the care of people with disabilities. It does not yet have a legal definition or regulation, although this will change with

the establishment of a registration board for social care work, as provided for in the Health and Social Care Professionals Act 2005. Education of social care practitioners is carried out predominantly in the institute of technology sector, with elements in the further education and private sectors. It is largely confined to undergraduate programmes at Level 7 and Level 8 on the National Framework of Qualifications (NFQ), although with an increasing number of Masters (Level 9) and other postgraduate programmes. The number of entrants is not controlled by any overarching body and the number of students of social care practice has increased rapidly and substantially in the twenty-first century (Lalor, 2009).

The historical development of Irish social work has been comprehensively described by Skehill and others (Kearney and Skehill, 2005; Skehill, 1999, 2003). It is the story of an occupational group seeking to develop a coherent professional identity, shaped by contemporaneous processes in the United Kingdom and elsewhere. This process has resulted in a recognition by the Irish state that social workers have key, legally defined roles in relation to areas such as child protection and adoption, and also have a specific location in the health services and in the justice services, for example in probation work. Social work education is confined to the university sector, often at postgraduate level, and the number of places is strictly limited and controlled.

Professional convergence?

In practice, internationally, the distinction between social care work and social work is becoming increasingly blurred. The phrase ‘social work’ has different meanings in different countries and is as complex to define and describe as social care work. Sarah Banks, a leading British writer in the field of social work ethics, notes (2012: 1–2):

Social work is . . . a difficult occupation to encapsulate. It is located within and profoundly affected by diverse cultural, economic and policy contexts in different countries of the world. Social work embraces work in a number of sectors (public, private, independent, voluntary); it takes place in a multiplicity of settings (residential homes, neighbourhood offices, community development projects); practitioners perform a range of tasks (caring, controlling, empowering, campaigning, assessing, managing); and the work has a variety of purposes (redistribution of resources to those in need, social control and rehabilitation of the deviant, prevention or reduction of social problems, and empowerment of oppressed individuals and groups).

Although social work practice is contested, and varies from country to country, the International Federation of Social Workers (IFSW) uses the following definition to seek to unite all social workers (ifsw.org):

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

What is interesting from our perspective is how broad this definition is, and how it could apply to social care practice, for example in:

- The assertion that the discipline is a profession.
- The emphasis on ‘problem solving’, providing services to people with needs.
- The use of theories of human behaviour and social systems to inform practice.
- The goal of empowerment and liberation of service users. This aspect of the professional’s work is perhaps less explicitly stated in Irish definitions of social care work (notwithstanding references to advocacy), compared with social work, where the definition also contains a commitment to principles of human rights and social justice.

Using terms and concepts that we have seen in earlier definitions of social care practice, the School of Applied Social Studies, University College Cork (UCC, n.d.) defines social work as:

... a profession that is primarily concerned with supporting and helping people in a variety of situations and settings. It is also about working in solidarity with socially excluded people and groups in meeting the challenges that their social exclusion creates. Social workers work in a wide range of settings and with different groups of people. Social workers work with individuals, families, groups and communities. Their work can span a wide variety of roles including counselling, group work, lobbying, advocacy and political activism. Social workers often have to network with other professions such as gardaí, doctors, public health nurses, and schools, as well as service-user and advocacy networks. Ultimately, social work aims to support people to live more successfully within their local communities by helping them to find solutions to their problems.

Clearly, there are commonalities across the two professions. Indeed, some suggest that social care practitioners have ‘picked up’ work that used to be performed by social workers, before they were engulfed in such high volumes of child protection case work management. That said, there are considerable differences in the roles, in Ireland and elsewhere. Child protection guidelines, *Children First* (DoHC, 1999), acknowledge ‘the need for multi-disciplinary and inter-professional responsibility, [but] clearly locate primary responsibility for child protection with community care social work teams’ (Skehill, 2003: 146). This gives priority to the

social work profession – even if such teams also contain social care practitioners. When *Children First* was updated in 2011 the social worker’s central role in child protection and welfare was re-emphasised: ‘all personnel involved in a case should consistently make efforts to remain in contact with the key worker (who is normally the HSE social worker)’ (DCYA, 2011: 19) and ‘reported concerns about child protection and welfare are normally followed up by a HSE social worker. . . . the HSE Social Work Manager may allocate this role to another professional or agency closely involved with the family’ (2011: 30).

While there is much similarity in the nature of social work and social care practice, and quite a degree of convergence, we can see that the pathways into practice are quite different, as is the status of the profession in relation to the state. Social work has greater public influence and recognition and consequently is more open to public scrutiny and criticism. Social care practitioners are much greater in number, may potentially have a much greater impact on the day-to-day delivery of social services and are to be found in a much broader spectrum of activities but, despite this, have a much lower public or professional profile. Increasingly, both groups are to be found in multidisciplinary teams along with others such as nurses and psychologists. It will be interesting to see how the different yet overlapping occupational and professional identities develop in the future.

A BRIEF HISTORY OF SOCIAL CARE IN IRELAND

In order to understand social care, it is important to understand where it has come from. Any attempt to sketch out a history of social care practice in Ireland inevitably results in a strong emphasis on the institutional context. Modern social care practice was born out of ‘serious deficiencies in the running of children’s centres . . . and the recognition of the need for professionally trained staff’ (Kennedy and Gallagher, 1997). In independent Ireland, social care was historically provided on behalf of the state by the Catholic and other churches (Fanning and Rush, 2006) and, until very recently, was largely unregulated or, perhaps more accurately, regulated in a very fragmentary way. For example, preschool regulations were introduced only in 1996, after decades of both public and private provision. In relation to the care of children, a piece of British legislation, the 1908 Children’s Act, provided the legislative framework in Ireland for the greater part of the twentieth century. But by 1991, the social and political situation with regard to children ‘at risk’ had changed significantly, reflecting a greater consciousness of the centrality of the rights of the child (Buckley et al., 1997; Focus Ireland, 1996; O’Higgins, 1996).

The Child Care Act 1991 is in total contrast to the 1908 Act, which imposed negative duties to rescue children who had criminal offences committed against them or who were being cruelly treated. Specifically, the 1991 Act recognises the welfare of the child as the first and paramount consideration. The rights and

duties of parents are important (and are endorsed in the Constitution), but due consideration must be given to the child's wishes. The Children Act 2001 governs the administration of juvenile justice and, as such, impacts on the work of social care professionals in children's detention schools (formerly industrial schools and reformatory schools). More recently, the Criminal Justice Act 2006 contains a number of provisions for juvenile justice (Lalor et al., 2007) and, in 2012, the passing of the Children referendum (thirty-first amendment to the Constitution) enhanced the legal position of children vis-à-vis the family.

Several influential reports have helped to shape the development of social care practice. Reflecting broader international trends, they aimed fundamentally to reorient the direction of social care provision away from care in large institutional settings and towards care in small-scale units and in the community. They also emphasised the rights of the 'cared for' and criticised many aspects of institutional practice. These reports have been extensively reviewed and described by a range of writers (Buckley et al., 1997; Ferguson and Kenny, 1995; Focus Ireland, 1996; Gilligan, 1991; O'Higgins, 1996; Skehill, 2005), so we will not outline them here. The most significant reports were arguably the Tuairim report (1966), Kennedy report (DoE, 1970), report of the Task Force on Child Care Services (1980) and *Report of the Kilkenny Incest Investigation* (McGuinness, 1993). There has also been a succession of influential reports in the disability sector, the most important of which has been *A Strategy for Equality* (Commission on the Status of People with Disabilities, 1996). In the education and training sector, the *Report of the Committee on Caring and Social Studies* (NCEA, 1992) laid out the basis for the range of educational programmes in social care practice. These documents all comment on aspects of social care provision and, amongst other things, have influenced the type of education and training that social care practitioners should receive and changed the skill sets of practitioners. There is now less emphasis on some 'practical' skills (such as homemaking and health care) and a greater emphasis on research, policy issues and academic knowledge. There has been, and still is, much debate about the virtues or otherwise of such a shift.

Social care practice has long been associated with residential child care. This emphasis has changed dramatically, especially with the decline of large institutions (such as children's homes) and the emergence of alternatives such as foster care, community-based projects and community child care. The field of social care has expanded greatly in recent years, in Ireland as elsewhere. It has been acknowledged that the types of skills and knowledge that social care practitioners exhibit can be constructively applied in other areas, such as in the care of people with disabilities, in working with older people and in responding to the needs of a broad range of people from drug users to victims of domestic violence to asylum seekers. Inevitably, this brings social care practitioners into contact with other professions, including medical professionals, social workers and An Garda Síochána. Social care practitioners' participation in multidisciplinary professional teams is now

quite common, which presents challenges to how people work in these fields. For example, the introduction of models of social care practice to the care of older people will involve a challenge to the highly medicalised practices in this field, where nurses and other medical practitioners have been dominant. This will lead to debate and perhaps even conflict between professional groups.

Three social care representative bodies were mentioned above. The Resident Managers' Association (now the IASCM) was founded in 1930, the IASCW was established in 1972 and the IASCE in 1998. Historically, each of these three organisations had separate memberships, structures, conferences and publications. Recognising strength in numbers, they came together in 2011 to form Social Care Ireland, an umbrella or federation body for social care. It has established a joint annual conference, and the *Irish Journal of Applied Social Studies* (online in open access format since 2010) has been adopted as its professional journal. The goal is to create a single, vibrant professional body, with special interest groups for education, management and specialised areas of practice (for example, residential child care, intellectual disabilities, addiction work).

When the first edition of this book was published in 2005, it was the first integrated attempt by educators and practitioners in the social care field in Ireland to define and describe the practice of social care. Inasmuch as it has been widely adopted by educators, students and practitioners of social care, it has represented one small step in unifying the field of social care. A more extensive body of knowledge has subsequently emerged (for example, Charleton, 2007; Garavan, 2012; Hamilton, 2012; Jackson and O'Doherty, 2012; Lyons, 2010; McCann-James et al., 2009; O'Connor and Murphy, 2006; O'Neill, 2004; *Irish Journal of Applied Social Studies*).

WHAT PERSONAL QUALITIES DOES A SOCIAL CARE PRACTITIONER REQUIRE?

We can see that a social care practitioner must have a wide range of personal and intellectual attributes. 'Academic' qualities include: a broad knowledge base, an ability to work independently and as part of a team, research skills and a problem-solving approach. Much social care education and training aims to assist students in developing these skills. In addition, certain personal attributes tend to characterise practitioners, such as reliability and trustworthiness, altruism, maturity, empathy and compassion. Social care practitioners must be open-minded and prepared to examine, and perhaps even change, their attitudes towards others. It is open to debate whether these qualities can be taught or are somehow 'innate' in people who are attracted to social care practice as an occupation.

How a social care practitioner develops as a person and as a professional depends on:

- The quality of the practice environment.
- The quality of undergraduate education and training available and, after graduation, the quality and accessibility of continuing professional development (CPD) training.
- The quality and consistency of professional supervision.
- The philosophy of one's work peers about the work and about service users and their families.
- The ability to be self-reflective in one's work.
- The ability to take constructive criticism and turn it into 'best practice'.
- A determination to keep up to date in reading, in seeking out evidence-based solutions and in considering and evaluating new approaches to work.
- A willingness to be an advocate for the profession.

This list constitutes a comprehensive and demanding set of challenges for the social care practitioner.

WHAT QUALIFICATIONS DOES A SOCIAL CARE PRACTITIONER NEED?

In Ireland, the professional qualification for social care practice is a BA (Ordinary) Degree in Social Care Practice or Applied Social Studies. The recognised qualifications are detailed in Schedule 3 of the Health and Social Care Professionals Act 2005. The Act uses the old terms of 'diploma' and 'national diploma', even though these qualifications were reconfigured in 2001 as the BA (ordinary) degree (Level 7) by the National Qualifications Authority of Ireland. Most qualified practitioners go on to complete an honours degree (Level 8) in the field, and an increasing number progress to postgraduate qualifications.

Professional-level programmes in social care are now offered at all institutes of technology, with the exception of Dún Laoghaire, as well as at Carlow College, the Open Training College (based in Goatstown, Co. Dublin, and specialising in the field of intellectual disability) and NUI Galway (which commenced provision in 2008). Significant numbers of students are also enrolled on FETAC Level 5 social care/applied social studies programmes in colleges of further education (FE), such as Ballyfermot College of FE, Coláiste Dhúlaigh College of FE, Inchicore College of FE and Cavan Institute.

A course of study in social care typically includes subjects such as sociology, psychology, social policy, principles of professional practice, law, creative skills (art, drama, music, dance, recreation), communication and research methods. Many courses offer specialised modules in particular areas, such as community, youth or disability studies. A key element of studying to be a professional social care practitioner is involvement in a number of supervised professional practice placements of several months' duration. Some students already working in the field ('in-service' or 'work-based-learning') may undertake their placements at work, closely supervised.

The question of a potential ‘oversupply’ of social care graduates is sometime raised, but difficult to assess. There is no national system to monitor the education of social care practitioners. Colleges survey graduates regarding employment and further education experiences and, although response rates to such surveys are generally poor, they do provide some indication of graduates’ success in securing relevant employment. A 2011 survey of social care graduates of Dublin Institute of Technology yielded a response rate of 83 per cent and showed that only 7 per cent were seeking employment. The remainder were in employment (66 per cent), not available for employment (24 per cent) or in further study/training (3 per cent). Of those in employment, 89 per cent were in the social care sector. These employment levels are more positive than might have been expected given the deep recession that Ireland has experienced in recent years. Overall, there is a strong argument for the ongoing monitoring of graduate output by individual colleges, by the IASCE and by the Higher Education Authority.

There have been some significant developments in social care education in recent years. In particular, two documents have been published that will do much to shape the nature and development of the profession. First, the Higher Education and Training Awards Council (now part of Quality and Qualifications Ireland) published national award standards for social care work (HETAC, 2010), which detail the learning outcomes and competencies expected of social care graduates from NFQ Levels 6 to 10 (higher certificate to doctoral level). These standards provide a national benchmark for education providers. They were produced by an expert panel of practitioners, managers and national and international academics, which represents the most comprehensive consultation with the sector regarding education and training standards to date.

Second, the Health and Social Care Professionals Council (CORU) has published *Criteria and Standards of Proficiency for Education and Training Programmes* (CORU, 2012). The Health and Social Care Professionals Act 2005 empowers CORU to approve and monitor education and training programmes for the various health and social care professions, including social care work and social work. Consequently, following the establishment of professional registration boards for each of the health and social care professions, CORU will have an oversight role in approving education and training programmes nationwide. As of March 2013, only the registration boards for social work and radiography have been established. The registration boards for dietitians, occupational therapists and speech and language therapists shall be established during 2013. No date has been set for the establishment of the registration board for social care work.

WHAT DO SOCIAL CARE PRACTITIONERS DO?

Anglin (1992) has observed that social care practitioners work in two main areas, with a very broad range of practices, as listed in Table 1.2.

Table 1.2. Key tasks of social care

Direct service to clients	Organisational activities
Individual intervention	Case management
Group intervention	Client contracting
In-home family intervention	Report writing and formal recording
Office-based family intervention	Court appearances/legal documentation
Assessment of child	Programme planning and development
Assessment of family	Use and interpretation of policy
Child management	Individual consultation with other professionals
Child abuse interventions	Participation in professional teams
Employment counselling or assistance	Co-ordination of professional teams
Life skills training	Contracting for services
Health management	Supervision of staff, students or volunteers
Education remediation	Staff training and development
Recreational leadership	Public relations/community education
Arts and crafts leadership	Organisational analysis and development
Counselling on death and dying	Policy analysis and development
Therapeutic play	Financial analysis/budgeting
Parenting skill training	
Sexuality counselling	
Marriage counselling	
Stress management	
Lifestyle modification	

Source: Anglin (1992)

Many of the chapters in this book expand on different types of work that social care practitioners carry out. If we were to prioritise, we might suggest that the main role of the practitioner is to work alongside service users to maximise their growth and development. The social care practitioner is also, crucially, an advocate for change.

WHERE DO SOCIAL CARE PRACTITIONERS WORK?

In Ireland, social care practitioners may be employed in:

- The state (statutory) sector; for example, the Departments of Children and Youth Affairs, of Education and Skills or of Justice and Equality.
- The non-governmental sector; for example, Barnardos, the Brothers of Charity, Enable Ireland or Focus Ireland. These organisations are fully or partially funded by government.
- Community-based organisations such as community development projects or Garda Youth Diversion Projects.
- The private sector, where there has been a recent increase in providers operating in the residential child care and foster care areas. Companies such as Positive Care Ireland and Fresh Start have grown to become considerable actors in the field.

In the early 2000s the Joint Committee on Social Care Professionals (JCSCP, 2002) enumerated some 2,904 social care practitioners who were working in community child care (71), in children's residential centres (1,214) and in intellectual disability services (1,619). Of these, just over 55 per cent held a professional qualification, with 14 per cent holding no qualifications at all. In 2011 CORU estimated that approximately 8,000 people will be eligible to register as 'social care workers' when the relevant registration board is established; this estimate is still considered accurate in 2013.

Social care practitioners make valuable contributions in emergent and developing areas such as community development, family support, Garda and community youth projects, women's refuges, county childcare committees, care of older people, and research and policy work. The breadth of chapters in this book reflects some of this diversity, but statistics for the numbers working in such areas are hard to quantify.

SOCIAL CARE PRACTICE: A CHALLENGING OCCUPATION

Social care work can be very challenging, emotionally and physically, and can mean working in some very difficult environments. It can also be uniquely rewarding. For example, the profile of children in residential care may often include multiple loss, rejection, deprivation, neglect and abuse. As a consequence, there can be a large gulf between desires, expectations and reality. The work of the social care practitioner calls for a unique mix of skills and personal attributes. Risk is now synonymous with child protection and welfare (Bessant, 2004). Attention is increasingly directed at what are variously termed 'high risk', 'high challenge' and 'at risk' children, with a child protection service concentrated on a small number of cases at the heavy end of the (perceived) spectrum of risk.

Unfortunately, it is not uncommon for social care practitioners to fail to receive formal supervision on a regular basis, to receive verbal and sometimes physical abuse from service users, to work in under-resourced areas, and to work unsocial hours. With increasing professionalisation and regulation of the field, there is a hope that many of these issues will be addressed in the future.

Salary scales

The late 1990s saw a period of considerable activity by social care practitioners and their trade union representatives for an improvement in salaries and career pathways. This led to a significant salary increase in 2001, by as much as 33 per cent for some grades. In 2009 the salary scales of social care workers were similar (albeit slightly higher) to those of nurses and primary teachers (Lalor and Share, 2009: 19), ranging from €33,000 to €46,000. Since then, all salaries in the public sector have seen significant decreases. In January 2011 the salary scale for new entrants was €29,993 to €39,875 (impact.ie). Further significant cuts to public sector pay have been foreshadowed.

CONCLUSION

Social care has been a growth area in Ireland. It is a demanding but rewarding occupation, as social care practitioners make a real difference in the lives of others. Formal social care had humble beginnings, located within a largely clerical or philanthropic context, but has now expanded to include the statutory, community and voluntary sectors. Social care practitioners are now educated to degree, and increasingly to postgraduate, level. Salaries and career structures have improved since the 1990s. A statutory registration system is being established that will ultimately oversee future professional development in the field. The management and reporting structures in social care practice are moving towards an acceptance of the social care practitioner as an independent, autonomous professional. Social care work remains a rewarding and fulfilling career and occupational choice.

What is social pedagogy? A new way of working with older people in Sweden

Mats Högström, Riitta Nilsson and Per-Axel Hallstedt with Perry Share

OVERVIEW

As highlighted in Chapter 1, it can be difficult to explain the concept of social care practice to people outside, or even within, the field. One reason for this is that it has yet, arguably, to develop a coherent and well-recognised theoretical or philosophical basis. It has developed from a combination of elements of social work, youth and community work, different models of therapy, moral frameworks, often religious ones, and very pragmatic notions of action and behaviour. As it develops, it is likely to continue to draw on these sources, but it will also draw on others – and one that may become more influential is the European tradition of social pedagogy.

Social pedagogy is a field of practice, thought and research that has developed in many countries of continental Europe over a period of more than a century. It is found in different forms from Norway and Russia to Portugal and Hungary, but receives varying levels of official recognition and respect. In Ireland, there is some familiarity with the social pedagogy of the Nordic countries, in particular Norway, Sweden and Denmark, due to many years of student and staff exchange between Ireland and those countries. More recently researchers, practitioners, government agencies and educators in parts of the United Kingdom have sought to introduce social pedagogy into that state. Given the heavy dependence of Ireland on models of theory and practice from Britain, it is likely that this will provide further stimulus to the development of social pedagogical approaches in Ireland. It might be argued that social care practice in Ireland already shares many features of the social pedagogical approach, as do elements of Irish practice in youth work, community development and community and adult education.

This chapter briefly outlines the nature of social pedagogy and some of the principles that underlie it. The bulk of the chapter comprises a case study of the application of social pedagogy in elder care in Sweden. The chapter concludes with some reflections on the implications of moving towards a stronger element of social pedagogy in Irish social care practice.

WHAT IS SOCIAL PEDAGOGY?

Speaking at an Irish symposium on social pedagogy in 2012, a Finnish expert in the field suggested that the concept is ‘difficult to catch’ because it is used in different ways and contexts; it has a multiplicity of theoretical self-conceptions; it is influenced by different philosophies and ideologies, political interests and professional aspirations; and it has diverse country-specific traditions (Hämäläinen, 2012). That said, there are some common elements and theories underpinning the approach. There is an expanding English-language literature in social pedagogy – some translations of Nordic texts, some originally written in English. Any student or practitioner wishing to explore the concept of social pedagogy will find these sources useful (Cameron and Moss, 2011; Kornbeck and Rosendal Jensen, 2011, 2012; Smith, 2012b; Storø, 2013; Stephens, 2013; thempra.org.uk).

Social pedagogy has long historical roots and geographical origins, but most immediately emerges from mid-nineteenth-century German ideas about education and society. Like many modern ways of thinking about society, it was a response to the forces of industrialisation and urbanisation in Europe and America. Thinkers in many fields (such as sociology, psychology and education) struggled with the apparent breakdown of local (often rural) communities and the rise of individualism. The concept of social pedagogy, as its name suggests, sought to combine ideas of education (of children, young people and adults) with a consciousness of the needs of community.

Social pedagogy combines philosophical concepts of the nature of humanity (and how people find their potential) with an understanding of social conditions and problems and with ‘pedagogy’, or instruction towards change and development (Smith, 2012b). It can be argued that social pedagogy moves beyond individualistic notions of education or social work that focus on the individual or the family unit – it purposely addresses human beings in the context of their community. It has much in common with certain types of youth work, community development practice and community and adult education.

In practice, social pedagogy means working with people in the context in which they live – their life world in a holistic sense. It may take place over an extended period, involve in-depth communication and perhaps living in the same space, and have an overt developmental purpose. It is not just about solving people’s ‘problems’, although that may be part of the response. It usually means working with people to enhance their self-management skills and capacities.

Social pedagogy is most commonly used with children and young people and in this context has become of particular interest to policy makers and practitioners in Britain (Cameron and Moss, 2011) and Ireland (galteeclinic.ie). But, as emphasised by Böhnisch and Schröer (2011), it can be applied across the whole lifespan; indeed, social pedagogues do work across all age groups in Denmark and some other places.

Fristrup (2012) notes that ideas about old age are changing. Rather than being segregated, older people are now expected to participate in, and contribute to, society more extensively than before. This presents a challenge to traditional institutions that provide care for older people, which in Ireland, as in many other societies, tend towards a medical model of care that focuses on older people's deficits rather than their capacities (see Chapter 18). Social pedagogy has been identified by some as a new and better way of working to support Europe's ageing population.

The remainder of this chapter features a case study of the application of social pedagogy with older people in Sweden. While social pedagogy is an established means of working with children and young people in that country, it has not yet been applied on an extensive scale to working with older people. You will note the issues of communication, activity, self-actualisation and sociability that underpin the social pedagogical approach, as well as its basis in certain philosophical concepts and sources.

CASE STUDY

Introduction

In 2006 one of the social districts of the city of Malmö, Västra innerstaden, employed two 'elderpedagogues'. Elderpedagogues are social pedagogues who have been trained to work with older people, using the theories and techniques of social pedagogy as it has developed in Sweden and elsewhere.

Research among a sample of elderly people in Malmö had found that older people were mostly content with the care they received in residential care settings and through home help services, but a significant number complained about long and dreary days during which nothing much happens. This finding reinforced a growing awareness of the connection between health and social situation and that close relationships, physical activity and having something meaningful to do promote health and wellbeing for older people. These circumstances called for new measures, something different from the traditional care provided.

Social workers in a home help service identified a number of older people who were lonely and unhappy. To alleviate this situation, a project was launched in which two elderpedagogues, Lotta and Beata, were employed. Lotta and Beata began to visit the older people and succeeded in establishing good relationships with them. In one case, Beata offered to accompany Elsie, an 82-year-old woman, to the hairdresser's salon. This visit offered a mutual interest and potential topics of conversation. It was also the first time Elsie had been outside her home in a year. She had been afraid to leave her apartment due to a combination of depression and a fear of going out alone.

After a few more visits Beata thought Elsie was ready to meet new challenges. Beata and Lotta had started conversation groups at the neighbourhood day centre

and so Beata suggested to Elsie that she visit the centre. They went there together and Elsie found it to be a friendly place with many other older women in similar situations. After making a couple of visits to the centre with Beata, Elsie began to go there unaccompanied.

Lotta and Beata aim to improve the situations of the older people they work with. Their educational aim is to put an end to loneliness and to persuade individuals to socialise with other people. They must consider carefully the best way to approach this process. For example, Beata had to reflect on the opportunities available to Elsie and how they should be presented to make them appealing to her. Embedded in this process is the eternal question of pedagogy: Are you allowed to influence the other? (Hallstedt and Högström, 2005; Nilsson, 2004, 2006). Is Beata a transmitter of certain values and norms (such as that it is 'normal' to meet and socialise with people)? To avoid coercion, Beata needed to engage with Elsie in a symmetrical relationship.

Communicative actions

We can draw on the concepts of communication developed by the German social theorist Jürgen Habermas (1984) and ask: Is the elderpedagogue in this situation bound to communicate to reach success (as a means to an end) or is there an opening for communication that seeks to reach mutual understanding? The second option is the right one for the pedagogue.

Take a common situation where an elderpedagogue is convinced that a specific activity would be good for an older person. This activity is something that the older person really could prosper from and is within cultural norms (otherwise it would not be possible to reach an agreement). Elderpedagogues must understand, however, that while they are in a position to persuade the older person to take part in the activity, the older person's views and arguments against the proposal are valid. So, when is it right to use persuasion in this kind of relationship? When can persuasion lead to a mutual understanding? One way of looking at this is to take the relationship between the two parties into consideration. Persuasion can be used only when there is an element of symmetry in the seemingly asymmetrical relationship. The element of symmetry, or equality, in the relationship makes it possible for the older person to oppose the elderpedagogue's proposition, and present alternative arguments.

The proposition is something that the elderpedagogue really wants to happen, not just something that should be done as a duty or part of the job. We can distinguish between the preferred in a personal sense and in a professional sense. There is a difference between personally feeling that something is right and knowing that it is right from a professional point of view. It is professional authenticity that matters in professional life. It is possible for the parties to meet in communicative dialogue within this professional framework. They are communicating for a successful outcome, but, crucially, this communication is based on the development of a mutual understanding between them.

Elsie found her place at the day centre and visited it often. She appreciated meeting and chatting with other older people. Now and then the elderpedagogues were leaders of their conversations. As professional pedagogues they had an aim for these conversations: small talk is important but sometimes deeper issues need to be raised and discussed. Conversations are a powerful tool in elderpedagogy, but the elderpedagogues have to be sensitive that they do not threaten the integrity of the older people.

Bildung

A central concept in social pedagogy is that of *bildung*. There is no direct translation of this German word, derived from the philosophical writing of Immanuel Kant, into either English or Swedish, but it relates to how the individual and the development of the individual's personality are linked to the outer world (Gustavsson, 2010). It is about developing individual skills for partaking in the community of everyday life and also for creating an inclusive way of living; another key element is 'the basic individual and social anchorage in the world, which makes the formation of identity possible (self-confidence, self-respect and self-esteem)' (Madsen, 2007: 265–6). *Bildung* is associated with learning and development: people, within a concrete and social praxis, develop competencies that will enable them to participate in other life contexts; individual human beings contribute to creating the conditions for integration and inclusion.

Gustavsson (2010: 20–1) interprets *bildung* as a tool for discussing and understanding the world we live in and notes that we are social creatures who 'become what we are in relation to others'. From meeting the 'other', the unknown, emerges the thought of '*bildung* as a journey, an excursion and a return'. Gustavsson refers to Hans-Georg Gadamer's idea of the essence of *bildung* being the encounter with the other, where we seek our own self and become at home in it, then return to ourselves. Kristian Lundberg (2011) reflects on this idea in his review of (Swedish American writer) Gösta Larsson's novel *Ships in the River*: 'You can read yourself home to yourself through a story . . . to become yourself by being somebody else for a moment.' Writing about pedagogical work with people in fragile or marginalised situations, Gustavsson (2010: 24) finds that 'this is the art of pedagogy, to find the right balance between the known and the unknown, or to, in dialogue, find the pre-understanding that opens up for a new understanding'.

Conversation and the coming into being – theoretical insights

German philosopher Paul Natorp (1854–1924) is considered one of the founders of social pedagogy; Martin Buber (1878–1965) is a Jewish philosopher best known for his philosophy of dialogue, in particular the difference between considering the other as 'It' and as 'You' – in the former, the other is treated as an object, and in the latter, there is mutual co-existence and dialogue. Both philosophers have written about an individual coming into being as an 'I' in a relationship with a

'You', where both are recognised by the other. In I-You relationships, we experience wholeness, continuity and meaning in our lives. In *bildung*, encounters with others are essential. In these encounters we communicate with each other.

Through language we are able to give a mutual response but also to create a distance from ourselves, which means that we can, as subjects, see ourselves as objects (Eriksson and Markström, 2000). This distance gives us the possibility to reflect on our experiences, and thus to be involved in the process of *bildung*; in meeting the other we meet ourselves. Conversations as communication can thus become a means for *bildung*. Here one might also refer to Jürgen Habermas's theory of communicative action (1984). In the life world, social integration happens through communicative action, where participants strive for mutual understanding in order to come to an agreement. Thus, solidarity, identity and meaning are created, and this is the foundation of human life.

We can also refer to the German philosopher Axel Honneth's concept of recognition. Social recognition is conveyed to the individual who is seen to act according to society's values. Older people should experience recognition as individuals. This presupposes that they themselves recognise the culture of the society, which has gone through considerable change during their lives, and that they can relate to that change whether they consider it positive or negative.

The concept of learning is also important. Danish educationist Knud Illeris (2007) defines learning as a process that creates long-term changes in the individual. According to Illeris, learning has three dimensions: cognitive, psychodynamic and societal. The societal dimension has two levels: interaction and culture.

Research study

Conversations are a powerful tool in supporting the *bildung* process. Older people often experience a diminishing social network and a lack of opportunities for conversation, which might have a negative impact on *bildung*. To investigate this idea, with the help of elderpedagogues in elder care, we selected a small sample comprising four older women aged from eighty-two to ninety-four years. They were all widows, living in the same neighbourhood and visiting the same venue for activities for older people. We had conversations with the women, focusing on their life and present situation in society. The conversations lasted between one and two hours.

The overall aim was to explore the potential of conversations in the *bildung* process. We were particularly interested to see whether combinations of the regular and the unexpected, the familiar and the unfamiliar, would appear in the conversations, and what impact that would have on *bildung*. The limits of conversation as a tool for *bildung* were considered, as well as the need for caution in light of the vulnerability of older people.

Our research seeks to contribute to the understanding of the options for the continued development of personality. Which conversations add to these options,

and what hinders them? How could we adhere to the different needs of individual older people? In short, what is a 'good conversation' that contributes to the *bildung* process for the older individual, as far as learning is concerned?

Content of the conversations

The type of conversations that we had with the four research participants were very different from the everyday conversations that they described taking place at the day centre. Conversations at the day centre appear to be much shallower in content than those conducted during the research. The day centre conversations, often led by the elderpedagogues, are very much appreciated, but seemingly for the act of coming together rather than for the actual topics discussed. One respondent said she was merely listening to the others and concluded that she did not view the content to be of any interest to her. Another stated that it was very important for her to go to the meetings, to see people, but when asked what they talked about she answered, 'I don't know.' Such responses indicate that it does not really matter what is spoken about: to meet people is what matters.

As researchers, we came to the conversations with a few intended themes: daily life; what they talk about in the day centre; their life stories; what happens in the world today; people they meet; and how they feel about meeting people. The research participants are identified below as IP1 to IP4 to assist in recognising the different voices.

Lack of opportunities for conversation

'There are many days I don't talk with anybody.' (IP1) This was a typical comment from all four participants. 'I see almost nobody. I have no relatives, no children, nobody. I have one old acquaintance.' (IP4) Weekends are especially difficult to handle. They had all been married and their spouses had died two or three years earlier. With one exception, their children live far away and telephone conversations have replaced face-to-face conversations.

Contact at any cost

The participants talked about the day centre, which they like very much. They are fond of the elderpedagogues, but they do not always find it easy to take part in the scheduled conversations. Some incidents convey moments of strain. People with reduced hearing capacity have been criticised, another person has been accused of speaking too low, and a proposition to see a film brought to the meeting was met with disinterest. Still, nobody would refrain from going there. One respondent tells us of a woman who can neither see nor hear but who still shows up every week.

Life stories

Each participant told us a long and rich story about her schooldays, travels, work, marriage and views on contemporary life. All the women were professionals, with a long record of work. They seemed to be content with their experiences of working life. They were quite happy with their school years and described them vividly and with pride in their knowledge and skills. It was obvious that the women were pleased that someone was interested in hearing their life story, and one woman pointed out that there are often no opportunities for such meaningful conversations.

Encounters with other cultures, modern times

All participants were aware of what was going on in the world. They watch television, read newspapers, listen to the radio and reflect on the latest events. Talking about the situation in north Africa, one woman said, 'Well, it is horrible, it is, but it is difficult for us living so protected to understand. I listen to the radio a lot and there is much talk about Muslims and I don't know what to believe, because it is not always correct what they say on the radio or TV. But it is terrible for people to always live in a state of war.' (IP1) Another woman had a lot to say about unemployment and felt it was a disgrace that people had lost their jobs in the elder care service.

One of the women compared her daughter's way of life with what she herself had experienced, and expressed her pleasure with her daughter's free and open life. She recognised the cultural developments that had made this possible and reflected on the fundamental changes in the situation of women on many levels, not least their increased access to the field of education. Theoretically, in this dialogue, the researcher found a link between the particular and the universal, a pre-understanding that opened up a new understanding (Gustavsson, 2010).

Sensitivity

The participants enjoy the meetings and conversations at the day centre, in spite of describing them as lacking deeper meaning or sometimes even lacking topics on which to speak. One respondent was looking forward to the spring, when everyone can go out more and thus find new things to talk about. It is possible to just sit at the venue and listen to the others, or to speak with the person next to you. People's visits to the venue and the ordinary chit-chat they participate in there have an important function of giving variation in an otherwise rather monotonous everyday life.

One participant stated that the depth of conversation in the research interview was very different from the way the people speak with each other at the centre. We understand that both kinds of conversations are important. It is good to have

someone's whole attention and to be able to reflect on life, loneliness and the diminishing strength of body and mind. If this kind of conversation is to be carried out at the day centre, however, care must be taken to prevent the conversation getting too personal or too revealing. Staff must also have a sense of whether each person has the psychological capacity to receive new information that could change their views on important matters, that is, to learn (Illeris, 2007).

Role of the elderpedagogues

'[They] are wonderful, they have raised my spirits and enhanced my life,' says one respondent (IP4), giving voice to the general feeling about the elderpedagogues.

At the day centre the elderpedagogues sit at the meetings together with the women, but sometimes they have other things to do, and then the conversations tend to be more superficial: 'we only talk rubbish' said one of the respondents (IP2), but with no derogatory tone at all. Although our participants did not specifically mention it, the elderpedagogues also make individual visits to the women's homes, which would provide an opportunity for deeper conversations.

In their training at Malmö University, elderpedagogues learn that elder pedagogy is about leading a pedagogic process, together with the older person, towards a goal. How does this relate to the *bildung* process?

In their work the elderpedagogues create a will in the older people to take part in the meetings, to go there and to continue to go there, and so they create an opportunity for inclusive meetings. Equally important is that the older people are encouraged to talk with each other. The *bildung* process is promoted by someone being interested in your life and thoughts. It makes you keep track of yourself and forms a basis for opening up your mind to new things. When you tell your life story to somebody, you are involved in a process that can lead to a better understanding of yourself.

Conversations that would not add to the *bildung* process include those that are brought to a halt because one or two of the participants find the topic too personal or disturbing. Nor does it benefit the process if the participants are there just for 'small talk' or if they show little interest in the proposed topic. It is vital that elderpedagogues reflect on what happens with the older people during their conversations and encourage a balance between chit-chat and deeper topics. Chit-chat is important as it provides a setting for deeper conversations.

It is for the elderpedagogues to bring elements to the conversation that could stimulate the *bildung* process and create the conditions where one could see oneself in others. The means for this include questions about events during the life course, modern times and phenomena in modern multicultural society. Conversations may centre on the people themselves or approach topics indirectly through discussion of characters in literature or the media.

What next?

We plan to examine the use of *bildung* as a concept for elderpedagogy in further empirical studies; for example, we want to test different topics and different ways of opening conversations and to test the ability of students to reflect on their actions during conversations. We see this as an important and interesting way to develop elderpedagogy and to explore one particular area in the field more deeply.

Reflection from an Irish perspective

This case study provides an insight into an alternative concept of care. It presents a different way of thinking about the care of older people – one that incorporates a social, rather than a medical, model of care (see also Chapter 18). Drawing on the concept of *bildung*, it sees this model as active and developmental, rather than passive and static. It is assumed that older people have a desire to interact in a range of ways with others, and to continue to be mentally challenged and to learn. It treats this potential for interaction with sensitivity: it is important to fully consider the motivations of all participants, the interaction – the conversations – must be based on an authentic mutual co-existence with the other person and not be patronising or manipulative. The case study also reveals something of the complex philosophical thinking that supports the concept of social pedagogy. This is perhaps where it differs most from social care practice as it has developed in Ireland. Outside of some consideration of ethics and values, the study of philosophy is rarely incorporated into the education or practice of social care in Ireland. With emerging debates about professionalisation, and contested notions of what care is, who should be doing it and how much we value it – it may well be that more philosophical discussions should be taking place.