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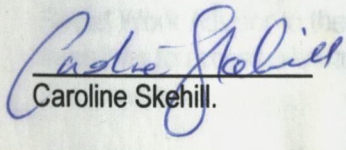

Caroline Skehill.

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Summary.

The objective of this thesis is to examine the present position of social work within the statutory child protection and welfare system in Ireland. Its aim is to demonstrate the way in which social work has come to occupy central space within this system by recourse to its past. The methodology employed is a history of the present, introduced by Michel Foucault in Discipline and Punish (1977). This approach to history requires that one starts with a question posed in the present and, from this, selects certain periods in the past to return to, in search of answers.

Using this methodology, various aspects relating to the development of professional social work in general and social work within the child protection and welfare system in particular are analysed. The periods covered range from 1862-1991. A range of historical material is analysed in this work. These include: running records, minute books and general records of a range of relevant social service organisations; archival material and official publications relating to statutory government departments, most notably the Department of Health; records of a range of social work professional associations and action groups; and interviews with a number of personnel involved in social work and child care at various moments in the past.

Various works of Foucault also influenced the theoretical approach used in this work. Perspectives reviewed focus on analyses of social work within the space of the 'social' and as a practice of government. These imply that, with the emergence of modern society over the late 19th century, new 'psy' experts emerged to operate within the space of the social between the public state and the private individual or family. Based on the assumption that space within the social is occupied by those who have gained discursive power, this approach allows for an examination of the specific form and nature of social work as a practice of government within this context. This thesis examines how use of this approach to examine social work in Britain and France can inform a similar theoretical analysis of social work within the child protection system in Ireland.

This thesis demonstrates that, to a certain extent, a theoretical analysis of social work in terms of a power/knowledge spiral within the space of the social can be applied to the Irish context. However, an assumption that this position of social work is a natural or inevitable one by virtue of its expert knowledge or its power within the social is called into question. The findings from this research challenge the assumption that social work developed in an evolutionary and planned manner and that the unique nature and form of its discourse is immediately apparent. It is

demonstrated that instead, its development has been characterised by discontinuities, uncertainties and reversals of historical pathways and that, at various moments in its past, little clarity existed as to the nature and form of Irish social work as a separate expert strategy.

Emphasis is placed in this thesis not only on the form and nature of social work discourse itself but also its relationship with surrounding discourses at various moments in the past. These surrounding discourses relate to the particular social, cultural, intellectual, political and institutional context of social work in Ireland. The findings show the way in which these discourses both enabled and constrained the conditions for the emergence of social work as a 'psy' expert in the social. It is asserted that, prior to the Health Act 1970, there is little evidence of social work existing within the field of child welfare and protection as an expert strategy. Rather, it was expertise based on socio-spiritual discourses of the Catholic Church that was found to dominate the nature and form of interventions with children and families in Ireland. It is argued further that, while social work was identified as a socio-legal expert following the introduction of the Health Act 1970, the profession only gained significant discursive space and thus power within the social, in the aftermath of the Child Care Act 1991.

On the basis of these findings, it is concluded that while social workers can be identified as 'psy' experts within the child protection and welfare system in the present, a recourse to the past highlights the uncertainty and fragility of the professions' hold on its expertise within the ever-changing space of the social. Also, from the evidence available, it is presently the field of child welfare and protection alone that offers professional social work the greatest opportunity to assert and maintain itself as an expert strategy in Ireland. This power social workers hold within the social is identified as a key discontinuity from the past. In light of this contemporary position, where social work is central within the child protection system on the one hand, but its future fragile and uncertain on the other, development of greater reflexivity and professional consciousness within the profession is called for. This history of the present demonstrates the need, within Irish social work, for new ways of thinking about and problematising social work knowledge, its space within the social and its relationship within other surrounding discourses within that space.

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LIST OF ABBREVIATIONS

APSW	Association of Psychiatric Social Workers.
CCETSW	Central Council for Education and Training in Social Work.
COS	Charitable Organisation Society
CPRSI:	Catholic Protection and Rescue Society.
CSSC	Catholic Social Service Conference.
CSWB	Catholic Social Welfare Bureau.
ESRI	Economic and Social Research Institute
FWS	Family Welfare Section (of the Catholic Social Welfare Bureau).
IASW	Irish Association of Social Workers
IAMPSW	Irish Association of Medical and Psychiatric Social Workers
ILGOU	Irish Local Government Official Union.
IHA	Institute of Hospital Almoners.
ISPCC	Irish Society for the Prevention of Cruelty to Children
JCWSWSW	Joint Committee of Women's Societies and Women Social Workers.
LGPSU	Local Government and Public Services Union
NAI	Non Accidental Injury.
NESC	National Economic and Social Council.
NSPCC	National Society for the Prevention of Cruelty to Children
NWHA	National Women's Health Association.
TCD	Trinity College Dublin.
UCC	University College Cork.
UCD	University College Dublin.

PART ONE: INTRODUCTION, METHODOLOGY AND LITERATURE REVIEW.

CHAPTER ONE: AN OVERVIEW OF THE CHILD WELFARE AND PROTECTION SYSTEM IN THE PRESENT.

1.1: Introduction

> As we approach the end of the twentieth century, the outlook for child protection in Ireland is a dynamic and contradictory one, containing a radicalised sense of opportunity and danger, security and risk. Viewed within the wider panorama of history and social change, how well we manage the tensions that constitute the new environment of trust and risk in identifying and dealing with child abuse, and child care problems more generally, will ultimately determine how effectively we go on to protect Irish children in new times (Ferguson, 1996; 30).

As suggested in Ferguson's statement, in Ireland, an unprecedented concern and publicity about one of the primary spheres of social work, that of child welfare and protection has emerged over the past decade. The subjects of child abuse and neglect have received extensive attention from the media and public representatives in an attempt to establish the 'true' extent and seriousness of the problem. The introduction of the long-awaited Child Care Act 1991[1]; the various child abuse inquiries relating to abuse and neglect of children within their homes[2]; allegations and findings of abuse within child care residential homes[3]; allegations of physical and sexual abuse by members of the clergy[4];

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[1] The Child Care Act 1991 replaced the Children Act 1908 in Ireland. The Act raised the age of children to 18, strengthened the powers of health boards to intervene into families for the care and protection of children, introduced supervision orders for the first time; introduced inspection procedures for pre-schools and revised the provisions for the inspection and registration of residential homes. (For an overview of the implementation of the Child Care Act 1991 in Ireland (Ferguson & McNamara (1996); Ferguson. & Kenny (1995); Gilligan (1995a; 1995b); Buckley (1997)).

[2] In 1993, the first large scale inquiry into child abuse and neglect in Ireland took place within the South Eastern Health Board which became known as the Kilkenny Incest Inquiry (McGuinness (1993); Wood (1993); Ferguson (1993). Prior to the Kilkenny case, the only other recorded incidence of an official child abuse inquiry was in 1982 when two children died while in the care of the Eastern Health Board. An official inquiry was not launched at this time. Rather, a press statement was made by the then Minister for Health (Department of Health, 1982). The next high profile case to emerge in Ireland was that of Kelly Fitzgerald within the Western Health Board Area (Keenan (1996)). Other cases include the case of the McColgan family known as the case of the 'West of Ireland farmer' (North Western Health Board (1998); McKay, 1998)).

[3] The most controversial of those was the investigation into the residential home, Madonna House, run by the Irish Sisters of Charity (Department of Health (1996)).

[4] The case of Brendan Smyth of the Norbertine Order was the first and most controversial case of abuse by the clergy (Moor (1995).

the increase in the number of social workers employed in the field; and additional child care and family support services funded by the state[5] all suggest that child abuse and neglect have been rediscovered in the present as a cause for moral panic, a focus of the public gaze and a matter for urgent political attention.

It seems that, in Ireland, it is only since the early 1990s that the nature of the child protection system and the professionals within it has come under significant scrutiny. Questions relating to the responsibilities of different disciplines within the system and the effectiveness of the system itself as a mechanism for addressing issues of abuse and neglect have emerged from various inquiries over the 1990s. For example, the Report of the Kilkenny Incest Investigation concluded that, while each individual within the child protection system was found to have responded to the best of his or her abilities, there was 'a lack of the necessary effective probing of the nature and causes of the problem which could have been achieved both from an inter-disciplinary and inter agency approach and a better understanding of the nature of family violence and sexual abuse' (McGuinness, 1993; 89). The impact of this investigation on the child welfare system is highlighted by Ferguson (1995) where he states that:

(T)hus, in Ireland the political culture surrounding child welfare and state intervention into the family is such that nothing can ever be certain. It does appear however, that the social, political and legislative impasse surrounding the child care services is over, as the inquiry into the Kilkenny case was instrumental in making child care a political issue: it will not as easily disappear from the public agenda as before (Ferguson, 1995: 20).

Criticisms of another health board, the Western Health Board, in relation to a case of neglect that resulted in the death of a child, intensified the impetus to fund and expand

[5] In 1992, £2m was allocated to child care services and £2.7m allocated to the health boards in general. The objectives for this fund were: to develop a network of child care and family services; recruit extra staff including social workers, child psychologists, child care workers; to provide for homeless children up to the age of 18; and to develop a child care advisory network in each health board area (Annual Report of the Local Government and Public Services Union, 1992; 54). Following the Kilkenny Incest Investigation (1993) £35m was allocated to the full implementation of the Child Care Act 1991 over a three year period. One key development resulting from this was the increase in the number of social work posts as well as creating new posts in the field of family support and community child care within the health boards (Scallan et al, 1998)

the child welfare system in Ireland. The Report of the investigation into the death of Kelly Fitzgerald[6] stated that:

The Western Health Board's intervention was naïve and ineffective in its attempt to protect Girl 3[7] and Kelly from the danger which their parents posed to them. Fundamentally, the health board failed to form an effective assessment of the family and consequently did not devise a relevant and successful intervention strategy to protect the children. Indeed, by the time Kelly came to live with her family in Mayo, the health board as a whole still did not have a sufficient appreciation of the nature of the family in spite of involvement over twenty months and, by extension, of the degree of risk to which she was exposed (Western Health Board, 1995; 196).

As argued by Ferguson (1995), the inquiries have been identified as one of the key influences shaping the rapid expansion of the child welfare and protection service in Ireland over recent years. In the course of the inquiries, the potential for the new child care legislation to protect children more successfully has been a recurring theme. The investigation into a residential home, Madonna House, for example stated in its conclusion that:

The Child Care Act 1991, which is being gradually implemented, has the general purpose of up-dating the law in relation to the care of children.... A number of provisions are aimed at promoting the welfare of children. The regional health boards are given responsibility for promoting the welfare of children who are not receiving adequate care and protection and are given power to provide, or to have provided, child care and family support services. This broad provision is likely to have considerable implications which have yet to be tested and it places an obligation on the Health Board to identify those children who are not receiving adequate care and protection and put in place services to promote their welfare. The obligation and responsibility of a Health Board to children it has taken into its care can only be viewed as demanding the highest possible care standards and vigilance by its officers in the maintenance of these standards (Department of Health, 1996; 98).

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[6] Kelly Fitzgerald died in February 1993 as a result of gram negative septicemia –the child had been on the at-risk register in the UK (West Lambeth Health Authority) due to neglect by her parents during the 1980's. The family moved to Ireland in 1990 and West Lambeth sent its file on the family to the Western Health Board. At this time, concerns were expressed as to the care of the child's sister. They also outlined previous concerns regarding the child who was, at the time of transferal of the file, living with her maternal grandparents in the UK. The child moved to live with her parents in Mayo in Sept 1992 and five months later had died in suspicious circumstances. Her parents pleaded guilty to willful neglect. They are presently in prison and the remaining children in the family who were under 18 were placed in care. The inquiry into Kelly Fitzgerald's death sought to ascertain the role played by the Western Health Board in protecting Kelly and the other children. While asserting that more effective intervention by the Health Board would not necessarily have prevented Kelly's death, the inquiry did highlight the deficiencies in the way in which the case was conducted in the 5 months the Western Health Board were involved.

[7] Kelly Fitzgerald's sister who was in care at the time of the inquiry.

It is widely believed that it was as a result of these child abuse inquires that the Child Care Act 1991 was implemented fully by the end of 1996. As Lavan (1998) contends:

The Act had a lengthy and troubled history, and was eagerly awaited by child care professionals. It was not calculations by academics or indeed the long-standing child care lobby, which spurred the government into providing more resources and speeding up the implementation of the Act. Rather, it was media revelations about a case of a father charged with rape, incest and assault of his daughter over a fifteen year period...and the subsequent inquiry into the case highlighting the extent of the problem of child abuse in Ireland, that provided the impetus for government action...The Report of the Inquiry has had immense influence in the field of child care and protection in terms of both policy and practice (Lavan, 1998; 43).

Alongside this increasing awareness of the problem of child abuse and the need for professionals and the State to address the issue, there is a general concern that the child protection and welfare system is currently in a state of crisis. The results of a survey by Impact, the public services union, showed that, at the end of May 2,000 a total of 1,150 children referred to the Eastern Regional Authority were not being helped due to a shortage of social workers[8]. The numbers of children in care have been steadily increasing over the past 15 years[9]. Due to the insufficient number of care places for children in need of protection and care, a number of High Court cases have been taken against the Department of Health[10]. Survivors of child abuse within institutional care are also suing the State for negligence[11]. The Department of Health and Children has come under scrutiny by the UN Committee that monitors the Convention on the Rights of the

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[8] Findings reported in Irish Times Newspaper, May 27th, 2000.

[9] In 1996 there were 3,668 children in the care of the eight regional health boards (3.2 per 1000 under age 18) (Gilligan (1999).

[10] In January 1998, the then Minister for Children and Families acknowledged that the state had spent £1.5m defending the failure of the Department of Health to meet its legal obligation in relation to the needs of children in care. Approximately 63 cases had been taken by this time (Gilligan (1999)). As a result of the difficulties in placing certain children in need, most notably those who had experienced a number of residential or fostering placement breakdowns, a small number of secure units were established to provide 'high support' for these children, (Laxton (1998); Durcan (1997).

[11] In February 1999, *Magill Magazine* reported that, at that time, 560 adult survivors were involved in this process. In addition, the Catholic Church is also being sued for past abuses within their industrial schools in particular. In May 1999, it was reported that Gardai were investigating a total of 230 complaints against the Christian Brothers at Artane Boys Industrial School (Dail Debates, 27/5/1999). Debates are currently ongoing in relation to amending the Statute of Limitations (*Statute of Limitations (Amendment) Bill 1998)* to extend the number of years within which a civil action can be taken. Presently, a civil case for injury can only be taken within three years of the alleged event or three years after the person has turned 21 years of age, in the case of a minor (Dail Debates, 27/5/1999). The government has acceded to extending the years allowable for claims of sexual abuse but have not made specific provisions for physical abuse in the past but rather, has referred the matter to the Law Report Commission (Press Release of Speech by An Taoiseach Mr. Bertie Ahern Announcing Government Measures Relating to Childhood Abuse, Tuesday 11 May 1999).

Child in Geneva in January 2000. The Irish Government was criticised for a number of aspects of its existing child welfare and protection system. As Gilligan asserts:

In considering the overall submissions from the Irish government side and from Irish non-governmental organisations as is standard under Convention procedures, the committee was sparing, if polite, in its praise, but much more forthcoming in its criticisms of the Irish States' performance in relation to the standards of the provision required by the Convention (Gilligan, 1999; 233-4)[12].

Recent overviews of the child welfare and protection system in general have also highlighted the 'crisis in staff morale', a 'crisis in the availability of placements for children' and generally a service that is, on the whole 'crisis driven'[13]. In 1996, due to this perceived crisis, social workers within the Eastern Health Board took industrial action against implementing new sections of the Child Care Act[14]. Up to the late 1990s, the union representing health board social workers, Impact, continually expressed concern about the extent of changes taking place within the child care services without adequate staffing to support them; the lack of a national framework for service developments; and the lack of consultation between government and union representatives in relation to proposed changes[15]. The Report of the Commission on the Family (1998), in light of the recognised difficulties within the system, set out a range of principles which should underline family policy and shift the system towards a more preventative and family support ideology[16].

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[12] A number of specific criticisms of the system were set out by the monitoring committee for the UN Convention. These included: the lack of a comprehensive national policy on child care; the inadequate emphasis on 'measures of a preventive nature'; the 'lack of adequate co-ordination among those bodies promoting and protecting the rights of children; the lack of mechanisms such as an ombudsman for children; the existence of a 'certain lacunae in the statistical and other information collected by the State'; problems of access to education for certain minority groups; inadequate procedures for hearing the voice of children; inadequate protection of the rights of disabled children; the exclusion of certain children from the school system; and the low age of criminal responsibility' (Committee on the Rights of the Child, 1998, cited in Gilligan (1999).

[13] From report on Impact Union to the independent assessment of the problems within the child welfare system carried out by Laxton (1998)

[14] These included: the provision of increased power to Gardai, the health boards and the courts to intervene to take children into care (Statutory Instrument No 259, 1995); implementation of standards in residential centers and ongoing monitoring and reviewing of health board placements (Statutory Instrument, No 259, 1995) and monitoring children in foster care, including those placed with relatives (Statutory Instrument, Nos. 260 & 261, 1995). Impact Union: 'The Eastern Health Board Child Care Crisis' Press Briefing, 11/1/1996.

[15] Annual Reports of Social Work Vocational Group, Impact Union, 1990-1997.

One notable feature of the current debates and issues arising within the child welfare system in Ireland has been the increased attempts which have been made to analyse its form and nature in general, and the position of social work within it in particular. Section 1.2 of this chapter outlines some of the main debates within contemporary literature, which attempt to critique and understand the nature of the system and of practices within it. This section concludes with the assertion that, despite much confusion and uncertainty as to the present system and its future direction, one consistent feature, which is evident within the debates, is the acceptance of the centrality of professional social work to the operation of the child protection system. It will be argued that, despite this, there is relatively little attention given to an analysis of the historical antecedents of the profession. The value of recourse to the past is illuminated in Section 1.3, which reviews contemporary struggles to make sense of historical events within the child welfare system in general. The discussions in Section 1.2 and 1.3 will provide the rationale for this history of the present. The specific aims of the thesis are outlined in Section 1.4. The chapter concludes by setting out the direction of the remainder of this thesis in order to achieve its stated aims and objectives.

1.2: Current attempts to problematise the form and nature of the child protection and welfare system.

Within much of the contemporary literature, authors struggle to address the contradictory position within the present system wherein, on the one hand, the Child Care Act 1991 implies a shift towards more preventative strategies of child care and the promotion of the welfare of all children, while on the other, in practice, the focus is on child protection and investigative strategies. For example, in March 1998, the Minister for Health and Children announced that 80% of its child care budget was spent on the investigative aspects of child protection work leaving 20% for ongoing intervention with families at risk as well as the development of supportive and preventative services (Irish Independent, Jan 29, 1998). Kilmurray & Richardson (1994) attribute the focus on child protection within the system to the problem of resources, arguing that, in reality, most of

[16] The Commission called for a recognition of the family unit as the fundamental unit providing stability in society as underlined by *Bunreacht na hEireann (Irish Constitution) 1937*, and called for the need for public policy to focus on preventative and supportive strategies within services for children and families.

the preventative child care services continue to be provided by the voluntary child welfare services. Murphy (1996) is equally critical of the limited resourcing of the child welfare system:

Hard-pressed social workers and public health nurses may justifiably argue that resources should go to reducing caseloads and bringing their staffing levels up to a more internationally acceptable baseline. There is however, a growing body of international research suggesting that: (1) without preventative resources, child protection is just not possible and (2) there are quantifiable gains to be made from investment in prevention. (Murphy, 1996; 74)

Gilligan (1995b) makes a similar point where he asserts that:

Family support...must be given clear priority throughout the health services, from the Minister of Health and each health board chief executive officer down. There must be a clear message that work in child care is not to be framed narrowly or passively, nor is it to be driven exclusively by the last child abuse atrocity or the most recent child abuse referral. One of the most practical ways of signaling priority is by 'ring-fencing' resources – money and professional time – for family support work (1995b; 78).

The dominant family ideology within the Irish Constitution, which influences all legislation passed within the country, has also been a focus for debate. For example, Ferguson (1996), in his analysis of the social construction of child protection practices over the 20th century, illuminates the dominance of family ideology within the practices of the NSPCC/ISPCC in Ireland. Ferguson contends that a family welfare ideology persisted throughout the 20th century and was strengthened by the Irish constitution, which ascribes inalienable and imprescriptable rights to parents and promotes minimum intervention into the private realms of the family. He suggests that the family casework ideology, which was developed further by the ISPCC from 1956 onwards, laid the 'normative foundations of child protection in Ireland through to the 1970s' (1996; 12)[17].

Various commentators have critically examined Articles 41 and 42 of the Constitution in terms of their underlying family ideology (Peillon, 1982; Lee & Tuathaigh 1982; Lee,

[17] The role of the ISPCC in relation to child protection practices in Ireland is explained further in Chapter Four.

1989; McCullagh, 1991; Keogh, 1994; Keogh, 1996).[18]. Referring directly to social work, Lavan (1998) argues that:

The Irish Constitution is extremely unusual in the importance it places on the rights of the family and parents and in the authority it invests in them...the emphasis on the privacy of the family has created an ambivalence towards child protection generally: on the one hand, there is outrage at the apparent failure of social workers to take action to protect children, yet on the other hand, there is public concern at a perceived over-interference by the state in family life (Lavan, 1998; 48).

The Report of the *Kilkenny Incest Investigation* is even more explicit in its criticism of Articles 41 and 42 of the Constitution. The Report concludes that:

We feel the very high emphasis on the rights of the family in the Constitution may consciously or unconsciously be interpreted as giving a higher value to the rights of the parents than to the rights of children. We believe that the Constitution should contain a specific and overt declaration of the rights of the born child. ***We therefore recommend that consideration be given by the Government to the amendment of Articles 41 and 42 of the Constitution so as to include a statement on the constitutional rights of children.*** (Report of the Kilkenny Incest Investigation, 1993; 96).

O'Connor (1992) also examines the effect of a familist ideology on child protection and welfare work and calls for a re-examination of the assumptions underlying present preventative strategies which are based on an assumption of family unit, cohesiveness and paramouncy. She makes the following argument:

Although family life continues to be idealized in Irish society, it is increasingly clear that, for some children, the situation is far from ideal. Within their family, they are exposed to a variety of social stresses including poverty, family violence and environmental deprivation. Their opportunities for development...are limited (O'Connor 1992; 201).

O'Connor identifies three policy positions as regards the role of the State in relation to child welfare: 'that which retains an emphasis on the family as the appropriate focus of care but supplements it'; 'that which requires families to be willing and able to provide care themselves – unsupported by the State'; and 'that which sees shared care by the family and non-familial institutions as appropriate' (1992; 216). She advocates that public policy should shift away from 'ideological rhetoric and economic pragmatism'

[18] Articles 41 and 42 of the Constitution relate to the Family in Ireland. They ascribe inalienable and imprescriptable rights to parents and, in Article 42.5 ascribes rights to children within the context of parents' rights.

(ibid) towards more active consideration of this range of possibilities for protecting children under the 1991 Act.

Linked to the dominance of a familial ideology, is the debate regarding balancing care and control within child protection and welfare interventions. For example, referring to statutory child care social work, the Report of the Committee on Social Work (1985), argues that:

> Social Service agents are used by society as agents of social care and control. They are charged not only to protect individuals who are often anti-social from society, but also protection of society and themselves from such individuals. They are required for example, on occasions, to remove children from angry parents, to use compulsion to admit to psychiatric hospitals and to supervise young people whose behaviour has brought them before the courts as beyond the pale of family or societies conventions (Committee on Social Work, 1985; 21-2).

Gilligan (1991) likewise acknowledges the care-control element of child protection and welfare social work. He argues, in relation to child care social work, that 'most caring contains substantial elements of control' and suggests that such control 'can pose a professional challenge to social workers who are required, by their professional code to emphasise the clients right to self-determination' (Gilligan, 1991; 108).

Other attempts have been made more recently to problematise various aspects of the form and nature of social work in Ireland more deeply, most notably, in the work of Buckley (1998a, 1998b, 1999), Ferguson (1996, 1997) and Powell (1998). In her work, Buckley examines the relationship between official child protection procedures and the way in which they are implemented in practice. She demonstrates the way in which social workers make judgments within the child protection system based on an ideological and pragmatic framework rather than the 'technical/rational process implied in official guidance' (Buckley 1999). Her paper criticises what she describes as 'major flaws in an approach which appears to be myopic in so far as its linear conceptual framework fails to acknowledge or consider the dynamic processes and ideological dissonances, all of which permeate daily work, are mediated by actors in this real life scenario, the practitioners,

the parents and the children'. She argues that the 'child protection system should be driven by good professional judgment, not *vice versa*' and calls for an acknowledgement of the imperfections of the child protection system which relies on 'such an uncertain and often unrealistic range of human endeavour' (1999; 38).

Ferguson considers the changing nature of the child protection and welfare system in Ireland in the context of an emerging risk society. He suggests that a key challenge for the Irish system is that, on the one hand, the state has just recently received the statutory powers to promote the welfare of children under the Child Care Act 1991, while on the other hand, trust in that very same system is breaking down in light of recent scandals and inquiries. He argues that:

> The environment of trust and risk has been reconstituted around two main axes. Firstly the role of the state in child welfare and protection has been clearly specified through the implementation of the Child Care Act (1991). For the first time since its foundation, the Irish state – through the health boards – has been given powers and responsibilities to be proactive in promoting the welfare of children at risk, and not just reactive in terms of possible criminal offences. The second axis, most dramatically, is the impact of a series of scandals and child abuse inquiries which have come to surround every aspect of the child care and protection system – from failures to identify and manage all forms of child abuse within the family ... by Catholic priests... to the abuse of children in care, and public knowledge of the fact that the safety of children cannot even be guaranteed by removing them from high risk home situations (Ferguson, 1996; 27).

Ferguson (1997) suggests that a shift has occurred from a period of simple modernity to one of reflexive modernity (Giddens, 1994; Beck, 1992; Beck, 1994; Lash & Urry, 1994), where expert systems are being questioned, trust evolves into mistrust and systems and structures which were once taken for granted have now come under scrutiny. Evidence relating to the child protection system in Ireland reflects a process evident within child protection systems in many Western societies, where strategies are being put in place, in light of the growing challenges to and mistrust of, the child welfare 'system', to identify/predict a risk of abuse/neglect (Thorpe, 1994; Farmer & Owen, 1995; Gibbons et al, 1995; Parton et al, 1997). Such an approach continues to operate on the assumption that child abuse continues to be a phenomenon, which can be 'prevented' if the risk factors can be predicted.

Considering the challenges faced by professionals, particularly social workers, Ferguson (1997) suggests that, within this period of reflexive modernisation, there is a need to look beyond the concern regarding danger and risk and to consider also opportunities in light of these changing social conditions. Ferguson suggests that, in order to take on the new challenges of reflexive modernisation, there is a need to consider not only the dangers and risks involved in child protection, but also the opportunities that prevail for the development of more reflexive analyses of child protection work and on-going analysis of professional consciousness within child protection. He promotes the view put forward by Giddens that 'recognizing the irreducible character of risk means having a critical theory without guarantees. Yet this recognition is also a source of liberation' (Giddens, 1994; 21). Ferguson concludes by suggesting that:

(This kind of)...reflexive analysis can only help us reach a deeper understanding of the underlying social conditions which shape contemporary social work and child protection, but point the way to the radicalisation of social relations between experts and lay people and the development of new democratic institutional forms in the promotion of child welfare. For, in continuing to meet the life and death challenges of promoting child welfare, a critical theory of child protection without guarantees can liberate us. And it can do this even as, and because of how, professionals keep on struggling to work at protecting more and more children in even newer times' (Ferguson, 1997; 232).

Powell (1998) likewise considers the challenges of reflexive modernisation for social work in Ireland. He suggests that, while Ireland was late to modernise, current developments within society has placed Ireland 'in a barometric position in terms of reflexive modernisation' (1998; 312). Referring to the secularisation of Irish society, the disclosure of various forms of abuse of children by the clergy, the decriminalisation of homosexuality, the introduction of legalised divorce and other key changes, he suggests that:

In this tide of change towards a secular society, the colonial legacy of the 1908 Children Act is being swept aside by a new legislative impulse including the 1991 Children Act, and a forthcoming statute on juvenile justice. Social work has been propelled into the center of the public arena as the expert system charged with the management of child welfare...It is not clear how Irish social workers will use their new found power as an expert system...In what manner will social workers respond to this historic challenge?

Will they reflect the interests of the better-off majority by policing the 'underclass' or will they champion the interests of the socially excluded minority? While the questions are undoubtedly simple, perhaps inevitably the answers are a great deal more complex' (1998; 313).

Powell (1998) considers the future role of social work in Ireland within the context of a range of phenomena, which are generally associated with 'postmodern' conditions: pluralisation, civil society, the nature of citizenship and the emergence of concepts of empowerment, trust and user rights. He also considers the issue of professional competencies within this context and examines the relationship between social work, humanism and citizenship. He provides an optimistic account of the potential for social work as a profession to rise to the new challenges faced within a post-modern world. He suggests that 'the emerging debate in postmodern society about citizen's rights and public service accountability – frequently called empowerment – has major implications for the role and task of the social worker in terms of engendering trust' (1998; 320). He suggests that while the concept of 'empowerment' envisages a new language of communication with social service users, social workers are well placed to contribute to the development of this concept. With reference to the Irish Association of Social Workers' Code of Ethics (1995), Powell makes the case that, in light of the emergence of concepts of empowerment, user rights, prevention and partnership –which for Powell signify the changing nature of society and citizenship – social workers have a central role to play:

...The concept of empowerment and user rights favoured by the proponents of civil society are seen as offering a new legitimacy to embattled welfare bureaucracies and professionals. The suggestion is that social workers, offering the quintessentially personal social service, can be pathfinders in this regard' (Powell, 1998; 327).

The concerns of these authors, cited above, demonstrate, in themselves, a level of uncertainty in relation to the nature of Irish social work and the child protection system in the present day. Buckley, Ferguson and Powell, in particular, all call for reflection on one or other elements of the system in light of changing social conditions. While the work of Buckley offers insight into the subjective practices of social workers and their actions within the objective child protection system, further reflection on the nature of

how this system evolved and the place of social work within it, may contribute to the debate she raises about the nature and form of social work child protection practices in Ireland.

In attempting to engage with complex and central concepts in relation to reflexive modernisation and the child welfare system, Ferguson (1997) provides an in-depth analysis of the changing nature and form of social work within its broader conditions of possibility. However, his analysis remains speculative in the sense that sufficient study has not yet been carried out on the nature and form of the social work project to date. While key master shifts in the changing nature of child care discourses can be identified, their significance for and impact on social work professional discourse is not automatically evident.

This author has suggested elsewhere that a limitation of Powell's analysis of the future role and task of social work in Ireland is his focus on the *potential* of social work, with reference to the rhetoric of the IASW Code of Ethics (1995) as opposed to considering the real *possibilities* for social work as a profession especially within the child protection and welfare domain. (Skehill, 1999b).

In the midst of these debates, challenges and uncertainties, one notable feature of the child welfare and protection system in recent years has been the central position held by the social work profession. Despite the fact that, over the 1990s, increasing emphasis has been placed on inter-agency and inter-disciplinary responsibility for child welfare and the changing nature of the roles of different disciplines (Hanafin, 1998; Buckley, 1995; 1998b; Garda Siochana and Department of Health; 1995), community care social workers remain the central frontline workers within the system. As demonstrated in the most recently published guidelines for the protection and welfare of children, Children First (Department of Health, 1999), while increasingly a range of health professionals are involved in the identification, reporting and treatment of child abuse and neglect, it is community care teams, made up primarily of social workers, who maintain responsibility

for the management, coordination and intervention in cases of alleged abuse or neglect[19]. The centrality of social workers within the child protection and welfare system is also demonstrated by the fact that the number of social workers employed within the child welfare services of health boards has increased dramatically, especially in the past ten years[20]. Indeed, as referred to earlier, there is a current shortage of social workers due to the rapid increase in referrals of abuse and neglect in particular. Also, social workers are currently employed within child care management positions for the first time since its existence within the health services[21]. Buckley et al (1997), in their study of child protection practices in one health board region, concluded that:

One consistent finding in relation to both the initial stage of intervention and the ongoing management of cases was the centrality of social work to the process, even where they themselves were not having ongoing contact with the families in question...where other professionals or agency involvement was recommended, this was almost always in addition to, as opposed to instead of, social work involvement (1997; 105).

Skehill et al (1999), reporting on the same research study, likewise argued that:

While generally professional collaboration was positive, the network was constructed within a framework where each professional considered themselves to be 'doing their part' as opposed to being actively engaged in the overall process...While the rhetoric of

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[19] The Guidelines state, for example, that 'the health board has overall responsibility for the assessment and management of child protection concerns' but that 'no one professional has all the skills, knowledge or resources necessary to comprehensively meet all of the requirements of an individual case. It is essential therefore that a coordinated response is made by all professionals involved with a child and his/her carer/s' (1999; 26). It sets out also that 'it is normally the role of social workers in each health board to carry out enquiries into child protection concerns which they have reported to it' (1999; 52). See Appendix Two for overview of child protection investigation and assessment procedures set out in the Children First Guidelines.

[20] In 1987, there were 309 social workers employed nationwide within the child protection and welfare services in Ireland (O'Connor (1987)). This compared with 163 probation and welfare officers, 70 housing welfare officers, 207 social workers in the voluntary sector and an overall total of 827 social workers employed nationwide (ibid). While the numbers of social workers employed in spheres other than child protection and welfare have remained more or less static (Skehill, 1999a), the numbers of social workers employed within community care have escalated. For example, by 1993, the number of social workers employed nationwide in the health boards was 499. By 1995, this had increased to 821. Official up-to-date figures for the number of social workers employed nationally are not presently available from the Department of Health and Children. However in 1998, within the Eastern Health Board alone, one of eight regional boards nationwide, there were 221.5 social workers employed within community care teams in addition to 12 child care managers and 54 team leaders (personal contact with programme manager for Children and Families within the Eastern Health Board).

[21] In 1993, a separate programme for Children and Families was established within the health boards and the programme manager appointed was a social worker. In 1997, the Department of Health was renamed the Department of Health and Children giving its functions in relation to children and families a significantly higher profile within the context of the overall health services. Presently, all community care teams now have social work team leaders and head social workers. The post of Child Care Manager, a post at a similar grade to that of Head Social Worker has been introduced into most of the community care teams nationwide over the past year. While this post is open to other professionals such as public health nurses, to date, the majority of managers are social workers (Interview with Community Care Team Leader, Eastern Health Board).

'inter-agency' and 'inter-professional' responsibility for child protection and welfare implies a joint approach to the complex task of child protection, the findings from both our quantitative and qualitative analysis are compelling in their affirmation of the central responsibility placed on the social work profession within the system (Skehill et al, 1999; 149).

The way in which social work has come to occupy this central space has not however been explored. At present, there is no specific analysis of the historical development of child protection social work except that of Ferguson (1993; 1995; 1996) who examines the practices of the NSPCC/ISPCC as a forerunner to child protection within the health boards thereby contributing significantly to our understanding of the development of one strand of child welfare practices in Ireland, those of the ISPCC. Other than Ferguson, analyses of the historical evolution of child protection social work refer to the historical development of social work within the health boards only to create a general context for contemporary analysis. On the whole, these analyses begin their historical overview from 1970 onwards, the year the health boards were established[22]. General historical accounts of the history of social work provide only a broad overview of the emergence of the profession (Darling, 1971; Kearney, 1987; Skehill, 1999a). Certain social policy analyses have contributed to our understanding of the emergence of general family and child care policies over the past century (Powell, 1992; Burke, 1987; Inglis 1987; Whyte, 1980; Barrington, 1987). However, while providing a broad context within which to consider specifically the emergence of child care and protection social work practices, these are limited in themselves as an explanatory framework. Accounts of the evolution of the industrial schools system in Ireland, the primary form of institutional care for children up to 1970, are also useful in providing broad contextual analyses of the evolution of child welfare services in Ireland (Robins, 1980; Barnes, 1989; O'Sullivan, 1999; Raftery & O'Sullivan, 1999). While consideration of this aspect of the child welfare system contributes to some extent to our knowledge, and is discussed in greater depth later in this work, they do not address the specific question relating to the role of social workers within the child protection system.[23] Analyses of child protection and

[22] *See* Appendix Three: Structure of Health Boards in Ireland under the Health Act 1970.

[23] As will be explained in detail at a later point, the industrial and reformatory schools in Ireland came under the aegis of the Department of Education. Social Work services, past or present, have never featured as a primary element of

welfare social work in the United Kingdom in particular have also contributed significantly to an understanding of the various child care perspectives, which may be applied (Heywood, 1978; Parton, 1985; 1991; Frost & Stein, 1989). European and international perspectives have likewise illuminated various aspects of child welfare and protection systems and the role of social work within those (Hill & Aldgate, 1995; Harder & Pringle, 1997). However, while such perspectives are an invaluable resource to this thesis, given the specific social, cultural and political context of Ireland, such analyses are not sufficient in themselves as frameworks for analysis.

It is due to this fact that, within Irish discourse, we possess neither a clear chronological record of the evolution of the child protection system over the past century nor in-depth analyses of its changing form and nature over this time, that this research was carried out. In order to illuminate the importance of an understanding of history, Section 1.3 reviews some of the contemporary struggles to make sense in the present of events that have happened in the past within the general field of child welfare and protection in Ireland.

1.3: Struggling to make sense of the past within the context of the present

In many of the reported incidents of institutional abuse and failure of the Irish health boards to intervene appropriately in individual cases that were the subject of inquiries over the 1990s, the alleged abuse had taken place sometime in the past. In this context, many of the inquiries acknowledged the lack of awareness of abuse and neglect among professionals in the past. The *Report on the Inquiry into the Operation of Madonna House* noted in its conclusion that:

Child care professionals are aware that lack of knowledge, skill and personal openness were factors inhibiting disclosure and discovery of abuse within families prior to the 1980s. The general deficiencies in large scale child care institutions of the past are now all too obvious. However, it is only in recent years that there has been any substantial public or professional awareness of abuse in modern child care services. While a number of Inquiry Reports are now available from other countries, the professional literature in

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this system. Social work within the child welfare and protection domain emerged from practices within the Department of Health, which related primarily to children who were boarded out (i.e. fostered).

this regard is limited and no systematic survey has been conducted to date to establish the incidence of abuse of children in care either in Ireland or the United Kingdom (Department of Health, 1996; 99).

Likewise, the *Report of the Kilkenny Incest Investigation* noted that

The general awareness of child abuse as an issue would not have been high at that point. Specific guidelines in relation to child abuse only became available in January 1980[24]. These had an emphasis on the battered baby syndrome, the pre school child. The extent of the circulation of those guidelines within the health board and to people outside is questionable. No reference to child sexual abuse was included in those guidelines (McGuinness, 1993; 75).

Further on in the report, when referring to the failure of the South Eastern Health Board to respond to incest allegations, the following is stated:

This must be viewed in the context of a period when incest would be a taboo subject, which was seldom if ever discussed. The only guidelines that existed were in connection with non accidental injuries to small children. There was no system of interdisciplinary liaison. There was pressure on resources including high case loads. The system of working was one where problems were dealt with on a one to one basis with a mono-disciplinary approach. In reviewing the situation the investigation team believe that the management roles of the DCC/MHO[25] and the senior social worker were not fully developed at the time and that this weakness was further heightened by lack of resources and personality issues. All these factors contributed to a failure to clarify and respond to the significant information then available (McGuinness, 1993; 79).

Referring to the same investigation, Ferguson (1994) suggests that

One very important consequence of a huge symbolic event like the Kilkenny case is that it changes significantly the context in which policy and practice develop. The case has heightened public awareness, made child abuse into a political issue and increased expectations that such cases 'won't happen again'. There is of course no guarantee that a 'Kilkenny-type' case will not happen again. But if, or when, it does, it is doubtful that an inquiry will be as reluctant to criticise individual professionals and the relevant government departments (Ferguson, 1994; p.406).

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[24] Prior to 1980, child abuse guidelines were available in the form of the *Memorandum on Non Accidental Injury* (Department of Health, 1977).

[25] i.e. Director of Community Care/Medical Officer of Health: Within each Health Board Region, overall responsibility for the investigation and management of allegations of child abuse and neglect lay with the Director or the Medical Health officer at the time of this inquiry.

The whole question of historical perspective has become even more pertinent in light of the many disclosures of physical abuse, neglect and sexual abuse of children within many of the industrial schools from the 1940s onwards. Raftery & O' Sullivan (1999) have illuminated the gross failure of the child care system to care for or protect many Irish children over the past half century. The fact that the Irish government have recently established a *Commission to Inquire into Childhood Abuse,* which will provide a forum for adult survivors of abuse to make reports or seek therapeutic assistance, demonstrates the way in which our history, within the field of child care and protection, has in essence, caught up with us[26]. Raftery & O'Sullivan (1999) assert that:

...With a number of criminal charges pending against Christian Brothers and with the testimony to be laid before the Commission to Inquire into Childhood Abuse, it can safely be said that we have heard only the beginning of one of the darkest and most disturbing aspects of this country's recent past (1999; 268)

And that:

Most importantly perhaps for the future of children in this country, the deliberations of the Commission may finally allow society to learn fully the lessons of the abusive past, a past that has generally been conveniently forgotten. Through this process, there may at last be a full acknowledgement in every aspect of the child care system, both in legislation and on the ground, that the potential for abuse is a constant reality. The children of this country have experienced so much of it in the past, that we should now be in a position to deal with it thoroughly and ruthlessly whenever it raises its ugly head (1999; 396).

The need to view what has happened in the past from a present day perspective has been emphasised by a number of authors. Buckley (1997) for example, argues that

It (also) has to be remembered that despite the failures and mistakes, which are only too obvious in the Irish child protection system, the ever growing child abuse statistics also reflect the growth in child protection activity. Seen in these terms, the work can be

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[26] The Commission to Inquire into Childhood Abuse was established two weeks after the Taoiseach, Bertie Ahern, made a public apology on behalf of the State for abuse that children had suffered while in its care: 'On behalf of the State and of all citizens of the State, the Government wishes to make a sincere and long overdue apology to the victims of childhood abuse for our collective failure to intervene, to detect pain, to come to their rescue' (Press Release of Speech by An Taoiseach Mr. Bertie Ahern Announcing Government Measures Relating to Childhood Abuse, Tuesday, 11 May 1999). In the same speech, the Taoiseach announced the establishment of the Commission and their terms of reference: 'The primary focus of the Commission will be to provide victims with an opportunity to tell of the abuse they have suffered, in a sympathetic and experienced forum. In addition, the Commission will establish as complete a picture as possible of the causes, nature and extent of physical and sexual abuse of children in institutions and other places. It will make recommendations as it sees fit' (ibid).

viewed positively, and when placed in a historical, or even recent, perspective, it can be seen that Irish society has gone to greater lengths than ever before to make provision for the protection of its children (Buckley, 1997, 121-2).

In relation to a particular investigation of abuse within a family in the North Western Health Board area (North Western Health Board, 1998), Ferguson defended the practices of the Health Boards in question, again pleading for historical perspective on the case. He argues that:

It is only since the publication of the report of the Kilkenny incest case in 1993 that these major deficiencies in the system began to be rectified through the implementation of the Child Care Act, new procedures and more resources and understanding of child abuse increased accordingly (Ferguson, 1998, *Irish Times,* Jan 26th)

However, there appears to be growing reluctance amongst some commentators to accept historical perspective as a way in which to excuse or ignore past events of abuse and neglect. Shatter, for example, an opposition politician writing in the *Irish Times Newspaper* challenges Ferguson, arguing that ' judged by the standards of the time, the Health Board's failure throughout the period of the McColgan children's childhood is inexcusable and should be seen as nothing but gross negligence' (Shatter, 1998, *Irish Times,* Feb 5th)

The manner in which past events are addressed has also been a recent cause for concern amongst health board managers. Doherty[27], emphasises the level of uncertainty and ambiguity within the present system suggesting that:

At no time since the late Victorian era has child abuse impacted on the public and political consciousness as profoundly as it has in the past decade...the rediscovery of the vulnerability of children and of the darker side of our nature has been driven by the emergence of child abuse into the public arena...we are experiencing enormous difficulty, as a nation, in coming to terms with the pervasiveness of this problem (Doherty, 1996; 102).

He expresses concern about 'our collective reaction to these events, and particularly to the evolving negative attitude to service providers in the child protection field...this has

[27] Chief Executive Officer of Mid-Western and Midland Health Boards.

led to a sense of insecurity and to the understandable, if erroneous, impression that things are now worse than ever' (ibid; 102-3). The fact that a key effect of the 'discovery' of child abuse in Ireland in the 1990s has been a huge increase in the numbers of referrals of alleged abuse and neglect, a greater demand for services to adults who have been abused as children and a seemingly unending process of disclosure of abuse within institutional homes and abuse by members of the clergy has, Doherty asserts, led to an increasing sense of panic within the services, persistent criticisms of the inadequacy of health board services for children and increasing difficulties in filling social work and other professional posts within the child welfare and protection services. Doherty struggles with the question of how historical perspectives can assist in addressing the problems inherent in the present system:

> We must of course, face up to and learn from our history and provide services to those who suffered in the past. However, if the past failures of the services are not assessed in their historical context and appraised appropriately, a process can develop which denies the achievements of the past and, more worryingly, creates a powerlessness in the present...The anxiety and anger which has been fuelled by the disclosures and scandals has led to the emergence of a type of moral panic, characterised by a desperate search for simple solutions based on unrealistic and often contradictory expectations, and a failure to grasp the realities of dealing with child protection situations. I have concerns about the impact which this moral panic, the unrealistic and conflicting expectations, and the search for simple solutions are having on service providers, particularly front line staff.' (Doherty, 1996; 103).

In this work, an attempt is made to contribute to the process of understanding the past by examining one element of the system; the position of professional social workers within it. This work aims to contribute to a move beyond simple solutions to the present complex questions by having a more in-depth understanding of our present form and nature by recourse to our past. Section 1.4 sets out in greater detail the process by which the specific aims of the thesis emerged.

1.4: Aims and purpose of the thesis.

Within this thesis, my primary concern relates to the question of how social workers can make sense of their present central position of responsibility within the health boards in the absence of a clear understanding of its past. Concerns regarding a crisis in the system and about the future form and nature of social work within these conditions have already been discussed. It is beyond the scope of this thesis to address ways in which this challenge might be addressed, let alone contribute to a range of other complex themes raised in this chapter relating to the link between present practices and systems and their historical heritage. What I aim to do is to provide an analysis of the past in terms of the present based on a hypothesis that greater understanding of our past will assist in more informed decision making about the future of social work in the 21st century.

In the absence of an in-depth knowledge of various aspects of our past child welfare and protection system, there is a great danger in research such as this authors, to attempt to fill in all of the existing gaps. As a greater interest in historical research into child care has emerged over recent years, the richness of historical data and its potential to contribute to our understanding of the present has become more apparent[28]. In order to clarify the aims and purpose of this thesis, three questions were addressed at the outset of the research and are summarized here. These are:

- What is the purpose of the historical work?
- What historical approach will be used?
- From what theoretical perspective will the historical material be analysed?

[28] Popular histories of certain aspects of child care have been influential in creating interest in exploration of our past child welfare system (for example, Milotte (1997); Raftery & O'Sullivan (1999). Television Programmes such as *Dear Daughter* (RTE, 1996), which documented the experience of one woman's experience in the Goldenbridge Orphanage in County Wicklow run by the Sisters of Mercy, and *States of Fear* (RTE, 1999), which reported on the abuse and neglect of children in various industrial schools in Ireland in the past. This documentary formed the basis of Raftery & O'Sullivan's work referred to above.

1.4.1: What is the purpose of the historical work?

One of the most important initial questions that have to be asked before embarking on any research is what its purpose is. Implicit within most historical accounts, there is a clear aim of the work. In order to clarify what the purpose of my own work was, I considered three versions of the history of social work in Britain from the late nineteenth century each using similar data but interpreting it differently depending on what the authors originally set out to achieve in their work. All of the accounts considered identified the establishment of the Charitable Organisation Society by Charles Loch in 1870 as signifying the starting point for the emergence of professional social work in Britain. These included: Woodroofe (1974); Garland (1985) and feminist perspectives from Bland (1992), Smart (1992), Lewis (1992) & Gordon (1986; 1988). I found that the first version, by Woodroofe (1974), aimed to demonstrate a progressive and evolutionary path of social work from the past to the present. Her focus is primarily on how the profession evolved from being a philanthropic, voluntary activity to becoming a coherent professional practice, underlined by a clear set of theories and principles. She argues that one of the main consistencies within social work past and present has been its fundamentally altruistic aim and its reliance on caring principles, be that based on friendship or the more professional terminology of psychoanalysis.

A second version provided by Garland (1985) provides a more critical analysis of the nature of social work and aims to demonstrate the way in which social work, over history, has been a practice of regulation of individuals within the broader context of the government of social life in modern society. He challenges Woodroofe's thesis and argues that, rather than being an alternative to the harsher mechanisms of the State, social work represented an extension of the dominant political ideology and laissez faire principles of individual responsibility.

Finally, a third version I considered was that of accounts focused on 'deconstructing the family' which refers to a range of feminist writers (Bland, 1992; Smart, 1992; Lewis, 1992; Gordon, 1986; 1988) who provide various accounts of historical developments all seeking to write women into the existing histories of social work and to provide a

feminist analysis of the nature of intervention into families, the gendered nature of social work practices and the predominance of females within the profession itself. It was concluded that, while each history relies on similar historical data and 'factual' knowledge, each provides an inherently unique account of social work depending on the purpose of their study and the perspective from which they carry out their analysis.

Such an analysis encouraged me to clarify my own purpose in this research from the outset. A key question I have identified as emerging in the present is how social workers have come to be so central within the child welfare and protection system? To determine whether the position of social workers is a desirable one or not is less of a concern here. Neither do I wish to engage in a debate, which considers whether the present is better or worse than the past. Rather, here is an attempt to assist in the examination of social work *as it is* in the present day and seek to do this by considering the continuities and discontinuities with the past.

In clarifying the purpose of the research, it is necessary to: make explicit the framework for analysis most relevant to the aims of the thesis; and to set out the theoretical framework from which I intend to analyse social work. These are discussed in Sections 1.4.2 and 1.4.3 below.

1.4.2: Finding an historical approach.

How one carries out an historical analysis is itself an important consideration. The practice of history can be a highly contentious area that becomes even more problematic when sociologists or social scientists attempt to carry out the practice. Certain theorists have contended that history and sociology are compatible and are similar practices. Abrams (1980), for example, argues that history and sociology are the same thing and that any discussion of the relationship of one to the other is misguided. Likewise, Giddens (1979) makes the point that there are no logical or methodological distinctions between the social sciences and history. However, Goldthorpe (1991) argues that debates within both the discipline of sociology and history defy this point and much evidence exists of deep suspicion and disagreement between the two disciplines. As early as 1962

he argued that a key distinction between the two was that history was an 'idiographic' discipline, i.e. that historians 'sought to *particularise* through the description of singular unique phenomena', while sociology was a nomothetic discipline whereby 'sociologists sought to *generalise* through formulating theories that applied to categories of phenomena' (Goldthorpe, 1962 cited in Goldthorpe, 1991; 221) In his paper in 1991 he remains adamant that 'to present history and sociology as being one and indistinguishable should be strongly resisted' (ibid; 212). He concludes by arguing that while sociologists should be aware of historical settings and the limits that their analysis will necessarily possess, a key difference between the two disciplines:

> lies in the nature of the evidence that the two disciplines use - in the fact that historians have for the most part to rely on evidence that they can discover in the relics of the past, while sociologists have the considerable privilege of being able to generate evidence from the present (1991; 225).

While the debate regarding history and sociology is an interesting one, for the purposes of this thesis, what seems of most import in the context of my work is to make explicit how one uses history, how one interprets history and so on. In other words, one must begin the historical work by clearly setting out the framework from which one is operating and the inevitable limitations of that approach. Weedon (1987) makes this point very clearly where she emphasises the fact that all history is a matter of interpretation, is based on certain assumptions about language, structures, knowledge and truth. The key issue, therefore, is the importance of defining the perspective one is operating within, acknowledging the inevitability of the fact that all reading and writing of history is a matter of interpretation. She adds that it is important to justify one's choice of approach within this.

After considering a range of possibilities for analysis, it is Michel Foucault's historical analysis introduced in *Discipline and Punish* (1977), which was selected as the most appropriate perspective to apply. In Foucault's interviews and writing, it is evident that he takes a sceptical approach to being labeled as an historian. For example, he is quoted as stating that 'I am not a professional historian, nobody is perfect' (cited in Megill, 1987). Foucault's perspective is not without contention among both historians and non-

historians alike. He has been criticised for his tendency to oversimplify the issues by failing to make exceptions and using selective material from which he draws his analysis[29]. Others have recognised the value of Foucault's contribution to historical analysis in terms of his focus on discontinuities rather than continuities, his concern with not only discourse but with power relations between discourses and his concern with promoting the subject within historical analyses. Joyce (1995), supporting Foucault's approach, argues for a complete rethinking of the practice of social history within British and American historical approaches and advocates Foucault as a primary stimulus for this shift. He suggests that, to date, historians have been reluctant to engage with postmodern ideas. He suggests that, in order for historians to move beyond modernist versions of history which refer to concepts such as the 'state', 'class' and so on, to a more self-reflexive analysis, it is 'above all, Michel Foucault which stands at the beginning of any new history of the social, for it is Foucault who has done most to identify the emergence of human subjectivity in the west' (Joyce, 1995; 77)

Megill (1987) considers the gulf between Foucault's 'radical' approach and that of traditional historical analysis and suggests that the gap is so great that it seems unbridgeable. Yet despite this, Foucault has had a remarkable impact on the world of history and most discerning accounts of prisons, the criminal system or the evolution of psychiatry in modern society, make reference to his now well known work. Furthermore, the influence of many of Foucault's ideas currently inform certain critiques and analyses

[29] McGowan (1994) argues that many historians have been unfairly critical of Foucault and challenges the charge that a) his conception of power is too monolithic and unrelenting leaving no space for the operation of human agents or free will in the process, and b) that his work is anti-humanist in that his conception reduces individuals to mere victims of power and discipline. McGowan suggests that historians have interpreted his work in too short-sighted a manner perhaps, she concedes, due to the complexity of Foucault's unconventional writings. McGowan argues that, in relation to his analysis of power, Foucault is often at pains to emphasise that disciplinary power is not similar to power understood from a social control perspective and that in fact, such power has the potential to enable and constrain (Rojek et al. 1988). In relation to the anti-humanist charge, McGowan argues that this discomfort among some may be due to the fact that Foucault's work potentially hits a nerve in that his analysis of power upsets our comfortable and consoling rhetoric of the humanity of present day conditions in comparison to the past. McGowan contends that his analysis forces us to face the reality that power is an inevitable feature of social relations and that there is 'no end to power, no privileged position outside of power even in the most seemingly benevolent relationships' McGowan concludes that 'historians may well be uncomfortable to have Foucault in their midst but perhaps one day we will learn to value that discomfort' (McGowan, 1994; 110).

of social work in general[30] and child protection and welfare in particular[31]. The basic tenets of Foucault's approach are outlined below and will be elaborated in Chapter Two.

Foucault refers to his analysis of the prison in *Discipline and Punish* as a 'history of the present'. In setting out his work, Foucault states:

> That punishment in general and the prison in particular belong to a political technology of the body is a lesson that I have learnt not so much from history as from the present.....I would like to write the history of this prison, with all the political investments of the body that it gathers together in its closed architecture. Why? Simply because I am interested in the past? No, if that means by that writing a history of the past in terms of the present. Yes, if one means writing the history of the present (Foucault, 1977a; 30-31).

At its simplest interpretation, a history of the present means the use of the past to better understand the present. This is a fundamentally different exercise from writing a history in terms of the present or within a 'presentist' perspective. Dean (1994) contextualises this notion by succinctly explaining the different levels of theory and history available to us. Firstly there is *progressivist theory*, which 'proposes a model of social progress through the teleology of reason, technology, production and so on' (Dean, 1994; 3). An example of this model, according to Dean, would be the narratives of the Enlightenment. It is a form of theory that seeks to adopt the prestige of the natural sciences and 'often gives its statements the form of general causal explanations which have a law-like character' (ibid). The second type of theory outlined by Dean is *critical theory*. He maintains that critical theory offers 'a critique of modernist narratives in terms of the one-sided, pathological advance of technocratic or instrumental reason they celebrate, in order to offer an alternative, higher version of rationality' (ibid). He sees these forms as promising emancipation or secular salvation. The most obvious examples are the theories of 'Western Marxism' and Habermas' theory of 'communicative rationality'. The third intellectual practice according to Dean is that of *problematising theory* . This form

[30] The work of Philp (1979) is among the first attempts to apply Foucault's work on the social to the profession of social work. Explorations of the emergence of post-modern society have also used the work of Foucault as a reference point for analysis (Howe (1994); Parton (1994a; 1994b); Miller & Rose (1988)). The work of Stenson (1993; 1997) also offers useful analysis of discourses in social work from a Foucauldian perspective. Theorists in Canada appear to be at the forefront in the application of Foucault's work to social work. (Chambon & Irving, 1994; Chambon et al (1999)

'establishes an analysis of the trajectory of the historical forms of truth and knowledge without origin or end'. This form of practice disturbs both the narratives of progress and of reconciliation, 'finding questions when others had located answers'(1994; 4).

Dean defines this practice of 'problematising' as seeking

> to remain open to the dispersion of historical transformation, the rapid mutation of events, the multiplicity of temporalities, the differential forms of the timing and spacing of activities and the possibility of invasion and even reversal of historical pathways. It seeks to problematise those versions of history, which regard it as the resting place of the identity of an ahistorical subject, and the scene of a final reconciliation of humanity with nature, reason with self (1994; 4).

This approach was chosen due to the fact that, within my analysis of available historical material relating to social work, what was most striking were the discontinuities and shifts which existed in the 'story' of social work, the impact of a range of interacting influences on key developments and the apparent ad hoc nature of many of these developments. Deans 'problematisation theory', based on Foucault's history of the present, thus seems like an ideal perspective from which to consider such developments as it allows for analysis of a broad range of related and unrelated events and the many continuities and discontinuities which exist over time. Most notably, the practice of problematisation is, as described by Dean, one of 'finding questions when others had located answers'. This seemed most fitting to my own approach, where I hope to achieve a problematisation of present day social work by raising questions about various aspects of the strategy which has been generated through a recourse to its past.

Foucault's conceptualisations and methodologies are challenging. As Chambon et al (1999) argue, 'in keeping with the intent to step back from established forms of rationality, Foucault developed a style that does not follow the established norms of writing' (1999; xxiv). They add that writings influenced by his work therefore often have an 'unsettling effect' (ibid; xxv). However, as demonstrated more clearly in Chapter Two, the potentially unsettling and unconventional nature of Foucault's method is offset

[31] The work of Parton (1991; 1994; 1996; 1999;) Parton et al (1997); Dingwall et al (1983; 1998) are good examples of

by the great contribution this approach can make to a theoretical analysis such as that provided in this work.

1.4.3: Locating the theoretical perspective/the lens through which research material will be analysed.

Having chosen the most relevant form of historical perspective, another layer of pre-considerations arose for this researcher, which raised the question: from which theoretical perspective is the historical material being analysed? While it is important in carrying out research that one does not start out with pre-conceived judgments of what the outcome may be, as illustrated above, all theories start out with some basic assumptions, beliefs and provisional hypotheses about their subject.

The importance of clearly setting out one's theoretical framework has been emphasised by a number of authors on the subject of research methods (for example, Miles and Huberman (1994) and Bulmer (1982)). In 1959, C.Wright Mills in his well-known book *The Sociological Imagination* contends that grand theory in itself remains too abstract to lend itself to analysis while 'abstracted empiricisms' in the absence of theory are equally limited. He suggests that 'the capacity to shuttle between levels of abstraction, with ease and with clarity, is a signal mark of an imaginative and systematic thinker' (Mills, 1959; 43). Rose (1987) proposes an elaborate systematic model in order to locate and place in relation to each other the broad theory underlying an approach and the methods that derive from this. He describes this as the ABCDE Model where A refers to the broad theory underpinning the research, B to the theoretical propositions emanating from this, C to the operationalisation of the propositions, i.e. how the research will be carried out, D to the actual fieldwork, and E to the results and findings of the research.

Rose argues that, in general, the underlying theory leads to the specific theoretical propositions of a research project that in turn shapes the actual research carried out. However, Rose also emphasises that it is not merely a matter of a top down process. He suggests that as one progresses through the analysis, i.e. at the point of fieldwork and

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this.

reporting on the results, the theoretical framework may be related back to and considered more critically in the light of new findings. In other words, and in keeping with the philosophy underpinning the practice of problematisation, my theoretical assumptions in themselves must be open to challenges, reconfigurations or qualifications in the light of new findings throughout the thesis. The theoretical assumptions underlying this work are introduced in Chapter Three and are developed throughout the thesis within the particular context of the research findings.

1.4.4: Aims and purpose of the thesis.

As already stated, the objective of this thesis is to consider how social work has become central within the child protection system, in the present, by recourse to its past. This work begins with an assumption that this position of social work is not merely *a fait accompli* or natural evolution for the profession. Rather it has been the product of a range of interacting and reacting continuities and discontinuities over time. It was the following theoretical propositions that helped to clarify the aims and purpose of this work:

- How has social work's present position been determined by the involvement of both the voluntary sector and the State in the provision of child and family services?
- Is it something about the nature of social work, which led it to being identified as one of the central professions within in the field of child welfare and protection?
- Were more self-interested elements such as the development of social work as a profession instrumental in placing social work center-stage within child protection?
- What other factors and discourses affected the nature and form of social work in Ireland within the field of child welfare and protection?

Given these theoretical propositions, the research described in this thesis aims to do the following:

- Explore the historical development of social work with children and families since the late nineteenth century.

- Demonstrate the complexity and contradictions inherent in the way the strategy developed and challenge the progressive notion of the 'evolution' of a child care system as if it were the result of a coherent plan and policy throughout the century.

- Identify the continuities and discontinuities between present and past social work based on the assumption that the development of child care social work is less a process of gradual evolution and more a process of fits and starts, planned and ad hoc occurrences within social work and broader social policy context.

Research of this scale must itself be an ongoing process and even at the writing up stage, that process continues. One of the greatest challenges at this stage is the need to keep as strictly as possible to the aim of this thesis. This difficulty is one encountered by all writers starting out the process of writing a large-scale piece of work to some extent. A key limitation of this study is the scarcity of published material about social work in Ireland in general or child care in particular. This means that certain space has devoted to providing quite basic information about the development of the child care and social work system. Due to the lack of background material, the readers may find the account frustrating in the sense that some aspects, not directly relating to the purpose of the thesis but of great interest in themselves, will necessarily be outlined in a tantalisingly brief way. The historical method employed in this work might also be deemed a limitation in that it lacks a clear chronology of historical events from the late 19th century to the present day. In fact, if one were writing a history of the present in its purest form, one would work from the present to the past. While the research itself was carried out in this manner, for clarity and coherence, presentation of the findings do attempt to provide sufficient chronology to guide the readers. Signposting is used throughout the work to direct the readers both in terms of the material addressed and the approach being used. My hope is that the inevitable lack of 'clarity' in a conventional sense will be compensated for by the in-depth analysis provided of one particular aspect of contemporary social work: its position within the child welfare and protection system.

1.5: Conclusion

The thesis is presented in four parts. The remainder of Part One outlines the methodological and theoretical context within which the research was carried out. Chapter Two explains further the concept of a history of the present and its application to this historical study. The research strategy is also set out here. Chapter Three provides an overview of the theoretical perspective underlining the work. Much of the literature reviewed here is based, to a greater or lesser extent, on the work of Michel Foucault in relation to the emergence of professional experts within modern social conditions. Attention is paid to the concept of a space of the 'social' and the position of social work within this. Part One concludes with a set of specific questions that the remainder of the thesis attempts to explore.

Part Two is made up of two chapters and aims to review existing analyses of the historical development of social work in Ireland. As already stated, most accounts begin this analysis from 1970 onwards. The focus therefore is on the period 1970 to 1991. Chapter Four reviews existing accounts while Chapter Five presents archival findings which call into question the evolutionary theses which underlie most of the existing accounts to date. Part Two concludes with a further set of questions that are raised in the light of evidence provided on the development of social work over recent decades.

Part Three makes up the largest section of this thesis and is comprised of three chapters. The aim of Part Three is to examine a range of strands from 1970 back to the late 19th century to attempt to illuminate various aspects of the present form and nature of social work raised by questions set out in Part Two. Chapter Six begins with an overview of the development of social work as a professional strategy from the late 19th century to 1970. It demonstrates the fragmented, complex and often contradictory manner in which the profession in general emerged over this period. Chapter Seven and Eight are devoted to a more particular analysis of various aspects of the child welfare and protection system which seem relevant to a problematisation of child protection social work in the present.

As will be explained in detail at this point, 1945 is identified as a key moment around which to base such an analysis. Chapter Seven therefore examines the nature and form of practices up to this period and Chapter Eight examines developments in various aspects of child welfare and protection from the 1940s to 1970.

Part Four, made up of Chapter Nine, attempts to draw together the main themes raised in this thesis both in terms of the research findings themselves and the methodology employed. It attempts, in particular, to review the theoretical formulations offered in Chapter Three and consider their relevance to an understanding of present day social work. Space is also dedicated in this chapter to discussion on the potential contribution of this work to further analysis of social work in the present and exploration of its potentials and possibilities in the future.

I began this chapter with reference to Ferguson who warns that the way in which we handle the present contradictions and tensions within the present child protection and welfare system will 'ultimately determine how effectively we go on to protect Irish children in new times' (Ferguson, 1996; 30). In this thesis, my aim is to contribute to the way in which social workers and others manage changes in these challenging times by illuminating the way in which social work and child care services evolved over time. My hope is that, greater knowledge about how the past has impacted on our present may enable more informed and strategic decisions to be made in the future.

CHAPTER TWO: METHODOLOGICAL FRAMEWORK.

2.1: Introduction

> Although the logic and approach of science can and should be used in historical sociology, it is obvious that work in this field cannot validate hypotheses with the rigour normally associated with the concept of science. That this is so should only highlight the challenge. No discipline can select its research problems solely from those, which are easy to study with exact methods. These sociological problems, which lend themselves to experimentation, to rigorous quantification, to existing testing of mathematical models, are now relatively easy to study. Those in which it is difficult to isolate variables, in which one must deal with numerous factors and few cases, require a high level of theoretical and methodological ingenuity (S.M. Lipset, 1968; 52 cited in Neuman, 1997; 155).

Within the context of Lipset's above statement, a history of the present relates to 'historical sociology' as opposed to historical analysis per se. Carrying out a history of the present is certainly not an easy or exact method to follow. Whatever about methodological ingenuity, it certainly is an approach where variables are difficult to separate and the challenge of application to a particular problem is significant. In this chapter, I set out the methodology employed within this research. As asserted in Chapter One, the form of historical analysis employed is a history of the present. Section 2.2 sets out the basic principles underlying this approach. Section 2.3 considers how one might apply this approach to specific historical material. Section 2.4 sets out some of the key issues which arose for this researcher, in carrying out a history of the present of child protection and welfare social work.

2.2: A History of the present: basic underlying concepts.

Michel Foucault first introduced the concept of a history of the present in his analysis of the prison in his work *Discipline and Punish* (1977a), where he stated that he was not seeking to write a history of the past in terms of the present, but rather to write a 'history of the present'. Other key influences include *The Archaeology of Knowledge* (1972a), *The Order of Things* (1972b), 'Nietzsche, Genealogy, History'[1] (1971) and *Michel Foucault: Power/ Knowledge: Selected Interviews and Other Writings 1972-1977* (Gordon, 1980).

In order to understand the meaning of a history of the present, two key concepts are relevant; archaeology and genealogy. Dean (1994) with reference to Foucault (1972a) explains that archaeology is concerned with:

> The rules which govern the production of statements in particular discursive formations.....its focus is not on particular disciplines, corpora or branches of knowledge (connaissance) but the various conditions of formation which govern the emergence of objects, concepts, theories and forms of subjectivity within knowledge (savoir)[Dean, 1994, 31].

Archaeology, understood in this manner, refuses to take the standards of 'validity' of established knowledge as the filter or framework for the organisation of history. It is an approach, which considers the way in which discourses are constructed within their own temporal and spatial contexts. Rather than seek to escape the 'presentness' of modern day scientific disciplines, archaeology seeks to define a level of analysis, which avoids the claims to the 'truth' of present-day established approaches to history and sciences. It does this by emphasising the modes of transformations, discontinuities and changeability surrounding a particular discourse at a particular time. Dean argues that Foucault is not

[1] Friedrich Nietzsche was a 19th century philosopher (1844-1900) who wrote extensively on the subject of history and genealogy and was one of Foucault's main philosophical influences. Translations of his work currently include: Nietzsche (1969); Nietzsche (1983).

seeking to find a 'more true truth' than the 'presentist veridical discourses' and that archaeology:

...can help us in the organisation of definite veridical discourse given to us within particular temporal-spatial co-ordinates. It does this, not by the impossible rejection of our place in the present but by a suspension of the norms of already constituted sciences or the claims of other forms of veridical discourse, e.g. various forms of normative theory and philosophy (Dean, 1994; 32).

It is the concept of genealogy however which Foucault developed in his later work, which has been found most useful in guiding this practice of history (Gordon, 1980)[2]. For Foucault, archaeology and genealogy are intrinsically linked. Where archaeology considers the rules of formation in the creation of knowledge and discourses, genealogy considers how some discourses come to be accepted, to constitute 'reality', while others are rejected. Foucault uses the concept of genealogy to argue that all earlier forms of exclusion (the mad, insane, prisoner) have tended towards a 'will to truth'. By this, Foucault is referring to the 'historically modifiable, institutionalised ways of creating oppositions between true and false statements that exert a power over the field of discourse and practices' (Foucault, 1981a). Genealogical description uncovers the productive and positive form of power. It considers how some statements come to be considered as 'true' while others are 'false' or irrelevant. In other words, genealogy 'disrupts taken-for-granted knowledge and points to the contingent power relations which create spaces for particular assertions to operate as absolute truths' (Pavlich, 1995; 556). Stenson explains this further where he argues that genealogical studies are those which recognise the 'complexity and arbitrariness of historical change' wherein 'dispersions, lacunae, ambiguities, tensions between competing discourses and chance play significant roles' (Stenson 1997; 1). Thus, in simpler terms, archeology is concerned with the construction of discourses; genealogy is concerned with how certain discourses come to be taken as 'true' or valid vis-à-vis other discourses.

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[2] This text provides a number of translated interviews with Foucault, the most notable of those being: 'Body/Power', 'Prison Talk', 'Two Lectures' 'Truth and Power', 'Power and strategies'). Young (1981); Rainbow (1996) and Kritzman, L.D. (1988) provide further translations of Foucault's interviews and articles on genealogy, discourse and power.

The term discourse, in this context, refers to the structures of knowledge, language, theories and beliefs of a certain strategy and is crucial to an understanding of a problematising approach. Rojek et al argue that:

> There is a framework in social life so familiar to us that we are barely conscious of it, so insistent that we cannot choose to avoid or reject its rules, which makes it possible or impossible to speak about a particular issue or object. This framework is discourse (Rojek et al, 1988; 129).

According to Philp (1979) the discourse of social work can be referred to as a 'regime of truth', in that it represents a distinct set of knowledge and beliefs that ascribe social work its separate and expert identity, *for a particular time and space.* Crucially, a discourse represents knowledge and language, which cannot be considered as value free but rather as a form of power in itself (Cohen, 1985; 29). As Foucault (1980b) argues, discourses must be understood within the context of power where power itself is not seen as a force that excludes:

> We should not be content to say that power has a need for such and such a discovery, such and such a form of knowledge, but we should add that power itself creates and causes new objects of knowledge and accumulates new bodies of information (Foucault, 1980b; 47-8).

As argued by Rojek et al, use of discourse theory in this context implies a rejection of the notion of 'tangible presence' or of the individual as a 'unified autonomous object' (Rojek et al 1988; 122). The concept of a unified and independent form of knowledge is rejected for a more complex and dialectical view on knowledge and power. This involves shifting away from linear and causal forms of analysis, to a lateral view of social problems and their sources in terms of complex, fragmented and diverse criteria. This includes, for social work discourse, considering its discourse from within its historical context and in relation to other discourses at various moments in time. When Foucault refers to discursive and non-discursive objects, what is meant is the range of objects from administrative institutions, regulations, architectural arrangements, to moral, scientific or philosophical principles (Castel, 1994; 238). Such a view of discourses and the relationship between them is central to genealogical analysis where genealogy is defined

as 'a form of history which accounts for the constitution of knowledge, discourses and domains of objects...without having to refer to a subject' (Foucault, 1980c; 117). Thus, rather than treating social work knowledge as if it were a unified subject which 'is born', has 'needs' and 'grows', its discourse should be understood as an 'accessory of a complex moving mosaic of writing, speech and action' (Rojek et al, 1988: 129).

In terms of carrying out a history of the present, Castel (1994) refers to Foucault's approach as a form of analysis based on the problematisation of the present situation; in other words: 'the way in which the question is asked today':

Its starting point is the conviction, with which I share, that the present reflects a conjecture of elements inherited from the past and current innovations. In other words, the present bears the burden, a weight comes from the past and the task of the present is to bring this burden up to date in order to understand its current ramifications...The past does not repeat itself in the present, but the present is played out, and innovates, utilising the legacy of the past (Castel, 1994; 238).

Dean (1994) illuminates the concept further where he interprets from Foucault's work that:

A history of the present is concerned with that which is taken for granted, assumed to be given, or natural within contemporary social existence, a givenness or naturalness questioned in the course of contemporary struggles...
...It means simply that genealogy is conducted in the presence of certain issues problematised by contemporary social struggles.....
...Genealogy is a way of linking historical contents into organised and ordered trajectories that are neither the simple unfolding of their origins nor the necessary realisation of their ends. It is a way of analysing multiple, open-ended, heterogeneous trajectories of discourses, practices and events, and of establishing their patterned relationships, without recourse to regimes of truth that claim pseudo-naturalistic laws or global necessities (Dean, 1994; 35-6).

Foucault himself continued to develop and explain the concept of a history of the present into the 1980s. In 1984, speaking on the issue, Foucault stated: 'I start with a problem in the terms in which it is currently posed and attempt to establish a genealogy; genealogy means that I conduct an analysis starting from the present position' (Foucault, 1984; 18).

In the same publication, he also summarized his understanding of the term 'problematisation':

> Problematisation is not the representation of a pre-existing object or the creation through discourse of an object that does not exist. It is the totality of discursive and non-discursive practices that brings something into the play of truth and falsehood and sets it up as an object for the mind (ibid).

In sum, studies underlined by this concept avoid the creation of a totalising theory; they give an acknowledgment that they are not producing 'the truth' but rather are seeking to grasp the conditions, which determine what is 'true' at any one moment and in any one space. In terms of this particular study, to work from the perspective of a history of the present implies:

- a move away from evolutionary and progressive accounts of the history of social work;
- a framework whereby both the continuities with and discontinuities from the past can be identified;
- a model through which one is not attempting to repeat the past in the present or find similarities but rather to explore, from a present position, points, trajectories and shifts in the past which contribute to a problematisation of present day social work;
- beginning one's analysis at the present and, through raising questions, considering key practices in the past which help to address questions raised in the present.

The theoretical underpinnings of this work, introduced in Chapter Three are also based on various elements of Foucault's work. The themes raised above are explored in more depth at this point. The main issue to be addressed in the remainder of this chapter is how one attempts to apply this form of historical approach in practice.

2.3: Application of a history of the present.

One of the key challenges that arise in using this approach is how does one actually use it. Osborne (1994) argues that Foucault's contribution does not reduce to a clear set of methodological principles or directives and would be better used in the 'de-dramatization of existing concerns rather than in the construction of new dogmas'. Osborne warns that one must find one's own resources, as what could be worse than "a passive 'application' of Foucault's thinking" (Osborne, 1994; 493). He also warns against generalising from Foucault's studies, acknowledging that Foucault's work has been and is influential but care must be taken in drawing implications from it as his analyses are intrinsically tied up with his domains of subject matter. Likewise, Dean (1994) argues that one cannot seek to derive from Foucault's reflections on his own historical work a clear-cut 'method' or way to 'apply' it to one's own theses. Dean suggests that Foucault's comments on methodology can be seen as much as a re-shaping of the work he had already done as they are a way of posing new directions for the future. His 'methodology' is also underlined by an explicit rejection of the notion that historical practice is reducible to the application of a certain methodology to a particular field.

While Foucault's studies are primarily specific and difficult -or indeed dangerous- to generalise from, the practice of problematising and the history of the present clearly have much to offer as a broad framework from within which one carries out historical research. Castel (1994) is helpful in addressing the dilemma of how one can use a problematising approach while avoiding a reductionist approach, by arguing that he does not claim to be 'Foucauldian' and that he is aware that Foucault's work on the history of the present is not a central aspect of his overall work. Castel acknowledges the many challenges of the use of the approach, given the fact that it was not intended by Foucault that this would be used to derive a method; many historians are scathing of it due to its untraditional approach to history; and in many ways the complexity of the concept highlights Foucault's own 'difficult relationship with history' (Castel, 1994)

Dean (1994) likewise admits that he takes an 'instrumental attitude' to Foucault's work. By this he means that he uses it in relation to his own particular objectives related to

historical-sociological study. Dean identifies that a positive 'lesson' from Foucault's work on 'method' is that history must be seen as, above all, a practice. Foucault, according to Dean, sees history as:

A practice undertaken in a particular present and for particular reasons linked to the present. For no matter how much historical writing is about dimensions or aspects of the past, and refers to events, irruptions, discourses and social practices that can be given a time space, it is in fact an activity that is irrevocably linked to its current uses (Dean, 1994; 14).

And that:

despite relentless changes in formulation and the development of new methodologies and approaches, it is possible to discern a coherent conception of history and its relation to the present(1994; 28).

He concludes however, that, while Foucault contributes significantly to our capacity to examine history, we need to consider:

How could such an exercise open itself to *our* present, to *my* present, if it could not help us, help me, problematise what we know, how we govern, and are governed, and who we are? (1994; 216).

The implication of such an approach is that historical documents should not be used as merely a by-product of the past (Foucault, 1972). Thus, according to Dean (1994), a history of the present implies an 'active marshaling' of historical resources, where history is of its own time and space. Dean determinedly argues that this position is not the same as the idea that all histories are written from a particular viewpoint or perspective. He distinguishes Foucault's history as separate, in that a history of the present, while being concerned with the interpretations of history, is also concerned to come to terms with the history as a *practice*, as a particular set of actions brought to bear on a particular material. This material has already been affected by other actions of conservation and organisation. So the history of the present is not about replacing a positivist history for a perspectival one but rather is concerned with reflecting upon the possible uses of historical studies. It

is situated in the 'illumination of the present' rather than invoked in the memory, tradition and foundations of the past (Dean, 1994).

Castel (1994) attempts to provide guidance on how one might carry out a history of the present. He identifies a number of key questions, which must be raised and addressed in the process. Firstly, Castel poses the question: *'what gives one the right to interrupt the move toward an undefined past with the assertion that this current question began to be formulated at such and such a moment in the past?'* (Castel, 1994; 239). In other words, given the pragmatic fact that one cannot go back through history indefinitely, how does one decide on the historical moment from which an analysis will begin?

In response to this question, Castel suggests that the practice of problematisation, does not consist merely of 'lifting a question out of the context of a past period' (Castel, 1994; 241). It seems that the point is to select a period that appears to be a forerunner to the question as it is currently formulated. For example, Foucault, in *History of Sexuality*, identifies the practice of confession that emerged in the 17th century within monastic tradition as symbolising the epoch in which sex was put into words through the confessional and the duty that anything to do with sex had to be 'passed through an endless mill of speech' (Foucault, 1979; 21). The fact is that Foucault does not provide a reconstruction of the history of confession or evaluate its importance in 17th century society. Rather 'it offers an understanding of the technologies of confession as important components of the exercise of power today' (Castel, 1994; 241). In other words, the 17th century confession is only relevant in how this apparatus 'helped to set the mechanisms of the present apparatus in place' (ibid). In this work, various moments are identified as points to return to, based on their representation of the emergence of a problem in the past that remains relevant in the present.

Castel (1994) explores the question of periods by asking how one avoids breaking history into definable periods: 'The breaking of history into periods has been an issue for historians themselves' - i.e. the use of homogenous periods poses its own problems but in the case of problematisation, this poses an even greater challenge, 'since the unifying

principle might not be the coexistence of its elements in the past but their relationship to a question being asked today' (1994; 239).

In this context, within a history of child welfare social work in Ireland, rather than assuming that recognisable shifts or periods signify the gradual evolution of a child welfare service, the aim of the practice is to examine the context within which these events occurred and the competing discourses which surrounded these key 'moments', which led ultimately to the particular shape and form of the child welfare social work service in the present day. In the critical review of existing accounts relating to the development of the child welfare system in Part II, the limitations of evolutionary analyses are addressed.

The next methodological question identified by Castel (1994) is: *How can one write a history of the present based on a reading of history on the basis of a question formulated in the present day, that is not a 'projection of today's preoccupation onto the past'?*

This question derives from Castel's critique of a 'presentist' approach, which he considers to be a form of ethnocentrism; i.e. 'sticking onto the past a concern that holds true only, or principally, for our time' (1994; 239). He suggests that there are a number of examples of such distortion of history and that historians have reason to be wary of the temptation to rewrite history on the basis of contemporary interests. Castel argues that it is not sufficient to merely argue that historians themselves are guided in their choice of study or object by their own contemporary situation - even though this may be true - rather, in taking a problematising approach:

> the formulation of a series of questions cannot be reduced to a statement that a contemporary issue cannot sensitise the historian and lead him or her to take an interest in this or that aspect of the past. In a problematisation, the diagnostic turned upon the present guides the reading of the past and prompts it to decode history along this line of understanding (Castel, 1994; 241).

Foucault himself explains this perhaps more clearly where he argues that his history of the prison is an attempt to understand 'the present scientifico-legal complex from which

the power to punish derives in bases, justifications and rules, from which it extends its effects and by which it masks its exorbitant singularity' (Foucault 1977a, 23). In other words, a key characteristic of a history of the present is less the study of periods and more a concern with a problem. For Foucault, the problem he examines is that of how modern forms of punishment gained legitimacy within institutional practices. In this study, the problem to be examined is the present position of social work within the child protection and welfare system. It is thus less concerned with key epochs and more interested in considering various strands in the past, which help to address the specific question raised. The way in which certain moments in the past were chosen for study is outlined in greater detail later in this thesis.

Another important question in the operationalisation of a history of the present, according to Castel, is that of selection of historical material for analysis. He suggests that while one cannot reconstruct the totality of a whole epoch, how does one avoid making an arbitrary or careless decision - especially as the choice of what one focuses on within the practice of problematisation may be minor compared to the problems characteristic of a particular historical period.

Castel argues that Foucault, for example, has been criticised for his use of Benthams Panoptica in his analysis of the prison in that it failed, according to the critics, to give attention to the real life of the inmates. However, as Castel points out, this was not the point of Foucault's study. He was not aiming to reflect 'real life' in the prison, but rather to 'reveal a program for controlling people within an enclosed space' thus the issue was not whether this worked or not. Rather, according to Castel, the issue is a matter of using history for one's proofs but not manipulating it for one's own ends. Foucault's comment on this issue is helpful where he stated that:

> Whoever...wishes to study a *problem* [Foucault's emphasis] that has emerged in a given time must follow other rules: the choice of material as a function of the givens of a problem; the focus on the analysis on those elements likely to resolve it; the establishment of relationships that permit this solution. Hence the indifference to the obligation to say everything, even to satisfy the assembled jury of specialists (Foucault, 1980d; 32).

Castel points out that perhaps it is not a matter of saying everything, which is something historians themselves are not even likely to consider a true requirement for history. Rather the issue is that one must carefully choose what to use as the careful selection of historical material is as important in a problematising approach as it is in historical analysis (Castel, 1994; 242)[3]. This question of how one selects historical material was of utmost importance in carrying out this research, therefore attention to the actual research strategy is necessary at this point.

Research strategy refers to the 'way in which one particular empirical study is designed and carried out, what notions about the task of sociological research are embodied in the approach used, what type of research design is used and what particular combination of research techniques is employed' (Bulmer, 1982; 4-5). Research techniques apply to the 'specific manipulative and fact-finding operations, which are used to yield data about the social world,' (Bulmer, 1982; 5) or in other words the actual fieldwork, which was carried out.

Given the broad aim of my thesis and the lack of published material on the subject, I decided that a diverse range of materials/data was necessary. In general there exist four main types of historical evidence from which one can select; primary sources, secondary sources, running records (such as annual reports) and recollections (Neuman, 1997; 396), their selection depending on the aim and the *purpose* of the analysis. Reassured by writers such as Strauss (1987) who argues that very diverse materials from interviews, to field observations, to document analysis are indispensable to qualitative data and that the key issue is not the range of material used but the way in which that data is treated analytically, I used each of these four sources for analysis in order to meet the aims of the analysis[4]. As explained above, a history of the present suggests that a question is posed in the present and recourse to the past is used to examine the problem identified. Having pre-conceived notions of what one is going to study are therefore antithetical to the spirit

[3] Various other accounts of how to apply Foucault's historical methodology include: Flynn (1984) ; Smart (1985); Thacker (1997); Stenson (1998); Burchell et al (1991); Goldstein (1994).
[4] Appendix One provides a detailed list of the historical material used in this work

of problematisation. Rather, the process itself involved beginning with present day material and using this to raise questions about the past. Part II demonstrates the way in which the research strategy evolved from my review of existing material and questions raised, within this context, based on analysis of various historical materials relating to social work within the field of child welfare and protection from 1970-1991.

2.4: Key issues relating to the research process.

As Miles & Huberman (1984) argue, one of the greatest challenges that exists at the early stages of carrying out a qualitative analysis is to decipher, from a huge range of material, what is important, how this should be analysed and so on. They suggest that one of the best defenses against this is to have a clear conceptual framework, which can provide a starting point for making decisions on how to address the data. While I did have a clear framework for my own study, the task of analysis was still quite daunting. One has to start with the assumption that data analysis will necessarily be a selective process and it is unlikely in any one project to cover *every* avenue. Furthermore, the process of data collection and data analysis most often occurs simultaneously. As Strauss (1987) argues, research is a process whereby one's conceptual framework and interpretations are under constant review as one becomes more *au fait* with the subject. One has to acknowledge that in carrying out any research, the process of conceptualisation begins with the first point of contact with the research material, written or oral, and as one carries out the research, one is engaged in a constant process of raising critical questions and preliminary deductions (Neuman, 1997; 421). As Strauss argues, research is an evolving process whereby one is likely to carry out the first interviews or analysis of materials in a rather blind manner but as one progresses, the important issues and key questions emerge more clearly and data collection never actually ceases as new questions are raised with each new piece of information (Strauss, 1987; 26-7). My own approach of problematisation not only implies such a process but also requires it, in that, it is necessarily a practice of 'finding questions where others had found answers' (Dean, 1994). However, given that this implies a never ending process, at some point one has to decide, 'I have enough information to explore my subject', while being open to the reality

that new information and ideas will continue to emerge, even as the thesis is being written. As aforementioned, the process of how decisions were made on what data to collect and how to analyse it will be demonstrated throughout the thesis.

In qualitative research in particular, the issue of bias must also be addressed. In this research, the issue of bias was a particular concern in the selection and analysis of historical materials. Given that a history of the present requires selectivity in choosing what data to consult, depending on the problem or question that is posed, the question of how one makes decisions on what was most relevant was a recurring one throughout the research process. Furthermore, as every interaction with a piece of data is affected by the reader's interpretations and own reactions (Weedon, 1987) another concern was how one interpreted this data. As argued earlier, all research is underlined by specific theoretical assumptions. This research was no different in that a particular theoretical understanding of social work was employed. This is presented in detail in Chapter Three and is based on a range of works, which have been influenced, to a greater or lesser extent, by the work of Foucault.

As the process of data collection emerged, it became clear that bias was not my only concern in determining what data was selected and how it was analysed. Access to data became a key hurdle in itself in many instances. While some voluntary child care and adoption organisations granted access to files and facilitated the research, other voluntary agencies denied me access on the grounds that the material was too sensitive. These included mother and baby homes in various parts of Dublin. This was disappointing as it was general material which I was seeking from them such as whether they had employed social workers, what level of involvement they would have had with them over the years, what kind of casework approaches they had used in working with young mothers, and so on.

The greatest difficulty in accessing files however arose in relation to data from what was considered to be two of the main sources of historical information: the Department of Health and the social work professional association. In relation to the Department of

Health, officially, all documents of more than thirty years old, except those containing personal information, may be accessed through the National Archives. However, while some essential data was available through this mechanism, I found significant gaps in Department of Health files for the period 1930-1967. With the assistance of a Department of Health official, these files were located within the department. After a period of over one year, permission was finally given to have access to the historical materials in question[5]. It seems that two factors were at play here. Firstly, as a bureaucratic department, the difficulties in accessing material seems partly due to a badly organised approach to archival material, where some remained in the Department, some in the National Archives, and it is only when specific material is sought that an issue is raised as to how it will be archived. A second factor, which may have contributed to the delay, may be an intensified concern about releasing anything relating to child care given the current controversy surrounding both past and present practices. Scandals about the practices of certain institutions in the past[6] as well as government involvement in various aspects of child care matters[7] have inevitably made government departments more closed about what information they give out and more anxious about how it will be used. The fact that, when looking for the number of social workers employed in the Eastern Health Board at the beginning of 1998, I had to write to the Board to explain why I wanted to know this and what I was using this information for, illuminates the over-anxious concern of such agencies[8].

Access to material relating to the Irish professional association of social workers (IASW) proved equally difficult to gain, for perhaps different reasons. While access to data was initially granted to me as a member of the association as well as a researcher, a concern was expressed that certain 'third party' information should not be disclosed. As the third party information related to the general business of the agency, such as letters to other

[5] These files have since been archived appropriately in the National Archives.
[6] For example, a documentary on Goldenbridge Institution in 1997 created much public outrage and media interest in the practices of child care over the nineteen sixties and seventies and the failure of any authorities to address the issue at the time.
[7] For example, Milotte (1997) published findings relating to the role the Department of Foreign Affairs played in the scandal of selling children to American families, illegally, for adoption. More recently, Raftery & O'Sullivan (1999) have likewise examined the historical records of the Department of Education in their historical analysis of the industrial schools in Ireland.
[8] This material, when provided, was given verbally only.

organisations etc, this seemed an unreasonable reason to deny information about the workings of the association over the past thirty years. Access was granted after a significant period and the association, following this difficulty, has supported the research.

Margolin (1997) argues that, as a profession, social work often resists criticisms of itself. She suggests that social workers steer away from addressing its limitations 'for fear of destroying an illusion of unanimity'. This resistance became very real during the process of the research, not just within the social work agencies but, as outlined above, in a range of both voluntary and statutory bodies. The process of negotiating access proved a significant learning point for me. On the one hand, one has to realise that others are not likely to share one's own enthusiasm for the subject under study and are unlikely to share one's own view on its importance and relevance. It also however highlighted an ethical issue for me as a researcher; that is the duty of a researcher dedicated to a certain field to challenge unnecessary barriers to practicing research, while upholding and respecting the legitimate and necessary barriers that should be in place to protect confidentiality. A particularly concerning outcome from the process of seeking access was the ad hoc manner in which crucial historical material has been preserved. In the process of investigating the sources of key information regarding services or practices in the past, I found the original files of some organisations were held personally by certain individuals, other material could not be located, and much of the material was discovered by accident – through conversations with individuals for example– rather than in a planned and strategic manner. Given the lack of knowledge about our history as a profession, the lack of attention to preservation of documents is concerning and efforts were made throughout the research to encourage the individuals/organisations involved to re-consider their treatment of historical materials.

2.5: Conclusion.

In this chapter, I have briefly introduced the main concepts underlying a history of the present. In Chapter Three, greater attention will be paid to its relevant theoretical underpinnings for this study. The research process has also been introduced and will be illuminated throughout this work.

Reference to questions posed by Castel (1994) have been useful in clarifying potential pitfalls as well as useful directions in carrying out a history of the present. However, he also acknowledges that even having responded to such questions raised by the approach, there remains certain 'perils of problematisation' (Castel, 1994; 251). He suggests that a problematisation must satisfy two demands whose co-existence in themselves may pose a problem. On the one hand, this approach adopts a specific reading of history which utilises categories which are necessarily not utilised by historians themselves to organise their 'corpus'; in other words, 'problematisation constructs *another* [Castel emphasis] account from historical data' (Castel, 1994; 244) separate to those of historians. On the other hand, this different account still must be compatible with the accounts of historians themselves, thus the challenge of marrying the two. In conclusion to his work, he advises that problematisation must contribute something to what has already been achieved by a classical historical approach - while this may seem to contradict the point that a history of the present is necessarily different, the contention is that if it is to stand up to rigour and testing, it must be tested using other approaches to the present - for e.g., how do Foucault's analyses of the prison or psychiatry enrich the discoveries made possible today by other approaches such as empirical sociology, ethnography of psychiatric practices or the administrative or professional literature on the practice of psychiatry (Castel, 1994). Within this thesis, consideration of existing perspectives is carried out in Chapter Three and Four and will be returned to in the final chapter.

Castel also argues that, to the extent that it is based on history, a problematisation can be refuted if it contradicts historical knowledge and historians are the only judges of that. Castel makes the valid point that the 'right to choose one's materials and re-focus them in

light of a current issue, to place them in different categories ...is not permission to rewrite history. It is not a right to make historical errors, which here can be understood as statements about history that a historian could refute' (Castel, 1994; 252).

In Part IV, I will review the research strategy itself in terms of the degree to which, within the actual process of researching and disseminating the findings, my work remained true to a problematising approach. Throughout the remainder of this work, this process itself should be evident to the reader. It is important to reiterate at this point that, within the context of the approach used here, my aim is not to work towards a definitive answer as to why social workers are so central within the child protection system in the present day. Rather, I am seeking to examine the 'multiple surfaces of emergence' (Miller, 1986) for social work knowledge and expertise within the domain of child protection. The remainder of Part I clarifies the theoretical approach underlining the work and will conclude with a summary of questions raised. Within Part II and Part III these questions are addressed by analysis of various historical materials. Given the methodological approach described above, the findings will be presented and analysed simultaneously throughout this work. In Part IV, the key questions are returned to, in light of the new data presented. Critical commentary will be provided on the findings themselves, the methodology used and the theoretical framework employed by way of conclusion.

CHAPTER THREE: REVIEW OF EXISTING ATTEMPTS TO PROBLEMATISE SOCIAL WORK IN TERMS OF ITS PAST.

3.1: Introduction.

A problematisation approach implies that histories are both critical and effective (Dean, 1994). Histories within this framework are critical in that such a discourse is unwilling to accept the taken-for-granted components of our reality and the 'official' accounts of how they came to be the way they are. Such an approach challenges the evolutionary accounts of historical analysis. The second aspect of the perspective, 'effective histories' is a concept developed by Foucault (1977b; 1986). It implies that this particular historical method:

> Refuses to submit the critical impulse to high and critical modernist narratives and sets itself against what might be called the colonisation of historical knowledge by these synthetic philosophies of history (Dean, 1994; 4).

In other words, the perspective refuses to accept the colonisation of knowledge whereby one account is considered to be the true and accurate one. In sum, a history is critical and effective when it is able to exercise 'a perpetual vigilance and scepticism toward the claims of various philosophies to prescribe the meaning of history' (Dean, 1994; 4).

Considering the discussion on the nature of discourses from a genealogical perspective in Chapter Two, one might argue that no prior knowledge should therefore underline such a form of analysis. As Foucault argues, discourse analysis, which forms the basis of a history of the present:

> ...should be an instrument for those who fight, those who resist, those who refute what is. Its use should be in processes of conflict and confrontation, essays in refusal. It doesn't have to lay down the law. It isn't a stage of programming. It is a challenge directed at what is (Foucault, 1981b; 13)

However, as discussed in Chapter Two, guided by Castel (1994) and Dean (1994) in particular, it can be argued that certain 'certainties' can, and indeed should, be considered

as long as absolute certainty is not applied. As Castel (1994) advises, a history of the present is less about usurping and refuting classical historical perspectives but rather, is a matter of offering an alternative approach. Thus, this history of the present is attempting to apply a necessarily selective and problematising approach to existing accounts of the development of social work and child care.

Selectivity is necessary, not only because it is a key component of a history of the present, but also because of the vast range of analyses in existence which relate to the emergence of child protection systems in general and social work in particular within various Western Democracies. The selection of literature for review in this chapter was based on the following criteria:

- That which assists in the identification of the period in which the 'forerunner to the question is formulated in the present' (Dean, 1994)
- That which attempts to examine developments in child protection and social work from a perspective consistent with the methodology employed.
- That which, in the absence of a body of literature relating to the emergence of child protection social work in Ireland, can help to examine reasons as to why social work came to occupy its present position within the child protection and welfare system in other Western Democracies.
- That which provides a theoretical approach which can contribute to the construction of a framework for analysis of social work in Ireland within its specific institutional, intellectual, social and cultural context.

In terms of selection of a period to return to, most existing analyses are consistent in their identification of the emergence of social work and modern child welfare services over the latter half of the 19th century in most Western Democratic societies[1]. For example, developments within Britain, which up to 1921 included Ireland as part of its jurisdiction,

[1] For example, Woodroofe (1974); Garland (1985); Lewis (1992; 1995); Smart (1992), Bland (1992) Stenson (1993) and Philp (1979) all locate the emergence of social work in Britain around the mid-late 19th century. Jordan (1997); Satka (1995); Lorenz (1994) are just an example of accounts of social work in various European countries where the late 19th century is likewise identified as the starting point for the emergence of a modern social work system. Heywood (1974) Platt (1969) Frost & Stein (1989); Dingwall et al, 1983; and Parton (1991) are consistent in locating the emergence of the modern child welfare system in Britain within the same temporal context.

have been analysed within a political context of laissez faire. In this context, it is argued that interventions with children and families by the State were limited, prior to the mid 19th century, and to legislation relating, for example, to employment of children within factories under *The Factory Act, 1833*. Economic growth and prosperity over the mid 19th century, while contributing to the process of modernisation, brought with it the problems of an increasing rate of urbanisation and industrialisation, and the resulting greater visibility of the 'working classes', the deprived and the destitute within the cities. Concerns existed in relation to social order, fear of revolt by the poorer classes, a concern with what was perceived as the immorality of the residuum working class and a concern, within the capitalist order, with producing self-dependant and productive members of society (Garland, 1985)[2].

It is generally argued that, within these new conditions of modernity, a laissez faire approach to government could no longer be sustained as the dominant view of distinguishing between deserving and undeserving poor was challenged by mass unemployment and the growing visibility of the external forces of poverty (Stenson, 1993; Philp, 1979; Garland, 1985). Referring to Jones (1971), Garland argues that: 'the enforced proximity between the respectable working class and the disreputable poor ... put in great danger the fragile cultural divide which had taken so long to establish and confirm' (Garland, 1985; 55). The link between poverty and the economy was made by all but the most reactionary of the Bourgeoisie and, according to Garland (1985) it had to be acknowledged that any adequate solution to the social problem would have to involve large scale state intervention in the form of housing, welfare, health care and

[2] Garland (1985) provides a particularly useful analysis of the emergence of social work within this context. He argues that, in understanding various social systems in the late 19th century, the penal/criminal system was but one element affected in a network of social institutions such as the Charitable Organisation Society, the Temperance Movements, Settlement Missions and so on. He argues that prisons, charities, police and so on had all successfully concentrated criminality into the lower sectors of society, thus producing a definite division between the respectable and the residuum classes. Considering the context of social work in particular, Garland argues that the practices of the Poor Law reflected starkly the dominant political philosophy of the time in that it ignored the economic effects or outside causes of poverty and defended this by asserting that those coming under the jurisdiction of the Poor Law were merely 'a small disreputable minority whose resentment was not to be feared and whose favour was of no value' (Garland, 1985; 48). Garland considers the emergence of social work within the Charitable Organisation in the context of this philosophy and as an extension of the principles of individual responsibility. Garland considers the practices of early philanthropists and social workers as representing the more positive axis of the disciplinary mechanisms (the prisons and workhouses representing the more negative axis) and that together, the various mechanisms sought to dismantle a culture of intemperance and promiscuity among the working classes and inculcate in them instead, values of self-help, respectability and hard work.

unemployment relief. This meant two crucial things. Firstly, it implied that there was a displacement of certain social regulatory functions from the realm of civil society[3] to that of the state. Secondly, a disciplinary problem arose in that the very rationale for the poor law, penal system and charitable organisations had been displaced by a more interventionist approach. Garland argues that, with a shift towards limited state intervention, the relationship between the poor and the State became necessarily established and new mechanisms to regulate this relationship were necessary. Garland describes this as the 'reassembly of a stable network of social regulation', which he describes as the 'new order of the social' (Garland, 1985; 73).

It is those theorists who explore the emergence of both social work and child protection systems in the context of this 'new order of the social', a concept introduced by Foucault (1977a), which are most consistent with the historical approach employed in this work. These include analyses of specific developments in France (Foucault, 1977a; Donzelot, 1980) and in Britain (most notably, Parton, 1991; Dingwall et al, 1983; and Philp, 1979). Emerging from analyses of the 'social', a range of related perspectives based on power and discourse and practices of government are also considered. These perspectives are selected as they provide insight into how, and why, social work came to occupy a particular position within the child protection system from the late 19th century onwards. Referring back to the criteria set out above, these accounts are selected in the absence of a detailed body of literature relating specifically to Ireland. Their spatial specificity however means that it is not merely possible to transport these analyses to the particular institutional, intellectual, cultural and social context (Garland, 1992) of the Irish child protection system and social work within this. Rather, this literature is reviewed and critiqued in this chapter and will be debated further, within the Irish context, throughout the thesis. The theoretical framework will be returned to in Part IV and will be used to contribute to the development of a perspective more specific to the Irish context.

[3] Such as laissez faire markets and ad hoc charity. Philp (1979) describes the relationship between the rich and the poor, prior to the emergence of modern society, as the 'gift relationship' where alms were given directly from the rich to the poor.

Section 3.2 begins with a review of existing critiques of the position of social work within the social in modern conditions. Section 3.3 considers various questions, which arise in relation to these analyses in light of changing societal conditions. Section 3.4 concludes Part I and sets out the direction of the remainder of this thesis.

3.2 Review of existing attempts to understand present day practices of social work and child care by recourse to the past.

As previously mentioned, various aspects of the work of Foucault have to a greater or lesser extent, influenced the perspectives addressed here. For the purposes of this chapter, I will consider the way in which his work *Discipline and Punish: The Birth of the Prison* (1977a) in particular has influenced many of the conceptualisations of the nature of social work within the field of child protection and welfare. From this work, various analyses of power, discourse and the position of social work in the space of the social have emerged. These are addressed in Section 3.2.1. Foucault's later work on governmentality and power is also crucial in this analysis and is used to develop key points in Section 3.2.2

3.2.1: Power, Knowledge and the Space of the Social:

Referring specifically to *Discipline and Punish,* Garland (1990) suggests that, for Foucault, an analysis of the emergence of the prison in the early 19th century provides a means of examining the wider context within which modern systems evolved. He argues that Foucault's study can be applied to wider social institutions, not because the prison is a 'typical' social institution but because it represents the place where modern techniques of power can be seen in their full 'unbridled capacity' (Garland, 1990; 134-5)[4]. Foucault concentrates on techniques of government and postulates that, with the emergence of the modern prison, the objective of punishment shifted from avenging the crime to

[4] Driver (1994) makes a similar argument and demonstrates the way in which 'concerns for the control potential created by the official ordering of space has been, and remains, high on the agenda of all disciplines, like pedagogy and penology, dealing with large populations in confined spaces – to say nothing of hospitals, medical practices and other more medical instances of power. Foucauldian insights into the potency of spatial ordering carry a validity which transcends the particular institutions upon which he focused' (Driver, 1994; 113).

transforming the criminal. This implies the need to get to know the criminal, his/her background, intentions and so on. In other words, the classical order of punishment based on sovereignty and right was displaced, within the modern prison, with the emergence of new forms of knowledge that produced modes of social regulation of deviants. Foucault (1977a) identified three key elements involved within this new disciplinary mode: 'hierarchical surveillance' which refers to the ability of a bearer of power to create individual knowledge about human bodies on a continuous basis; 'normalising judgement' which allows for a continuous discretionary judgement and evaluation of conduct; and the 'examination' which signifies a combination of the above techniques to create the 'normalizing gaze'. According to Foucault, the normalising gaze makes it 'possible to qualify, classify and punish. It establishes over individuals a visibility through which one differentiates them and judges them' (1977a; 170-192). Foucault goes onto argue that:

> In a system of discipline, the child is more individualised than the adult, the patient more than the healthy man, the madman and the delinquent more than the normal and the non-delinquent. In each case, it is towards the first of these pairs that all the individualising mechanisms are turned in our civilisation (1977a; 193).

Referring to the emergence of expert knowledge relating to human behaviour and accepted norms within modern society, Foucault argues that 'that moment when the sciences of man became possible is the moment when a new technology of power and a new political anatomy of the body were implemented' (1977a; 193). Foucault associates knowledge with power and argues that, through the emergence of modern disciplinary techniques, new knowledge constructed the individual as a 'fictitious atom of an 'ideological' representation of society', but adds that individual is also a reality 'fabricated by this specific technology of power that I have called 'discipline'' (1977a; 194). Demonstrating what is commonly referred to as the knowledge/power spiral, a particular contribution the work of Foucault has made to the understanding of the purpose of a profession, such as social work, is his conceptualisation of power and power relations. Challenging the negative social control definitions of power, Foucault argues that:

We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact, power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production (1977a; 194)

Power, for Foucault, is considered an inevitable feature of social relations and is intrinsically linked to knowledge and expertise – i.e. the power/knowledge spiral. In *Discipline and Punish* he considers power and knowledge within the context of disciplinary techniques used to intervene with, in Foucault's case, deviants within the prison. Cohen (1985) argues that, for Foucault (1977a), the aim in the 'carceral society' is for the deviant to be 'observed, retrained and rendered obedient' (Cohen 1985; 26). Cohen contends that, within wider society, this led to the emergence of new specialist techniques and theorists and to new experts to implement them; psychiatry, social work and philanthropy are offered as examples. Cohen considers the way in which expert professionals emerged within modern society. He depicts the changes in disciplinary mechanisms in terms of 'master shifts'. Cohen argues that a clear identifiable shift was the development of 'centres of incarceration' over the early 19th century. He suggests that the next master shift can be identified in the gradual move towards decarceration and a 'dispersal of control' in the late 19th and early 20th century. He suggests that this led to a blurring of the boundaries between welfare and punishment characterised by recognition of the need for 'treatment' of offenders and community controls. New powers were therefore ascribed to expert professionals to diagnose, assess and treat.

What appears most significant about Foucault's work, and the various interpretations of it in relation to social work is the fact that rather than focus on the moral or social context of punishment, Foucault actually analyses the internal workings of the apparatus of discipline itself. He is concerned with the technologies of power and governance and avoids explicit use of any pre-conceived schema of class relations and social structures. Garland suggests that in fact 'Foucault's mode of theorising seeks to avoid any suggestion that society is a coherent totality which can be analysed by means of structural models or global conceptions' (Garland, 1990; 133). While there are difficulties with Foucault's focus on the micro-politics in that, in order to understand social work, one needs to

consider the interface between technologies of power and broader forms of governance and power manifested within policy and existing structures, it does provide a useful framework within which the actual nature and form of social work and intervention into the family can be explored.

Donzelot (1980[5]) considers the emergence of expert knowledge and expert professionals to implement that knowledge within the newly constituted space of the social over the late 19th century in France. The emergence of experts within this context is commonly referred to as the emergence of the 'psy complex' (Ingelby, 1985; Rose, 1985). It is Foucault who first introduced this notion of 'social' space, where he argued that, within the new modern disciplinary regime, a shift in the power to judge had occurred. This is worth quoting at length:

With this new economy of power, the carceral system, which is its basic instrument, permitted the emergence of a new form of 'law': a mixture of legality and nature, prescription and constitution, the norm. This had a whole series of effects: the internal dislocation of the judicial power or at least of its functioning; an increasing difficulty in judging, as if one were ashamed to pass a sentence; a furious desire on the part of the judges to judge, assess, diagnose, recognise the normal and abnormal and claim the honour of curing or rehabilitating. In view of this, it is useless to believe in the good or bad conscious of judges, or even of their unconscious. Their immense 'appetite for medicine' which is constantly manifested - from their appeal to psychiatric experts, to their attention to the chatter of criminology – expresses the major fact that the power they exercise has been 'denatured'; that it is at a certain level governed by laws; that at another, more fundamental level it functions as a normative power; it is the economy of power that they exercise, and not that of their scruples or their humanism, that makes them 'pass' therapeutic sentences and recommend 'rehabilitating' periods of imprisonment (1977a; 304).

The emergence of what Foucault calls 'normative power' implied that legislation in itself was no longer adequate as a form of government. Rather, a new and relatively broader set of knowledge was needed and, in order to create and operationalise such knowledge, social experts became necessary:

[5] Donzelot's original work was written in 1979. The first translation of his work from French to English was published in 1980.

... If judges accept ever more reluctantly to condemn for the sake of condemning, the activity of judging has increased precisely to the extent that the normalising power has spread. Borne along by the omnipresence of the mechanisms of discipline, basing itself on all the carceral apparatuses, it has become one of the major functions of our society. The judges of normality are present everywhere. We are in a society of the teacher-judge, the doctor-judge, the educator-judge, the 'social worker'-judge; it is on them that the universal reign of the normative is based, and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements. The carceral network, in its compact or disseminated forms, with its system of insertion, distribution, surveillance, observation, has been the greatest support, in modern society, of normalizing power' (ibid).

In later work, Foucault explains that the ultimate aim of regulation and judgement through the space of the social is to achieve the 'government of self', i.e. self-regulation. He argues that where human beings turn themselves into subjects rather than relying on 'experts' to do so, the ideal of self-government is achieved (Foucault, 1979).

In terms of applying this to the nature of modern social work, the work of Philp (1979) is particularly relevant to a consideration of the nature of social work knowledge as an expert strategy and explores the question of what it is about social work knowledge which a) ascribes it a place within the space of the social and b) makes it a unique and expert form of knowledge.

Philp postulates that knowledge exists as a structure, a frame over and above the individuals who operate within its boundaries. This knowledge takes the form from within a specific set of social relations. That is, where a form of knowledge exists, it does so because it is a product of a specific historical, social and economic situation. In other words, the space and conditions of possibility have to exist in order for a particular form of knowledge to develop (Seed, 1983; 18). In terms of social work, according to Philp the possibility for a strategy of social work to emerge over the late 19th century existed within the broader context of a liberal government, the changing nature of intervention into the family and the introduction of legislation that required experts to mediate between the state and the family. Philp argues that social work knowledge must be understood both as a unique form of knowledge in itself, as well as understanding its relation to other forms of knowledge and its position within the broader social, political

and cultural context within which it exists. He suggests that social work knowledge can be considered at three levels; in terms of social works' position within the system for the distribution of the rights to discourse; in terms of how social work is related to, and differs from other forms of knowledge and; in terms of how the distinctive nature of social work is rooted in the historical origins of social work theory and practice.

Philp, while acknowledging Foucault's argument that social sciences gain their possibility and legitimacy from the fields of biology, economics and philosophy, argues that they also occupy a very distinctive and particular 'regime of truth' in their own right. Philp contends that social work knowledge is unique in that it presents the client as a 'subject in objective knowledge'. For Philp, social work knowledge is objective in that, firstly, it is tied to academic constraints that make particular demands on it and, secondly, social work knowledge has evolved from within the notion of scientific objective activity. Philp suggests that, the effect of this has been that, within social work, a 'universal subject' has been created which applies to all individuals but to no one in particular. Philp argues that the particular knowledge produced under social work's 'regimes of truth' is one whereby individual states (for example, pain, hurt, suffering) and objective statuses (for example, illness, madness, disability) are transformed into a 'social subject' marked by a capacity for self-determination, responsible citizenship and general sociability.

According to Philp, two inter-related mediating techniques characterise the unique nature of social work. Firstly, historically, social work has always carried the task of mediating between the respectable and residuum poor in an effort to promote their subjectivity and their potential to become 'respectable'. Philp argues that the mediating role of social work signifies the profession's fundamental aim, in that it has always been concerned with the poor, the displaced, the misplaced and so on. Fundamentally linked to this is the technique of the 'creation of subjects'. As discussed above, a key aim of social work knowledge is to emphasise the subjectivity of the individual over the objectivity of their situations or their behaviours. This implies that the role of the social worker is to consider the 'potential sociability' of the subject as opposed to the 'actual state' of the client. In

essence, this means that the social worker alludes to 'the underlying character, the hidden depths, the essential good, the authentic and the unalienated' (Philp, 1979; 99). The suggestion is that, given the nature of social work expert knowledge, the worker will concentrate on the *potential* for bad parents to become good parents, for abusing parents to become non-abusing parents, for the immoral to become moral and so on. When understood in terms of its relation to other 'regimes of truth', Philp's postulation implies that, given the form and nature of social work, it is inevitable that its defining purpose is to assist persons within the 'residuum' to become 'respectable'; to assist persons to ascribe to accepted norms and morals and, fundamentally, to restore persons to the ideal position within liberal society; that of self-regulating, independent and conforming individuals and families.

This focus on potential sociability has however limits. At times, according to Philp, individuals may be beyond the realm of the universal subject. This may happen if the subjects' objective behaviour is of such serious nature and effect that it overrides the individual's universal subjectivity. It is in such instances that the judicial sphere of the child welfare spectrum is employed. For example, where a family has continued to abuse and neglect a child, despite social work intervention and the attempt to restore the individual to accepted norm(al) and moral behaviour, the statutory elements of the legislation are thus employed. Philp's account demonstrates in greater detail the position of social work within the space of the social, as discussed earlier, and the unique form of its knowledge. He also demonstrates the limitations of this knowledge where the potential subjectivity of the client is outweighed by their objective behaviour.

Donzelot (1980) develops this idea with particular reference to the nature of philanthropic intervention into the family in France. For Donzelot,

> (P)hilanthropy in this case is not to be understood as a naively apolitical term signifying a private intervention in the sphere of so-called social problems, but must be considered as a deliberately de-politicising strategy for establishing public services and families at a sensitive point midway between private initiative and the state. When one examines the centres around which philanthropic activity was to organise itself in the nineteenth century, one finds that they were all characterised by the search for a calculated distance

between the functions of the liberal state and the spread of techniques of welfare and administration of the population (Donzelot, 1980; 55)

Donzelot (1980) considers the shift, signified within most Western Democratic societies at the end of the 19th century, from voluntary philanthropic modes of charity to their absorption into the realm of the State. The introduction of protection legislation for children signifies, for Donzelot, an extension of the practices of 'normalisation' and 'moralisation' characteristic of the 19th century philanthropic ideal in the context of legislation. The principle of moralisation implies a focus on assisting poor families to overcome what was perceived as immoral behaviour, while normalisation signifies an attempt to implement perceived ideal norms relating to family life, individual behaviour and appropriate child care practices. In other words, from this perspective, philanthropists sought to encourage working class families into a form of middle class 'decency'. According to Donzelot, it is not that the principles of philanthropy were replaced by modes of state intervention but that they became framed within a legislative context. For Donzelot, this signifies the 'Tutelage Complex'. Others have referred to this process as the penal-welfare complex (Garland, 1985) or the relationship between the coercive and welfare elements of child care intervention (Parton, 1991). In essence, Donzelot suggests that while interventions into the family remain framed within the philanthropic ideals of normalisation and moralisation, where families are found to be non-conforming to such ideals, a tutelary relationship is established which shifts the focus from a welfare to a coercive oriented model. Parton interprets this as meaning that the law may be seen as a 'filter for the failures of normalisation in social work practice'(1991: 14).

In sum, the space of the social, according to Donzelot (1980), was where this balance was achieved; those operating within the social encouraged the privacy of the family on the one hand while monitoring that same sphere of the family on the other. Donzelot suggests that, within this context, two forms of relationship were constructed between the 'psy' experts and the family/individual; the relationship based on contract and that based on tutelage. Within the liberal philosophy of limited state intervention, the ideal for experts within the social is to attempt to develop a relationship based on contract with

families; families ascribe to accepted norms and morals of family life and the state or representatives of the state will protect those families' privacy and autonomy. A family failing to ascribe to such norms required a relationship of tutelage wherein intervention into the family was made in order to transform the family to a self-regulating and conforming unit. Within this context, where families were considered unable or unwilling to ascribe to such norms, or where expert intervention to achieve this aim had failed, it is then that the legislative framework was employed. There have been a number of attempts to consider the position of social work within this space of the social in relation to present practices within the UK.

Dingwall et al (1983) applying Donzelot's conceptualisation to British social work, explain the way in which this dilemma manifested itself. They argue that, within the liberal society of late 19th century, the main aim of judicial intervention into the family was that, on the one hand, the state had to establish the individual rights of children to protection, while at the same time, protecting the privacy of the family as the ideal site wherein the child should be raised. The question within liberal society is 'how child-rearing can be made a matter of public concern and its qualities monitored without destroying the ideal of the family as a counterweight to state power, a domain of voluntary self-regulatory action' (Dingwall et al, 1983; 214-5).

Donzelot's conceptualisation of the nature of relations between the State and the family have also been adapted by Parton (1991) to the specific question of social work and child protection in Britain. According to Parton (1991) the positioning of social workers within this fragile sphere of the social was central in shaping the subsequent development of the profession within the British welfare state, culminating in the Seebohm reforms of the late 1960s

Parton (1991) aims to examine the changing nature of child protection discourse, where discourses are:

> Structures of knowledge, through which we understand, explain and decide things. They are structures of obligations, which establish the different responsibilities and authorities

for different categories of persons such as parents, children, social workers, and doctors, lawyers (Parton, 1991; 3).

For Parton, a consideration of competing child protection discourses effectively means considering the power/knowledge spiral in order to consider how certain 'knowledge' and 'expertise' on various aspects of child welfare, child neglect and child abuse has been constructed within both public policy and practice within the British system. Parton argues that the introduction of child protection legislation, most notably the 1908 Children Act, served two purposes for social work over the 20th century. Firstly, social workers and other psy experts were brought into the sphere of the law themselves: 'along with the legally-sanctioned tutelary authority over the poor and incompetent family came a greater role for the 'psy' knowledge in the decisions of the court...increasingly, juvenile courts were concerned with the parents' character and the home circumstances rather than merely establishing the 'facts' of an offence against a child' (Parton, 1991; 14). The second function served by the legislative developments was that the tutelary complex was legitimised and gave increased powers of surveillance and monitoring of families to the psy experts:

> The courts provided social work and other health and welfare apparatuses with both a threat over, and a means of intervention into, families who were deemed to have failed and hence the power to remove the child....in this way, the law and welfare, far from being separate and in opposition, interrelated and meshed' (Parton, 1991; 14).

Parton (1991) is concerned to emphasise however that, while enmeshed, this inter-relationship was not without difficulties; social workers occupied an ambiguous position within the space of the social wherein, on the one hand, the worker has allegiances to families and individuals within civil society, while, on the other hand, has allegiances to the State and the courts through their newly ascribed 'statutory duties'. Parton argues that this uncertainty and ambiguity was central to social work as it merged over the late 19th and early 20th century wherein it fulfilled a mediating role between the respectable and the deviant practices.

3.2.2 Social work as a practice of government.

The above accounts examine the way in which modern systems of expert knowledge emerged from the 19th century onwards. The specific position of social work as a mediator within the space of the social has been introduced. In order to consider further how the conceptualisation of the form and nature of social work has been developed in more recent years, it is necessary to return again to the later work of Foucault. Foucault (1979) introduces the concept of governmentality which he defines as 'the ensemble formed by institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of very specific albeit complex forms of power' (1979: 20). As Parton (1991) explains:

> Such an approach does not reduce the exercise of political power to the actions of the reified sovereign state but draws attention to the range of mechanisms whereby different groups seek to regulate the lives of individuals, families and communities. The analysis of policy suggested by the concept of government implies that the very existence of a field of concerns we call 'policy' should be treated as in need of explanation. It highlights the diversity of powers and knowledges entailed in rendering fields practicable and amenable to intervention (Parton, 1991; 9)

Thus, the concept of government implies the need to consider the various ways in which the conduct of social life has become a mechanism for political power and the promotion of social well-being. Social work therefore comprises a small part of this sphere of 'government' (Parton, 1991). The identification of the specific ways in which social work employs 'governing techniques' has already been referred to in the work of Philp (1979). Miller and Rose (1988) attempt to develop the concept of governmentality. They argue that social work draws individuals into the sphere of government not by repression but through the 'promotion of subjectivity, through investments in individual's lives and the forging of alignments between the personal projects of citizens and the images of social order (Miller & Rose, 1988; 72). As in the case of Philp, they identify the key governing techniques of social work from a genealogical perspective as the creation of subjects and mediation between the legitimate and non-legitimate poor. In later work, the authors explore the usefulness of the concept of government as a way of analysing various forms of 'state' interventions. They suggest that use of this concept avoids

reference to the actions of the State as if it were constructed as a 'relatively coherent and calculating political subject'. Instead,

> The notion of government draws attention to the diversity of forces and groups that have, in heterogeneous ways, sought to regulate the lives of individuals and the conditions within particular national territories in pursuit of various goals. Rather than 'the State' giving rise to government, the state becomes a particular form that government has taken, and one that does not exhaust the fields of calculations and interventions that constitute it (Miller & Rose, 1990; 3).

As Miller and Rose explain, consideration of various techniques of government demonstrates the diversity of powers and knowledge, which render a particular field or policy practicable and amenable to intervention. Using the concept of governing techniques, they make the point that 'government' is not just a matter of interpretation but also a matter of intervention. It is within this context that the particular techniques of government within social work have been examined above. Further exploration of the relevance of such a concept to understand the form and nature of social work within the field of child welfare and protection will be carried out throughout the thesis.

Conceptualisation of social work in terms of 'governing techniques' is useful in that it enables an analysis of the complex and contradictory nature of social work, its regulatory and enabling potential (Rojek et al. 1988) and its relationship with, and uniqueness from, other surrounding discourses (Philp, 1979). In later work, Parton (1998) identifies the way in which social work appeared ideal to operate within the space of the social from the 19th century through to the post-war years. He suggests that 'for social work to operate quietly and in an uncontested way, it required a supportive mandate together with an internal professional confidence and coherence' (1998; 12). With the growth in welfarism in post-war Britain and the emergence of psycho-dynamic and neo-Freudian perspectives within social work, the profession was well placed to take on the optimistic role of carer and controller within the space of the social in the newly structured British welfare state. The position of social work within the welfare state has been considered within the context of modernity by a range of authors (such as Howe, 1994; 1996; McBeath & Webb, 1991; Parton, 1994). Two central elements of these analyses are of

importance to this study. Firstly, the concern for social workers to occupy this space, as Parton suggests above, 'quietly and in an uncontested way' is relevant to the question of the role played by social workers themselves in maintaining this space in the social. Secondly, accounts of social work in post-war Britain suggest that, given the form and nature of its knowledge, the profession was ideally placed to act as mediators within the space of the social.

The analyses provided to date in this chapter provide a useful framework within which to begin to address the question of how social workers gained their present position within certain modern child welfare and protection systems. One might deduce from this analyses that the position of social work is due to its role of mediating, within the space of the social, between legitimate and non-legitimate; deserving and undeserving; dangerous and non-dangerous families and so on. One might also conclude that social workers are central within child protection and welfare services because that is their natural positioning and is one which has maintained its legitimacy as a practice over time. However, in light of contemporary social conditions, further questions must be raised about the form and nature of social work within the space of the social. This is done in Section 3.3.

3.3: Raising Questions

The first question that must be asked is, *while the link between power and knowledge has been established, and the position of social work vis-à-vis the state explored, how much power do social workers actually have in practice.* There is a need to consider in more depth the form and nature of power ascribed to social work within the space of the social. This is considered in Section 3.3.1. Intrinsically linked to this is the need to examine the relationship between social work and related discourses within the context of the power-knowledge spiral. This is addressed in Section 3.3.2. Another crucial question raised by the above literature review relates to the fact that these analyses are based on the interpretation of modern society. The question must be posed: *In light of broader shifts and changes within society more generally, can we continue to construct social work in 'modernist' terms, assuming that the state, the family and the space of the social are*

coherent and distinct homogenous units? In other words, in the context of present day society often referred to as late modernity (for example, Giddens, 1990; 1991), reflexive modernity (for example, Beck, 1992; Beck et al, 1994), or post-modernity (for example, Howe, 1994; McBeath & Webb, 1991), does the space of the social continue to exist as a relatively coherent 'space' as suggested in the above accounts? Linked to this, the question must be asked, *in light of the present concentration on inter-agency and inter-disciplinary co-operation, does social work continue to hold a distinct 'regime of truth' which distinguishes it as an expert practice from other psy complexes?* These questions are addressed in Section 3.3.3.

At this point, the exploration of these questions posed is preliminary. These are important questions that underlie the present thesis and will therefore be returned to in the concluding section of this work.

3.3.1: How much power does social work really have?

Foucault (1977a), while offering a useful framework for understanding the complex and dialectical nature of power, provides limited insight into the degree or effect of the power of the so-called 'psy complexes'. Garland for example, argues that 'if Discipline and Punish fails to investigate the objectives of power, it is no better at describing its agents' (1992; 170). Garland describes Foucault as 'notoriously reticent' when it comes to explaining who exactly holds this new disciplinary power in modern society, what degree of power is held and what effect does such power ultimately have. Garland, while acknowledging the usefulness of moving away from grand theories of power to a conceptualisation of power as more diverse and caught in a spiral with knowledge, does question Foucault's explanation of 'who holds the reins'. He argues that 'in a sense, Foucault's conception of power is strangely apolitical. It appears as a kind of empty structure, stripped away of any agents, interests or grounding, reduced to a bare technological scaffolding' (1991; 170-1). Porter (1996) is likewise specious about the usefulness of Foucault's conceptualisation of power arguing, from his analysis of the powers of surveillance enjoyed by Irish soldiers and Irish nurses, that a) in his analysis,

the structural determinants of power are hidden from analysis and b) it does not provide a framework within which to differentiate degrees of power.

In terms of reviewing Foucault's conceptualisation of power, care must be taken not to over-simply his approach. Critiques of Foucault, such as Garland (1992), who argue that his thesis on disciplinary power is too monolithic and unrelenting, leaving no space for human agents or free will and that it is thus anti-humanist in that he reduces individuals to being mere victims of every expanding processes of discipline, may be justified in their arguments. However, while this charge may be attributable to his work in *Discipline and Punish,* in his later work, Foucault does develops a more dialectical notion of the contradictory nature of power (Foucault 1979) and has argued that individuals are always in a position of simultaneously undergoing and exercising power; the individual is an effect of power and at the same time, or precisely to the extent to which it is an effect, it is an element of its articulation (Foucault, 1980b; 1980c). Lacombe (1996) challenges the critics and argues that Foucault's concept of power is 'not only inscribed in practices of normalisation but most importantly in practices of liberation' which is most evident in his work on bio-politics and bio-power where 'the constitution of the modern subject through power relations is understood in terms of a 'governmentality' that maximises life' and it is in that way that 'Foucault's notion of power is better understood as a 'mechanism for life' that includes strategies of self-development that both constrain and enable' (Lacombe, 1996; 332). Lacombe goes onto assert that, in view of Foucault's thesis, we must thus concentrate on 'the way structure and agency are articulate in strategies of power-knowledge that are never determined but always contingent...that enable as well as restrain' (Lacombe, 1996; 349).

McGowan (1994) also provides a defense of Foucault in relation to the anti-humanist charge. McGowan argues that the charge of anti-humanism may be seen as a result of Foucault hitting a nerve of sorts in that his analysis upsets our comfortable and consoling rhetoric of the humanity of the present day conditions in comparison to our past and forces us to face the reality that power is an inevitable feature of everyday social relations and that there is 'no end to power, no privileged position outside of power even in the

most seemingly benevolent relationship' (McGowan, 1994; 110). Foucault's own postulations on the nature of power implies that his thesis does not reduce to the proposition that individuals have no power and are subject to persistent discipline:

> I am not referring to Power – with a capital P – dominating and imposing rationality upon the totality of the social body. In fact there are power relations. They are multiple; they have different forms, they can be in play in family relations, or within an institution, or an administration. It is a field of reference and not at all a reference to any unique instance (Foucault, 1988, cited in McGowan, 1994; 96)

In terms of the charge made by Porter (1996) in relation to the failure of Foucault's work to determine degrees of power, again, it appears that this is a matter of interpretation from Foucault's work. Cohen (1985) suggests that one can use his work to examine power by considering various interacting power strands while Stenson (1993) problematises power in terms of power circuits. However, as Foucault's work has spanned over two decades, to attempt to summarise his perspective is an impossible and dangerous exercise. Remaining mindful of Osborne (1994) who warns that there could be nothing worse than a 'passive application of Foucault's thinking' and that rather than attempting to 'sociologise' Foucault, 'sociologists might concentrate on becoming what they are, in the meantime leaving Foucault to wander off on his own' (Osborne, 1994; 499). Consideration of how Foucault's thesis on power and knowledge have been adapted to social work are however useful here.

Rojek et al (1988) support the assertion that social work, as a practice is best considered as one that is *simultaneously* enabling and constraining. Likewise, Stenson (1993) asserts that a shift away from a view of power in all-encompassing terms is necessary, calling for the relationship between the 'victims' and 'agents' of social control to be understood within more complex terms. However, in discussions to date, the focus has been on understanding the nature of power and discipline within social work and considering the way in which social work uses this power through its 'governing techniques'. The question remains as to what extent social workers actually carry power.

For example, analyses of the position of social work within the space of the 'social' may be critiqued for their failure to define the degree and extent of power the psy professionals really hold. Cohen (1985) for example, challenges the 'knowledge society' and 'personal social service' society thesis implicit in analyses of the position of the 'psy' professions. He suggests that:

Many doubt whether the 'knowledge classes' are capable of the degree of power, initiative or control which the post-industrial society requires of them. Neither the explosion of scientific knowledge and its increasing share of the gross national product, nor the growth of the service section proves much about the autonomous power of these groups. Much of the expansion of professionals in the occupational distribution has, anyway, been at the lower ends of the status scale: teachers, social workers, counsellors, various semi-professionals. These groups are dependant employees of public bureaucracies and, despite their pretensions and aspirations, have little power in determining major policy decisions (Cohen, 1985; 162).

Cohen (1985) does not, within this critique, subscribe however to the counter thesis that professions such as social work are merely 'tools of the state'. He attempts to explore the complex nature of power within the 'psy' domain. He suggests that the new class of intellectuals and professionals have a 'morally ambiguous' relationship with the state:

They are not benign and already dominant technocrats of the post-industrial theorists. But neither are they an exploitative master class, allies of the old class or cynical servants of power. They are elitist, self-seeking, they use their knowledge to advance their own interests, but they have some functional autonomy from the older elites and established institutions (Cohen, 1985; 163).

Cohen argues that it is due to the 'peculiar autonomy' of the professional ethic and the contradictory values of a profession such as social work that 'the actual exercise of power at the lower levels of the system is anarchic and unpredictable' (Cohen, 1985; 165). He argues that within professions such as social work, there is no sound knowledge base nor is there agreed criteria relating to success or failure. He suggests that the profession is prone to fads and fashions which represent a diverse cohort of interests such as client advocacy and civil rights, community work, behavioural social work and so on. He argues that 'thus, behind the ideology of 'professionalism', discretion is used in quite random and arbitrary ways' (Cohen, 1985; 166) and that, 'the lack of solid information

about the lower-end care and control by professionals is matched by the lack of good theory of professional growth, aggrandizement and self-interest' (Cohen, 1985; 167). However, Cohen (1985), while questioning the 'real' power of professionals over policy making and highlighting the fact that professional self-interest is in itself a driving force behind the development of 'expert systems', he finds that, relating back to Foucault (1977a), it is the power to classify which is the most pure deposit at the disposal of professionals such as social workers, psychiatrists, criminologists and so on. Having reviewed Foucault's thesis, Cohen argues that the boundaries of who gets classified within a certain 'service' shifts continuously, being expanded to bring in new populations or relocating old populations. In relation to social work and child care, the changing ways in which child abuse has been constructed and addressed within policy and social services is a case in point. According to Cohen (1985), it is not who becomes classified but rather the practice of classification itself:

> ...The real significance of classification lies in the form, not the content, the enterprise itself, not the end results. The power to classify is the purest of all deposits of professionalism...This is what Orwell meant when he said that the object of power is power. And it is what Foucault meant when reminding us that power is not just a force that excludes and says 'No', but a form of creation (Cohen, 1985; 196).

Considering the discourse of child protection over recent decades, this classification has shifted from deserving-undeserving to dangerous-nondangerous to at risk-not at risk for example. Cohen usefully makes the distinction between sites wherein power is held. He contends that while the 'juridical lords' retain ultimate jurisdiction and that it is in the 'lesser tasks of screening, diagnosis, prevention, counselling, casework, groupwork, contracting' and so on, that professionals are granted their own 'fiefdoms'. He goes onto argue that these 'microcosms' of professional power can reproduce themselves independently of control by the overlords or even the political economy (Cohen, 1985; 173). In other words, his assertion implies that social workers carry certain amounts of power within their discretionary and autonomous position. This has been borne out in research within both Britain (Pithouse, 1998) and Ireland (Buckley et al, 1997, Buckley, 1998a; 1999), which has demonstrated that, at a practice level, social workers exercise significant discretion and autonomy over the way in which they carry out their legislative

and procedural duties. Cohen (1985) suggests that power is best considered in terms of 'deposits' which is used as a metaphor for 'something which is *left behind* and something which is *drawn on'* arguing that 'at each level – ideas, organisations, professionals and the political economy – these deposits take the form of descriptions (stories) and causal theories, which are drawn upon and leave behind real forms of power...while the deposits appear to be contradictory, they, in fact, rely on each other' (Cohen, 1985; 89). Stenson (1993) likewise suggests that power within social work may be considered at a number of levels such as: at the organisational level, the academic domain, and the professional domain. Weedon (1987) makes a similar point in her analysis of language and discourse in relation to post-structural feminism. She argues that

> Social structures and processes are organised through institutions and practices such as the law, the political system, the Church, the Family, the education system and the media, each of which is located in and structured by a particular discursive field (Weedon, 1987; 35).

Weedon importantly adds that discursive fields consist of competing ways of giving meaning to the world and to organised social institutions and within any discursive field, not all discourses carry equal power.

A central theme in this history of the present thus involves the consideration of the discourse of social work in terms of power relations where power produces knowledge and discourse, and simultaneously, such discourses are themselves representations of power. By using the concept of government and governing techniques in this context, the implication is less that social workers imposed outright social control over its population. Rather, one can examine how, specifically, it operates both in terms of the selection of agents deemed 'deserving' of their intervention and in terms of how such agents were assisted. This conceptualisation of power in terms of governing practices provides a useful way in which to shift away from generalised conceptions of social work to examining, more specifically, the form and nature of governance within certain temporal and spatial conditions, and has been crucial in framing the approach taken to the historical material considered in this work.

In order to problematise the form and nature of social work practice however, one must also consider how the discourse of social work is related to and interacts with other power sources/discourses within the discursive field. While Foucault's methods are useful in analysing the nature and form of a strategy, it seems necessary to develop further frameworks in order to consider the strategy in relation to other related strategies. Watson (1994) advises that, an approach that combines some of Foucault's insights with an interpretative framework that sees class and professional interests as factors determining the structure and content of knowledge is most appropriate in this regard. It is Garland (1992) who contributes significantly however where he offers a framework whereby one can consider the nature and form of one strategy within a range of broader influential strands or discourses.

3.3.2: How does one problematise social work in relation to other surrounding discourses?

Garland (1992) proposes ways in which the criminology discourse may be analysed, however his framework has much to offer to an analysis of social work in that he provides guidelines on how one may examine, more closely, the discourses surrounding the emergence of a specific strategy from a genealogical perspective. Garland offers useful schema for providing "an agenda for research which might allow for a fuller and more adequate knowledge of the discipline's [criminology] history and social functioning" (Garland, 1992; 412). He suggests some key subheadings as a guide for understanding the form and nature of a strategy within the context of its surrounding discourses. These are Intellectual, Institutional, and Social and Cultural Influences.

Intellectual History: By this, Garland is referring to an examination of the range of criminological ideas as they developed over time and a tracing of the changing conceptual structure of criminological inquiry. He maps the different intellectual influences on criminology over the 20th century, such as the application of ethnographic and sociological approaches in the 1920s, the displacement of clinical studies for the use

of statistical surveys in the mid 1940s and so on. He argues that each development in the intellectual influences over criminology changed the relationship between power and knowledge, making possible new ways of thinking and conceptualising all of the time. Intrinsically linked to this is the way in which criminology has borrowed from other disciplines to different degrees over time and this too has impacted significantly on the power-knowledge relations at any one time in the discipline. Garland proposes an exciting task of analysing textbooks form different periods to study the impact of different influences at any one time. Such an approach may also be applied to social work, which likewise has been influenced by changing intellectual discourses over time, which have shaped and affected the nature and form of both practice and training. In this study, what is of relevance is how some dominant intellectual influences have been consistent to the present day while others have been transformed and evolved within their changing discursive field.

Institutional History: Garland points out that contrary to what (he believes) Foucault implies, criminology is not just the concern of the prison but rather is relevant to the court, the social work office, the police committees, parole boards, universities and other institutional settings. Garland proposes that research should therefore focus upon the development of criminology in the different institutional settings, to study the different styles of each setting and to consider the 'shifting hierarchies of status, power and influence to which these give rise within the discipline' (Garland, 1992; 415). Again, this is a hugely relevant consideration for understanding child protection social work given the many arenas within which it has developed, for example, child care institutions, voluntary organisations, statutory services and so on. Of particular relevance to this research is the institutional context of social work within the Department of Health and its various institutional forms from the late 19th century to the present day.

Social and Cultural History: Garland identifies the emergence of the programme of criminology within the context of the overall social development of the time and the rise in disciplinary practices and institutions, which formed part of a project of a 'managed society'. Garland points out that 'As Foucault's work demonstrates, criminology has been

cast as a localized form of instrumental reason within the broader programmes of individual discipline and social management, and has thus become a tool of authorities and administrators in their efforts to manage deviance' (Garland, 1992; 416). Garland adds that in order to understand the social context in which criminology developed, it is necessary to look beyond the issue of discipline and social control to examine how these strategies were formed, the changing relationships between individuals and groups, the shifting balance of power between the governed and the governing, and the new kinds of 'sensibilities' in society. Considering this 'strand' in relation to social work, this implies the need to consider surrounding social and cultural influences in terms of how they impacted on the particular strategy of social work.

Garland's framework implies that the social, political, institutional and intellectual environment of a particular strategy creates the 'conditions of possibility' for the existence of that strategy, and reflexively, that programme has an effect on the 'site' within which it operates. Garland concludes his paper with an acknowledgment of Foucault's contribution to the project of writing a history of the present in relation to criminology but also underlines the need to move beyond his 'framework' to take in broader genealogies and broader investigations. In terms of developing a conceptual framework within this work, Garland's model offers a useful guide through which one can move beyond the generalised 'discipline thesis' to consider where a strategy of social work does have power to influence knowledge and where social work knowledge in itself produces power. His framework also provides crucial guidance on how one can carry out a history of the present – which is fundamentally about the study of a particular practice as opposed to particular periods – while taking into account key surrounding conditions of possibility and influences on how that practice – in this case social work – has gained legitimacy and has been sustained in the present day. Garland's framework is utilised in this work in order to examine the conditions of possibility, which either enabled or constrained the development of social work at various moments in history.

From the review so far, it can be deduced that professional social work can be understood as emerging within modern conditions in the space of the social. It is deemed to carry a

specific governing function of mediation within its own social space. The way in which social work exists within its particular conditions of possibility has also been explored. Perhaps the most fundamental question which arises at this juncture however is whether, given present social conditions of post-modernity, the space of the 'social' between the public state and the private family remains a legitimate framework within which to conceptualise social work in the present day. This relates to the question of whether, within an increasingly fragmented and decentred society, there continues to exist a coherent strategy of social work whose distinct role it is to mediate between the private and public sphere on behalf of those considered to be failing to ascribe to certain received norms and morals within present day society.

3.3.3: Social work within the space of the social: an identifiable site?

Implicit within accounts considered earlier is the assumption that discourses within social work involve a consideration of the structures, knowledge, theories and beliefs within the strategy. These discourses take their form within the context of a specific set of social relations; i.e. the specific social, historical and economic context. As Howe (1994) argues:

It is inevitable and natural that social work evolves and reforms according to local and cultural conditions in which it happens to find itself. Only modernity expects knowledge to be consistent, cumulative and progressive, integrated and uni-directional (Howe, 1994; 53).

The question asked here is, within contemporary social conditions[6], can we continue to consider social work in terms of a coherent and unified strategy characterized by specific regimes of truth and maintaining its unique space within the social?

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[6] As asserted earlier, these contemporary conditions have been described in terms of late modernity, reflexive or post-modernity. Care must be taken in interpreting these social conditions, most often referred to as post-modernism, due to the breadth of interpretation in existence in relation to post-modern conditions, ranging from analysis of society and social change to analyses of subjects as diverse as art, culture, advertising and even post-modern hairstyles (*See for e.g.*, Dickens & Fontana (1994); John (1994); and White (1991).) Approaches claiming to be post modern range from those who claim that this implies no certainties or truths whatsoever to approaches that provide some form of guidelines for interpreting post modern conditions. O'Neill, (1994), for example argues that such perspectives do not have the capacity to say anything about the meaning of fundamentals such as justice and freedom: 'many on earth do not eat. But that cannot be the question. There is no justice for them. But that cannot be the question. Nor is there any truth for them. But that cannot be the question' (O'Neill, 1994; 2). Gouldner (1971) on the other hand suggests that there were three nodal points around which post-modern sociology could be constructed: the assumption of a plurality

Parton (1991) has argued, in relation to social work in Britain, that social work discourse has moved more towards the regulatory end of the spectrum in recent decades due to the increased emphasis on legislation, procedures and guidelines in social work with children and families. One could argue that the professional discretion (authorised by the emergence of the notion of 'experts' - the psy complex) is being increasingly regulated by organisational priorities and directives. Parton describes such a shift as being from a 'medico-social' discourse in social work to that of a 'socio-legal' one. With reference to the Children's Act (1989), Parton argues that there has emerged a new discourse of legalism, where legalism is defined as 'the ethical attitude that holds moral conduct to be a matter of rule following and moral relationships to consist of duties and rights determined by rules' (Shklar, 1964; 1). The discourse of legalism, in the context of social work, recognises the need to scrutinise the apparently 'softer' forms of control used in social work (moral persuasion, normalising judgment) to ensure that any threat to civil liberties and rights are minimised or deflected altogether. One could argue that this signifies a move from the domination of the 'expert helping professional' as a key determinant in social work discourse to a legal discourse, which regulates these professionals. For example, Parton considers one of the aims of the Children's Act 1989 as being to make social workers more accountable. It can also be seen as transferring responsibilities onto the courts to make the ultimate decision regarding the transfer of parental rights. Parton considers what the conditions of possibility were, which led to the emergence of this discourse of legalism. Firstly he finds a link between the emergence of this discourse of legalism in social work and the changing relationship between the state and civil society, particularly the relations between the state and the family. Secondly, he

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of reasons for social problems; the rejection of objectivity; and the re-conception of the forms of resistance outside of the individual-social exemplar. Rivalry between different scholars is quite remarkable. Ratanssi (1995) for example challenges one of the main proponents of postmodern sociology, Baudrillard, stating that 'Baudrillardian postmodernity stinks'. Baudrillard himself is scathing of the identification of Foucault with post-modern thought in his work *Forget Foucault* (1987). Rojek & Turner (1993) on the other hand support Foucault's perspective and, in their work *Forget Baudrillard?* they argue that Baudrillard should not be taken seriously as he had been 'spectacularly wrong' in many instances (Rojek & Turner, 1993; xvi). Foucault himself seems least concerned with the classification of his analysis in terms of post-modernity or indeed any other label. In response to Baudrillard's critique, he wrote 'I would have more problems remembering...Baudrillard' (in Eribon, 1991; 275). When asked in an interview about his position on post-modernity., Foucault responded simply 'what are we calling postmodernity. I am not up to date' (in Callinicos, 1989). Penna & O'Brien attempt to offer a more balanced way in which the various 'isms' of Fordism, postmodernism, post-structuralism can be interpreted. They suggest that, collectively, such perspectives share the same position in terms of their recognition of diversity and fragmentation within society and social life (Penna & O'Brien, 1996; 43).

argues that in the 1940-50s, social work was legitimated by its inter-relatedness with and dependence on the welfare state. The recent emergence of legalism can be seen to coincide with a collapse in the political consensus upon which the welfare state is built and the emergence of an influential individualist critique of professional paternalism and bureaucratic decision making (influenced by the New Right). Thirdly, the rise in legalism in social work discourse can be related to the impact of various child abuse inquiries[7]. In these inquiries, social work practice was challenged for not intervening, for not having the powers to intervene and for mis-using their positions to over-intervene.

A combination of these 'conditions' can be seen to have emphasised the 'need for a greater reliance on individual rights firmly located in a reformed statutory framework where there was a greater emphasis on legalism' (Parton, 1991; 198). This signifies a shift from the use of the bifurcation of 'respectable-residuum poor' to a guiding classification of 'dangerous-non dangerous'. For social work with children and families, the effect has been a redirection rather than a reduction in the role of the state. The 'hard' end of the system has become more hard (increased focus on child protection and dangerousness) while the soft end of the system contracts (less money and support provided for preventative supportive work with families). Cohen (1985) draws similar inferences from his study of the move in the criminal justice system towards 'community control'. While Parton's work suggests that the position of social workers within the 'social' has shifted and become more a matter of grey area, he contends that their position within this space remains unique:

> Thus, while the reconstituted system of childcare is indeed subject to an increased emphasis on legalism and accountability to the court, there can be no doubt that the forms of knowledge and the types of expertise which are seen as crucial in helping to make decisions are crucially dependent upon social work, It is social workers who are constituted as experts in the social (Parton, 1991; 213)

Parton argues that it is the 'ongoing search to find the appropriate balance between, this more explicit legalism while giving social workers sufficient room to carry out these social assessments for the purpose of identifying dangerousness which was the central

[7] such as Maria Colwell, 1973; Jasmine Beckford, 1985; Cleveland Inquiry 1987.

issue throughout the debates at the heart of the Children's Act 1989' (ibid.). He suggests that it is not adequate to merely consider whether legalism or the disciplinary techniques of the 'psy' complexes won out in this reconstitution of child welfare legislation but rather that the balancing of the relationship between the two was the crucial element. Parton confirms the fact that social workers remain central to the child protection and welfare sphere:

> In attempting to delineate the boundaries between the public sphere and the private, the state and the family, social work is confirmed in a crucial mediating role. At the same time, social workers' professional judgements; become central in constituting the nature of 'normal' family relations (Parton, 1991; 214).

More recently, the discourse has shifted again from one of dangerous vs. non-dangerous to risky vs. non-risky. The concept of dangerousness has more recently been replaced by that of the concept of risk. The role of social work in child protection and welfare is currently considered to be one of mediating between those families/children which are 'at risk' and those whom are not 'risky'. Castel (1991) considers risk particularly in relation to the role of expertise in the administration of populations and the regulation of personal identity and considers the range of preventative strategies, which have emerged within this context. According to Castel 'a risk does not arise from the presence of particular precise danger embodied in a concrete individual or group. It is the effect of a combination of abstract *factors* which render more or less probable the occurrence of undesirable modes of behaviour' (Castel, 1991; 287). From Castel's perspective, the current emphasis on predicting risk implies a broadening of the disciplinary boundaries wherein, not only persons found to be non-conforming but those deemed to be *at risk* of such non-conformity come within the disciplinary gaze of the expert professionals. Petersen (1997) suggests that Castel's definition of risk represents the

> imposition of a far more subtle and effective mode of population regulation than that implied by the identification and control of aberrant individuals and multiplies the possibilities for intervention. By focusing not on individuals but on factors of risk, on statistical correlations of heterogeneous elements, the experts have multiplied the possibilities for preventive intervention (Petersen,1997; 193).

In relation to social work, the changing discourse implies a shift in the nature and focus of regulation, from dangerousness to risk, but remains constant in its construction of social work as the expert on assessing risk and in operating within the space of the social in determining who is deemed to be a risk, and thus requiring intervention, and who is deemed to lack any 'risk factors', and thus remains a self-regulating family or individual.

Parton (1996) has developed his analysis of child welfare and protection social work within the context of these relatively new conceptualisations of social work interventions in terms of risk. Considering the shift over the past 20 years in Britain towards a neo-liberal critique where 'notions of risk are not simply re-cast but given a much greater significance' (Parton, 1996; 99). Parton argues that within advanced liberal/neo-liberal society, a shift has occurred away from the concept of the state and the obligations deriving from membership of a collective body and towards concepts of citizenship where the emphasis returns to the individual. This implies a shift away from governing through the state to governing through the 'calculating choices of individuals' (ibid.). Parton conceptualises the growing concern with risk and risk assessment within social work as reflecting broader societal changes marked by increased uncertainties and insecurities and growing concern with, on the one hand, the fact that certain individuals are becoming more marginalised within the new social order, while on the other, a greater emphasis on professional accountability and responsibility. In terms of social work, the increased emphasis on risk implies a shift away from developing expertise in diagnosing dangerousness to expertise in predicting risk; i.e. the danger of something occurring in the future due to the evidence of risk factors in the present. This implies a fundamental challenge to the place of social workers in the 'social'. Parton (1998) argues that, with the current emphasis within British policy and legislation on the prediction of risk:

> The essential focus of policy and practice no longer takes the form of a direct face-to-face relationship between the professional and the client but resides in managing and monitoring a range of abstract factors deemed liable to protect children at risk' (Parton, 1998; 6).

Parton (1998) argues that, with the increasing emphasis within child welfare and protection policy on risk assessment, social workers have become less concerned with the

subjects and their relationships of social existence, and have become, rather, 'advisers or managers of personal risk' (Parton, 1998; 19). He explains that, in the context of risk management and the increasing emphasis on the individual, autonomy and self-dependence, the responsibility for managing risk lies primarily with the individual: 'Risk management thus becomes the technique of the prudent self' and the crucial aim of social workers is thus to sift the 'prudent from the imprudent, the self able to manage itself and high risk situations, and those who must be managed' (ibid.). In essence then, the mediating techniques of social work have shifted yet again from mediating between the residuum and the respectable to the mediation between dangerousness and non-dangerous to mediating between the prudent and the non-prudent individual or family. Parton (1998) concludes that, within the risk society, the value of uncertainty should be recognised. Parton advocates that, rather than considering this commitment to uncertainty as undermining or marginalising practice:

I would suggest it lies at the heart, and that recognition provides an opportunity for valuing practice, practitioners and the people with whom we work...a commitment to uncertainty opens up creativity and novel ways of thinking which are lost in a risk climate, its assessment, monitoring and management' (Parton, 1998; 23).

Parton (1998) argues that social workers have always been 'experts' in working with uncertainty and ambiguity and that presently, we should try to devise strategies and practices which will both rediscover this perspective and develop it in the future. Parton therefore remains committed to the expert position of social work within an albeit more grey space of the social and advocates that the profession attempt to value this uncertainty and develop new strategies within its own arena of expertise to mediate on behalf of and with individuals within the ever more uncertain and fragmented society.

Rose (1996) provides an insightful analysis of the changing nature of 'society' and argues that, with the emergence of a range of 'strange multiplicities' such as trans-national and supra-national ecological movements, rival nationalisms, fighting across a single geographical terrain, federalism and so on, 'it is no longer easy for political thought to territorialise itself in an apparently 'natural' geopolitical space in which the nation is

coexistent with and delimited by a unified polity of social citizens' (Rose, 1996; 352). Rose considers these changes in terms of a shift away from 'government from above' and towards a range of forms of government and the emergence of a range of new techniques, powers and ethical relations at community rather than state level. However, Rose (1996) asserts that to suggest that the shifts occurring may be explained in simple linear terms of, for example, a shift from the 'social' to the 'community' is inadequate. He does however suggest that:

...The hold of 'the social' over our political imaginations is weakening. While the social has no doubt been seen as a zone of failure since its birth, the solution to these failures is no longer automatically seen in the reinvention of the social. We have to begin the task of anatomizing the new relations of power brought into play on this new multiple and fragmented territory of government (Rose, 1996; 353).

As in the case of Parton, Rose does not however subscribe to the pessimistic deduction that assumes 'all is for the worst in this 'post-social' age'. Rose suggests that 'we need not simply condemn the injustices and disadvantages entailed in the de-socialisation of government, but also to engage inventively with the possibilities opened up by the imperatives of activity and the images of plural affinities' (ibid.). Howe (1996) likewise argues for the need to maintain the 'social' within social work within the context of the shift towards concepts of political freedom, autonomy and justice. He argues that core competencies as technical guides in themselves are insufficient if one is seeking to maintain 'depth' in social work theory and practice. While acknowledging the changing context of social work, Howe argues that, despite such shifts, we remain, essentially, social beings and that psychological and sociological theories which influence social work practice which recognise the relationship between the personal and the social continue to be of import. He concludes that:

Social work practices influenced by perspectives emanating in subject areas such as developmental psychology, attachment theory, cultural psychology and the social formation of the self provide examples which continue to explore traditional social work ground – the dynamic relationship between the social and the personal. Within such theoretical outlooks might the 'social' be put back into social work (Howe, 1996; 97).

Other authors are perhaps less optimistic about the future of social work within the dispersed space of the social or, for some, the disappearance, or indeed non-existence of the 'social' in itself. For example, Clarke (1996) provides a rather depressing picture of the future of social work within the context of changing structures within social and health services in the context of broader processes of advanced liberalism. He is critical of the present 'posts' (i.e. post-modernism, and post-fordism,) in terms of the way in which they imply that, prior to the 'post'-era, there was coherence within social work and within society. Clarke contends that social work, since its inception, has always been a fragmented activity (Fido, 1977; Hobson, 1996). Furthermore, he predicts a future for social work that will effectively eradicate the practice itself. He argues that, in light of the emphasis on technical competencies, managerial practices and new organisational structures, the 'discretion' of social workers which, in the 'old bureau-professional regime' was 'a complex process in which professional judgement could be exercised within statutory and bureaucratic framings' is being eroded by managerial imperatives concerned with 'corporate objectives and resource goals' (Clarke, 1996; 58). Clarke suggests that 'the dismemberment of social work generates problems of identity, values and loyalty' and that a shift has occurred from professional responsibility and loyalty to organisational allegiances (Clarke, 1996; 59). Clarke argues that, within the changing form and nature of social services, social work has been somewhat dislodged. He asks, what will client-centred social work look like when constituted in terms of the consumer and how can commitments to anti-discriminatory practices be articulated within managerial priorities of efficiency and effectiveness. He concludes that:

> The old points of leverage have been marginalised, even where they had not disappeared altogether, to be replaced by competition, corporate visions and confusion. That multi-faceted dislocation matters both for those who practice social work and for those who receive it. For both, the future looks bleaker 'after social work' (Clarke, 1996; 60).

Returning to the questions raised earlier, it would appear that uncertainty does indeed prevail within discourses on social work. The various interpretations of what the future holds for social work demonstrates the lack of certainty which prevails as to how it will adapt to its surrounding conditions of possibility. A number of issues are raised in the

above discussion which require more in-depth analysis than a study of this scope can provide. However, in terms of this particular research, they are useful in two key ways. Firstly, the positioning of social work within the space of the social is a useful framework from which to attempt to understand the central position of social work in Ireland. Secondly, the accounts reviewed here highlight the need to critically examine the nature and position of social work within current conditions of possibility and to exercise constant questioning of what might be taken for granted about the form and nature of child protection and welfare social work.

3.4: Conclusion.

This literature review considers perspectives which analyse the form and nature of social work and child protection in terms of its place within the social. Within this context, social work is presented as an expert strategy characterised by unique governing techniques of mediating between the residuum and respectable, dangerous and non-dangerous or risky and non-risky. Of particular value is the way in which the literature considered here enables a shift away from simplistic analyses of the relationship between social work, the state and the individual or family. Engaging with more recent post-modern debates has developed this thinking and, while most authors continue to recognise the position of social workers within the social, they also acknowledge the fragility of this social sphere and the inevitable uncertainties and fragmentation that exists in terms of social work's position vis-à-vis other discourses. The implication of the discussion in this chapter is that social work maintains its space within the social as an expert strategy though is in a constant process of change and uncertainty within an increasingly complex and fragmented discursive context. In terms of contributing to an analysis of the particular form and nature of Irish social work within child protection, this review of literature can contribute to an understanding of why the profession currently occupies central space within the current system. Given the fact that it is only in the past decade that a shift has begun to occur in the nature of Irish governance which can be described as post-modernity or reflexive modernity (Powell, 1998; Skehill, 1999b;

Peillon & Slater, 1998; Ferguson, 1997), the perspectives offered in this review are particularly relevant.

However, the literature also raises as many questions as it answers when one attempts to apply them to the particular Irish context. Firstly, these analyses are based on an assumption that industrialisation did occur over the late 19th century leading to a shift in the nature of state intervention with children and families. As explained in depth later in this thesis, the difference within the Irish context is that, on the whole, over the nineteenth century and up to the mid twentieth century, industrialisation did not occur at the same rate and Ireland remained a primarily rural society over this time. Furthermore, these analyses assume that it was statutory legislation that provided the main form of governance within which practices of normalisation and moralisation occurred. Again, within the Irish context, one could argue that a *laissez faire* philosophy dominated well into the twentieth century. Particularly in terms of the sphere of morality and normality within the family, it was primarily governance from the Church rather than the State which framed interventions with children and families. A third limitation of these accounts for this work, not necessarily limited to the Irish context, is that they give limited attention to the role of professional social work itself in shaping and determining the space within the social which they occupied. An implicit assumption within the literature is that this position of social work was a natural and automatic one, albeit, for some commentators, fragmented and uncertain at the same time.

The remainder of this thesis attempts to explore the position of social work within the child protection system in Ireland, using the theoretical framework offered in this chapter as a starting point. As set out in Chapter One, this research aims to determine the way in which social work in Ireland came to occupy central space within the child welfare and protection system. It will raise questions about whether this was indeed due to their natural position within the social or whether other factors influenced this positioning. It will also raise questions about the extent to which the profession itself influenced this positioning within the context of its surrounding conditions of possibility at various

moments in the past. These questions will be raised gradually throughout the thesis by applying a history of the present approach. In the context of the approach used, the work starts with a review of the most recent period of development and, from this, raises a number of questions which require recourse to various historical moments from the late 19th century onwards.

This history of the present will begin in Part II which examines the most recent, and best documented 'period' of Irish child protection social work, 1970-1991. As a critical and effective history, the aim of Part II is to raise questions about existing accounts of the development of social work within the child protection system over this period. Thus, this section begins a review of existing attempts to understand social work within the child protection system, and from this, a set of questions are raised which challenge assumptions about the nature and form of social work over the period in question (Chapter Four). In Chapter Five, these assumptions are re-examined and critiqued by reference to archival material relating to social work within the child protection system from 1970-1991. The chapter concludes by raising questions about present day social work based on an analysis of its most recent past and, from this, identifies various strands for analysis of social work prior to 1970 in order illuminate the nature and form of its position in the present. Part III is devoted to addressing these questions, using the theoretical framework presented here as a reference point, while at the same time raising further questions. As outlined in Chapter One, Part IV will conclude with an overview and discussion of the findings, the theoretical perspective and the methodology employed. A new working framework for analysis of the form and nature of social work within child protection in Ireland is also offered.

PART TWO: SOCIAL WORK WITHIN THE CHILD PROTECTION AND WELFARE SYSTEM: 1970-1991.

CHAPTER FOUR: REVIEW OF EXISTING HISTORIES OF CHILD CARE AND PROTECTION SOCIAL WORK IN IRELAND: 1970-1991.

4.1: Introduction

As Castel (1994) argues, in order to carry out a history of the present, it is necessary to consider what 'classical' histories exist in relation to the subject in the first instance. In terms of the history of child welfare and protection social work in Ireland, while relatively little has been written on the subject, there are some accounts available which consider various aspects of the emergence of social work within the child welfare system. As demonstrated below, most of these accounts begin their analysis from the 1960s onwards and identify 1970 as a key moment around which to begin to understand the development of the present child protection and welfare system and the position of social work within it[1]. The work of Ferguson is an exception in this regard in that he traces the evolution of child protection practices from the late 19th century by focusing on the work of the NSPCC, and the ISPCC from 1954 onwards (Ferguson, 1996; 1995; 1993). In this author's work (Skehill, 1999a), an attempt was also made to trace the evolution of child protection social work within the context of the general historical development of social work in Ireland. As a starting point for this history of the present, 1970 is used as the moment within which to frame the analysis carried out in Part II.

In this chapter, existing attempts to understand the historical development of professional social work from 1970 onwards are reviewed. Collectively, the existing accounts examined in this chapter may be described as progressive or evolutionary (Dean, 1994) in that they share an underlying assumption that social work emerged in a generally planned, evolutionary and step-by-step manner.

[1] In addition to specific analyses of the development of social work within child protection and welfare, useful histories are available on certain elements of the child welfare system (Robins (1980) ; Barnes (1989); Raftery & O'Sullivan (1999); O'Sullivan (1999)) and on the emergence of philanthropy over 19th century Ireland (Luddy (1995); Luddy (1995); Luddy. & Murphy (1990)). In addition, general analyses of various aspects of the history of social policy also

Three key 'master shifts' (Cohen, 1985) can be identified around which most of the analyses take place. Firstly, 1970 is significant in that it was in this year that the health boards were restructured and a county-based administration was replaced by an eight region administrative context[2]. In the same year, the Report on the Reformatory and Industrial Schools (the Kennedy Report) was published which is taken to signify the emergence of a growing awareness of the needs of deprived children. Literature relating to these developments is considered in section 4.2. The second key shift represented in the literature is structured around 1980 when the first large scale review of child care services in Ireland was published; the Report of the Task Force on Child Care. Accounts of developments leading up to and surrounding the report are considered in Section 4.3. The next milestone in terms of the development of the child protection and welfare system in Ireland is framed in the literature around the Child Care Act 1991. The implications of the Act and its aftermath have already been alluded to in Chapter One. Section 4.4 considers the way in which the Act has been identified as the master shift in child welfare services in Ireland, representing a culmination of developments over the previous twenty-one years. In Section 4.5, this chapter concludes by raising questions based on the literature reviewed in this work. Here, it is argued that, while most existing literature offers an overview of the main developments within the child protection system in general and social work in particular, analysis of archival material covering the same period suggests that developments were less evolutionary than implied in these accounts. This conclusion forms the basis for the discussion in Chapter Five.

4.2: 'Discovery' of the needs of children over the 1960s and 1970s in Ireland: The impact of the Kennedy Report and the Health Act 1970.

As already stated, most existing accounts of the development of the child welfare and protection system in general and social work within it, in Ireland, center around 1970 as a

illuminate the broad context of Irish health and social policy over the past century (Powell, (1992); Burke (1987); Inglis (1987); Whyte (1980); Barrington, (1987)).

[2] See Appendix Three: Structure Of Health Boards In Ireland Under The Health Act 1970 & Appendix Four: Governance Of Child Welfare Services By Local And Health Authorities In Ireland, 1862-1970.

key moment. Valid reasons for focusing on developments from this period onwards have been offered. To begin with, it is argued that, prior to 1970, there was virtually little or no social work or statutory involvement in services for deprived children. Buckley et al (1997) for example explain that:

Prior to the 1970s, virtually all residential services were managed by voluntary agencies, and the local authorities and the ISPCC had responsibility for the needs of children not placed in institutional care. Although two Inspectors of Boarded Out Children were established in 1904, and a number of children's officers appointed in 1959 as a consequence of the passing of the *Children (Amendment) Act 1957,* the role of state agencies in the direct provision of welfare services for children was limited. In 1974 there was a total of only 235 social workers employed nationally, distributed between health boards, local authorities and voluntary agencies (Buckley et al, 1997; 11).

Likewise, Gilligan (1989) states that:

The personal social services have traditionally received little attention from the Irish State. Child care has not been an exception. There has been no major child care legislation to replace the (British) Children Act 1908 ...Only recently has one government department been given a lead role in relation to child care where previously oversight had fallen between three separate departments. The only provision for child protection work had been until fairly recently, that on a limited basis of the Irish Society for the Prevention of Cruelty to Children through its inspectors (Gilligan, 1989; 61).

Ferguson (1996) also argues that, prior to the emergence of a modern statutory child welfare system in Ireland from the 1960s onwards, it was the Society for the Prevention of Cruelty to Children that carried out the main child protection activity in Ireland. He argues that:

In most parts of the Republic of Ireland, SPCC inspectors were the sole welfare agents doing casework on behalf of children during the first sixty years of the twentieth century. This changed following the Health Act and the establishment of the eight health boards (Ferguson, 1996; 13).

And that:

While the conditions for the possibility for full recognition of child abuse as a social problem and the child protection system were laid in Ireland as long ago as the turn of the century, it was in the 1970s that the issue began to be defined as such and child protection institutionalised in Irish social policy (Ferguson, 1996; 7).

A number of factors are identified over the 1960s and early 1970s as key influences, which led to the development of the present child welfare system in Ireland from 1970 onwards. As explained further in Chapter Six, prior to this time, all of the industrial schools were run by religious orders and catered for the vast majority of children in care in Ireland (Robins, 1980; Barnes, 1989; O Sullivan, 1999; Raftery & O Sullivan, 1999). The role of the state in most social matters, including the care and control of children was perceived to be minimal up to this point (Powell, 1992; Inglis, 1987; Whyte, 1980); Barrington, 1987; O'Sullivan, 1996). In terms of child care in particular, Gilligan (1989) attributes the lack of involvement of the state within matters of child care up to recent times to the general principle of subsidiarity operated by the Irish government in social matters up to the 1960s and the tendency for the State to, by and large, leave social care issues to the Catholic Church. Peillon (1982), argues along similar lines that, while the Church accepted minimal state intervention in certain matters, the Church defended strongly its responsibility for the moral and social welfare of the family:

> ...in defending the family unit and the independence of voluntary organisations, the Church was seeking to consolidate its own authority and influence. By means of voluntary associations, the Church can dominate such spheres as health and social services. Furthermore, it is in a position to exercise greater influence on a family which has not been integrated into a State-controlled, welfare framework and is thus dependant on the State' (Peillon, 1982; 95).

Of particular relevance within this range of external factors were the changes taking place within the form and nature of the Catholic Church following Vatican II over the 1960s, when, for the first time in modern history, the dominant role of the Catholic Church in relation to the provision of social services and institutional care for children was being called into question At this time, it was being recognised within the Catholic Church that, given the changing context of society, practical absolute governance over social matters in general and those relating to the family in particular could no longer be sustained (Inglis; 1987; Lee, 1989; Lydon, 1988; Whyte, 1980). As Buckley et al explain; 'the closure of 14 industrial schools between 1964 and 1969, at the request of the religious orders themselves, and the movement away from large institutions towards smaller units,

were a result of some of the changes convulsing the Catholic Church at that time' (1997; 7). At the same time, they argue, various reports on residential care over the 1960s (discussed below) had the effect of pushing the State 'center stage in the delivery and organisation of residential care in Ireland' (ibid.). Reflecting on the role of the State prior to the 1960s, the authors contend that up to this time, 'a distinctive combination of religious orthodoxy, family based production, and the Catholic Church's unrivalled prestige and legitimacy left the family largely outside of the sphere of state intervention' (ibid; 6).

The limited involvement of the state in matters of the social, within the context of a dominant Church has been explored in depth within the Irish context. Whyte (1980, for example, emphasises the fact that, it was not merely a case of the Church wielding over-arching power over all elements of society but rather, that this power was effected to different degrees within different contexts.[3] Keogh (1996) also emphasises the complexity of relations between Church and State and challenges the notion that the Church wielded its power to maintain control over matters relating to child and family care unrelentingly. He argues that the principles espoused by the Church in relation to morality, child care, illegitimacy and so on, were reflected by most citizens of the country who were primarily of the Catholic faith[4] and were reinforced by devout Catholics within government, most notably Eamonn De Valeara who was responsible for drafting the Irish Constitution 1937[5]. The role of the Church in matters of child care is explained in greater detail later in this work.

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[3] He argues that 'the difficulty is that the hierarchy exerts influence not as a *tabula rasa* but on a society in which all sorts of other influences are at work. Party traditions can affect the bishop's power; so can change in the climate of opinion; so can the nature of issues on which they are seeking to exert pressure (Whyte, 1980; 276).

[4] According to the *1926 Census* it was recorded that there were 3,171,697 Catholics in the Irish Free State in comparison to 220,723 non-Catholics which included members of the Church of Ireland, Presbyterians, Methodists, Jews, Baptists and 9,013 which came under the category of 'other' (Keogh (1996)).

[5] 'The Irish revolutionary elite which de Valera led to power in 1932 may not have been overly pious but, with very few exceptions, no hostility was shown to the Church, even by men who had been ex-communicated a decade earlier. Anti-clericalism was perceived as being a form of political indulgence which no minority government had the luxury of flaunting. Tight party discipline marked the range of 'anti-clerical' feelings, which were usually directed at the episcopacy as a whole. More usually, the antagonism was reserved for a particular bishop or a specific member of the clergy. The leadership of the Church was traditional and conservative, but so, too, were Cosgrave and De Valeara' (Keogh, 1996; 101-2). Keogh's analysis suggests that, rather than examining the dichotomy of 'state-church' relations over the 20th century in Ireland, there is a need to consider the intrinsic relations between the Church and State and to examine in great depth the reasons why the Church wielded so much power over particular aspects of Irish social services throughout 19th and 20th century Ireland.

A further reason offered within existing literature for a focus on the development of child welfare services from 1960 onwards is that, over this period, explicit attempts were also being made to make recommendations for reform of the child welfare system which related primarily to industrial schools and institutional care of children. Buckley et al (1997) identify three primary reports which they argue collectively challenged the inadequacy of the Children Act 1908 in meeting the needs of children, highlighted the undesirability of the widespread use of institutional care for children, and criticised the lack of state involvement in matters relating to child care services more generally (Buckley et al, 1997; 7). These reports were: the Tuarim report entitled *Some of Our Children* (1966)[6], the OECD Report entitled *Investment in Education* (1966)[7] and the Kennedy Report (1970) which is discussed below. The Report of the Commission of Inquiry on Mental Illness, published in 1966 was also critical of industrial and reformatory schools describing them as 'obsolete and objectionable' (Department of Health, 1966b). The CARE Memorandum on the rights of children in need produced by the Campaign for the Care of the Deprived Child in 1972, represented another key document which influenced the development of the child welfare system from the 1970s onwards[8]. The organisation Children First and the Irish Association of Social Workers have also been identified as key advocates for change within the child welfare system from the early 1970s (Committee on Social Work, 1985; Lavan, 1998). As Gilligan (1989) asserts, increased media interest in social matters such as deprived children also created certain impetus for change over the 1960s.[9]

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[6] Tuairim was a London based organisation concerned with various aspects of child welfare. It published a report on residential child care in Ireland. Its recommendations included the need to reform the Children Act 1908 and the need for integrated child care services under the Department of Health (Tuairim (1966)).

[7] The Report was critical of the industrial and reformatory schools in terms of their educational provision. It attributed the poor educational quality to the low capitation grants provided to the schools (OECD (1966)).

[8] CARE, the *Campaign for the Care of Deprived Children* was set up as a lobby group following the Kennedy Report(1970). Their aims were to publicise the problems of deprived children, to highlight the inadequacy of responses to the issues and to campaign for better services for children (CARE 1972).

[9] Journalist Michael Viney for example published a series of articles for the *Irish Times* during 1967 on what he described as the appalling conditions for children within the industrial and reformatory schools. He is also well known for raising awareness of issues relating to unmarried mothers. He produced a series of articles on this topic over the same period.

Of the reports cited above, it is the Kennedy Report (1970) in particular which is heralded by most authors as signifying one of the first strategic attempts by the Irish government to address the issue of child welfare. The Committee of Inquiry into Industrial and Reformatory Schools in Ireland, which reported its findings in the Kennedy Report was established in 1967 under the governance of Donagh O'Malley, then Minister for Education. The Report, published three years later, acknowledged the contribution the Children Act 1908 had made to the field of welfare, but asserted that, due to the 'many advances over the years in the field of child care and in the attitude of the public' it was 'made imperative that the whole concept of child care be examined afresh' (Kennedy Report), 1970; 3-4). The Committee met 69 times and visited all of the industrial and reformatory schools in existence at this time[10]. The primary recommendation of the report was most significant in that it recognised that large scale institutional care for children should only be considered as a last option within a modern child welfare system:

> The whole aim of the Child Care system should be geared towards the prevention of family break-down and the problems consequent on it. The committal or admission of children to Residential Care should be considered only when there is no satisfactory alternative (ibid, Recommendation 2.1; 6).

The report also recommended that 'the present institutional system of residential care should be abolished and be replaced by group homes which approximate as closely as possible to the normal family unit' (ibid, Recommendation 2.2, 6). The report made significant recommendations in relation to the training of child care staff within residential units[11], the development of aftercare services for children in care, the closure of a number of reformatory and remand schools[12] and the transfer of all administrative duties relating to child care and child welfare to the Department of Health, recommending that only matters relating to the *education* of children in care remain with the Department of Education. It also made recommendations in relation to the need for

[10] In September 1969, there were 3 reformatories and 31 industrial schools recorded as being in existence (Kennedy Report, 1970).

[11] 'The staff engaged in Child care work, who have responsibility for the care and training of children, their mental and emotional development, should be fully trained in the aspects of Child Care in which they are working' (Kennedy Report, 1970, Recommendation 2.5; 14). The first specialist training for child care workers was established in 1971 within Kilkenny social services along the recommended lines set out in the Kennedy Report (Kennedy (1981)).

research within the field of child welfare[13], raising the age of criminal responsibility of children to the age of 12, and establishing an independent advisory body with statutory powers to ensure 'the highest standards of Child Care are attained and maintained' (ibid, Recommendation 2.12). O'Sullivan (1999) argues that the Kennedy Report did quicken the pace of change particularly within institutional care and during the 1970s industrial schools were gradually replaced by group homes. Other recommendations however have yet to be implemented, most notably that of the raising of the age of criminal responsibility for children and the transfer of all statutory child welfare duties to one central government department.

In addition to the Kennedy Report, the introduction of the Health Act 1970, which led to the restructuring of the health services and the subsequent employment of social work teams within the community care services is likewise recognised as a key 'milestone' in the development of child welfare social work in Ireland (Gilligan, 1989; 1991; Buckley et al, 1997; Committee on Social Work Report, 1985). The proposals for the newly restructured health services were set out in 1966 in the *White Paper on Health Services and their Future Development*. The report envisaged a change of administrative structure from the existing county-based health authorities to a smaller number of regional boards. The report envisaged that the Boards would comprise of a range of medical and health related personnel and would represent 'a partnership between local government, central government and the vocational organisations' (Department of Health, 1966a; 65). A Health Bill was passed in 1966 and the Health Act was enacted in 1970. Eight regional health boards were established. Within each Health Board, three programmes of care were developed: the Hospitals Programme; Special Hospitals Programme and the Community Care Programme. It was within the community care service that a social work service, was established. The structure of the community care programme was developed by a group of consultants – the McKinsey Group. Their report, entitled

[12] For example, the report described the existing reformatory system completely inadequate and recommended that, the largest reformatory, Daingean, be closed at the earliest possible opportunity.
[13] The report recorded that 'there is a notable lack of research in this field in this country and if work in the area is to develop to meet the needs of Child Care, there should be continuous research' (Kennedy Report, 1970; 7).

'Through Better Health Care: Management in the Health Board', was published in November 1970.

Gilligan asserts that 'the health board structure, and especially the community care service, was to prove a platform for many developments in child care services generally' (1989; 65). The importance of caring for children in the community and working with families and children in their own home was given credence in the development of a social work service within the newly reorganised health boards. This was the first attempt by the State to provide a comprehensive statutory social work service to a range of persons in need within the community. In light of growing awareness of the needs of a whole range of persons in need, the social work services were originally established as a generic family and community service with the task of delivering services directly to a range of children and adults in need, as well as supporting the many voluntary organisations who were already involved in direct provision of a range of key social services within the Irish welfare system. Unlike in the early days of the establishment of the child welfare system in post-war Britain, where social workers were initially employed to provide preventive and supportive family casework (Heywood, 1978; Parton, 1985; 1991; Frost and Stein, 1989) the statutory role of social workers within community care was emphasised from the outset of the development of state social work teams in Ireland. In 1973, the Department of Health set out that:

The existing statutory requirements in relation to the provision of services for deprived children must be given the greatest priority. Where a trained social worker is employed in this work, its discharge is mostly effective; where the work is at present being undertaken by officers whose primary training has not been in the social work field, the appointment of a trained worker would facilitate a professional review of the adequacy of the services (Department of Health, 1973; 3)[14].

In 1974, in the Interim Report on the Community Care Programme in the Eastern Health Board more specific details as to the function and role of the health board social worker. This was as follows:

To carry out the Boards statutory obligations in relation to children...
To engage in preventative work to avoid admission of children or others to institutional care unnecessarily...
To provide information and guidance for persons requiring services from the health board and other agencies...
To make available advice and guidance to voluntary agencies providing services for the handicapped and deprived, and for those at health and social risk, and to maintain liaison with those bodies (Eastern Health Board, 1974; 50)[15].

As it was envisaged that social workers would operate primarily in relation to the statutory obligations under the child care legislation, a key priority for the social work service, set down within the 1973 guidelines, was that of ensuring that the services of voluntary bodies, willing or able to provide services, especially to the aged and 'similarly deprived classes' are 'utilised to the maximum extent by the health boards', and recommends that social workers act in an advisory and support capacity to voluntary organisations offering key social and personal services (Department of Health, 1973; 3).

In addition to an assumption that voluntary organisations would continue to provide various child welfare support services, existing accounts of the development of social work within the child care system in Ireland also link this emphasis on the statutory obligations in relation to child abuse and neglect within the new Irish system with the influence of developments within the US and Britain from the 1960s onwards. Ferguson (1996) for example, contends that, with the re-organisation of the health and community care system, a more sophisticated child protection system began to develop in Ireland which reflected the first impact of the conceptualisation of what became known as the 'battered baby syndrome', which heralded the need for a multi-disciplinary approach to child welfare (Ferguson, 1996; 13-4). He suggests that developments in Ireland mirrored what was already happening in the USA and the UK where more advanced models of programme co-ordination between different agencies had been established.

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[14] Department of Health (1973) 'Guidelines for the development of social work services in community care programmes', Circular issued on 19 January.
[15] As discussed in greater detail in Part III, the Eastern Health Board, covering Dublin, Kildare and Wicklow, was the Board where most expansion occurred within social work in the early 1970s.

Other commentators have suggested that social workers themselves sought out this space as a relatively uncolonised sphere within which they could develop as a relatively new profession. Gilligan (1989) suggests, for example, that:

> Over time, the generic basis of the service inherited from the social service councils has been eroded and there is now an almost exclusive preoccupation with child protection...the focus on child protection is due to the relentless increase in referrals combined with a standstill or reduction in posts due to cutbacks. Social workers seem also to prefer child care because it was an area largely 'uncolonised' by other professionals in the health services (Gilligan, 1989; 65).

Butler (1998) suggests that a reason why psychiatric social work, one of the more well-developed areas of social work prior to 1970, did not seek to create space for itself within the specialist sphere of alcohol treatment post 1970 was due to the expansion of community care which took place following the Health Act. He suggests that this new structure offered, not only employment opportunities for social workers at an unprecedented scale in Ireland, but also created the space, for the first time, for social workers to operate as part of a collective team rather than as an addition to a multi-disciplinary team where, in most cases, their role was peripheral to that of psychiatric or medical personnel. Due to this attractive career option, Butler suggests that many social workers in psychiatry moved to community care social work teams, many of them taking up senior social work posts[16].

Following the establishment of community care social work teams within the health boards in the early 1970s, most authors consider two factors as significant in creating the context within which the profession developed from this period onwards. The most significant of those is the publication of the Task Force on Child Care Report in 1980. Linked to this, a growing awareness of child abuse as a social problem increased the impetus for dramatic changes within the child welfare and protection system.

[16] As discussed in detail in Part III, limited formal structures for the grading of social workers existing prior to 1970. Therefore, the albeit limited structures offered by the Health Boards, of basic grade and senior social work, became an attractive option to professional social workers in 1970.

4.3: Task force on child care 1980: Creating impetus for the expansion of child welfare and protection services.

In the context of growing concern about the nature and form of child welfare services for deprived children, set out in the Kennedy Report, the Minister for Health announced in 1974 the establishment of a Task Force on Child Care stating that 'he looked forward to over-hauling radically both the law and services for children and to modernise a system that was so "obviously out of date" (Task force on Child Care, Final Report, 1980; Part I; 26). The Task Force was established, following a decision by the government to allocate to the Minister for Health main responsibility for child care. The Tainaiste and Minister for Health at the time, Brendan Corish, announced that his intention was 'to prepare a new Children's Bill, to review the services available to children, to improve and extended these services and to examine the administrative changes which would be necessary to carry through reforms' (Task Force on Child Care, 1980; 25)[17].

The Task Force produced an *Interim Report* in 1975 to provide an update on its work and to make recommendations for some additional services for deprived children to be implemented prior to the publication of the report. Their recommendations were based primarily on youth and residential care services for children and the training of child care workers.[18] The Task Force did not make any specific recommendations in relation to social work within this Interim Report. However, it did report that it had joined with the Eastern Health Board and the Irish Association of Social Workers to carry out a research project on child deprivation[19].

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[17] The terms of reference of the Task Force were as follows: 'To make recommendations on the extension and improvement of services for deprived children and children at risk'; 'to prepare a new Children's Bill, up-dating and modernizing the law in relation to children' and 'to make recommendations on the administrative reforms which may be necessary to give effect to the proposals' (Interim Report of the Task Force on Child Care, 1975).

[18] Establishment of three Neighbourhood Youth Councils in Dublin, Cork and Galway came as a result of the recommendations of the interim report. The report also recommended specialist child care services to be established for boys aged 12-16; small residential units for young children for whom foster care was not suitable, hostel accommodation for boys over the age of 14 and two specialist child care institutions for Traveller children in need of care. Services for both boys and girls who were destructive or in need of care and control were also recommended by the Report. The Report also recommended that changes be made to the procedures within the children's courts to make them less formalized and child-centered. A number of these proposed changes were in place by the time the Task Force produced its Final Report in 1980.

During the time that the Task Force was carrying out its work, the growing awareness of the problem of child abuse and neglect, according to existing literature, arguably had the greatest influence on the role of social work within the child welfare system. The Department of Health set up a Committee on Non Accidental Injury to Children in 1976 and the following year produced the first set of child abuse guidelines for practitioners; *Memorandum on Non-Accidental Injury to Children* (1977). In the following years, the guidelines were modified and developed and in 1983, the first mention of child sexual abuse appeared in the guidelines. By this time, the majority of social work services within the health boards was focused exclusively on the area of child welfare and was grappling to come to terms with this new challenge and the apparently growing problem of child abuse. In 1987, further guidelines were introduced and while outlining the responsibility of various professionals within the field of social service, social workers were firmly established as *the* profession with primary responsibility for child protection.[20]

In the meantime, within the profession itself, it is evident that as the 1970s progressed, greater attention was paid to the question of child abuse and neglect and clarity was sought about roles and responsibilities. With the 'discovery' of NAI (non accidental injury to children) in particular, certain attempts were made by the IASW to address issues of child care and child protection during the 1970s. An IASW Community Work sub-committee, which was made up of social workers employed within the health boards, was established in 1974. This group were active during the 1970s in providing a support network for social workers; many of whom were working in isolated positions within the health board community care areas. Most of the members of the sub-committee were family caseworkers and discussions centred on various forms of child care and family interventions[21].

[19] The research study on child deprivation analysed information on referrals of child deprivation coming to the attention of social workers and Gardai over a three-month period. (Report of the IASW/Task Force Research Project on Deprived Children, September 1975)

[20] Buckley (1996) provides an overview of the development of child abuse guidelines in Ireland from 1976. The 1987 guidelines have recently been replaced by new guidelines *Children First* which were published in 1999 (Department of Health, 1999).

[21] Annual Reports of IASW 1974-1979.

Over the 1970s however, there was certain lack of clarity as to where responsibility for child protection lay. Debates within the literature focus on: a) whether NAI was perceived as a medical or a social problem and b) whether it should be community care social workers or the ISPCC who should carry main responsibility for the detection and investigation of alleged abuse and neglect.

The IASW (1976) argued against plans to expand medical services to address the problem of NAI, advocating instead for increased resources for the expansion of the community care social work service. The perception of child abuse as the domain of medical services appears to be related to the association of child abuse, over the 1970s, with non-accidental injury. In a series of articles, Smith & Deasey (1977a; 1977b; 1977c) highlighted the medical nature of the problem based on research carried out in a children's hospital in Dublin. However they also set out the social factors influencing non-accidental injury and made recommendations for liaison between medical staff and social workers in relation to child abuse cases. The research concludes that, while doctors and nurses have a crucial role to play in the prevention and treatment of child abuse, 'social workers should be actively involved in this condition which is more social rather than medical' (Smith & Deasy, 1977c; 79).

Within the profession of social work itself, efforts were being made to come to terms with both the new health board structures and the growing awareness of the problem of child neglect and abuse. The 1970s were marked by a disparate range of personnel continuing to operate in various spheres of child care including placement of children in care, adoption, fostering and family casework[22]. Given the explicit statutory responsibility afforded to social workers within the health boards, it was the relationship between the ISPCC – who had been one of the main organisations operating within the legislation, relating to unfit guardianship in particular, prior to -1970 – that created certain confusion. The ISPCC continued to carry out child protection duties during the early and mid 1970s (especially in areas outside of Dublin). Over the same period, the

[22] It was noted by the IASW for example that, within Dublin alone, 65 workers were operating in the child welfare sphere in total (Minutes of IASW Sub-committee on Community Social Work, 1974).

Department of Health sought to clarify the roles and responsibilities of social workers within the Health Board in this regard. From 1968, the ISPCC, influenced by the professionalisation of child care services within other spheres, began to employ professional social workers to replace their primarily male Inspectors (Nic Goille Choille, (1983)[23]. A training consultant – herself a social worker – was employed in 1971 to re-train inspectors and assist in professionalising the services. Due to the protection work carried out by the ISPCC, on behalf of the health boards, the ISPCC sought funding from the Government for their social work salaries (Nic Goille Choille)[24].

Due to the fact that all health boards did not immediately establish social work teams or children's departments following the establishment of the community care programme, in some areas, ISPCC professional social workers were incorporated into the health boards, while in others, they continued to work alongside health board social workers in relation to child care and protection matters (Ferguson, 1996). In 1976, the ISPCC recorded that their social workers were, on an annual basis, attending 160 case conferences nation-wide (Annual Report of the ISPCC, 1976, cited in Ferguson, 1996). Thus, by the mid-1970s, the ISPCC continued to play a key role in addressing the newly discovered problem of non-accidental injury, and, as asserted by Ferguson (1996), were instrumental in raising media and public awareness of the problem in Ireland. Co-operation between the ISPCC and the Department of Health is evident from the early 1970s. In 1974, the Department of Health negotiated with the London Branch of the NSPCC in relation to the establishment of a Register of all suspected cases of Child Abuse in Ireland and plans were put in place to have this established in 1975. The NSPCC were also invited to give talks to organisations such as the Irish Association of Social Workers, as well as the medical profession on matters of child abuse and neglect (Ferguson, 1996).

In 1977, the ISPCC sought to develop a National Advisory Centre on the Battered Child to provide advice on matters relating to NAI to professionals nation-wide and to establish

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[23] As Ferguson (1996) illustrates, prior to 1970, it was the ISPCC who were the primary agents intervening on matters of child care and protection within the home. Their main form of practice was the prosecution of parents under the Children Act 1908 for unfit guardianship.

[24] The first government grant to the ISPCC was provided in 1963 under Section 62 of the Health Act it enabled it to continue to carry out its child protection objectives.

a treatment unit attached to one of the Children's Hospital. However, as Ferguson (1996) asserts, the local conditions and organisational influences at this time prevented its fruition. Relations between the ISPCC and the Department of Health, as explored below, appear to have become more strained during the mid 1970s as each struggled to define its role and function within the sphere of child protection.

Despite initial alliances between the two sites of child protection, clarity as regards who carried child protection responsibility became more pertinent during the mid 1970s as social workers became established within the health boards. This was particularly the case within the Eastern Health Board, where social work services were developing most rapidly and community care social workers were beginning to carry out child protection duties. As Nic Goille Choille explains:

> By the mid-1970s it had become apparent that there was a need for the Society to re-examine its role and functions in light of the changes, which had taken place in the structure of the social services in Ireland in that decade. The eight regional health boards had taken over responsibility for many areas of work, which the Society had previously carried out; therefore it was necessary for the ISPCC to examine other areas of social need, which was not being met by the existing social services, either voluntary or statutory (Nic Goille Choille, 1983; 2).

Nic Goille Coille also argues that the relationship between the statutory and voluntary child care services, particularly the ISPCC who had carried the most explicit child protection role, became strained during the 1970s as each agency sought to develop and carve out its role and function within the changing social welfare sphere. She considers the difficulties between statutory and voluntary bodies as attributable to the ad hoc nature of developments within the statutory services and the lack of an overall policy setting out the objectives of a personal social service.

Ferguson (1996) constructs the relationship between the Department of Health and the ISPCC more in terms of a battle for space and expertise in relation to the 'abused child'. The explanation of the ISPCC for not providing the proposed advisory centre in 1977, recorded in Ferguson (1996), illuminates the nature of relations between the two sites at

this time. The report stated that the idea for the centre had been suspended 'because the Department of Health has now decided that it is better to refrain from isolating violence to children, and the programme managers of the health boards feel they can contain any problem of NAI which may arise in their areas' (ISPCC, 1977; in Ferguson, 1996; 18). Ferguson concludes that '(t) he health boards – and more broadly, the Irish State's – apparent professional interests to control child care policy and contain the child abuse problem won the day' and goes on to argue that:

The significance of the outcome of these struggles cannot be over-estimated. The ISPCC ceased to do child protection investigations and social casework, developing instead projects such as Family Centres...The way in which the ISPCC made knowledge about the battered child syndrome and the Colwell case more available contributed to the momentum for recognition of NAI in Ireland. The agency played a key role in generating interest in new concepts of child abuse outside of the medical profession in Ireland, and perhaps even within it. This, in turn, influenced how the issue was conceptualised and the direction of the child care and protection system and policy in Ireland. But the State, having won ownership of the problem, the management of child abuse and the culture of Irish child protection became inseparable from the culture of the health boards, the Irish State and the system principles on which policy traditionally developed (Ferguson, 1996; 18).

By the time the Task Force on Child Care reported in 1980, however, the responsibility for child care was firmly placed with community care statutory social workers. The Main and Supplementary Report of the Task Force[25] emphasised the centrality of social work within the expansion and development of the child welfare and protection system in Ireland. It also emphasised the need for specificity in relation to the purpose of social work and warned against attempts by social workers to carry too generic a role within the health board[26]. The Main report asserted that:

Social Workers will carry the major part of the responsibility for the development and delivery of most of the services that we recommend in this report...

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[25] Due to significant differences of opinion between two members of the task force on key questions relating to juvenile justice and the structure of child care services within the health boards, they provided a supplementary report in addition to the main task force report.

[26] Interviews with a number of social workers involved in the health boards from 1970 highlight the way in which social work had, on the whole, great autonomy within their local areas to develop their work in a range of directions. The diversity of practices between areas was significant; some choosing to focus on interventions with families, unmarried mothers and children while others attempted to work in close liaison with voluntary services and engaged in broad community work activity.

Social work time and skills constitute a scarce and valuable resource which must be conserved for use in areas in which it is the only or most effective means of achieving clearly defined objectives. To use it otherwise is wasteful of this resource and inhibits the development of other necessary resources, for example, those of ordinary people in the community who are willing to devote their time and their talents to helping their own community and especially its children. For both these reasons, we think it most important that the responsibilities of social workers in the CCA [Child Care Authority] should be clearly defined and clearly understood by social workers themselves, by their employers and by society at large. (Report of the Task Force on Child Care, 1980; 260)

The Report went on to argue that at present, the work loads of social workers were so great that they were unable to give time and attention to each person and family in need of casework intervention, adding that:

At present, social work time and skills are often used to little purpose in trying to help deprived families whose greatest need is for things such as housing, employment, environmental amenities or for services such as day care for their children. Even though families may have other problems, which require professional social work help, this help can have little effect unless some of the basic needs can be met. While the resolution of economic and social problems will not be in the control of the CCA, it is essential that it should at least distinguish between needs for basic services and needs for social work and that it should be enterprising and imaginative in mobilising all the available resources to develop the kinds of services which cam do something to offset social deprivation ...
It is essential that social workers themselves should not encourage unrealistic public expectations of what they can achieve through their own skills and through the services for which they are responsible...In some other countries, social workers have been given, and have readily accepted, the task of resolving social problems. When they fail, as indeed they must fail when they take on such tasks. There is a tendency to use social workers as public scapegoats, with resulting loss of confidence in social workers on the part of the public and demoralisation and confusion on the part of the social workers themselves (Task Force on Child Care, 1980; 260-1).

The Task Force (1980) also recommended that the statutory authorities take responsibility for improving the nature of relations between the statutory and voluntary sector:

In addition to the need for the co-ordination of social services at government level, there is an urgent need for much closer liaison between these services on a regional and area basis so that all the available information about the needs of children, families and the resources which exist or which can be created, can be co-ordinated and so that services can be restructured to meet existing needs. We consider that it should be part of the

responsibility of the statutory children's service to initiate a formalised liaison system between all social services for children in its area' (Task Force on Child Care, 1980; 73)

The danger of attempting to implement a broad generic service was again addressed:

Firstly, we wish to avoid misunderstanding of the role of social workers and misuse of their time and their skills. Secondly we wish to stress that if social workers assume too much responsibility this will limit the opportunity for ordinary people to influence the services in their own areas. It remains for social workers themselves to define their functions more clearly and to resist any tendency to confer on them responsibilities and powers which are not proper to them, nor to a body such as the CCA (Supplementary Report of the Task Force on Child Care, 1980; 400-1).

The Task Force also made a number of significant recommendations in relation to the nature of child welfare practices. It reiterated the concerns of earlier reports in relation to the poor administration of child care services arguing that:

The absence of co-ordinated planning at departmental level in turn is reflected in the matter of delivery of services at local level. All of the administrative systems operate services designed to meet given situations with little formal provision for overall planning...it transpires that the needs of many children are not met at all because of the lack of definitive responsibility or any of the various agencies for certain types of problems are never identified. At best, each of these systems results in services remaining within the scope of their separate policy guidelines rather than in a comprehensive plan directed towards an overall solution (Task Force on Child Care, 1980; 87).

The Department of Health was identified as the appropriate department to take on such responsibility for the overall co-ordination of child care and family support services and it was recommended that the Department should take responsibility for the following:

(i) The implementation of statutory provisions contained in a Children Act concerned with the welfare and protection of children, including the making of regulations, orders or rules provided for in that Act;
(ii) The development of the child care expertise necessary for the formulation of policy, based on practical experience, professional knowledge and relevant research and information;
(iii) The identification of children's needs and the provision of services, including preventive services, designed to meet those needs in consultation, as necessary and appropriate, with other Government Departments, with the child care authorities and other bodies providing services at local level;

(iv) The making of organisational arrangements for the delivery at local level for the services for which it is responsible in accordance with the statutory provisions and in line with defined policy guidelines;
(v) The monitoring and evaluation of the services for which it has responsibility (Task Force on Child Care, 1980; 88).

As previously mentioned, two members of the Task Force produced a supplementary report expressing reservations about some of the main recommendations within the main report. While endorsing the main report's recommendation that the Health Boards should take overall responsibility for child care, the supplementary report advocated the development of a 'fourth programme' within community care known as the Family and Child Care Programme on the grounds that, within the existing structures, the health board would be unable to carry out adequately the new responsibilities of a Child Care Authority arguing that:

(i) If the health boards become Child Care Authorities they will have greatly expanded responsibilities, most of which have not previously been carried out within the public service.
(ii) The assumption of these responsibilities will require a new orientation or strategy of service, the development and recruitment of highly motivated specialist personnel, additional funds and good planning and management.
(iii) The present administrative structure of health boards, and in particular the Community Care Programmes, were designed in conditions entirely different from those which will exist if the Task Force recommendations are accepted; the Community Care Programmes structures are seen to be ill-adapted for welfare services even in present conditions
(iv) When we relate these three sets of considerations we are forced to the conclusion that certain new structures are necessary within the health board (Supplementary Report of the Task Force on Child Care, 1980; 288).

The Department of Health welcomed the Task Force Report and appears to have considered it a key step in the process of addressing the need for development and change within the Irish statutory child care services. For example, in Part Two of their Review of the Community Care Programme in 1982, it was noted that:

The Government is committed to major reforms of law relating to the welfare and protection of children. Work is proceeding on the preparation of a new Children's bill which will provide, inter alia, for the designation of health boards as child care authorities

with statutory functions in the provision of services for deprived children and in the co-ordination of services for children generally (Department of Health, 1982; 5)[27].

Many commentators identify the final publication of the task force in 1980 as a manifestation of efforts to transform the child welfare system from the 1960s onwards. Buckley et al (1997) for example contend, in relation to the task force, that:

The report, which was eventually published in 1980, was the clearest pronunciation on the dramatic shift that had occurred over the previous 15 years. There was considerable disagreement between members of the Task Force on key areas such as juvenile justice and children, and the Constitution, necessitating a supplementary report. Although a considerable time lag existed between the publication of the report and the subsequent administrative and legislative change, it nevertheless represented the embodiment of many ideals of the reformers of the late 1960s and early 1970s and gave full expression to the developmental model of child welfare. The publication of the Task Force report gradually set in train a series of legislative developments, which were to gradually repeal the *Children Act 1908* (Buckley et al. 1997; 9-10).

Ferguson (1995) likewise considers the task force as a key milestone in the path to reforming and transforming the child welfare system in Ireland. Ferguson for example argues that, following the Kennedy Report, the momentum for reform was continued with the establishment of the Task Force, which was originally expected to report on its recommendations within six months of its establishment (Ferguson, 1995).

For some commentators, the establishment of the task force heralded more than a transformation in the nature of the child care system in Ireland. The Committee on Social Work Report for example made explicit the expectations of social workers from the Task Force report and also expressed their own disappointment with its outcome:

The establishment of the Task Force was welcomed by social workers in the health services who saw it not only as a means to improvement in child care services but also as

[27] As will be discussed below, the Department of Health, following the establishment of community care services committed itself to carrying out a review of its progress within 5 years. This did not actually begin until 1980. Part One of the review involved the employment of the management consultants, Inbucon, to carry out an overview of the existing services. Part Two was carried out by the Department itself where it liased with the various professionals involved in the service in relation to proposed changes necessary. The next comprehensive review of Community care was carried out by the ESRI in 1987 (O' Connor, 1987).

a definite indication that clarification of a statutory role and function for social work would follow.... It is over four years since the Task Force reported and the workload of social workers has steadily increased in that period in all the areas of the health services in which we are involved. In general, there has been no overall increase in numbers of social worker posts since 1981 in spite of the growth in workload (Committee on Social Work Report, 1985; 11).

In fact, most of the recommendations of the Supplementary Task Force did not take effect until after the introduction of the Child Care Act 1991. Most commentators consider the period between 1980 and 1991 as one of waiting for the mechanisms recommended in the report to gain the legislative and administrative space within which to develop.

4.4: 1980-1991: Waiting for the Real Master Shift.

The period 1980-1991 is reflected in most of the literature as a 'period in waiting' for the new legislation to arrive in order to transform the child welfare system in Ireland. Despite the 'discovery of child abuse' as a key social concern, generally over the eighties, a certain apathy prevailed in the services and the new legislation proposed in the Task Force very slowly came to fruition, with its first bill being drawn up in 1985 and the final Act introduced in 1991. As O'Sullivan states 'the enactment of the Child Care Act 1991 after a period of lengthy debate represents the single most important piece of legislation relating to the care of children since the formation of the state...(this) Child Care Act 1991 was over twenty years in the making' (O'Sullivan, 1995; 84). O'Connor (1992) identifies the paradoxical situation wherein on the one hand, the family in Ireland has always received a special position within society, enshrined in particular within the 1937 Irish Constitution yet, despite this, the introduction of new child care legislation proved to be one of the most protracted processes in the history of legislative reform:

One of the puzzling enigmas of Irish Social Policy is the contrast between, on the one hand, the clear endorsement of the family as the pivotal unit in Irish society and, on the other hand, the reluctance up to very recently to initiate legislative reform to protect the most vulnerable members of that group – children (O'Connor, 1992: 215).

Gilligan (1993b) likewise, albeit more subtly, refers to the protracted nature of reform within child care legislation, referring to the process as a 'genteel pace of reform' (1992-3, 336).

A number of arguments are offered for the delay in developments over the eighties, such as the general rationalisation of services within the health system, the numerous changes of government, which slowed the progress of the bill, and a general lack of awareness about the problem of child abuse. In Ireland, while there had been two child abuse 'scandals' in 1982, they did not result in similar panic and response as in the UK around this time[28].

However, once introduced, the 1991 Act has been heralded in most of existing discursive accounts as representing a(nother) radical shift in the nature of child welfare and protection in Ireland. Ferguson contends for example that 'over the last decade or so there has been more developments in child care law, policy and practice than occurred in the previous eighty years' (Ferguson, 1996; 5). The Act has been described as a 'major watershed in child care policy' (Gilligan, 1993b); a representation of the 'radicalisation' of the child care service (Ferguson, 1996; 25); 'the beginning of a public awareness of the whole question of the rights of children and their position in Irish Society' (O'Connor, 1992; 200). Lavan goes further to predict a 'great transformation' where she suggests that, with the 1991 Act and the forthcoming enactment of the Children Bill 1996, the legislative structure of child care in Ireland has finally been transformed after 90 years and adds that 'one can only hope that the twenty-first century will witness a revolution in policy-making and implementation which will better serve the needs of children' (Lavan, 1998; 55).

[28] An official inquiry was not launched at this time. Rather, a press statement was made by the then Minister for Health (Department of Health, 1982).

4.5: Discussion and Conclusion.

...while great radical ruptures, massive binary divisions do occur [in history] occasionally, more often one is dealing with the mobile and transitory points of resistance, producing cleavages in a society that shifts about, fracturing unities and effecting regrouping (Foucault, 1977a; 96).

It could be argued that this chapter has identified the 'radical ruptures' in the development of social work within the child protection system from 1970 to 1991. This chapter has served the purpose of mapping out the key developments in the system since the establishment of community care social work teams. It also demonstrates what Dean (1994) refers to as a progressive history which presents the development of social work in an evolutionary, albeit gradual, manner. Despite an acknowledgment of some lack of clarity as to the role of community care social workers in child protection in the 1970s, implicit within the accounts is an assumption that social workers' position within the system was, to a greater or lesser extent, a natural or taken-for-granted position.

Understandably, given that most of the accounts considered here do not have historical analysis as their primary aim, most of the analyses consider events in child protection and welfare which happened *to* the profession giving little attention to the role played by the profession itself in establishing and maintaining central space within the child protection and welfare system. Other than brief reference to the possibility that social workers may have seen child welfare services within community care as an un-colonised expert sphere, the accounts, in most of the literature, are framed around external influences such as the Task Force and the Child Care Act 1991 as the key determinants in creating space for social work to occupy, albeit in a gradual way, a natural and inevitable role. In order to shift away from the general analysis of a problem – in this case, the development of the child protection system – to the examination of a particular practice – in this case, social work within that system – the need for more specific analysis of the role played by social

workers themselves in creating or constraining space for its own development seems necessary at this juncture. There is a need to consider the power/knowledge spiral surrounding the development of social work within this particular space and to consider how practices within the discourse itself and in relation to other discourses enabled or constrained its positioning as an expert strategy.

Chapter Five therefore attempts to contribute to this history of the present by moving beyond the 'massive binary divisions' represented in existing literature to examine the 'mobile and transitory points of resistance' and 'fractured unities' which characterize the development of social work within child protection from 1970-1991. This is attempted by reconsidering developments from the moment of 1970 in light of archival material relating to various aspects of the development of professional social work within the health boards. The main purpose of Chapter Five is to raise questions about taken-for-granted assumptions about how and why social workers developed within the sphere of child care and protection between 1970 and 1991. It also demonstrates the way in which, while significant shifts and continuities can be identified in the most recent historical developments within social work, this period is also characterized by a range of discontinuities, ad hoc events, intermeshed and often conflicting and contradictory discourses. In addition to providing some illumination of the nature of social work in the present by recourse to its most recent past, Chapter Five concludes Part II by raising further questions which must be posed in order to problematise the nature and form of child care and protection social work in the present. These form the framework for analysis in Part III.

CHAPTER FIVE: DEVELOPMENT OF SOCIAL WORK WITHIN THE STATUTORY CHILD WELFARE SERVICES FROM 1970-1991: RAISING QUESTIONS.

5.1: Introduction

From the accounts to date, it would appear that, a) the possibility for social work to become expert in the social emerged within the context of changes surrounding 1970 and b) that it was in the aftermath of the Child Care Act 1991 and the subsequent inquiries and increased awareness of the problem of child abuse, that its role and position became firmly consolidated as a socio-legal expert strategy. In order to understand more clearly how and why social work came to occupy this expert space in the past decade, a key question must be: was its development indeed as evolutionary – albeit slow and gradual – as implied in the accounts in Chapter Four? Implicit within this is the question: were social workers considered to be the natural child care experts within the profession itself and within its surrounding conditions of possibility over the period in question? The aim of this chapter is to consider in greater depth, by reference to historical material, the discursive context of the development of social work within the child protection and welfare system from 1970-1991. It attempts to illuminate, alongside the continuities presented in Chapter Four, the range of discontinuities that surrounded the emergence of social work within community care health board services.

Section 5.2 begins this process by considering the way in which space for professional social work was created from 1970 to 1991. Section 5.2 demonstrates that, despite its centrality in the present day, social work as a profession struggled for recognition as an expert sphere right up to 1991. The following three sections examine a range of discursive strands within and surrounding the strategy of professional social work, which appear to have enabled and constrained its development. Firstly, Section 5.3 examines issues around the professionalisation of social work with reference to the professions' struggle to gain adequate pay and recognition within the health boards. Then, Section 5.4 examines the medically dominated context within which social work developed, wherein

a medical discourse occupied greatest discursive space within the power/knowledge spiral of health board services. Section 5.5 follows on with an examination of the way in which the role and function of social work was understood, both within and surrounding the profession, and how this impacted on the space it was afforded in the social. Section 5.6 concludes with a consideration of how the theoretical framework set out in Chapter Three might be applied to the Irish context and in so doing, raises a series of questions to be addressed in Part III to inform this analysis.

5.2: Creating space for social work as a 'psy expert'

As asserted in Chapter Four, from the late 1960s onwards, growing awareness of the needs of deprived children was emerging within a range of contexts. The introduction of the Health Act 1970, which led to the restructuring of the health boards, was also seen to signify the beginning of a modern child welfare system. Valid as this 'fact' might be, the perceived shifts in the system did not in fact impact immediately on professional social work, despite it being the profession identified with explicit statutory responsibilities in relation to children, during the 1970s. In terms of understanding the way in which social work evolved within the Health Board, it is important to note their minute profile within the general health services and, intrinsically related, the fact that during the 1970s, services continued to be shaped and developed by a small number of key individuals within both the child care profession and the health board itself.

The social work service was evolving at a time when a range of other key health and social services were only beginning to emerge (Barrington, 1987; Hensey, 1988), thus it gained a relatively low profile during the 1970s and 1980s amongst policy makers as a whole. At the time of the Health Act itself, there was no explicit statement that social workers would comprise a key part of the newly restructured health services. In the Department's explanatory framework for the implementation of the Health Act, it stated that: 'the staff structure under health boards has not yet been determined but the Minister intends to be in a position to make recommendations to each health board on the type of structure which he considers the most appropriate' (Department of Health, 1970; 5). The

Department did however set out in general what the social services aspect of the health boards would comprise. The scope of these was limited on the whole:

Certain welfare services will also be provided by the health boards. They will have responsibility for the payment of disability allowances (section 69), for the home help service (Section 61), for boarding out etc. of children (section 54 of Health Act 1953) (ibid; 7).

The Department of Health employed an American consultation group – the McKinsey Group – to draw up their proposals on staffing for the health boards. As demonstrated in the proposed health board structures within their Report[1] social work comprised of a small sub-programme within community care charged with 'Community Welfare'[2]. In fact, in the first draft of the proposed structures offered by the consultancy group, social work did not feature at all. In the final report, other than merely naming social work as one of the welfare services within the community care programme (McKinsey Report, 1970; 50), no reference is made to the profession or its role within the Health Boards in the report.

Within the health boards, advisory Local Committees were also to be established which were to comprise mostly of local councillors but also to include representatives from various professional groupings. These included a range of specific medical and administrative personnel[3]. However, in relation to the social services representatives, it was merely stated that this would comprise of 'two persons, not being councillors and other than above, who are associated with voluntary organisations in the sphere of social services' (ibid; 6). Professional social workers are not mentioned directly either in

[1] See Appendix Three: Structure Of Health Boards Under Health Act 1970.

[2] The Community Care Programme was established with three sub-programmes. These were as follows. The Community Protection Sub-Programme covered infectious diseases, child health examinations, drug controls, health education and other preventive health services. The Community Health Services sub-programme covered general practitioner services including home nursing, drug supply, aural, dental and ophthalmic services. The third programme, the Community Welfare Sub-Programme covered cash payments to various categories of persons in need and, for one reason or other were not eligible for cash payments through the social welfare system. For this programme, the term personal social services covered everything not covered in the broad realms of housing, social welfare, education and maintenance. It included provision of grants to voluntary organisations, home help services, meals on wheels etc. Its staff included community welfare officers, day care staff, home helps as well as professional social workers (O'Connor (1987)).

relation to their roles and representation within the hospitals or within the community care services. Thus, the only official opportunity for creating employment for social workers came in the clause that 'officers of existing health authorities will be transferred to the health boards (section 34 and 37). Such transfers will be to similar offices and it is not intended that any officer will suffer a worsening of conditions of service because of his transfer' (ibid; 5).

For social workers employed within the health authorities prior to 1970, the only explicit transfer for duties relating to them, was that of the monitoring and supervision of boarded out children under the Health Act 1953[4]. From 1950 some health authorities had already begun to employ children's officers charged with the supervision and support of boarded out children and related matters such as intervention with unmarried mothers and their children[5]. By 1970, there were 17 children's officers employed nationwide. However, no more than 6 of them were professionally qualified social workers[6]. The other children's officers were public health nurses. In areas that had not employed children's officers, the duties of working with boarded out children and associated issues lay with either nurses or assistance officers[7] as part of their general duties[8].

Within the Dublin Health Authority, which became the Eastern Health Board, a children's department was established in 1966 to co-ordinate its child care duties. Three children's

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[3] The personnel identified were: county manager, county medical officer, resident medical superintendent of the district hospital, consultant from a general hospital, two other doctors, superintendent assistance officer (became community welfare officers under Health Act 1970), a psychiatric nurse, a dentist and a pharmacist (ibid. p. 6).

[4] Boarding out was a term used for the placement of children with alternative families, which we now refer to as fostering. The Boarding Out system was established in 1862 in order to place children maintained in the Poor Law workhouses with families. Details of the boarding out system are provided in Chapter Seven. Initially, the main statutory duties underlining the work of the children's officers was underlined by health legislation (Health Act 1953) rather than child protection legislation. As illustrated later, children's officers did operate under the Children Act 1908 in that they carried the role of monitoring and supporting 'at nurse children' who had been placed privately for nurse (Section One, Children Act 1908). It was not until after the establishment of the boards that child care and protection measures of the Act began to frame practices.

[5] The role of the children's officer is explained in greater detail in Chapters Seven and Eight.

[6] It is difficult to establish for certain that all 6 children's officers were professionally qualified. By 1970, many social workers employed within voluntary and statutory services held only a social science degree while others held specialist professional qualifications, mostly as almoners or psychiatric social workers. The first professional training course developed in Ireland was in 1968, within UCD. Prior to this time, Irish students received a social science diploma or degree and usually went to either England, Northern Ireland or the United States for further specialist training. The development of training for social workers from the end of the 19th century up to 1970 is discussed in Chapter Six.

[7] Currently known as community welfare officers. The role of the assistance officer within the health authorities is set out in Chapter Seven.

[8] Data from reports of the Inspector of Boarded Out Children, 1950-1970, Department of Health.

officers, in total, were employed therein, two of these were nurses and the other a senior social worker[9]. The Dublin Health Authority was one of two authorities, which, by 1970, had established a separate children's department[10]. In addition two Inspectors of Boarded Out Children were employed by the Department of Health to oversee and monitor local practices of support and supervision of boarded out children and related duties[11]. By 1970, one of the inspectors was an almoner who had been appointed in 1947[12].

During the 1960s, this small number of personnel, along with two officials from the Department of Health, were charged with making recommendations relating to the shape and form of community child care services within the newly restructured health boards[13]. This ad hoc group strongly advocated for the establishment of a comprehensive social work service within community care to expand the roles and responsibilities in relation to child welfare[14]. However, not surprisingly given their lack of numerical strength and the relative lack of power of social work as a discourse within the health authorities, a national strategy for social work was not developed nor did any specific legislation set down its role and purpose as in the case of, for example, the Social Work Act (Scotland) 1966. Also, unlike developments within Britain at the time, a comprehensive social services system had yet to be put in place. Therefore, by 1970, little precedent or pattern had emerged as to the role, purpose or nature of social work within key health and social services in Ireland.

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[9] Reports of the Inspector of Boarded Out Children, 1950-1970, Department of Health.

[10] The other authority was Cork County (Reports of the Inspectors of Boarded Out Children for the county of Dublin & Cork, 1970).

[11] The post of Inspector of Boarded Out Children was created in 1902 and from this time, two inspectors were employed within the various national health and public assistance authorities up to 1970. The role of the Inspectors is set out in Chapters Seven & Eight.

[12] Reports of the Inspector of Boarded Out Children, 1946; 1947, Department of Health. From 1970-1977, this inspector, known as Fidelma Clandillan, maintained her post within the Department of Health and continued to be involved in the planning and administration of the child welfare services provided within the health boards

[13] Reports of Inspectors of Boarded Out Children, 1960-1970; interviews with two health department officials charged with planning the social work service and interview with professional social worker employed within Dublin Health Authority who was involved in the developmental process.

[14] Practices of children's officers varied greatly from county to county pre-1970. Their primary function was the monitoring of children boarded out from the county homes or mother and baby homes. Children's officers also monitored the placement of children 'at nurse', for private fostering. This practice began to decline in Ireland from the 1950s with the introduction of the legal *Adoption Act 1952*. In some authorities, children's officers had also begun to intervene with unmarried mothers and families as well as attend courts to represent the interests of children being committed (Reports of the Inspectors of Boarded Out Children, 1950-1970, Department of Health).

Developments within England and Scotland did however influence the restructuring of the Health Services in 1970. Policy planners, in fact, used the Seebohm Report, relating to the development of social services within England and Wales (Seebohm Committee, 1968), as a model on which the Irish services were built in the late 1960s[15]. The fact that child care officers were well established within the social services in England gave impetus to the identification of professional social workers within the sphere[16]. However, while the Seebohm Report was referred to as a model for the development of services, the limited resources available within the Department of Health for the establishment of personal social services within the health boards were such that, proposals in terms of staffing and functions within Seebohm, were a mere ideal which were perceived to have no realistic relevance to the development of the services in Ireland[17]. Indeed, when the social work teams began to be developed following the recommendations of the McKinsey Report, the numbers of social workers involved initially were diminutive.

For example, within the Eastern Health Board, the most well-developed by the early 1970s, a total of 28 social workers were employed by the board in 1973/4, 25 of them provided by voluntary agencies 'with assistance from the Board' (Eastern Health Board, 1974; 51)[18]. In describing the child care responsibilities of the social work staff within the Eastern Health Board, it was noted by the Board that:

In the case of children committed through the courts, the Board has no part in any committal proceedings but endeavours:
(a) To offer the Court an alternative to committal, if possible, and
(b) To see that children committed as a charge of the local authority concerned are followed up

[15] Interview with Secretary General to Department of Health and Programme Manger of Community Care; Reports of Inspectors of Boarded Out Children, 1963 & 1968 on the 'proposed restructuring of the health services', Department of Health.
[16] Records of Inspector Clandillan, Department of Health, Children File, 1966-1970; Interview with Health Board Officials involved in developing social work services from 1966 within the Eastern Region.
[17] ibid.
[18] Reference to social workers from voluntary services relates to the use of social workers employed within the social service councils from the mid 1960s onwards. The Department of Health under Section 65 of the Health Act 1953 partly funded these posts. In the early days of the health board, these staff were transferred to health boards to take on newly ascribed tasks, including a continuation of liaison with the voluntary sector. The effect of the transfers however was that, rather than creating new social work posts per se, the health board merely used existing social workers to fill posts within the new structure.

While the Board's policy is to avoid, except as a last resort, the removal of children from the home, alternative arrangements must be made in cases where the parents or relatives are dead or absent or where they are no in a position to care for or contain them either temporarily or permanently. This may be done by arranging adoption or placement in a foster home or where this is not possible, by placement in residential care in a Children's Home or an Approved School (ibid; 51).

A central children's department existed within the Eastern Health board up to 1976 wherein three social workers were employed directly as child care workers[19]. While official health board policy associated the development of social work directly with statutory child care responsibilities, as discussed in Chapter Four, in fact, during the 1970s, social work practices varied enormously both within and between health board regions. For example, social work practices within local Eastern Health Board community care teams tended to be ad hoc, with some social workers taking on child care responsibilities, others engaging in various forms of community work and networking with other services, leaving child care responsibilities to the central children's department, while others co-operated with social workers from the ISPCC in relation to child care cases[20]. The only other Health Board which had an already established children's department was the Southern Health Board, which, by 1972 employed 5 children's officers. The Southern Board staff office wrote to the Department of Health in 1972 setting out its own initiatives in relation to the development of social work services within the area stating that:

The Board approved of the creation of extra posts, which will bring the present staffing to five children's officers, two general social workers, doing family casework and hospital discharges, and seven social workers engaged in the development of voluntary services[21].

Most other regions who had employed children's officers within the previous county structures continued to employ the existing officers for direct work in relation to statutory child care, while employing social workers for 'general casework' and development and

[19] Report of Inspector Clandillan on boarding out, 1977.
[20] Report of Inspector Clandillan, 1970-1977; Interviews with Senior and basic grade social workers employed within the Eastern Health Board during the 1970s.
[21] Letter from staff office, Southern Health Board to Secretary of Department of Health, 19/5/1972: Department of Health, Children File.

co-ordination of voluntary services[22]. Gradually during the 1970s, children's officers were replaced by professional social workers. 105 social workers were employed nation-wide, within the health boards, by 1975. Social workers within the Eastern Health Board accounted for 55 of those posts[23]. By 1979 it was estimated that a total of 255 social workers were employed throughout the country's community care health board teams[24].

Although gradual expansion of social work occurred during the 1970s, this did not persist into the 1980s. Ironically, while a 'radical overhaul' of the child care system had been anticipated by the Minister for Health with the launch of the Task Force on Child Care in 1974, and the Report itself was heralded as a key shift in the development of the child welfare system, as discussed in Chapter Four, it seems there was in fact little that was radical about developments within social work following its publication in 1980. For example, despite the clear identification in the Report of social workers as the primary profession at the frontline of child care services, between 1981 and 1987 a mere 11 posts were created nation-wide, bringing the total numbers of social workers from 298 to 309[25]. Yet, between 1983 and 1987, new referrals of alleged child abuse and neglect trebled from 434 to 1646, while the numbers of referrals relating to the more newly discovered sphere of child sexual abuse increased by a factor of thirteen over the same period (Gilligan, 1997). The numbers of social workers employed did not increase until after the introduction of the Child Care Act 1991.

The apparent inertia within the expansion of the social work system in the 1980s may be attributable to the number of changes of government over this time. Linked to this, the

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[22] For example, by 1975, within the South Eastern Health Board, there were 4 senior social workers, 4 basic grade social workers and 2 children's officers employed ('Social Workers Employed in Nov 1975 by South Eastern Health Board', Inspector Clandillan, Department of Health, Children File).

[23] This compared with the employment of 20 social workers in the Southern Health Board, 7 in the South Eastern Health Board, 8 in the Midland Health Board, 6 in the North Western Health Board, 4 each in the Western Health Board and the Mid Western Health Board and 1 in the North Eastern Health Board. *Report of the IASW/Task Force Research Project on Deprived Children*, September 1975.

[24] Of those, there were 107 social workers in the EHB, 11 in the Midland HB, 8 in the Mid-west, 27 in the North West, 16 in the South East, 33 in the South and 43 in the Western Health Board (Dail Debates, 29 May 1979; IASW Newsletter, July 1979, p. 19) This data may not be 100% reliable, as in another report, the Report of the Campaign for the Development of the Personal Social Services, it is recorded that in 1978 there were 277 social workers employed. It may have been that posts, which had been created, were retracted the following year but this is unlikely as no reference is made in the official documents of this happening until the 1980s.

[25] Figures from O' Connor (1987); Report of the Campaign Group for Personal Social Services (1983); Manpower Committee Report (1980).

decade was marked, economically, by a number of recessions. This resulted in a dramatic slowing of expansion of the social services in areas not considered to be of paramount importance. Pay freezes and stagnancy in a range of public services, including social work, occurred, an issue taken up by the union representing social work[26]. The Local Government and Public Services Union attributed the cut-backs not only to the economic recession but also to a perceived reluctance on the part of the government to promote the expansion of the public services. In 1982, for example, it asserted that:

In recent months, members will have witnessed massive cut-backs in the amounts of money available to local authorities and health boards to enable them discharge the statutory functions assigned under legislation. These cutbacks have been arbitrary in character and must, probably sooner than later, result in massive reductions in services to individual citizens...While it is easy to understand that, in a period of economic recession, growing unemployment and high inflation, steps may indeed have to be taken by the Government of the day to ensure the prudent application of existing resources, it must be understood that in a democratic society such as ours where public service workers themselves have a right to speak as anyone else, it would be apparent that any inconsistencies in the discharge of a prudent policy will become readily apparent and the conclusions drawn accordingly. Many such inconsistencies are already too apparent and because of the total lack of communication between public service unions and their employers, whether it be government or governmental agencies, it is to be expected that a continuation of this kind of situation must contribute to continued industrial unrest and trade union militancy and for the reasons that no other course is being offered by the responsible authorities[27].

A perception also prevailed within the unions over this period that there was 'outright hostility' to the public services among the various governments and that:

It seems to have mattered little or nothing to successive governments that their inconsistent and erratic behaviour towards the management of the service including the individual relations aspects are a large part of the problem and have created unrest and dissatisfaction at every level from the top down, coupled with a widespread feeling of cynicism towards government projects and policies generally[28].

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[26] The Irish Local Government Officials Union (re-named Local Government and Public Services Union in 1971 and Impact in 1990) was founded in 1919 and up to the late 1960s acted on behalf of a range of clerical and administrative staff within the civil service ('the Union' 1919-1969' in Annual Report of the Local Government and Public Services Union, 1969, 49-61). From the late 1940s onwards however, medical social workers, and later, psychiatric social workers were also members of the union and it was engaged in a range of consultations and arbitrations in relation to social work salaries and social work employment conditions over the 1950s and 1960s (Annual Reports of the ILGOU, 1960-1970).

[27] Annual Report of the LGPSU, 1982; p. 4-5.

[28] Annual Report of the LGPSU,1981; p. 4

It would also appear that, despite the level of concern regarding the care of the deprived child from 1960, as discussed in Chapter Four, during the 1980s, the question of child abuse and neglect remained relatively unnoticed. For example, despite the occurrence of two child deaths through alleged neglect and abuse while in the care of a health board in 1981, no public inquiry into child abuse and neglect occurred. The manner in which policy makers handled the recommendations of the Task Force Report (1980) likewise suggests that the 'discovery of abuse' was still waiting to happen, in some spheres, by the late 1980s.

The LGPSU regularly challenged the various governments in relation to the protracted nature of developments. In its report in 1983, with reference to the new legislation proposed by the Task Force on Child Care, it recorded optimistically that:

> It is now understood that a series of Children's Acts (probably three) will be phased in over a period. The first bill will deal with the protection and care of children and we are advised that it will have wide ranging provisions. The second bill, which is intended to be available later in the year, will provide for changes in the adoption laws. The third bill will cover the area of juvenile justice. It is unlikely that the latter one will be available before the end of the year[29]

However, the first bill dealing with child care and protection, the most relevant to social work and developments within the health boards, was not introduced until 1985 Moreover, when the bill was published, the union found, following a number of meetings between the Department of Health, that a number of provisions in the Bill were unconstitutional and 150 proposed amendments were submitted by the union to the Department. They concluded that 'it is now unlikely that the bill will be taken at committee stage in the Dail until the autumn. This will further delay the new legislation on child care, which was promised after the report of the task force in 1981'[30]. Within each of its annual reports during the mid to late 1980s, the social work vocational group

[29] Annual Report of the LGPSU, 1983; p. 7-8. The Care and Protection Bill relates to the Child Care Act 1991. The Adoption Bill was introduced in 1988 and allowed for the first time, for married mothers, in exceptional cases, to place a child for adoption. The Children's Bill, dealing with juvenile justice, was drafted in 1996 and has not yet been enacted.

[30] Annual Report of the LGPSU, 1985; p. 39.

within the union continued to anticipate the arrival of the Child Care Act and increasingly, space for social work to emerge became increasingly synonymous with this 'arrival'[31].

The publication of the Task Force Report created the impetus for social workers to push their demands for modern child care legislation and the implementation of services for children and families. It appears that, at every possible opportunity, the government was called on to act on the recommendations of the Report. For example, in the annual conference of the LGPSU, in 1982, the Social Work Vocational Group passed a motion that:

> The union puts pressure on the Department of Health to implement the structures document on social work as a matter of urgency – a) because it is necessary to social work and b) because it is a prerequisite for the implementation of the changes outlined in the report of the task force[32].

In their 1983/4 report, the Social Work Vocational Group noted that one of the motions passed at the 1983 AGM was that 'At the Health Board AGM, B.M. mentioned the increasing demands on social work services as a direct result of the present economic climate' adding that 'this union calls on the Minister to increase the complement of social work staff and resources to meet them'. The Group reported that: 'this motion was discussed by the committee and it was decided to await the children's bill, this being the most opportune time to take this matter further'[33]. Similar concerns are raised annually throughout the reports and in 1991, the national secretary of the health and welfare division of the union (called Impact from 1990 onwards) wrote to the union's assistant general secretary stating, in relation to 'national structures for social workers' that:

> The union remains committed to the concept of developing the social work structure through the development of posts of 'principal' and 'team leader', to replace the existing

[31] Records of the Social Work Vocational Group, 1980-1991; Annual Reports of the Local Government and Public Services Union, 1980-1990; Annual Report of Impact, 1991.
[32] Annual Report on the LGPSU; 1982; p. 9.
[33] Annual Report of the LGPSU Social Workers Vocational Group, 1983-4; File DGS 5261.

senior grade. However, no progress has been made outside of Dublin and the vocational group strategy is now directed at the Child Care Act[34].

Despite the fact that a direct link was increasingly being made between the introduction of child care legislation and the expansion of social workers within the health boards, in the late 1980s/early 1990s, the central position of social work within child care services were still ambiguous in certain spheres. For example, in a counter-statement by the Local Government Staff Negotiations Board (statutory department) in respect of a pay claim by the LGPSU on behalf of health board and local authority social workers, responding to the union's argument for more social workers in light of the proposed child care act, it was asserted that:

Reference is made in the Statement of Case to the major role performed by Social Workers in the identification, investigation and management of cases relating to child abuse, child neglect and non-accidental injury.

Management would submit that the staff side overemphasise the role performed by the social worker in this regard. The role and function of other health professionals must be taken into account. The director of community care/medical officer of the Health Board has overall responsibility for the management, the monitoring and co-ordination of cases of child abuse... All cases of child abuse must be notified to the Director.... In dealing with such matters, it is important to note that the case conference has a central position in the multi-disciplinary procedures on child abuse. Each case conference will consist of a core group of professionals[35].

The report went on to argue that social workers played no less or more significant a role in the identification, monitoring or management of child abuse and that 'management wishes to stress that a cross-section of professionals, including social workers are involved in child abuse cases from the initial investigation to the final action stage'[36]. It also added that social workers were part of the 'para-medical' health team and should be considered as such, suggesting a relative a) lack of understanding of the nature of social work and b) lack of recognition of social work as an expert child care profession in the

[34] Letter from National Secretary of the Health and Welfare Division to the Assistant General Secretary of Impact Union, 18/11/1991; File 5216: Social Workers Vocational Group.
[35] Counter statement submitted by the Local government Staff Negotiations Board in response to the 'salary revision claim by the Local Government and Public Services Union on behalf of Social Workers employed by Health Boards and Local Authorities' , 6 Mar 1990, p. 19-20: File 5216: Social Workers.
[36] ibid; 20-1.

late 1980s / early 1990s. In response to the union's statement that, within the forthcoming Children's Bill, the workload of social workers would be considerably enhanced and their work made more responsible and onerous, the staff negotiations board responded by stating that:

> Management would contend that it is premature at this stage to address this matter as the Bill has yet to become law. Until the legislation is enacted, it will not be implemented in each Health Board and accordingly the impact for community care disciplines and others can not be properly assessed[37].

It would appear, from the account above, that despite the key shifts in the child welfare system in 1970, 1980 and 1991, social work did not gain significant discursive space prior to 1991 within the health boards in general or the child welfare system in particular. In terms of a power/knowledge spiral, a number of surrounding discourses, such as the economic climate, the lack of governmental commitment to developing the child welfare system, and the relative lack of power within the social work vocational group of the union, seem to have constrained the expansion of social work within the child care system. Based on this thesis alone, one might deduce that social workers *were* generally deemed to be the natural experts within the statutory child welfare domain, both within and outside its own discourse, but were waiting for space to emerge within the social, for it to take up this expert position. In this context, one might problematise the above lack of clarity in relation to the centrality of social work to the lack of discursive space, and thus power, that social workers possessed at this time.

Such a thesis may indeed be the case. However, exploration of the official reports and records relating to professional social work from 1971 necessitates further analysis of the conditions within which social work evolved. Firstly, within social work itself, it seems that concern over pay and parity, as a relatively new profession, preoccupied the profession to a much greater extent than the question of child care services appears to have done. It could be argued, in fact, that child care was promoted by the profession, less due to a view that it was an expert domain for social work and more because it was deemed to create crucial and much-needed space for the expansion of the profession in

Ireland. This postulation is examined in Section 5.3. Secondly, as already alluded to earlier, the space afforded to social work within the medically dominated health boards was in fact, minimal. In terms of the notion of a power/knowledge spiral, it could be suggested that, without discursive power or space, social workers could not have emerged as 'psy' experts over this period, calling into question the 'natural experts' thesis. The relationship between social work and medical discourses is examined in Section 5.4 to explore this point. Implicit within both points above is the assumption, in the first place, that clarity existed as to what social work as a strategy actually represented. Section 5.5 explores the different interpretations inherent within and surrounding the profession in relation to its 'natural' role and function which calls into question the existence of sufficient coherence within the profession for it to be identified as a 'regime of truth' (Philp, 1979).

5.3: Pay and position for social workers: Struggle for professional status.

Up to 1970, social workers within a range of domains were struggling for professional status, appropriate pay and recognition as an expert strategy within the primarily medically dominated spheres wherein they were employed. By 1969, the Local Government and Public Services Union represented various categories of professionally qualified social workers such as: those employed in the Local and Health Authorities – mainly housing welfare officers and children's officers; medical social workers; and psychiatric social workers. Pay scales varied according to the different categories of social workers[38] and the different health authorities under which they operated[39]. Grading scales were also varied. Prior to 1970, most social workers were employed within basic grade or single-handed grade. The only domain that had a senior and head social worker grade was that of medical social work. By 1969, social workers were considered within the union under the 'para-medical groups', which included children's

[37] ibid; 25.
[38] Psychiatric and medical social workers receiving the relatively higher pay (Records of the Irish Association of Medical and Psychiatric Social Workers, 1970).
[39] Annual Report of the Irish Local Government Officials Union, 1969; p. 52.

officers, physiotherapists, occupational therapists, radiographers and speech therapists[40]. In the same year, the Association of Medical and Psychiatric Social Workers was accorded recognition as a professional group for the first time by the union[41]. The union reported in 1970 that:

At the end of the year the deputy secretary attended a meeting for all grades of social work and spoke in support of the establishment of a common professional organisation to represent the various categories of social workers and their professional interests. This is to be regarded as a welcome development and the union looks forward to continued close co-operation with the various categories of social workers in the new year, particularly in regard to the union objective for the establishment of proper salary and career structures for this grade[42].

The Union therefore welcomed the establishment of the new Irish Association of Social Workers which, from 1971, became the single association representing all social workers nation-wide. However, an integrated association did not automatically result in an integrated approach to social workers within their varied employment domains.

The barriers to professionalisation for social work were highlighted by the IASW and the Union in their joint submission to the Inter-Departmental Committee on social work in 1972 where they argued that:

The present promotional prospects for social workers are almost nil. The bulk of professional social work is, at the present time, a dead end and furthermore badly remunerated...while it is appreciated that your committee has hardly any function in relation to pay levels, nevertheless, it is important that account be taken of the present situation wherein the pay of professional social workers, all of whom have had third level education, is below that of the basic clerical entry grade[43].

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[40] Annual Report of the Irish Local Government Officials Union, 1969; p. 52.

[41] Annual Report of the Irish Local Government Officials Union, 1969; p. 66. The Irish Association of Medical and Psychiatric Social Workers (IAMPSW) was formed in 1968 and was made up exclusively of professionally qualified social workers in the field of psychiatry and medical social work. It replaced both the Irish Regional Branch of the IHA and the Irish Branch of the APSW. The original Irish Association of Social Workers was in 1964 and was made up of a range of personnel involved in social work and social policy, some of them holding professional qualifications while others had social science or other related degrees. The IAMPSW and the IASW amalgamated in 1971 to become the present Irish Association of Social Workers (Minutes of meetings to amalgamate IAMPSW and IASW, 1970-1971).

[42] Annual Report of the Irish Local Government Officials Union, 1970; p. 56.

[43] Submission by the Local Government and Public Services Union, in association with the IASW to the Secretary, Inter-departmental Committee on Social Work, 27/4/1972, p.4.

At this stage, a concern also existed about the lower pay offered to female practitioners:

...in many situations women social workers have been recruited with the deliberate expectation of paying a lower salary, which discriminates against her because she is a woman. The interim report of the Commission on the Status of Women makes reference to situations of this kind and indicates that it may be necessary to examine such areas of work with a view to the elimination of the discrimination in pay[44].

Lack of parity of pay within the social work profession was also a matter of concern for the union and the association throughout the 1970s[45] and indeed, was not fully resolved until the mid 1980s[46]. Up to 1990, social work salary negotiations took place within the context of general scales for 'para-medics'. In 1990, a decision was made by the Social Work Vocational Group to sever this relationship and seek, instead, to receive parity with probation and welfare officers who traditionally received significantly higher salaries than other social workers[47].

The introduction of a senior social work grade within community care was welcomed and, as suggested by Butler (1998), the greater possibilities for promotion this offered led a number of social workers to move out of psychiatric social work and into the community care teams. However, despite advocacy for further changes in the structure

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[44] Submission by the Local Government and Public Services Union, in association with the IASW to the Secretary, Inter-departmental Committee on Social Work, 27/4/1972, p.4. It appears that, given the tradition of employing only women as children's officers prior to 1970, a similar position prevailed in the early years of the health board. In 1973, for example, a male applicant for a children's officer post was turned down on the basis of sex and the issue was taken up by the IASW and the Union at this point (Letter from Deputy General Secretary of Local Government and Public Services Union to IASW, 9/4/1975).

[45] A submission was made to the Tainaiste and Minister for Health, Erskin Childers, in 1972 by the IASW Sub-committee on salaries and conditions on 17/1/1972 outlining the divergences in pay between social workers and asking for regularisation of the pay scales. A primary concern was the fact that psychiatric social workers were offered higher salaries than senior social workers within the community services with 5 years experience. In 1977, a proposal was made as regards parity of scales and proposals that grades of basic grade (non-qualified), basic grade (qualified) and senior social worker were made (Annual Report of the LGPSU, 1977; 39). By 1981, medical, psychiatric, local authority and health board social workers received equal pay for the first time. A single-handed medical social worker continued to receive a higher salary (Annual Report of the LGPSU, 1981; p. 18).

[46] While parity was generally achieved in the early 1980s, as late as 1984, the union was compelled to deal with a matter wherein the Department of the Environment advertised for a local authority social worker without specifying any professional qualifications for the post (Annual report of the LGPSU, 1984; p. 60). In 1985, head medical social workers continued to earn more than their senior counterparts within the community care services (Annual report of the LGPSU, 1985; p. 94-7).

[47] Annual report of the LGPSU, 1990; p. 63. In fact, the Social Work and Community Work Vocational Group had been advocating for such parity since 1986 but in 1990, a commitment to breaking the links with 'other paramedics'

and grading of social work from the early 1970s, the first shift away from a two tier grading structure of social worker and senior social worker was established with the introduction of head social worker posts in 5 community care areas within the Eastern Health Board in 1990[48]. Senior social work posts within the areas affected were re-defined as team leader posts[49]. In 1991, social workers, while unsuccessful in achieving parity with probation and welfare officers, were awarded a 25% increase in salary in recognition of their inadequate remuneration[50].

Due to the divergence between social workers' salaries and the 'considerable confusion and uncertainty as to the roles, relationships and functions...between the various grades of social workers and between them and other disciplines and agencies'[51], a comprehensive review of social work services was initially called for by the LGPSU in 1975 which would report on:

The role and function of the various grades of social worker in the delivery of services provided by the health boards and voluntary agencies...
The organisational arrangements necessary for the effective performance of this role...including the relationship between hospitals and community services[52].

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occurred at general union level (Annual Report of the Social Workers and Community Workers Vocational Group, LGPSU, 1986-7: File 5216: Social Workers.

[48] The Committee on Social Work Report 1985 had recommended this structure for all community care areas. In 1989, the union addressed the Department of Health in relation to the 'serious concerns' among social workers regarding the failure of the Department Of Health to meet their commitment to change the social work grading system. The Union also, at this time, called for the full implementation of the Committee on Social Work Report but this, in fact, never materialised (Correspondence between Department of Health and the LGPSU, Jan, 1989: File 5216: Social Workers).

[49] Annual report of the LGPSU, 1990, p. 63. The call for introduction of head/team leader posts in 5 of the areas related to the perceived higher caseloads in these areas and the increased pressure caused by increases in reported child abuse and neglect cases. The Eastern Health Board offered the new restructuring on the basis that the proposed structures would not be applied in the certain areas of the Board which had a lower caseload and lesser volume of child care cases and that the salary for the Head Social worker would not be deemed a precedent for salaries offered in the top posts of other paramedics (correspondence between Department of Health, General Secretary of the LGPSU and the Social Workers Vocational Group, LGPSU, April-May, 1989: File 5216: Social Workers, 1982-1988). Interestingly, the Health Board made an offer to the Social Work Vocational Group within the union over 1986-7 to introduce a limited number of team leader posts which were rejected by the group and the 'members reiterated their demands for the implementation in full of the report' (i.e. Committee on Social Work Report) (Annual Report of the Social Workers and Community Workers Vocational Group; 1986-7). Three years later, the same limited offer was accepted (Interview with Programme Manager for Community Care, Department of Health).

[50] Annual Report of the LGPSU, 1991; p. 58. Parity with Probation and Welfare officers continues to be a concern for social workers but, up to the present, has not been achieved (Annual Report of Impact, 1990-1997).

[51] Annual Report of the LGPSU, 1975; p. 32-3.

[52] Ibid., p.33.

The LGPSU officially made a proposal for a working party on social work in 1976[53] and this eventually took the form of the Manpower Committee on Social Work. Lack of clarity as to the role of social workers on this committee was a point of concern initially[54], but when established in 1979, it had two IASW representatives on board. The terms of reference of the committee were set out as follows:

1. To obtain and analyse up to date information on the deployment and utilisation of staff in the personal social services and on the current arrangements for their education and training.
2. To assess in co-operation with the relevant bodies, the number and type of manpower likely to be needed for the planning and delivery of the personal social services and to identify the training requirements of each category of staff required.
3. To advise the relevant bodies on the training needs of staffs already engaged in the planning and provision of personal social services.
4. To consider and make recommendations on such other cognate matters as may from time to time be referred to it by the Department of Health[55].

The Manpower committee was to report, not only on professional social work but also on professional child care work. Drafts of both reports were completed by 1982 but, as explained in the annual report of the IASW, 'a delay in securing agreement on the child care report' had occurred and 'both reports are held up pending a resolution'[56]. In fact, the reports were never released or submitted as a guide for formal manpower policy in relation to the two disciplines[57].

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[53] Annual Report of the LGPSU, 1976; p. 58.

[54] For example, in Minutes of the Council Meeting of the IASW, 25/2/1977 it was noted that the Minister for Health had announced his intention to establish an inter-departmental manpower committee in relation to planning for the social services under the aegis of the Department of Health. It was noted that the minister, while foreseeing 'professional representation' in the proposed committee, did not guarantee that the IASW would be asked to nominate representatives to the committee. The Council issued a press statement expressing 'misgivings' on the question of fieldwork representation.

[55] First Meeting of the Manpower Planning Committee, Department of Health, 1979. Membership of the committee included: 3 representatives from the Department of Health, 2 from each of the Departments of Justice and Education, One from the Local Government Staff Negotiation Board, 2 from the IASW, 1 from the Social Work Education Consultation Committee, and 1 from the following: National Council for Education Awards; LGPSU; Workers Union of Ireland; Health Education Authority, County and City Managers Association; Department of the Environment. It was proposed by the Union representative that the contentious issue of structures in social work be considered also in the committee but this was objected to by the Chairman (Records of Manpower Committee, 1979).

[56] Annual report of the IASW, 1981-2; p. 15.

[57] It appears that a number of factors contributed to the non-publication of the manpower report. Firstly, it was delayed due to its association with the manpower report on child care, which was carried out by the same committee. Also, the union objected to the final draft of the report on the grounds that equalisation of pay for social workers within residential services and those in field work had not been addressed and the committee, including its two union representatives, refused to sign the report (Annual Report of the LGPSU, 1981; p. 14). The following year, it reported that 'following the refusal by the union representatives on the manpower planning committee for personal social services to sign the report on child care, the Department of Health failed in the course of the year to reconvene the

The Manpower Report on Social Work, completed in October 1980, was however useful in providing data on social work which was used in subsequent reports relating to social work. The report recorded that, in mid 1979, there were approximately 800 social work posts in the country, of which 100 were unfilled[58]. Of social workers employed in the country, 80% were female and 50% were under the age of 30. Only 45% of social workers employed in mid 1979 held a professional social work qualification. Others were employed on the basis of basic social science degrees. Of the 700 social workers in employment, 242 were employed in the Health Boards, most of these within the community care programme. The next largest group was social workers within the Department of Justice (Probation service), which accounted for 100. Voluntary hospitals employed 95 social workers in total, voluntary and other bodies employed 60; 45 were employed in the Social Service Councils, 29 in Adoption Societies (11 of those employed directly by the health boards), 59 in the field of mental handicap, and 56 in local authorities.[59] The committee noted that:

There has been a rapid increase in the variety and number of social workers recruited in the last decade. During that time, social work posts were not created according to an overall national plan. Social workers were recruited on an ad hoc basis as they became available. Demand exceeded supply and inexperienced people were in many cases appointed to posts for which they were inadequately prepared[60].

In relation to social work within the Health Board, the need for a generic approach within social work was emphasised. It was noted that:

Health Boards indicated that social work services tended to show a significant bias towards dealing with children at risk or in care, and unmarried mothers, due to statutory obligations, with other target groups being dealt with on an ad hoc basis. The expansion of services is therefore dependant on the extent to which social workers become more involved with such groups as the handicapped, aged, alcoholics, etc. It will depend on

committee. It is the union's intention in the course of discussions on the implementation of the new Children's Act to insist on the publication of the committees report on social work and child care' (Annual Report, 1982; p. 11).

[58] The report noted that, where posts were not filled, it was less to do with a scarcity of social workers per se but more to do with the 'rapid turnover of staff in various agencies due to the volatile state the services are in at the moment' (Annual Report 1980; p. 31).

[59] National Manpower Planning Committee for the Personal Social Services: Interim Report on Employment of Social Workers; October 1980; p. 6.

[60] ibid.; p. 8.

the extent to which social work can work on a team basis, for example, in counselling services[61].

Implicit within the recommendations of the Committee was a view that, in order for social work to expand as a profession, the narrow focus on statutory child welfare duties should be extended within the health boards. It was proposed that social workers should be employed by health boards and seconded to work in the fields of mental handicap, adoption, and so on, in order to ensure service delivery in a unified manner. In relation to the numbers of social workers employed by the health boards, the report noted the huge variation between health boards in the employment of social workers and noted that, while this may have been partly due to different levels of need in differing areas, it was also due to the fact that 'social work is probably not fully developed in a number of areas' and recommended that there should be a total of 374 social workers within the health boards, i.e. an increase of 132[62].

The report concluded that, while it was outside of its terms of reference, attention should be given to the structure of social work and advocated for the establishment of a group to consider this, adding that:

> In the present situation, apart from the major social work agencies, the multiplicity of different employing authorities and the lack of standardisation in pay and other conditions of services for social workers employed in various organisations make it difficult to provide properly structured and integrated services, and to provide a stable workforce with suitable career structures and satisfying careers[63].

As discussed further in Section 5.5, in addition to a struggle for recognition, adequate pay and appropriate grading structures, official reports on social work also reflected certain ambiguity about the role and function of social work within the community care service. Firstly though, the position of social work within the context of a medically dominated health board structure is explored in Section 5.4.

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[61] ibid.; p. 10.

[62] ibid.; p. 19. The report recommended an increase of a total of 400 social workers altogether (i.e. a 60% increase), suggesting that health board posts were to occupy approximately one third of all new posts (ibid.; 23).

5.4 Medical and social discourses: Battle for space

The medical structure of the health boards was of particular concern for various lobby groups during the 1970s and 1980s such as the Campaign Group for the Development of the Personal Social Services[64], the Irish Association of Social Workers and the Social Workers and Community Workers Vocational Group within the Local Government and Public Services Union[65]. A number of attempts were made, as illustrated below, to advocate for changes within the social work structures but were, on the whole, ineffective in their efforts until conditions of possibility emerged, in the late 1980s, for the expansion of social work within the field of child and family social work[66].

Following the passing of the Health Act 1970 and the subsequent restructuring of the health services, the Irish Association of Social Workers was among a number of organisations representing the 'non-medical' personnel within the health services, who, in association with the Union, lobbied the Department of Health in relation to the direction of the services, community care being a particular concern. In a meeting between the union and the Department of Health in 1972, three key concerns were raised; the fact that all higher managerial posts in health boards would be filled by administrators; that career

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[63] ibid.; p. 32.

[64] The campaign group comprised of Health Board social workers and community workers. A report was submitted by the group to the Department of Health in 1984, but did not become implemented into policy nor was it formally published. As the group stated as a forerunner to their report in 1984, the initiative for the campaign group came from social workers within the Eastern Health Board in order to promote discussion and acceptance of the need for the development of personal social services: 'this has arisen in the context of growing dissatisfaction with and rejection of current community care structures, in anticipation of the future demands that are going to be placed on Personal Social Services in Health Boards by the New Children's Act'. (Campaign Group, 1984, letter to members of IASW, 2/2/1984). The campaign group was preceded by the establishment in 1979 of a sub-committee, comprising of IASW and the National Social Workers Vocational Group of the LGPSW to draw up a structure for social work which was also submitted to the Department of Health and the Health Boards (Report of the Joint Sub-committee on Social Work Structures, 1979, IASW Files). The report of the Committee on Social Work reiterated much of the existing concerns in 1985.

[65] In 1974, the IASW became a recognised vocational group within the union (Annual Report of the LGPSU, 1974). Due to increased membership and pressure for the establishment of a national vocational group for all social workers, a vocational group, separate to the IASW, was established in late 1978. (Annual Report of the LGPSU, 1978; p. 39).

[66] In terms of official reports, the Manpower Committee Report on Social Work (1980), the Report on the Development of Personal Social Services by the Campaign Group for the Development of Personal Social Services (1984) and the Committee on Social Work Report (1985) were the most significant. Similar recommendations were made by each of these reports, to a greater or lesser degree, in relation to the need for an alternative structure for social work within the health boards, including a change in grading scales and career opportunities. None of these reports were endorsed by

structures for social service personnel had not been clarified; and that there was a need to clarify the reporting relationship between the Director of Community Care and other members of the community care team[67].

In a joint submission by the Union and the Association to the Interdepartmental Committee on Social Work in 1972, in relation to the structure of social work, it was stated that:

The Union is anxious to secure an arrangement whereby the whole question of the future of professional social workers in the health, local authority and social welfare services can be discussed. For some time past, the Union has been gravely concerned by the lack of any information regarding the future of this grade in the reorganised health administration....the Minister indicated that your committee was in existence and that it was his hope and wish that a proper administrative structure for the delivery of professional social work services could be established, and that an adequate clear structure for persons would be provided[68].

The submission was particularly critical of the lack of power social workers had over their own administrative and organisational structure and recommended that a Chief social worker should be appointed and given responsibility for the 'planning and administration of all professional social work activities within the board area' and that each 'community' division should also have a principal social worker to administer and organise the service at a local level. They also called for an integrated social work structure wherein, a range of personal social services would be delivered from the one social work service:

At present, social workers are engaged in different sections of social work and are often employed by different employing authorities. This gives rise to difficulties of co-ordination, "over-lap" problems and inability to provide a comprehensive social work structure. In our view, the social worker must always be seen as providing a service to an individual, family or other group or community. Of these, the individual in his own home is the more usual case and it is desirable, as far as possible, that all aspects of the

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the Department of Health as official policy and their effect remained limited until the late 1980s when a range of other factors and influences led to an expansion of the social work service within the health boards.

[67] Meeting between Union and Department of Health, 25/5/1972 recorded in Annual Report of Local Government and Public Services Union, 1972; pp. 56-65.

[68] Submission by the Local Government and Public Services Union, in association with the IASW to the Secretary, Inter-departmental Committee on Social Work, 27/4/1972, p.1.

social work associated with him should be handled by the one social worker....The absence of a comprehensive organisational structure makes it impossible for senior and specifically qualified social workers to be employed and made available to the district social worker[69].

While the McKinsey Report (1970) recommended that services in community care be managed by a Director, it was the Department of Health itself that specified that this post should be a medical post, redefining it as Director of Community Care/Medical Officer Of Health. This, along with the limited structures put in place for the social work service, was a source of concern and contention for the social work professional association and union throughout the seventies. The Local Government and Public Services Union were engaged in active negotiation with the Department of Health in relation to the medical nature of the post but were unable to effect a change of position by the Department, which asserted that the director post within community care was ascribed to the medical profession on the basis of their merits, and the fact that they were in the best position to co-ordinate and had the best knowledge of all the related professional services[70].

In 1982, another group of management consultants, Inbucon, were contracted to review the working of the community care structure. They reported on the problems inherent within the social work service. The Inbucon Report acknowledged the problems faced by a social profession within a medically dominated health board, and warned that:

Unless policy decisions are sufficiently and consistently followed through, the organisation will suffer from the worst possible situation in that two entirely separate and incompatible systems or philosophies will be pursued with resultant frustration and lack of effective result (Inbucon Management Consultants, 1982; 23).

Social Work professionals made submissions to this first review of the community care structure emphasising the problems faced by social workers due to the limiting structures. For example, a submission to Inbucon, by senior social workers within the Eastern Health

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[69] ibid.; 3.

[70] Letter from Department of Health to Local Government and Public Services Union, 20 Jan 1972 (recorded in Annual Report of the LGPSU, 1972; p. 44-51). In the annual report, the union stated that it 'rejects emphatically the suggestion that a medical qualification is necessary at this level and this rejection is supported by the views expressed by the Management consultants (McKinsey), whose opinion in other respects seems to be taken for granted by the

Board, was critical of the health board policy and decision making process. It was stated that

Health Board decision and policy making often appears to be done, not on the basis of planning, but in an ad hoc way in response to day to day situations or to political pressure. It is often very difficult to discover whether any policy exists on a particular matter, or whether a decision has been made. There is a reluctance also to communicate decisions or put them in written form[71].

A submission by the IASW supported the senior social workers' concerns regarding the nature of structures and policy making within the health board, and also addressed the problem of the perceived low status of social workers within the organisation:

Social Workers feel ignored by the medical profession in particular. It is repeatedly said that individual relationships are often excellent within teams but that there is no formal basis to promote this. Many welcome a review of this whole area as they feel that staff are being complacent at best, and perhaps disillusioned. The reserved position of Community Care Directors (medical posts) is in total conflict with the declared team approach and this is reflected in the day-to-day working relationships of the team[72].

It appears that the Inbucon report however was of little value as regards proposals for the development of social work, noting only that 'it is a relatively new service and was principally introduced to protect the interests of children in care' and adding that:

Social workers' perception is that the management and direction of the community care service is dominated by the 'medical model' of operation to the exclusion of a sufficient input from the 'personal social services' model. Part of this problem relates to the relative under-development of social work type services and the situation that these services are still only identifying and confirming their corporate role ...It is further aggravated by problems of understaffing and high staff turnover rates...Where formal district team meetings have been held, the overall result appears to be one of disappointment in that the sessions serve as little more than complaint sessions, while, on the community care teams, comments were made on insufficient feedback and the need for direction on priorities (Inbucon Management Consultants, 1982; 10-11).

Department', adding that 'it is not understood therefore why there should be this particular departure from a set of recommendations all of which appear to have been accepted' (Annual report, 1972; p. 54).

[71] Submission by Senior Social Workers Group, Eastern Health Board to Inbucon Review of Community Care Services for the Department of Health, 19/8/1980, p.3.

No specific recommendations were made for changes in social work structure or for a separate fourth programme as recommended by the Task Force on Child Care in 1980. In reviewing the Inbucon report, the IASW suggested that the consultant group 'seriously underestimated the differences between disciplines in terms of their training experience, knowledge base, value orientation, attitudes and professional authority and perception of status and political clout, and most importantly underestimates the consequences of these differences' adding that, given such differences between professionals, it was 'illusory to expect that cohesive team work can be contrived by the adaptation of management structures'[73].

The Campaign Group for the Development of the Personal Social Services, in their policy document The Future of Personal Social Services in Health Boards (1983), addressed the question of the 'fourth programme' for children and families suggested by the Supplementary Report of the Task Force on Child Care. They asserted that, in light of the proposals of the Task Force whereby social workers were to have responsibility for its provisions, 'a separate programme in each Health Board must be established to carry out this function' (Campaign Group for the Development of the Personal Social Services, 1983; 17). The Campaign Group again linked the core of the problem to the fact that the health boards were dominated by medical personnel and argued that, 'the community dimension, basic to the Child Care Task Force Report, had been shown to be foreign to the training, thinking and experience of doctors', asserting the need for promoting social workers who, on the other hand, had this specialist training (ibid; 18).

Commenting on the structure of the social work service within the health board two years later, the inter-departmental Committee on Social Work Report (1985) acknowledged the relative lack of development of the profession within the health boards. In addition to being critical of the limited possibilities for social work to influence policy and procedure in organisations where there were employed, the Committee argued that:

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[72] Submission by the Irish Association of Social Workers to Inbucon Review of Community Care Services for the Department of Health, August, 1980.
[73] IASW (1982) *Reflections on the Issues Arising from the Inbucon Report,* IASW Files.

Social work is a relatively new discipline in this country and the social work service has been expected to integrate into the structure of the longer established medical services...social workers feel that the contribution they have made is not fully recognised by management or by their colleagues in the longer established, medically oriented professions...

Adding that

The perceived lack of understanding of the social worker's role sometimes leads other disciplines referring to social work problems which are, by definition, outside of the social workers ability or authority to resolve. This, in turn, leads to a lowering of the social workers' standing as an effective performer' (Committee on Social Work, 1985; 52-3).

On the basis of the discussion above, one might suggest that the nature of discourses within the health boards up to 1991 was characterised by a medico-social discourse and that, it is only in the aftermath of the 1991 Act that a socio-legal discourse has emerged, and thus placed social work centre-stage. This concept may be worth exploring later in this work. However, a final question, which must be raised here, relates to the assumption underlying most of the discussion to date. That is, an assumption that a coherent strategy of social work existed in the first place to engage in such battles within the social space. Section 5.5 calls such an assumption into question by examining the different perspectives that existed in relation to the nature and form of social work in the first instance.

5.5: Defining the role and function of Health Board social work.

As discussed in Chapter Four, the Department of Health envisaged that social workers within the health board would carry out the statutory functions in relation to children and liase with voluntary organisations in relation to the delivery of a range of other personal social services. A restrictive and legalistic view of social work within the Department of Health is illuminated in their commentary on the proposed relationship between statutory social work and family casework within their proposed guidelines for the social work service within the health boards:

In some areas, particularly the large urban ones, the need for the appointment of professionally trained social workers to act as family caseworkers has arisen. In a limited number of cases, where such appointments have been made, they have tended to be in areas of special deprivation with a high number of problem cases and can be justified on this basis. On a more general level, individual casework can absorb great numbers of trained social workers, and lead to high financial expenditure, without making a major impact on the resolution of local problems. Before deciding therefore on the employment of a social worker solely for case work activities, boards should fully consider the possibility that the allocation of the financial resources in another aspect of the social work field might in the long run be of greater advantage to the community at large (Department of Health, 1973; 4).

Ten years later, the Campaign Group on the Future of the Personal Social Services was critical of the vague nature of the above statement and the lack of strategic planning in relation to the nature and form of social work within the Health Boards. Referring most critically to the above point regarding the effectiveness – or moreso, lack of effectiveness – of family casework interventions, the report stated that:

There appears to have been no advance in thinking on this by the Department of Health or health board management and social work policy has been left to individuals or local teams to decide in an uncoordinated, ad hoc, unplanned and unsupported manner. Such an excuse for a social work policy is totally inadequate to the needs of 1983 (Campaign Group for the Development of Personal Social Services, 1983; 15)

Throughout the 1970s, lack of clarity prevailed as to what community care social workers actually should do. In a report of a meeting of a special interest group on community work in 1976 with the programme manager of the Eastern Health Board, the question of the role of social workers was raised. The programme manager for the Eastern Health Board, made the following statements in relation to the nature and role of social work:

...Social workers have to be clearer than up to now as to what their role is. People say they want more social workers but they are not quire sure what they want to do with them.
...primarily the social worker in the health board must carry out the Statutory Duties, i.e. children in care – adoption and fostering – and disintegrating families
...(He) pointed out that there was such a thing as good nursing practice but when a social worker is employed, we are not quite sure what she or he is to do and what is good social

work practice. He put forward the question – when are they negligent, and if so, involve the board in negligence also? [74].

He also raised the question of what community social workers should do and emphasised the importance of looking to social workers within voluntary services and building alliances with voluntary and specialist services to provide key social services suggesting that a 'skin' of statutory social workers within the health boards should be established nation-wide to support this and ensure all areas are covered.

Given the fact that it was 1978 before all community care teams employed social workers and began to develop teams with a basic grade and senior structure, it is understandable that certain lack of clarity or certainty about the role and purpose of the profession prevailed[75]. This situation was not however unique to social work. Nation-wide, it was not until 1978 that all Directors of Community Care / Medical Officer's of Health were appointed and prior to this, individual team managers reported directly to the Programme Manager of the Area (Inbucon Management Consultants, 1982)[76]. Furthermore, it appears that it was not only among health board personnel that lack of clarity as to the role and purpose of social work prevailed. Evidence suggests that certain divergences existed within the profession and its representatives themselves.

For example, in a meeting of the IASW community work sub-committee – which comprised of community care social workers - it was noted that:

The question was raised whether it was community developers or community social workers that the Eastern Health Board had in mind for its community care programme. A community developer could be from any profession including social work but it is quite a separate role to that of a community social worker. It was felt that this was not clearly

[74] Report on Meeting of IASW Special Interest Group on Community Work with Programme Manager of Eastern Health Board, 19/10/1976: IASW, Community Work file.

[75] For example, in the Eastern Health Board, no social worker was employed in the Kildare Region until 1975, where one senior and two basic grade workers were appointed. Until then, public health nurses continued to supervise children in care and work in fostering and adoption (Minutes of the IASW Sub-committee on Community Work, March 1975).

[76] In the early days of social work, the Eastern health board personnel in particular maintained a close working relationship with the Programme Manager of the Eastern Health Board and the Principal and Assistant Secretaries of the Department of Health, each of whom held regular meetings with teams and consulted directly with individual staff members on various matters of policy and practice (Minutes of IASW Sub-committee on Community Work, 1974-1978; Interviews with Assistant and principal secretaries of Department of Health during the 1970s).

recognised by the Eastern Health Board.... There is a need for the role of community social work to be clearly defined so that it is clear how realistic or otherwise are the expectations of the Board.[77]

While child care and family interventions were becoming a greater priority for the health boards in light of growing awareness of child abuse and neglect and the recommendations of the Task Force Report on Child Care (1980), the perceived role of social work by both Department of Health officials and the health board indicates the varied, and often conflicting views relating to the nature of social work. As outlined in the Report of the Committee on Social Work[78], the fact that different health boards had developed with a high degree of autonomy and operated from differing priorities contributed to this position, which was contradictory to assertions made by officials within the Report of the Task Force on Child Care. The committees' report stated that:

Social work in community care is a front line service, which aims to provide a locally based facility for people who need help with social problems. It is also a key 'linking' service connecting people with other agencies appropriate to their particular need. It also provides continuity and support for moving in and out of other services, e.g. institutional care. Referrals to the social work service in community care comes mainly from two sources:
(a) Requests for practical aid – such as welfare, accommodation and financial assistance
(b) Requests for help with interpersonal relationships.

..The main focus of social work in community care is on family and child care. The fundamental principles underlying this work are outlined in the Task Force on Child Care Services (1980) and assert the need to keep families together in their own homes, as far as possible, rather than resort to alternative care for children. This approach demands a high level of professional judgement and the provision of a range of support services, such as home helps and day care facilities, if it is to succeed. When such services are not available, alternative care for children means placement away from their family, either in a foster home or in a children's home, and in some cases, adoption...other developments in community care include the emergence of a support network of self-help groups, extending the scope of social work and requiring new attitudes and skills in approaching problems (Committee on Social Work, 1985; 29-30).

[77] Minutes of IASW Sub-committee on Community Work, 13/3/1974.
[78] The Committee was made up of officials from the Department of Health, members of the Local Government and Public Services Union (the union social work was affiliated with, this is now called Impact and continues to act on behalf of social workers as well as a number of other health personnel), and the Irish Association of Social Workers.

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Later in the report, in light of the protracted nature of developments within child care, it was suggested that, in order for social work to expand within the health boards, it needed to encompass a broader range of domains:

Ideally, a social work service with a community base should provide a broad range of services, encompassing the elderly, disabled, and the young. However, in most areas, the service is confined to families and child care. Indeed, in some areas, this focus has been further concentrated on families with children at risk, this is not one of professional preferences but is dictated by the pressure of demand coupled with staff restrictions. This prioritising has meant that not alone does community care not offer a comprehensive social work service, but in some areas, is unable to offer a comprehensive child care service (ibid; 59).

The Committee on Social Work Group however acknowledged also that 'deep-seated conflict' existed within social work teams as to what their role and function was. In an attempt to clarify the position, the committee sought to define explicitly the nature and function of social work. In a report prepared for the Committee, the unique nature of social work was identified as being, that it 'involves the co-ordination of knowledge and skills which are derived from other professions and disciplines' and that 'it is the configuration of these competencies and the focus on the TOTAL problem or environment that distinguishes social work from other professions which are concerned with "segments" of the human problem'[79]. The different challenges for social workers in varied settings were also debated. It was noted for example a) the difficulties experienced by medical and psychiatric social workers who operated single-handedly within hospitals; b) the fact that in some instances social workers in hospitals reported to the consultant or psychiatrists and had no social work supervision or reporting structure; and c) that social workers had no authority over the training budget within hospitals and ultimately that 'social work is not accorded the type of relationship to medicine that, for example, nursing has'[80] .

[79] Document on the 'role of social work' prepared for meetings between the LGPSU, Department of Health, Health Boards and Social Workers regarding the social work problem, 28/9/1982: LPGSU, File DGS 5261: Social Workers Working Group.

[80] Meeting of representatives of LPGSU, Department of Health, Health Boards and Social Workers, 2/11/1982: LPGSU, File DGS 5261: 'Social Workers Working Group'.

The Report of the Committee on Social Work demonstrates most starkly the confusion and lack of structure, which prevailed in relation to the general organisation of social work services in Ireland. When the Committee report was published in 1985, it was welcomed, but disappointment was expressed by the IASW that it focused narrowly on the grading and registration of social work, rather than, as had been expected, providing a comprehensive overview of social work similar to the work of the Seebohm Report (1968). They concluded, in a submission to the Assistant Secretary of the Department of Health, that:

...Despite our keen disappointment at the ambiguous title, narrow range, and lack of evidence to support many of the statements made in this Report, we do welcome sincerely the opportunity it offers to continue a dialogue about the profession of social work, which our Association believes has a dynamic contribution to make to the quality of life in Ireland, today and in the future[81]

The committee drew up their report in 1985, making a range of recommendations, focusing particularly on the grading and structure of social work services within community care. The Minister for Health circulated the report to health boards, hospitals and other social work employers in September 1985 seeking submissions and responses to its content[82].

The Union was particularly active in lobbying for the implementation of the report. However, in 1987, it reported that meetings were ongoing with the Department of Health in relation to the implementation of the recommendations of the report and noted that:

The department officials indicated that they were not prepared to sanction the report and were only in a position to discuss changes that might be made to the present structure in some areas to deal with problems around supervision and organisation of services...
This approach was totally rejected at a National Meeting of Social Workers on March 7 1987. The Group reaffirmed their commitment to take industrial action if necessary to secure the full implementation of the report[83].

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[81] Submission by President of IASW to Assistant Secretary of Department of Health, 4/6/1986. It is important to note that the Committee on Social Work Report was not in fact implemented following completion and proposed structure changes did not materialise significantly until the aftermath of the Child Care Act 1991.
[82] Letter from Department of Health to LGPSU, 19/9/1985: File 5216: Social Workers: 1982-1988.
[83] Annual Report of the LGPSU, 1987; p. 52.

The following year however, the union noted that 'there is little progress on the implementation of the recommendations from the committee on social work. The union has entered into further discussions with the Department of Health in an effort to find an acceptable basis for breaking the deadlock'[84]. In fact, as in the case of the Manpower Report on Social Work, the Committee on Social Work Report has not ever been officially published.

5.6: Discussion and Conclusion.

This chapter has raised a number of questions about the development of social work from 1970 to 1991. It suggests that, rather than being a gradual and evolutionary development, social work over this period was surrounded by a range of complex, competing, and often contradictory discourses both within and around its own discourse. While the centrality of social work post-1991 remains evident, the manner in which social workers came to occupy this position is called into question. There are a number of possible conclusions one might draw from the analysis provided. One could argue that it is plausible to assert that social workers were considered the socio-legal experts within child care from the early 1970s but, due to a range of surrounding conditions of possibility, its expansion was constrained up to 1991. The evident lack of power social work as a profession appears to have possessed, both in influencing developments and in relation to the dominant medical discourse, calls into question this natural positioning however. It raises the question, if social workers lacked power, how could they be considered psy experts in terms of a power/knowledge spiral as discussed in Chapter Three? Moreover, the seemingly confused conception of what social work was indeed expert in, raises the question: was professional social work a sufficiently coherent strategy to represent a 'regime of truth' in the first place? It appears that, in order to address these questions in greater depth, one must look to key moments prior to 1970. As explained in Chapter Two, selection of a period for study, within a history of the present, requires that the moment returned to helps to understand the problem in the present. As explained below,

[84] Annual Report of the LGPSU, 1988; p. 48.

in fact, due to the range of discursive strands, which influenced the development of social work up to 1970, a number of different moments, or temporal contexts, are relevant. The important moments were identified on the basis of the questions posed here in relation to the present.

Firstly, if one accepts the 'natural expert' thesis propounded above, the question that arises from this is: if this were the case, why did social workers occupy such minimal discursive space from 1970 to 1991 and why was it struggling so hard to maintain professional recognition and status within the system? In order to explore this question further, the way in which social work as a profession was developing prior to 1970 is explored in Chapter Six. The moment for this aspect of the analysis has been chosen as the late 19th century as it is over this period that the first evidence of professional training for social workers and the employment of professional social workers can be found.

If it was the case, on the other hand, that in fact, social workers were not deemed to be the natural experts in child welfare until the aftermath of 1991, due to its limited power in relation to other dominant discourses within the system, a number of additional questions must be raised. Firstly, if social workers were not the perceived natural experts in child care, why was specific statutory responsibility for child care attributed to them in 1973? Secondly, in the absence of social work as a psy expert intervening with children and families, who occupied space within the social? Or, was it the case that the 'social' as explained in Chapter Three, was constituted in a wholly different manner within the temporal and spatial context of Irish child welfare services? 1945 is a key moment around which these questions can be explored as it was in this year that the first explicit official recommendation was made for social workers to be employed within the health authorities in the field of statutory child welfare. Statutory child welfare within the health authorities at this time related mostly to the monitoring and support of boarded-out children. Understanding of the evolution of this system is therefore necessary in order to understand the context within which recommendations for the employment of social workers were made in the mid 20th century. Thus, Chapter Seven begins its analysis in 1862 when the boarding out system for children within the workhouses was first

established. Chapter Seven explores the range of interacting discourses that surrounded various practices of child welfare and child protection up to 1945 in Ireland and illuminates the context within which professional social workers were recommended as statutory child welfare agents. Chapter Eight then considers the period 1945-1970 in order to examine the conditions of possibility, which both enabled and constrained the expansion of social workers as experts within child welfare and protection over this period. Collectively, Part III addresses a range of diverse strands, which seem most relevant in their capacity to contribute to the questions raised about the position of social work in the present.

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PART THREE: RECOURSE TO KEY MOMENTS IN THE PAST: 1862-1970.

CHAPTER SIX: PHILANTHROPY AND SOCIAL WORK IN IRELAND: THE EMERGENCE OF PROFESSIONAL SOCIAL WORK AS A REGIME OF TRUTH: 1899-1970.

6.1 Introduction

Literature reviewed in Chapter Three is based on the assumption that social work emerged directly from practices of philanthropy during the late 19th century. In accounts of the development of social work in Britain for example, the establishment of the Charitable Organisation Society in 1870 is generally conceived as being synonymous with a shift from pre-modern forms of charity based on a direct and unregulated relationship between the rich and poor within their own communities[1], to modern philanthropy which was systematic, based on expert knowledge, and concerned with distinguishing between the deserving and undeserving poor or the residuum and respectable poor (Woodroofe, 1974; Garland, 1985; Smart, 1992; Bland, 1992; Lewis, 1995).

To a certain extent, the conditions within which philanthropy emerged in Ireland are similar to those considered in Chapter Three. For example, the Poor Law Act 1834 was introduced into Ireland in 1838. It replaced the Poor Law Act 1601, which did not extend its jurisdiction to Ireland, which provided relief mostly on the basis of outdoor assistance. Under the Poor Law Act 1834, the workhouse provided the main form of support for persons who were destitute. Access to the workhouse, known as the 'workhouse test' was determined by two principles. Firstly, the 'all-or-nothing law' which required that persons either enter into the workhouse as a full family proclaiming destitution, or they received no support at all. The second principle was the 'less eligibility' clause which meant that, in providing workhouse provision for the population, the conditions within the workhouse had to be worse than the worst conditions outside of it (Burke, 1987 ;

[1] Philp (1979) describes this as the 'gift relationship'.

Powell, 1992)[2]. As Garland (1985) explains in relation to Britain, during the 19th century, the Poor Law was the main form of provision for the poor in Ireland, particularly those in the cities and towns.

It could be argued that modern charitable organisations in Ireland developed alongside this, catering for those who were deserving, while leaving the undeserving to the harsh vestiges of the Poor Law. As appears to have been the case in relation to the emergence of philanthropy in other Western Democracies, many organised charities in Ireland opposed the intervention of the State in matters of the social on the basis of a belief that charitable aid should be provided on the basis of scientific charity which would, according to one charity, 'avoid a mischievous and undue interference with the habits and feelings of the poor'[3]. Statutory provisions in Ireland were limited during the 19th century and were, to a certain extent, similar to those provided for the poor in Britain[4]. Another common feature of philanthropy in Ireland and elsewhere is its concentration on interventions with children and mothers. Smart, for example, in her analysis of the conditions of possibility for social work in Britain over the 19th century argues, that by considering the way in which women were regulated:

we begin to understand the extent to which the whole system of modern social work is founded upon a classed construction of inadequate mothering which is now so taken for granted that the idea of its historical construction is almost regarded as specious' (Smart, 1992; 23-4).

It has been argued that this was also the case in relation to philanthropy in Ireland over a similar period (Luddy, 1995a, 1995b; Clear, 1987).

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[2] It is of interest to note that the 'workhouse test' was devised by Edwin Chadwick who was inspired by Bentham's plan for a model penitentiary, the 'Panopticon' in which the convicts were to be kept in a condition which 'ought not be made more eligible than that of the poorest classes or subjects living in a state of innocence and liberty' (Powell (1992)). It was this concept of the prison in modern society on which Foucault based his study in *Discipline and Punish* (1977a).

[3] Dublin Mendacity Association (est. 1818), in *Dublin Evening Post* 9 Feb, 1837. Other prominent charities for the relief of the poor and destitute in Ireland over the 19th century included the Sick and Indigent Roomkeepers Society (est.1790); Belfast Charitable Society (est. 1752) and the Irish Branch of the Society of Saint Vincent de Paul (est. 1844).

However, the institutional, intellectual/ideological, cultural and social context of philanthropy in Ireland represented a unique discursive context, quite starkly to those considered in Chapter Three. As Ireland was a primarily rural society which did not modernise until the 1960s, the social and cultural context for social work was very different. Linked to this, statutory intervention in any realm of the social, particularly relating to intervention with children and families, was wholly limited and it was the Catholic Church, rather than the State which were dominant in this sphere. These particular features of the Irish context are examined more closely in Chapters Seven and Eight. For the purpose of this chapter, the most notable difference, in terms of considering how professional social work in Ireland developed, is the lack of evidence of any attempt to systematise and coordinate charities in Ireland by the late 19th century, thus calling into question the existence of a coherent strategy of philanthropy in the first instance.

The findings of this research suggest that, despite the proliferation of various forms of charity in Ireland during the 19th century, there were few attempts to co-ordinate practices. The Sick and Indigent Roomkeepers Society appear to have been among the first to call for such co-ordination of charity in 1830, particularly in the light of the famine crisis in Ireland over that period. Lindsay notes that such co-ordination was perceived by the Society as possibly 'beneficial but very troublesome' (Lindsay, 1990; 18). By the late 19th century, the nearest there existed to an attempt to co-ordinate charity was the publication of a register of Dublin charities. Rosa Barret published the *Guide to Dublin Charities* in 1884 providing an overview of services for lunatics, children, fallen women and so on within the Dublin area.

The need for co-ordinating the charitable services in Dublin was raised by Barret:

Concentration and organisation are much needed to prevent a wasteful overlapping of work and the possibility that exists at present of one person getting relief from several societies while whole classes of others, equally needy, are entirely overlooked. It is even

[4] Following the Act of Union 1800, Ireland became part of the United Kingdom and was governed from Westminster until the establishment of the 26 county Irish Free State in 1921. The 26 counties became the Republic of Ireland in 1949 following the enactment of *Bunreacht na hEireann* (Irish Constitution) *1937*.

more important that the principle of *self-help* should be more fully developed than it is at present – in order to eliminate the eleemosynary character of charity as far as is possible (Barret, 1884; 78).

Williams provided the next register of Dublin charities in 1902. In his register, he also bemoaned the fact that, within Irish charity, there was an entire lack of co-ordination and that causes of distress were, on the whole, dealt with in a 'casual or sentimental manner that rarely leads to lasting good' (Williams, 1902; 1). Likewise, Despard, in a Church of Ireland Social Services Handbook argued, in 1901 that:

> Indiscriminate almsgiving, lack of inquiry into cases, absence of co-operation between societies, want of any sort of education in social questions, jealousy and suspicion between the creeds and the sects, have sown all too abundant a harvest of pauperism, and placed a premium on misinterpretation, scheming and idleness (Despard, 1901; 163).

The establishment of a branch of the Charitable Organisation Society in Belfast signifies one of the few actual attempts to provide a co-ordinated approach to the range of charities in existence at the beginning of the 20th century. According to Caul and Herron (1992) the Belfast organisation aimed, not only to co-ordinate charity but also to act as a buffer against the harsh provisions of the Poor Law. The COS in Belfast was incorporated into the newly established Belfast Council of Social Welfare in 1919 from which time, the COS became a case committee of the larger organisation and was charged with the task of organising charitable effort so that 'the charity of the city may be administered wisely and effectively' (Caul & Herron 1992; 25).

Other than in Belfast, neither the COS, nor any similar body, was established in any other city in Ireland. Thus, by the time of the establishment of the Irish Free State, despite the existence of some coherence in terms of the principles of charity, no co-ordinating body for charities in the 26 counties existed. Over the following decades, attempts continued to be made to provide some regulation and systematisation of charity, particularly in the capital city of Dublin, but no co-ordinating body as such emerged. For example, between 1929 and 1931, the Civics Institute of Ireland, founded in 1914, attempted to adopt a model of social service centres similar to an American organisation called the Irish

American Pioneers. It was anticipated that, in addition to providing a range of social services in a systematic manner within the city of Dublin, the proposed organisation would develop a social service guild and social service library, to recruit students for technical and social service Scholarships to America and links with industries for employment purposes[5]. Despite efforts to gain funding and support both from the Irish government and the Carnegie Trust in England, the Civics Institute was unsuccessful in its bid to establish a co-ordinating social service council for Dublin charities. Instead, within the Civics Institute, a more specific National Playgrounds committee was established, which comprised of a committee with representatives of Government departments, local authorities, various individuals and organisations interested in the field of juvenile welfare in order to engage in propaganda throughout the Free State in relation to the establishment of play centres for children [6]

Certain organisations also provided an umbrella group for the co-ordination of certain lobby and special interest groups during the early and mid 20th century such as the National Women's Health Association (est. 1907) and, later, the Joint Committee of Women's Societies and Women Social Workers (est. 1935)[7]. It was the establishment of the Catholic Social Service Conference (CSSC) in 1941 which represented the first explicit attempt to co-ordinate charities engaged in various forms of child and family interventions. However, this organisation focused exclusively on the co-ordination of Catholic Charities within Dublin (Cooney, 1999)[8].

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[5] Outline of proposed plan sent by Irish American Pioneers to the Civics Institute recorded in the minutes of the Executive Committee of the Civics Institute, 4/12/1929.

[6] Minutes of Executive committee of the Civics Institute of Ireland, 1929-1931

[7] The Women's National Health Association was a key member organisation of the Joint Committee, which was active in lobbying for changes in legislation relating to children, advocating for rights of women etc. Other members of the Committee included: Alexandra College Guild; Church of Ireland Moral Welfare Society, Dublin University Women's Graduate Association; Girls' Friendly Society; Institute of Almoners; Irish Countrywomen's Association; Irish Girl Guides; Irish Housewives' Association; Irish Matrons' Association; Irish Women's Citizens Association; Irish Women's Workers Union; Mothers' Union; National University Women's Graduate Association, Queens Institute of District Nursing, Saor an Leanbh; Soroptomist Club (Annual Report of the Joint Committee for Women's Societies and Women Social Workers, 1937).

[8] Archbishop of Dublin John Charles McQuaid founded the CSSC. The CSSC was an umbrella group for a range of services for individuals and families in Dublin drawing together 38 different organisations. These were: the Belvedere College Union, the Blackrock College of Past Pupils Union, Catholic Boys Scouts of Ireland, Catholic Girl Guides, Catholic Protection and Rescue Society, Catholic Truth Society, Catholic University School Past Pupils Union, Catholic Women's Federation of Secondary School Unions, Catholic Young Men's Society of Ireland, Catholic Young Men's Society, Castleknock College Past Pupils Union, Central Catholic Library, Clongownes Union, Guilds of Regnum Christi, Guild of Saint Luke, International Catholic Girls Protection Society, Irish Guild of Catholic Nurses, Knights of Saint Columbus, Knockbeg College Past Pupils Union, Ladies Association of Charity of the Saint Vincent

The aim of this chapter is to analyse the historical evidence relating to the development of social work to determine if, and how, in the absence of a clear and coordinated strategy of philanthropy, the profession developed as a regime of truth in the first place. This analysis is of central importance to the research question as, before going on to examine the specific position of social work within the field of child welfare and protection, it is necessary to test the theoretical propositions used in Chapter Three in terms of understanding modern social work. These were based on an assumption that a) social work represents an identifiable and separate discourse and b) by virtue of its particular nature and form, it occupies a particular place within the social, as mediator between the respectable and the residuum.

The first challenge posed by the research findings is that, in light of the lack of a coordinated body or clear evidence of attempts to systematise charity and social work in Ireland, it is necessary to move beyond reference to philanthropy as a unified term representing a forerunner to professional social work. In fact, one can identify three separate, though inter-connected discursive strands relating to social work over the late 19th century each of them relevant to an understanding of the conditions of possibility for the emergence of *professional* social work. These are: a Catholic discourse of charity; a discourse of social work as a voluntary activity and a discourse of social work as an expert strategy requiring some form of expert training. These three strands are briefly considered in Section 6.2. The remainder of the chapter attempts to examine the emergence of a discourse of professional social work within the context of its relationship

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de Paul, Legion of Mary, Loreto Past Pupils Union, Mungret College Past Pupils Union, Oliverians O Connell Street Union, Our Lady's Working Girls Hostel, Pioneer Total Abstinence Association of the Sacred Heart, An Rioghhacht, Rockwell College Past Pupils Union, Roscrea College Past Pupils Union, St Joseph's Young Priests Society, St Mary's College Past Pupils Union, St Patrick's Guild, Society of St John Bosco, Society of Saint Vincent de Paul, Sodality of Our Lady, Synge Street Past Pupils Union, Terenure College Past Pupils Union and Third Order of St Francis (*Handbook of the Catholic Social Service Conference*, 1945, pp.59-60). The Conference comprised of statutory representatives such as Probation officers and Dublin Corporation officials but was primarily a co-ordinating group for Catholic charity. The Conference was welcomed by Catholic charities and in 1947, reviewing the work of the conference, it was noted that: 'His Grace called together a group of social workers and asked them to submit to him proposals for the co-ordination and expansion of Catholic Social Welfare Work within the Archdioceses. The plan evolved by them, under His Grace's guidance, was the formation of a permanent Conference in which representatives of all existing Catholic organisations would participate, with a view to bringing combined resources, moral and material, to bear upon the grave problems which were the objects of His Grace's solicitudes' (Handbook of the Catholic Social Service Conference, 1947 p. 10).

with these other two related discourses. It will demonstrate the way in which, on the one hand, a separate strategy of professional social work is identifiable in the late 19th century, while on the other hand, at various moments in its history, this strategy has been intrinsically intermeshed with, or dominated by other non-professional social work discourses. Section 6.3 examines the beginning of formal university training for social workers and demonstrates the continuities with the present in terms of the nature and context of professional training. This section concentrates on the period 1914-1945. Section 6.4 considers the way in which, from 1945-1960, professional social work training became enmeshed with Catholic social work discourses. Section 6.5 also begins its analysis around the mid 1940s and examines the discursive struggle within social work, up to 1970, to assert itself as a strategy distinct from, and separate to, voluntary, non-professional social work practices.

Section 6.6 concludes this chapter with an overview of the main themes arising that contribute to the question formulated in the present in relation to the power and position of social work as a separate and distinctive regime of truth. It suggests that while archaeologically evidence of the construction of a separate and identifiable discourse of social work from 1899 to 1970 exists, genealogically this professional discourse operated within the social space alongside more powerful discourses and thus its knowledge had limited power within the discursive field of 'social work' intervention. A number of questions are raised at this point for further analysis to explore, in more depth, the way in which professional social work became identified as an expert strategy within the specific field of child welfare and protection.

6.2: The nature and form of social work in 19th century Ireland: Three Emerging Discourses.

Many analyses of the development of social work over the 19th century considered in Chapter Three refer to the emergence of modern society where, due to the greater visibility of poverty and unemployment within towns and cities, governments could no longer sustain their laissez faire approach. Rather, limited state intervention was necessary such as protective legislation and minimum provisions for the poor and

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destitute. Within this context, a need arose for an expert strategy to operate within the social space to mediate between the public state and the private family. When considering this development in relation to Ireland, it must be remembered that Ireland was a primarily rural country throughout the 19th century and the industrial revolution did not have as significant an impact as it appears to have had in most Western Democratic societies (Lydon, 1998; MacDonagh, 1977; Powell, 1992)[9].

Organised charities did flourish in Ireland during the 19th century but were confined mostly to the towns and cities (Burke, 1987; Luddy, 1995a), thus having a less pervasive effect on the mostly rural Irish population. The nature of the State was also constructed within quite a unique discursive context in Ireland. By the end of the 19th century, Ireland was embroiled in a nationalist struggle for Home Rule and Independence from Britain (Breen et al, 1990; Coogan, 1976; Daly, 1981; Foster 1988; Garvin 1981), and throughout that century, British rule was considered by many Irish as oppressive and to be resisted (Burke, 1987; Powell, 1992). Also, unlike accounts considered in Chapter Three, over the 19th century, an alternative institutional form of governance to the State was increasing at an unprecedented rate - this was the Roman Catholic Church.

If one considers the range of intellectual, institutional, social and cultural strands which impacted on the form and nature of philanthropy in Ireland over the 19th century, making it fundamentally unique, those of the Catholic Church in various forms[10] are the most dominant within this temporal discursive field. For many, Catholicism was often linked to nationalism and the nationalist struggle. Keeping in mind that the penal laws had only been repealed in 1829, for many in Ireland allegiance to Rome rather than England became as much a nationalist as a religious issue (Corish, 1985; Lydon, 1998). By 1829, a strong Catholic merchant and middle class had grown within most Irish cities and the

[9] It was because of this primarily rural nature of Irish society, for example, that the Great Famine during the 1840s had such a damaging and serious impact on the nation as a whole. Also, by the late 1800s, the primary political concern within Irish politics, apart from its governance by the British government, related to the introduction of the Land Laws.

[10] Given the complexity of the relationships between the Church and the State and the Church and the population, it is of import not to consider the Church merely in institutional terms as an over-arching and powerful force in Ireland. One must also explore the range of agents of the Church, the impact of individual Church leaders, the practices of individual Catholic organisations to appreciate the complexity of this powerful discourse which shaped philanthropy in Ireland (Corish (1985); Inglis (1987))

Catholic Church gradually began to establish training for Irish clerics[11], to forge strong ecclesiastical links with Rome, and to establish control over key social services in Ireland, particularly within the realms of education and welfare (Corish, 1985).

The extent of expansion of the Catholic Church in Ireland is clearly demonstrated when one considers the number of religious orders which were either founded within Ireland, or who came from elsewhere to set up services in Ireland by the end of the 19th century. The most significant Irish orders that were established included the Presentation Sisters (1775); Irish Sisters of Charity (1815), the Sisters of Mercy (1831) and the Christian Brothers (1802). A large number of French orders also established convents in Ireland over the 19th century, for example, the Daughters of Charity of Saint Vincent de Paul; Sisters of the Good Shepherd and Sisters of Charity (O'Sullivan, 1999). In 1800, there was a mere 120 nuns in Ireland, most of them engaged in work with orphans or widows. By 1851, there were 1,500 and by 1900, this had grown to 8,000 (Corish, 1985; 203).

A key aim of the work of the religious was to provide Catholic education as well various social services directed mostly at children, widows and mothers. During the 19th century, the Catholic Church was transformed from a disorganised and outlawed institution to a powerful force in matters of the social in particular and society in general (Corish, 1985; Lydon, 1998; Bowen, 1983; Keenan, 1983). In terms of welfare services, arenas wherein the Catholic Church predominated included the establishment of industrial and reformatory schools (Robins, 1980; Barnes, 1984; O' Sullivan, 1999) and the establishment of a range of services for certain categories of children and women (Clear, 1987, Luddy, 1995a, 1995b; Luddy & Murphy, 1990; Cullen & Luddy, 1995).

A significant impact on the nature of philanthropy, caused by the dominance of the Catholic Church in the provision of social services by the end of the 19th century, was the lack of independent female Catholic philanthropists operating in the country. As Luddy argues:

[11] St Patrick's College Maynooth was established in 1795 and was the first seminary established in Ireland. It continues to provide training for priests to the present day.

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From the early years of the nineteenth century, Catholic women's contribution to charity work became invested in religious congregations, a move, which was encouraged and often initiated by both clerics and lay individuals. This obviously had important consequences for the extent to which lay women became involved in voluntary effort and it also defined the structure and limits of the societies they organised (Luddy, 1995b; 21).

It appears that lay Catholic women wishing to become involved in charity work could do one of two things: join a religious order or work as a lay person within a religious charitable organisation[12].

Luddy asserts that:

For middle class women, philanthropy became an acceptable means of conducting a moral mission in public and such activity brought them clearly into the public realm where they controlled finances, raised funds, ran institutions and catered for the needs of thousands of the poor and destitute (1995a; 10).

When considering the emergence of professional social work in Ireland, the dominance of Catholic charities within the discursive field poses a conceptual challenge and is addressed in this and the following chapters. At this point, it is important to note that, while the majority of services to children and families were provided by Catholic orders or organisations, Protestant and Quaker women were also involved in philanthropy in Ireland. Protestant charities tended to be similar to those provided by Catholic organisations, the main difference being that the latter usually provided their services from a generalist and mostly intuitional basis, whereas protestant charities tended to be provided on a more specialist basis. Also, Protestant philanthropists were found to be,

[12] Clear (1987) and Luddy (1995b) in particular give stark examples of the power of Catholic religious orders in controlling the activities of others attempting to engage in charitable interventions within children and families. For example, Catherine McCauley, founder of the Sisters of Mercy Order in 1831, set out to provide institutional shelter and training for young girls but was forced by the Archbishop of Dublin to establish a religious congregation rather than operate independently. She is recorded as stating 'I never intended founding a religious congregation, all I wanted to do was to serve the poor since that seemed to be what God expected of me' (Bolster, 1978; 30). However, the services of the Church are also alleged to have provided women, within a wholly patriarchal society, with an outlet to the public world. Luddy contends that the expansion of female religious communities 'provided relatively wealthy single women with the opportunity of engaging in socially active work in a society that denied that right to most middle class women' (Luddy, 1995b; 24) and that 'religion not only defined and limited women's place in society, particularly the place of lay women, but it also ironically opened a door on the world of work for those women to form and join religious communities. In many instances, laywomen were enabled by the demands of 'Christian duty' to develop public lives and careers in philanthropy' (Luddy, 1995a; 10).

generally, more concerned with broader issues of social reform than their Catholic counterparts. The Quaker philanthropists were perhaps the most radical of their time, being engaged in various aspects of social reform and temperance work (Luddy, 1995b). While these discourses existed archaeologically alongside Catholic charities, from a genealogical perspective, it is the latter which represented the greatest power and influence over the nature and form of child welfare practices, and is therefore concentrated on in this work. It is important though to also recognise the diversity of practices and attitudes which existed within Catholic charities and among different Church representatives. As will be demonstrated in this and the following two chapters, while Catholicism pervaded the institutional, intellectual, social and cultural context of the country up to the mid twentieth century, it was often the actions of views of single individuals or certain organisations which had the most pervasive effects.

One might suggest that, given the fact that Catholic philanthropy was the dominant discourse in Ireland, as opposed to a dominant discourse of liberal norms and morals, as discussed in Chapter Three, it was the former which created the conditions of possibility for expert strategies to emerge within the space of the social. This may be the case to a certain extent in that, as illustrated more clearly in Chapters Seven and Eight, Catholic organisations and religious orders dominated within the sphere of child and family intervention throughout the 20th century up to 1970. This is also supported by the fact that, as illustrated in Section 6.4, Catholic principles influenced the discourse of social work training at certain moments in its history. However, evidence also exists to suggest that professional social work actually was beginning to emerge in its own right, quite separate to these Catholic discourses.

Training for social workers in Ireland was first established in 1899. In this year, the Dublin University Social Services Society was established by a small group of students from Trinity College in association with Rev. R.M. Gwynn with the aim of promoting the study of the problem of poverty. The Society established a social services tenements association based on the model of housing management work developed by Octavia Hill. The Society developed social work practices based primarily on rent collection and home

visitation of the poor within inner city Dublin (Darling, 1971)[13]. In the same year, Alexandra College established a guild of past pupils aimed at carrying out voluntary social work in the form of housing management work. It was within this organisation that the first social worker was employed in Ireland, Mary Bagley, in 1899 (Kearney, 1987)[14].

In 1912, Dr Corcoran[15], Professor of Education in University College Dublin advocated the establishment of social work training within the universities in Ireland arguing that:

Perhaps it is not too much to say that social work is often, to its own great loss, allied in the minds of the workers themselves as well as of the public, with the feeling that it favours a kind of parasitic browsing of the more active and earnest members of the human community, that it slips betimes into the purveying of free meals and soft jobs, and elevates into finality the dangerous half way house of sentimentalism ...There is a special danger in that isolated pursuit of one method of social reform which is the besetting sin of social workers who have not been properly educated for their work (Corcoran, 1912; 536)[16].

Corcoran concluded that, the result of untrained workers was a 'lavish crop of lop-sided projects elaborated by one-sided thinkers concentrated in one narrow line of advance. He proposed that certain models of social work training in England and Europe should be examined and applied within Ireland, giving a model of academic and practical training designed in the University of Birmingham as an exemplar[17].

In 1912, the Alexandra Guild successfully established the first certificate course on 'Civics and social work' aimed at meeting the 'growing demand for instruction in the

[13] The primary aim of the Social Services Society was the study of problems related to poverty: 'It is the province of the university to produce men acquainted with the best which has been thought and done towards finding the right solutions to social problems; it is also expedient to train them, as far as conditions of University life allow, in a particular knowledge of the existing state of things which need reform' (in Darling, 1971; p 30).

[14] Mary Bagley was sent to England by the Guild to train in housing management with Octavia Hill. She returned to the Alexandra Guild to work as a Rent Collector within the Summerhill Tenement housing area in Dublin (Kearney (1987)).

[15] Fr Timothy Corcoran was appointed Professor of Theory and Practice of Education to UCD in 1909 and was one of many Catholic priests who held positions in the university over the early and mid twentieth century (Cooney, 1999)

[16] Social work training was also established in Queens University Belfast in 1912 (Kearney (1987)).

[17] University training for social workers in England began in 1904 in the School of Social Science in the University of Liverpool. In the United States, the first university training was provided in Boston, also in 1904, in a joint venture by Simmons College and Harvard University.

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proper method of dealing with the important social and economic problems presented in society'. It was argued that there was:

A pressing need for supplying suitably trained persons for the various branches of philanthropic work whether carried out by the State or by societies. Such a course would form a fitting preparation...for such posts as welfare managers in factories; paid social workers among the poor (cited in Darling, 1971; 31).

Alongside the emergence of specialist training for social workers, professionally trained workers were also being employed in Ireland from the end of the 19th century. As mentioned previously, Mary Bagley was employed by the Alexandra Guild in 1899. In 1906, Jacob's Factory, Dublin, employed a trained social worker as a welfare officer and by 1913 had established a welfare department (Darling, 1971). The first trained social worker from the Alexandra course was employed in 1917 within the factory (Kearney, 1987), and by 1933, 6 commercial firms in Dublin had welfare or 'labour management' departments (Keane, 1971; 1). The first almoner was employed in the Protestant run Adelaide hospital in 1919 and by 1933, three other Protestant run hospitals in Dublin employed almoners[18]. Other organisations employing social workers trained in some specialist form of social intervention included the Civics Institute who employed trained social workers as playground leaders[19] and the National Council for the Blind[20].

However, despite the emergence of space for the employment of professionally trained social workers over the early 20th century, a dominant theme within literature on social work over this time is the view of social work as a practical and voluntary practice. J.F.M. (1913) for example, considered social work as a generic subject that should be

[18] Annual Report of the Dublin Branch of the Institute of Almoners, 1937.

[19] The Civics Institute of Ireland was established in 1914 as a multi-denominational agency concerned with the 'study and investigation of questions and problems affecting the lives of the Irish public in their capacity as citizens or as inhabitants of a city, urban or rural area of Ireland'. Its objectives included: 'to consider methods by which the administration and distribution of charity could be effectively managed' and 'to study the best and most practical methods of training children so as to fit them for adequate discharge of duties as citizens' (First Minutes of the Executive Committee of the Civics Institute of Ireland, 1914). The Institute engaged in a range of Civics activities and worked in close liaison with Dublin Corporation. In terms of social work, its main activity was the establishment of playgrounds for children in deprived areas of Dublin. This is discussed in greater detail later in this chapter.

[20] The National Council for the Blind, founded in 1931, employed Home-School teachers. It is not clear from records what their training was but, in the early days of social work training within the Civics Institute, they took a number of social work students on placement (Keane, 1971; 1)

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taught in schools alongside encouragement of young boys to join social guilds 'following the expert guidance it affords' (J.F.M., 1913; 27-8).

Likewise, in the introduction to their 1916 Guide To Books For Social Students And Social Workers In Ireland, Smiddy & Rahilly noted that:

> ...It is obvious that I am not writing for experts or economists, but only social students, social workers and workingmen...most of the works included have been selected on account of their cheapness...The books will be read chiefly by Catholics and this fact has been borne in mind (Smiddy & Rahilly, 1916; 1).

Kearney (1987) in her review of social work training in Ireland highlights the fact that, despite the key developments in training for social workers over the beginning of the 20th century, up to the twenties and thirties, social work remained primarily practice based, focused on 'doing' rather than thinking or theorising.

The Christian and, more specifically, Catholic nature of social work was often associated with social work as a voluntary and non-expert activity thus bringing us full circle in a consideration of the interacting discourses relating to social work by the early 20th century. One author on the subject of social work, J.F.M. (1913), argued that 'organised social work is both an excellent field for the *cultivation of the Catholic Spirit* (original emphasis) and a powerful means of exhibiting to the world the strength and beauty of Catholic principles' (J.F.M., 1913; 19). MacInerney, in 1925, likewise argued for the need to see the intrinsic relationship between religion and social work arguing that: 'social work is merely another name for the spiritual and corporal works of mercy, which we are bound in charity to perform' (MacInerney, 1925; 162).

Indeed, over the early 20th century, the majority of training was based on practice based inductions within specific agencies or, especially within Catholic organisations, on a belief that morality, spirituality and love of the poor were the main requirements for a good Catholic social worker. Rev. Barret (1922), in relation to the question of social work training, suggested that:

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...The education must be theoretic and practical, for a sociologist who has no direct contact with the evils of society is as worthless as a doctor who never visits a hospital or sees a sick person...the education that I speak of is not merely one of the head, but also of the heart. It means an *awakening of the social sense,* a broadening of sympathies, a widening of views...It is the deepening, ripening and refining of the heart and this is only possible when the heart is young (Barret, 1922; 1).

From this brief overview of discourses relating to the emergence of social work during the late 19th and early 20th century, there is some evidence of professional social work developing as a separate strand. At the same time, it was also intrinsically related to the other two strands, the distinction between social worker as welfare worker, as Christian charity worker, and as professional secular worker was blurred at various moments in history. The following three sections attempt to consider, in Philp's (1979) terms: the nature of professional social work discourse itself; the relationship between social work and its surrounding discourses; and the degree to which professional social work held discursive rights vis-à-vis these other discourses.

Section 6.3. begins with an analysis of the way in which social work training within the universities was established up to 1945. It suggests that professional social work emerged within a secular context, quite separate to practices of Catholic social work though somewhat related to practices of voluntary/non-expert social work. Section 6.4 examines the way in which, changing conditions of possibility in the context of social work training resulted in certain elements of professionalisation being intermeshed with principles of Catholic social work from 1940 to 1960. Section 6.5. moves away from social work training to examine practices of employment of professional social workers. It demonstrates the way in which professional social workers struggled to gain recognition and status particularly within the medical services and were engaged in a discursive struggle between social worker as professional and social worker as voluntary worker.

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6.3. Space for professional social work to expand: developments in professional training 1914-1945.

It was the multi-denominational agency, the Civics Institute of Ireland, who played a key role in establishing social work training in the universities in the 1930s in Ireland. From its foundation in 1914, a commitment to social work is evident within the organisation[21]. The most significant aspect of the Institute's work in terms of its contribution to social work was their involvement in the establishment of social playgrounds[22]. Although playground work was only a minor part of the Institute's broader civics agenda[23], developments in this area created the conditions of possibility for professional social work training to develop and are outlined below.

It was from the mid 1920s that the Institute began to concentrate on playground work. The National Women's Health Association and the Civics Institute established a joint committee to supervise existing playgrounds in April 1930[24]. In 1931, the Institute established a National Playgrounds Committee which comprised of a committee with representatives of Government departments, local authorities, various individuals and

[21] A representative from the Civics and social work course in Alexandra College, Miss LLB White, was appointed as one of the vice-presidents of the Civics Institute (Minute Book of the General Meetings of the Civics Institute of Ireland, 15 April, 1914.) The secretary of the Women's Health Association, Miss Lena Long – described as a social worker though her training is not known - was appointed as an organising secretary to the Civics Institute (Minutes of the Annual General Meeting of the Civics Institute of Ireland, 16/10/1922). The Civics Institute also acted as a co-ordinating body for a range of organisations interested in social and Civics matters. As outlined earlier, the Institute had attempted to establish a social service council in the late 1920s but were unsuccessful in their efforts. The CI however acted as an important co-ordinating and support group for voluntary organisations. For example, it shared secretarial support with the National Women's Health Association, and facilitated the Irish Women's Citizen and Local Government Association by collecting all literature relating to social questions including the 'bills for first reading in the Dail' (Minutes of the General Meeting of the Civics Institute of Ireland, November, 1923).

[22] The first playground was established in Dublin in 1915 following the formation of a joint committee between the Institute and Dublin Corporation (Minutes of the General Meetings of the Civics Institute of Ireland, 9 Feb 1915; p. 17)

[23] In 1922, the Civics Institute set out their aims as follows: to promote throughout Ireland systematic co-operation in voluntary social work by bringing into closer relation Public Departments, Local Authorities, Official bodies and Individuals engaged in works of Civics Development and Reform; to study and investigate all questions and problems affecting the lives of the Irish public in their capacity as citizens or as inhabitants of any city or urban or rural area in Ireland, and when desirable, to take action; and to promote the study of social subjects and to provide a bureau of information (Minutes of the Organising Committee of the Civics Institute of Ireland, 6 Nov 1922).

[24] Minutes of the executive committee of the Civics Institute of Ireland, 25/7/1930. At the time, four supervisors were employed, all of them women and their duties, as outlined by the Institute included 'special instruction to various schools and clubs etc. in Folk Dancing, in preparation for the national competition at the Children's Folk Dancing Festival' (Minutes of the Executive Committee of the Civics Institute of Ireland, 25/7/1930)

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organisations interested in the field of juvenile welfare in order to engage in propaganda throughout the Free State in favour of the establishment of play centres for children[25]. A trained supervisor was employed by the Institute who oversaw the work of a number of volunteers working within the playgrounds[26].

In 1932, the Institute became increasingly concerned about the training of playground leaders and in their meeting in November, it was noted that: 'the question of training of playground superintendents was now becoming an urgent one, and the possibility of a social service training was discussed'[27].

Miss Long, the secretary of the institute and also a professionally trained social worker, called a meeting of social workers in the Dublin area to discuss the need for training[28] and reported that 'in the playground work, there was a definite opening for trained social workers, and the work of rent collecting would be another possible field. It was also possible that both Almoner and Welfare Workers would be required'[29]. The meeting concluded that:

All agreed that a comprehensive training could be arranged, which would include elementary economics, an elementary course in sanitation and hygiene, laws relating to National Health Insurance, workman's compensation, housing, unemployment insurance. It was suggested that this course might be taken at the National University, and should be at least a one-year's course. The practical training would be undertaken in conjunction with this, and should include knowledge of Almoners work, Industrial Welfare, rent collecting, playgrounds and a general knowledge of social conditions, including Poor Law Administration...
It was suggested that a training board, consisting of those present at the Conference as a nucleus, should be appointed to interview possible candidates for training. The Conference was of the opinion that the standard of training should be very high. The conference recommended that the Institute get in touch with the National University to see what could be arranged (ibid).

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[25] Minutes of the Executive Committee of the Civics Institute of Ireland,1930-1931.
[26] ibid
[27] Minutes of the Executive Meeting of the Civics Institute of Ireland, 16/11/1932.
[28] Social workers present represented the following areas of work: Juvenile Advisory Committee, Playground Superintendent (Dublin Corporation and Civics Institute), Almoner from Adelaide Hospital, a rent collector, welfare supervisor, probation officer, St Johns Ambulance and Miss Long herself as secretary of the Civics Institute (Minutes of Executive Meeting of the Civics Institute of Ireland, 5/12/1932).

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The need for official training for social workers within Dublin was reiterated in March 1933 and the training committee were continuing to work on proposals to offer training within the National University, University College Dublin[30]. During this year, Miss Long and her assistant, Miss Carpin, drew up a syllabus for social work training based partly on the existing course at Edinburgh University. The syllabus was submitted to both Dr Coffey of UCD and Dr Gwynn of TCD. Initially, only Trinity College accepted the proposals. As outlined retrospectively by the Institute:

The President of University College Dublin was approached in the first instance with a view to having the theoretical training given in that college. As this approach proved fruitless, the Institute turned to Trinity College, which agreed to set up a course in Hygiene and Social Science with the Civics Institute undertaking the practical side of the training. Progress was slow at first and the number of students was small, but when the course was advertised in the Press in 1936..the numbers tended to increase. In the meantime, efforts were made to have the course further extended and brought up to the standard of English University Courses. Efforts bore fruit at a later date...

Negotiations with University College Dublin were continued during the chairmanship of Mr. James McNeill, 1932-1933, Mr. Charles Jacob, 1934-38 and Rev Canacan Sq. 1938-1943. Finally, University College Dublin started a Diploma course in 1939. Six students from University College applied to the Civics Institute for practical training. The Institute consented to accept the students and it thus became a joint training centre for both universities. The Diploma Course in both universities then became a two-year course and both on the theoretical and practical side, it was fully up to the standard of the English Social Services School[31].

It was thus within this context that Trinity College established its first university based social studies course in 1933. The institute noted in its Annual report in 1934 that:

The year 1934 records the first real step taken to provide a training for those who desire to take up social service work professionally. A diploma course has been arranged at Trinity College, covering the theoretical side, the practical work being arranged by the Institute. Seven students are now taking the course'[32].

As illustrated above, the academic course comprised of general theoretical approaches to poverty, economics, hygiene and so on. Casework training in social work was the

[29] Minutes of Executive Meeting of the Civics Institute of Ireland, 5/12/1932.
[30] Minutes of the Executive Committee of the Civics Institute of Ireland, 24/3/1933.
[31] Annual report of the Civics Institute of Ireland, 1944-5.

premise of the placement agency, the Civics Institute. The work of the playground leader, and the trainee social worker in this setting, was set out as follows: guiding the children and directing their play, teaching personal hygiene, self discipline and social behaviour, rendering First Aid, reporting those needing medical attention, and visiting any children who were sick at home or in hospital[33]. In addition to providing placements in playground work, the Institute also arranged placements for students in hospitals, welfare departments and other voluntary organisations.

The training provided by the Institute was reviewed in 1939 in order to bring it in line with the requirements of the London Institute of Almoners, one of the main sites for social work training in England at this time. Mrs. Ruth Childers, as secretary to the Institute who replaced Miss Long in 1935, was instrumental in establishing the Dublin Committee of the Institute of Hospital Almoners in 1937 and in assisting the Committee to recruit students and assist in their almoner training[34].

Records of the Civics Institute demonstrate their commitment to being leaders in the development and expansion of professional social work within Ireland. For example, they established the Bureau of Vocational Guidance for Social Workers in 1938:

Owing to the very large number of enquiries from social workers seeking positions or voluntary work, and from organisations seeking workers, the Civics Institute has this past year set up a formal Bureau for such information. We have at present on our cards such requests for positions from Dieticians and Managers of Welfare Organisations, from voluntary trained social workers, from Montessori trained workers, from occupational therapists, and from several other branches of trained social workers. Organisations are constantly demanding speakers on various branches of social work from the Civics

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[32] Annual Report of the Civics Institute of Ireland, 1934.

[33] Annual Report of the Civics Institute of Ireland, 1934. In the period 1937-8, the Institute took 21 students from Trinity College for practical training, 7 of whom went on to do further training with the Institute of Hospital Almoners. Students also went on to do training in Labour Management and one student went to train as an Occupational Therapist (Annual Report of the Civics Institute of Ireland, 1937-8). In the period 1939-40 6 UCD students completed training for the first time in the Institute. By 1943-4, 35 TCD and 32 UCD students who received their diplomas in social science had trained with the Institute (Keane, 1971 ; 1)

[34] Annual Report of the Civics Institute of Ireland, 1937-8. Employment of almoners was the primary form of social work in Ireland at this time. While students also went to the UK and US for training in psychiatric social work and child care, few employment opportunities existed for them in Ireland. The Institute of Hospital Almoners (IHA) was the main training body in Britain who had a specific branch established in Ireland up to 1960; the Dublin Branch of the IHA from 1937-1944 and the Irish Regional Branch of the IHA from 1944-1967. An Irish Branch of the Association of Psychiatric Social Workers was also in existence from the mid 1950s (accurate date not available) to 1968.

Institute, and one such lecture this year has been given in London, and several lectures in Ireland. We have placed a number of applicants[35].

However, over the period 1944-5, the direct link between the Institute and social work training was severed. The circumstances of how this change occurred are of interest to an understanding of the professionalisation of Irish social work. By this time, the Institute had employed a Director of Studies, Agnes McGuire, to manage the practice training element of both the diplomas at TCD and UCD. In their draft annual report for 1944-5 it was noted that in the year under review, UCD terminated 'at extremely short notice' the arrangements whereby the Civics Institute provided the practice training for its social science course, stating that:

It appears that the university of Dublin has decided to provide its own course on practical training, and for this purpose it took over the services of the Institute's Director of Studies, Miss McGuire, who also terminated her engagement with the Institute at equally short notice[36].

The report goes on to state that the 'withdrawal of University College Dublin from the scheme of practical training of social science students necessitated a re-consideration of the Institute's position in relation to Trinity College where students were receiving training under the same scheme'. Trinity College was therefore advised to make alternative arrangements and was offered assistance and support in doing so by the Institute. The report concluded that:

the Trinity College authorities accepted the Council's recommendations and have now established their own course of practical training. The Institute's role as joint training centre for both universities has thus come to an end[37].

Indeed the joint training efforts between the two universities' social work diplomas also came to an end and, up to the present day, training of social work is provided separately in both universities[38].

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[35] Annual Report of the Civics Institute of Ireland, 1937-8.
[36] Annual report of the Civics Institute of Ireland, 1944-5.
[37] Ibid
[38] Despite the severance of the relationship between the Civics Institute and the universities the Institute continued to promote the training of voluntary workers and expanded their playground work over the follow decades. By 1938, the Institute had five municipal playgrounds under its management and were employing 10 trained and paid supervisors

From documentary evidence available, it is difficult to postulate exactly why the Civics Institute's direct relationship with social work training came to an end. It could be argued that their role was crucial in establishing training in the universities and, over a decade later, their function was no longer relevant as both courses had become self-sustaining. It could also be suggested that the casework training needs of social workers were changing. Rather than playground work, the greatest opportunity for employment for social work was within the hospitals. Unique to the profession at the time, the government sponsored Hospital Sweepstakes provided funding for the employment of social workers from 1933 onwards[39]. As already mentioned, almoner training was also well established in England, which was influential within the Irish context. The Dublin Branch of the Institute of Hospital Almoners, which became the Irish Regional Branch in 1944, took over responsibility for the selection of Irish students for almoner training and the arrangement of placements within Ireland for these students. It is also possible, as suggested in Section 6.4 below, that the non-denominational nature of the Civics Institute was an influential factor in itself. At the same time as the Civics Institute's role in social work training was brought to an end by the decision at UCD, a strong Catholic discourse was beginning to affect certain aspects of social work training in Ireland. Thus, although having started out as a clearly separate and secular activity within the Civics Institute, certain elements of social work training became incorporated into a specifically Catholic context from 1945 to the mid 1960s.

(Annual Report of the Civics Institute of Ireland, 1937-38). Other specialist services also developed from the playground work. The most significant of those was the establishment of a Nursery Centre in 1940, which catered for the children of working mothers. Over the mid 20th century, the Institute also continued to act as an umbrella group for various social work related bodies. For example, it offered advice and support to the National Council for Social Service and the Commission on the Status of Women in relation to the establishment of nurseries throughout Dublin and elsewhere in 1972 (Annual Report of the Civics Institute of Ireland, 1972-3). They also provided secretarial facilities and a business address for the Irish Association of Social Workers and the Association for the Welfare of Children, provided placements for social science students from TCD and UCD, as well as Speech Therapy, Home Economics and Montessori students as well as fundraising for the running of the nursery services (Annual Report of the Civics Institute of Ireland, 1973-4).

[39] Following the Public Hospitals Act 1933, the Hospital Commission was established to survey hospital facilities and had the power to inspect any hospital or to examine their receipts and expenditure. Under the Commission the Hospital Sweepstakes were developed to provide grant aided funding to voluntary hospitals (Barrington (1987)). Through this funding, a number of hospitals were given grants to employ almoners and almoner assistants (First Annual Report of the Dublin Regional Committee of the Institute of Hospital Almoners, 1937).

6.4 Battle for space: Sacerdotal versus secular discourses.

In order to explore the inter-connectedness between professional social work training and Catholic social work discourses, this section focuses on the role of Archbishop McQuaid in shaping the form and nature of social work training and practice over the mid 20th century[40]. Archbishop McQuaid established the Catholic Social Welfare Bureau in 1943 for two purposes: to co-ordinate the disparate range of agencies involved in child welfare, and to establish a family casework service[41]. For the purposes of understanding the context of social work training, it is the establishment of the Family Welfare Section (FWS), as a family casework agency, in 1945, which is most significant. Although the FWS provided social work placements for social science students as well as almoners[42], it was the particular needs of almoner training which was the motivating force. Family casework training was a requirement within the Institute of Almoners[43] and, because of the lack of a suitable training site in Ireland, a concern arose within the Dublin Committee of the Institute of Hospital Almoners[44] to establish an Irish site.

Prior to the establishment of the Catholic Social Welfare Bureau, the Dublin Branch had considered agencies involved in the material and spiritual relief of the poor, such as the

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[40] Archbishop McQuaid, who presided over the Dublin diocese from 1940-1971, had a formidable influence on a range of arenas of social legislation, social services and the practices of Catholic charities in the capital which is discussed in more depth later in this work (See Feeney (1974) ; Barber (1998); Cooney (1999)). A year after his appointment, Archbishop McQuaid established the Catholic Social Services Conference referred to earlier. Archbishop McQuaid was the president of the CSSC and, as stated in the Constitution, it was under the 'supreme direction and control of His Grace the Archbishop, who may, at any time, and in his absolute discretion, alter all or any of the Articles of this Constitution' (Article 3, Constitution of the CSSC, 1943).

[41] CSSC (1945) *Handbook of the Catholic Social Services Conference*, Dublin, CSSC.

[42] The main distinction in the training of social workers in the mid 20th century in Ireland was the award of social science diploma offered by the courses within University College Dublin and Trinity College and a post-graduate award in the field of almoner, psychiatric social work or child care. For this post-graduate training, Irish students most often went to England or the United States.

[43] In the first annual report of the Local Dublin Committee of the Institute of Hospital Almoners in 1937, the following resolution in relation to the special training requirements for Irish students was set down:
'That Irish candidates have to do their 4 months in the Charity Organisation Society in England as there is no similar training centre in Ireland. In regard to hospital training, the following recommendations were made:
(a) That candidates shall do 7 months hospital training in England and 4 months in Dublin.
(b) That the first 2 months and the last 2 months hospital training be done in Dublin. Not more than 2 months to be allowed in Dublin before candidates go over to England.
That no candidate be allowed to start her C.O.S. or hospital training before getting her Diploma in Social Studies' (Annual Report of the Local Dublin Committee of the Institute of Almoners, 1937; 3).

[44] As well as having responsibility for a) the selection of Irish students for almoner training, b) acceptance of fees as payment for family casework training and c) liaison with the Institute in London, the Dublin Branch of the IHA carried ; joint responsibility with the London Institute for arranging training. (Third Annual Report of the Dublin Branch of the Institute of Almoners, 1939-1940).

Society of Saint Vincent de Paul, the Legion of Mary and the Infant Aid Society, but, even though each of these societies engaged with large numbers of families, the scope and nature of their work was considered insufficient for professional social work training[45]. Following his appointment in 1941, direct negotiations took place between the Dublin Branch of the Institute of Almoners and Archbishop McQuaid. Agreement was reached between the Archbishop and the Institute in 1942. In their section on 'training for students in Eire' for 1942-1943, the Dublin Branch commented that:

Though it is still necessary for Almoner students to go to England for their experience with a family casework agency and for at least four months of their hospital training, the Executive Committee is pleased to report some progress has been made towards the popular objective of the full course of training being available in Eire. The establishment of a family casework agency in Dublin has received the very active attention of His Grace, the Archbishop of Dublin, the Most Rev. Dr. McQuaid, who has completed many of the necessary arrangements. When suitable training can be supplied here by a casework agency, and Almoner Departments in Irish hospitals, outside of Dublin, can provide adequate experience for our students, the time will have arrived when Irish students can qualify for the Almoners Certificate in Eire. Until these plans for the training of students have fully matured, a temporary shortage of Irish Almoners for appointments in the immediate future may be expected, as in Eire, at the moment, only three certified Almoners are without permanent posts'[46].

The Bureau was established in 1943 and, two years later, the first meeting of the Family Welfare Section took place[47]. Establishment of the Bureau provided Irish almoner students with the opportunity to carry out at least some of their family casework training in Ireland for the first time. Instituting the compulsory four month casework training for almoners within the FWS was not however automatically accepted by the London

[45] Minute Book, Dublin Branch of the Institute of Hospital Almoners, 1 July, 1941.
[46] Sixth Annual Report of the Institute of Hospital Almoners (Dublin Branch), 1942-43; 2-3.
[47] In an internal memo written in 1945, it was noted that: 'The Bureau was established by his Grace, The Archbishop of Dublin, as a Centre for: (1) the practical training of students for the Diploma or Degree in Social Science at the University and (II) the Practical and theoretical training of students studying for the Diploma of Associate of the Institute of Almoners (A.I.H.A.) The Bureau is recognised for this purpose by University College Dublin and by the Institute of Hospital Almoners, London, and will be in charge of a trained social welfare worker as Director of Studies: The students will receive in and through the Bureau:
1) Theoretical and practical training in Casework.
2) Practical Training in Social Welfare Work through:
   a) Office work at the Bureau and at various types of Social Welfare Centres
   b) Visitation to all types of Welfare Centres including Hospitals, Clinics, Child Welfare Centres, Youth Centres, Charitable Organisations and other Welfare Centres.
3) Lectures by experts on public welfare and on the various Social Welfare Organisations'.

Institute of Almoners, who expressed a concern early on that students should also spend at least 2 months in a UK family casework agency[48]. In fact, up to 1960, when the Irish branch of the Institute was disbanded, the FWS was never actually accepted as providing a complete alternative to casework training in England[49]. Furthermore, the numbers of almoners actually training with the Bureau during the 1950s was limited to 2-3 per annum[50].

In 1954, a decision was made by the FWS to shift their focus from almoner training, and to offer training to 'people in the City who wanted to gain experience in social work'; though also continuing to take social science students from both TCD and UCD[51]. The FWS also began to provide experience in social work to trainee priests in 1955[52]. Thus, by the mid 1950s, on the one hand, almoner students continued to come to the agency, referred to by the London Institute as an 'agency giving experience', as well as social science diplomates; while at the same time, various other 'non-professional' training was also offered[53]. In fact, specialist training in medical, psychiatric or child care social work, were never provided directly in Ireland, where generic training was introduced in

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(Memorandum entitled 'Catholic Social Welfare Bureau', 6/8/1945; 1, Catholic Social Welfare Bureau File, The McQuaid Collection, Dublin Diocesan Archives).

[48] Miss Steel, the IHA correspondent from the London Branch, for example, wrote to the FWS in March 1946 expressing the view of the Institute that students should do 2 months family casework in the UK on the advice of the English based *Joint Committee on General Family Casework Training* (Minutes of the FWS Committee meeting, 14/4/1946).

[49] FWS Committee Meeting Minutes, 1945-1960. Rather it was considered as part of casework training and students had to do at least two months with a British agency in addition to the FWS placement.

[50] The executive committee discussed this matter in 1953 where it concluded that 'any almoner employed in Ireland should have the Bureau casework training' and the matter was to be discussed more fully at a later date (Minutes of the FWS Executive Committee Meeting, 19/5/1953).

[51] Minutes of the FWS Executive Committee Meeting, 19/1/1954.

[52] Minutes of the FWS Executive Committee Meeting, 18/4/1955.

[53] In 1958, the executive committee noted the drop in students interested in almoner training generally and the subsequent drop in requests for placements in the FWS. The Section confirmed its ongoing link with social science students but added that some had been turned down in recent years due to them appearing 'too immature to benefit from training' (Minutes of the FWS Executive Committee Meeting, 17/11/1958). In 1961, the UCD social science department was reorganised in order to bring the course in line with other similar courses. The FWS continued to be a site for casework training for the UCD course in particular (Minutes of the FWS Executive Committee Meeting, 13/11/1961). Despite ongoing efforts to offer family casework training in line with the requirements of the Institute of Almoners, the question was never fully resolved. The issue was resolved however in the following year when it was reported that the Catholic Protection and Rescue Society of Ireland, an agency which at this time had a majority of trained social workers on its staff, had begun to offer placements to the social science students at UCD who expressed satisfaction with this arrangement. The FWS concluded that 'the result of which was that for the moment the difficulty concerning the practical training of students in casework has been more or less overcome' (Minutes of the FWS Executive Committee Meetings, 26/3/1962). It appears that, as the FWS was established with the specific purpose of providing specialist casework training, it no longer had a function to play due to its failure to successfully colonise this sphere over the previous decades.

1968 in UCD and continues to form the basis of professional social work training in the universities[54].

In terms of social work training, it seems that, unlike the Civics Institute, the CSWB did not successfully become a leading figure in the training of social workers. However, despite its failure to colonise the space of family casework training for almoners, the FWS, and more notably, the CSWB, nonetheless had a notable impact on the form and nature of social work knowledge and practice between 1943 and 1960. Of particular interest in this regard is the fact that Dr McQuaid agreed to provide the casework agency for training only on the basis that it would have a Catholic ethos and that students would 'acquire a thorough grasp of Catholic principles'[55]. In fact, a concern to ensure social work training was Catholic based appears to have been the key motivating factor in the CSWB establishing the service, as the following extract from a letter from Dr McQuaid to his Deputy Chairman, Mr Crowley suggests:

Dear Mr. Crowley,

I am grateful for the courtesy of being allowed to read the letter of Mrs. McGuire, Secretary to the Dublin Committee of the Institute of Hospital Almoners.

I am fully aware of the interest of the Institute in the establishment of a Casework agency. I am at least equally aware of the interest of the Minister of Local Government and Public Health and his Parliamentary Secretary, seeing that it was I who interviewed them on the subject and explained both my intentions and my attitude towards the training of Catholics in my Diocese, who are to be Social Workers among the poor of whom I have spiritual charge.

I authorise you to explain to the Secretary that I have made all my plans for the establishment of a Family Casework Agency, that, in particular, I have arranged for the firm financial basis of a permanent establishment[56] but that, owing to the war crisis, I am

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[54] In 1954, a social science degree course was introduced in UCD; TCD followed in 1962 with a social studies degree and University College Cork introduced its social science degree in 1965. The first post-graduate training programme was introduced in UCD in 1968. TCD's four-year degree in social studies was recognised as a professional training course by the UK based Central Council for Education and Training of Social Work in 1973. University College Cork introduced its two-year non-graduate course in 1978 and social work training within the universities has continued to be provided within the three universities to the present day - Trinity offering a Bachelor of Social Studies and professional qualification in social work, while the other two universities offer a Masters in Social Work. Validation of Irish courses continued to be carried out by the UK CCETSW up to 1995, when the National Body of Social Work Qualification and Training was established and presently offers the National Qualification in Social Work that replaces the Certificate of Qualification offered by CCETSW and is equivalent to the current UK Diploma in Social Work.

[55] Minutes of Executive Committee of FWS, 10/12/1946.

[56] It transpired however that the FWS became the most expensive department of the CSWB and problems with ongoing funding were addressed in 1946. However, state funding was considered by the committee as an undesirable option. The committee recorded the view that as they were a training centre for almoners and seeking to develop further in this

going much more slowly than I normally would, precisely that I may choose with security the right personnel[57].

The Institute of Almoners was consulted by the CSWB on the setting up of the bureau. However, the nature and form of family casework training was to be the premise of the CSWB. This was asserted at a meeting between the two bodies in 1945 where it was stated that the FWS a) would have a committee controlled by the main Catholic charities, b) would have independent finance and c) would be committed to principles of social work training that must be 'Catholic and Irish'[58]. It was also made explicit by the Bureau members that a 'merely English type of agency could not succeed here'[59]. Seeking to move beyond practices of 'ordinary philanthropy', it also noted that the Archbishop had planned to consider Continental and American types of casework agencies. While it was agreed within the agency that the Bureau would liase with other denominational groups[60], in practice, most of the work of the FWS was in fact with the large network of Catholic organisations[61]. Thus, even though documentary evidence is not available in records of the Civics Institute or the FWS, it is possible that the role of the Institute in social work training was opposed on the grounds that it was non-denominational. It is documented, for example, that three years after he became Archbishop, the central role played by the Civics Institute in civic and social matters was collapsed by McQuaid (Cooney, 1999)[62].

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field, they would be in a 'far stronger position' if not reliant on state funds, should the state seek control over this training in the future, (Minutes of the FWS Committee Meetings, 15/7/1947).

[57] Letter from Archbishop McQuaid to Mr. Crowley, Deputy President of the CSWB, 27/5/1943 in 'Family Casework Agency 1943' File, 'Catholic Social Welfare Bureau', Diocesan Archives.

[58] Minutes of the Meeting with Executive Committee of the Institute of Hospital Almoners, 11/5/1945 p.1 in Family Casework Agency File, 1945, CSWB. The following response to a questionnaire for the International Congress of the Lay Apostolate, Rome, in 1951 by the CSWB makes explicit the Catholic ethos of their social work training: 'Our object is to provide a supply of trained workers who will be familiar with the social legislation and social services of a modern state and who will know how to apply them in all varying circumstances of individual cases in complete accordance with the unchanging principles of Christian Morality and Christian Charity....Since its foundation – up to December 1950 – 63 students completed a period of training. 732 applications were considered, 2249 interviewed and 3766 visits were made...Success achieved: Social Training on Catholic Principles has been provided for students who intend to take up social work as a career (Response to Questionnaire from the International Congress of the Lay Apostolate, Rome by the CSWB, October, 1951.)

[59] Statement from Mr. Crowley, Deputy Chairman of the FWS, 'Family Casework' 1943, ibid.

[60] Minutes of the Meeting with Executive Committee of the Institute of Hospital Almoners' 11/5/1945 p.2-6 in Family Casework Agency File, 1945, CSWB.

[61] Records of Case Committee of FWS 1945-1960.

[62] Documentary evidence does show though that the Civics Institute continued to operate in certain spheres in Dublin up to 1970 such as the provision of day nurseries for families. However, it's role was not central within the network of social services within the city from the mid 1940s onwards.

In any case, the explicit concern of the FWS as to how to train Protestant social workers emphasises the wholly Catholic nature of the training offered. For example, in one of its first meetings, the FWS committee recorded that:

A letter from Mrs. V Cappin, TCD, was read, enquiring about facilities for training in casework at the bureau for her students and the dangers of allowing Protestant students to visit the Catholic poor in their homes was discussed. A decision on this matter was postponed[63].

A decision was made at the following meeting to allow TCD students to attend the Bureau for casework training[64] but, as later minutes demonstrate, the need to preserve the Catholic ethos of the FWS was emphasised. In relation to students from Trinity College coming to the agency, it was recorded that: 'His Grace insisted on the importance of ensuring that students should, during their training at the bureau, acquire a thorough grasp of Catholic Principles'[65] and in relation to a request from an almoner for the FWS to take an Indian student for training, 'it was agreed that this would not be suitable', though a home visit with a St. Vincent de Paul officer was offered[66]. Furthermore, in response to a request from the then director of training in Trinity, Miss Duncan, for a member of the FWS to give the students a lecture, a decision was made at the committee meeting that 'the Director should not go to Trinity College to give this lecture, but that the students could come to the bureau for the talk on family casework'[67]. It was agreed that, on the other hand, the Director would regularly give lectures in UCD[68].

Two important points should be noted in relation to the above findings. Firstly, the emphasis by the Archbishop on Catholicism in his network of social services in general

[63] FWS Committee Meeting, 19/2/1946.
[64] Minutes of the FWS Committee Meeting, 19/3/1946.
[65] Minutes of the FWS Committee Meeting, 10/12/1946.
[66] Minutes of the FWS Committee Meeting, 21/1/1947. A similar request for an Indian student to have a placement in the FWS was made in 1953, and again the FWS decided that it would not be appropriate, she was offered the opportunity to come to the FWS to observe, but would not be allowed to visit alone (Minutes of the Executive Committee of the FWS, 20/1/1953).
[67] Minutes of the FWS Committee Meeting, 15/3/1948.
[68] The minutes of the FWS Committee meeting 19/10/1948 for example noted a letter from Agnes McGuire requesting the FWS to give a talk on family casework training, which was duly arranged. Similar examples of the different attitude to both colleges pervade the records of the Bureau. For example, in 1949 the following statement was made in the FWS committee minutes: 'F.H., a social science student from Trinity College, Dublin, had called to ask whether the Bureau could give her information about work done by us for patients with Tuberculosis. We told her that we were

and social work in particular is unsurprising in light of the documentary evidence, particularly that provided in the most recent biography of Dr McQuaid (Cooney, 1999) which highlights the way in which, McQuaid promoted an overarching concern to 'put a Catholic stamp on every aspect of Irish life' (Cooney, 1999; 201). Secondly, the differentiation between UCD and TCD, reflected above, was based on a perception of the former, although officially a non-denominational college, as a Catholic university and the latter as a Protestant one. As Cooney explains, UCD in practice, 'had developed a broadly Catholic ethos as the rival to Trinity College, a bastion of Protestantism founded in 1592 by Queen Elizabeth I of England' (Cooney, 1999; 39). Indeed, at the time of its foundation, Trinity was perceived to be a stronghold for Protestant ascendancy in Ireland and the Hierarchy of the Synod of Thurles condemned it in 1850. Maynooth Councils also banned it shortly afterwards. As Cooney (1999) explains, these denunciations were aimed at encouraging Catholics not to attend its courses. As these did not amount to an absolute ban, in fact, by 1944, one third of Trinity students were indeed Catholic and many of the clergy within the country at this time did not express particular views on members of their congregation attending. However, Dr McQuaid sought to impose the ban more rigorously in that year stating that all Catholics resident in his dioceses could not attend without special permission from the Archbishop. It was 1970 before the Hierarchy applied to Rome for permission to lift that ban (Cooney, 1999)[69].

Dr McQuaid is reported to have made strenuous efforts to instill within UCD a strong Catholic ethos and created a number of alliances with like-minded academics within this in mind. Cooney refers for example to the relationship the Archbishop developed with Fr John Horgan, Professor of Metaphysics and Dean of the Faculty of Philosophy in 1950 reporting that 'Horgan was McQuaid's chief spy on the campus, sending him regular and detailed reports' (Cooney, 1999; 296). Furthermore, five university chairs were directly

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unable to help'. In the same minutes, a request from TCD for a FWS worker to come to the college to give a lecture was refused (Minutes of the FWS Committee Meeting, 15/3/1949).

[69] In fact, this power to prevent Catholics attending was extended in 1956 when following a plenary council of all bishops and heads of religion in the country in Maynooth, it was agreed that the ban should be extended to all dioceses and that McQuaid should preside over any applications for attendance. Attendance at Trinity College was deemed a mortal sin and the following declaration was made: 'Only the Archbishop of Dublin is competent to decide, in accordance with the norms of the instructions of the Holy See, in what circumstances and with what gurantees against the danger of perversion, attendance at that College may be tolerated' (in Cooney, 1999; 319).

under McQuaid's control in 1950, one of them being that of Sociology, the Faculty within which social science training was provided (ibid).

Hardly surprisingly then, in addition to providing direct training for social work students, the Catholic Social Welfare Bureau also acted in an advisory capacity to the social science academic course within University College Dublin. In response to a request from Agnes McGuire, Director of Training in Social Work, in 1947, in relation to appropriate texts on family casework, the meeting decided to write to the National Catholic Welfare Conference, New York for direction[70]. The list that followed was subsequently sent to the Archbishop for approval who stated that he was unable to make recommendations as the list did not specify which writers were Catholics. The list was therefore returned to the New York Welfare Conference for clarification as to the religion of the authors[71].

Growing concern about the content of almoner training was expressed by the CSWB especially towards the end of the 1940s, early 1950s when psychiatry and psychology were beginning to play a large part in the discourse of social work in the UK. With reference to a request from the Training Section of the Irish Regional Committee of the IHA for an FWS member to attend a meeting in London on the subjects, Dr McQuaid was of the opinion that this needed 'strict supervision'. The meeting was welcomed but it was decided that the Bureau would make recommendations to the training group at a later date, rather than send a representative to this meeting. In the meantime, it was decided that the Training Committee of the IHA would discuss the outcome of their meeting with the Archbishop[72]. The Archbishop subsequently wrote to the Family Welfare Association in London to ask the directors' 'private opinion' as to whether there was too much emphasis on psychology in the training of almoners in England. The director of the Family Welfare Association responded by pointing out that the 4 hours of teaching on psychology out of 40 hours training in the London IHA course was not excessive, and

[70] Minutes of the FWS Committee Meeting, 17/6/1947.
[71] Minutes of the FWS Committee Meeting, 21/10/1947.
[72] The question of how to deal with the proposed psychology input occupied the CSWB executive committee over their following meetings. Feedback from the meeting was provided and it was noted that the purpose of the meeting was for the London representative to discuss the fact that no psychology texts existed in the Irish training courses and that 'discussions about the psychology of patients took place only when this seemed relevant to the problem' (Minutes of the FWS Executive Committee Meeting, 16/1/1951).

argued that 'a certain amount of training in psychology was necessary so that the students could deal with some of the problems which they came in contact with'. The response of the Executive committee in their minutes was to note that, in fact, Irish students received teaching on psychology in their university social science courses, which gave them 'sound Catholic principles'[73]. In a subsequent meeting, 'the executive committee suggested caution and pointed out that the matter should be handled carefully due to potential dangers'[74]. In private correspondence between the Archbishop and the FWS Director, Miss Gavin-Duffy, Dr McQuaids view on psychology for social work was made more explicit:

Our people do not want lady-analysts of their lives and motives. Trouble is certain to develop if almoners undertake psychological investigation in our homes or in our hospitals[75].

It appears from the minutes of the meeting that no further discussion on the input of psychology emerged, however, lectures on medical ethics and Christian marriage were arranged for the students by the FWS[76].

There is also evidence that the Archbishop and his closest aides sought to control the way in which professional social work was developing lies in the strenuous attempts made by the Bureau, under the direction of the Archbishop and his aides, to monitor the growing number of secular and professional groups concerned with social issues.. For example a commission of inquiry was established by the Archbishop to look into the position and workings of the Community Development Association of Ireland, which was launched in May 1960 with the aim of 'the development of the community economically, socially and culturally by economic, social and cultural programmes based on Christian Social Philosophy'[77]. The report of the internal Bureau commission outlined the nature of the

[73] Minutes of the FWS Executive Committee Meeting, 20/2/1951.
[74] Minutes of the FWS Executive Committee Meeting, 24/4/1951.
[75] Letter from Archbishop McQuaid to Miss Gavin Duffy, Director of FWS, 14/1/1951, The McQuaid Papers, 'Catholic social welfare bureau' file, Dublin Diocesan Archives.
[76] Minutes of the FWS Executive Committee Meeting, 20/3/1951.
[77] cited in Report submitted by the Commission of Enquiry set up by His Grace the Archbishop in May 1962 to enquire into the present position of the Community Development Association, 18/8/1962, p.1-2, CSWB.

work of the Community Development Association and noted that the members of the Association had discussed its establishment with priests in the parishes where it was established. It went on to state that:

In regard to the personal religious qualities of the officials of the Community Development Association, the members consulted the priests in whose districts the twenty-one listed officials live. It was found that, without exception, the officials were said to be excellent Catholics. Indeed, we were very impressed that in all cases, the officials were well known to the priests, and that they were held in very high esteem by them as outstanding Catholics, and frequently, enthusiastic parish workers[78].

It was therefore concluded that:

The Community Development Association appears to be a movement of highly idealistic persons of excellent character, whose aims are good. We are satisfied that they are trying to do a worthwhile job, they are worthy of a friendly tolerance, but without too much involvement on the part of the clergy[79].

The newly established Irish Association of Social Workers[80] did not however receive a similarly positive response. A note to Mgr. Barret from a fellow priest, Fr. Lawlor, in 1963 for example, asked Barret whether there was any objection to the newly formed society. Reference was made to a talk being given by a Mr. Hausser of the Centre for Group Studies in London to the Association and permission was being asked for a Jesuit colleague to be allowed to speak at this meeting[81]. The response from Mgr. Barret noted that they had no objection to the Association. However, in a letter to a colleague in the Archbishop's House, Barret seemed less than impressed. Referring to a meeting held by the IASW in relation to emigrant work with unmarried mothers, he noted that:

Dear Dr. MacMahon,

[78] Report submitted by the Commission of Enquiry set up by His Grace the Archbishop in May 1962 to enquire into the present position of the Community Development Association, 18/8/1962, p.1-2, CSWB. It is worthwhile noting that it seems that the officials referred to were ex officials from parish credit union groups and apparently made up exclusively or almost exclusively of men.

[79] Report submitted by the Commission of Enquiry set up by His Grace the Archbishop in May 1962 to enquire into the present position of the Community Development Association, 18/8/1962, p. 2, CSWB

[80] The Irish Association of Social Workers referred to here was established in the early 1960s and comprised of graduates of social science or social policy. A separate association was established for almoners and other social workers with post-graduate qualifications, most notably psychiatric social workers, after the disbandment of the Irish Regional Branch of the Institute of Hospital Almoners in 1960. This was the Irish Association of Medical and Psychiatric social workers (est. 1964).

[81] Correspondence between Mgr. Barret and Fr. Lawlor, 25/10/1963 in CSWB file.

The Irish Association of Social Workers (the group which brought over Richard Hausser) held a private meeting on the 13th January in Powers Hotel ...and Mr. Gray and I thought desirable to attend...The attendance included many social workers who are members of the association and also some outsiders. Among the non-members were Mr. T.C.G. Solicitor...who was interested in getting backing for the production of a documentary film on emigrant problems and a Mr. Sean D. Loftus who is a politician and who unsuccessfully contested the Dail elections....

The meeting was called for the purpose of deciding what action might be taken as a consequence of Hausser's speech in University College Dublin. There was a lot of talking and numerous suggestions were made. The result is that it is possible that they may set themselves up as a new body to press the Government into action.

Mr. Gray spoke, and spoke very well, but I got the feeling they did not know what is being done at the present time and over the years in the field of emigrant work. They were more anxious to talk a lot of hot air and to set themselves up as an action group to get the government and everybody else moving.

I have now received the enclosed, which is a follow-up to the meeting of the 13th January. I do not propose taking any action on it or further part in this group's discussion. I feel however, that I should keep you up-to-date[82].

The Archbishop himself undertook to respond to the letter:

I am grateful for the report of the meeting of the new group, Irish Association of Social Workers, which I had missed.

The group, at the moment, is inchoate in its emigrant work, but it has all the appearance of a pressure group.

I think that, while you stand back, Mr. Gray would do well to attend and observe, lest we be put in the wrong in our genuine work by the group's talks and pressure.

This technique is necessary with such elements as the Irish Housewives.

With Kind Regards Etc[83]

The IASW appears to have received little support from the Archbishop and colleagues over the following months. In response to a detailed report to the Bureau by a social worker from a sub-committee of the Association, in relation to the establishment of a hostel for girls, the Archbishop's advice was sought and he responded by noting that the IASW should be told that he had already established five hostels, and that he 'will give no approval to the IASW'[84]. The Archbishop also expressed concern about the fact that

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[82] Letter from Cecil Barret, CSWB to Dr MacMahon, Archbishop's House, 23/1/1964. The 'enclosed' referred to was a summary of the meetings and forms of action in relation to emigrant work that members may be interested in pursuing (CSWB File).

[83] Letter from Archbishop McQuaid to Mgr. Barret, 27/1/1964, CSWB File.

[84] Hand-written note by Archbishop McQuaid to Fr. MacMahon in relation to a letter from a social worker dated 1/3/64, and a letter from Fr. MacMahon, 3/3/64. A common practice within the Archbishop's office was for the

two priests were represented on the IASW sub-committee along with two almoners, a probation officer and an official from Comhairle Le Leas Oige[85], and the identity of the priests was sought.

This form of surveillance of the form and nature of practices outside of the control of the Archbishop was not exclusive to social work nor indeed was social work his main priority. As illustrated in Chapter Seven and Eight, McQuaid took a similar attitude to issues relating to anti-proselytisation, work with emigrant unmarried mothers, adoption and a whole range of other social matters. Furthermore, his concern to intervene within other spheres of Irish life such as the health system, education system and the workings of the government itself are evident, and reflected comprehensively in his recent biography (Cooney, 1999). For example he established a Vigilance Committee around 1950 particularly to monitor what was perceived to be un-Catholic activity. Cooney reports that the committee 'cast its net wide in search of un-Catholic activity' and asked this Committee to report on a total of 104 individuals which included members of the Irish Housewives Association, Dublin dance-halls, the Unemployed Self-Help Group and the Irish Workers League (Cooney, 1999; 308).

It would however be misguided to assume, based on the above account, that it was McQuaid and his associates that determined the continuation of a Catholic based discourse in Irish social work in themselves. While there is much evidence of the Archbishop seeking to control the work of professional social workers, it is also clear that certain social workers, such as Agnes McGuire often sought involvement from the Archbishop, as referred to earlier. Furthermore, records from Agnes McGuire, as the head of training in UCD, show the way in which 'professional social work' was often intrinsically linked to Christian and Catholic discourses over this time. In 1948, McGuire, calling for more female religious to take training in social work wrote:

Archbishop to respond to queries and letters by handwriting a response on the existing letter and returning it as a response.

[85] Note by Archbishop on letter from IASW, 1/3/1964 (CSWB File).

Bearing in mind that social work, by another and a better name, has always been in Ireland an avocation of the Church, I think the ultimate success of the idea that one must train to do it is well bound up with the acceptance of this fact by religious orders. I do not think we can really become part and parcel of Irish life until our nuns recognise the value of modern methods and learn to use them by taking the trouble to train with the rest of us (McGuire, 1948a; 43).

McGuire went on to argue, in the same article, that social work could be compared to the 'do good' activities of philanthropists earlier in the century and that, the main difference was that, in the 1940's, social workers were being trained and paid for such work. In terms of good practice, she asserts that the social worker:

....must often remind herself of St Paul's famous verse to the Corinthians and in the face of depravity see with faith the shattered image of God, setting out on a great adventure of having some part in restoring the dignity of his design (McGuire, 1948a; 33).

In terms of understanding the form and nature of social work, this section has demonstrated the way in which attempts were made to construct social work within a Catholic rather than a secular discourse by the CSWB and the FWS, and, how efforts were made to curtail the latter. It is clear that the individual attitude of the Archbishop and his vociferous opposition to anything non-Catholic or outside of his direct control was particularly influential in shaping and imposing this discourse. However, as demonstrated in Chapter Seven and Eight, the powerfulness and pervasiveness of a Catholic discourse in general is starkly demonstrated in an analysis of the nature and form of interventions with children and families.

Understanding of the impact of a Catholic discourse on professional social work, offered above, is crucial from a genealogical perspective. However, a contention that professional social work could not gain discursive space vis-à-vis a more powerful Catholic discourse alone is insufficient. As illustrated in Section 6.5, the main developments within social work took place within the hospitals and it was the Dublin, and later, the Irish Branch of the Institute of Hospital Almoners who were pivotal in influencing social work training and employment over this period. Despite strenuous efforts by the Institute to develop the profession however, its progress was also

constrained by a range of additional factors, most notably the lack of recognition of the professional nature of social work within the medical domain and the limited intervention by the State into the manner in which the hospitals operated. While comments by the Archbishop and his associates about social workers as 'lady analysts' who talked a lot of 'hot air' and were to be equated with 'Irish Housewives' might seem surprising, a view of social workers as lady philanthropists or non-specialist voluntary workers prevailed within other dominant discourses over the mid 20th century.

6.5. Social work as an expert profession or dispensable welfare activity.

Having considered existing employment opportunities for social workers in Ireland, Agnes McGuire stated in 1948 that:

Apart from Almoners, the story of professional social work in Ireland is quickly told. The Institute of Personnel Management accepts a small number of students each year for a short training and helps them to find posts. There are six probation officers with no specified training in Dublin and one in Cork…We have as yet, no Child Guidance Clinic in Dublin, we have no trained Housing Managers, no Community Centres though these are sadly needed in our new built up areas of the city's suburbs where poor families have been transplanted from the city's slums (McGuire, 1948b; 45).

Later in the 1950s, the director of training in UCD on the other hand, bemoaned the situation for Irish social work stating that:

Up to the present, professional social work has not failed in Ireland; it has never really been tried. This is true even in the almoner field where for many years, some progress appeared to be made, in the sense that almoners were appointed but primarily as money collectors for the hospitals. They could, if they wished, do good by stealth for the most part, though a minority of medical staff may have valued their contribution as caseworkers…..To appoint social workers for the wrong reasons may be worse than not employing them at all. It gives rise to misunderstanding and prejudice at all levels while the social worker either grows stale and frustrated, or seeks a post out of Ireland where her true work is in urgent need (McGuire, 1957; 1).

Despite this rather bleak account of the state of Irish social work, there is some evidence to suggest that, from the mid 20th century onwards, greater space was emerging for social work to occupy. As previously mentioned, it was the Hospital Sweepstakes established in 1933 that provided the greatest opportunity for employment of almoners within the hospitals. The first two almoners were employed under this scheme in 1937 in the Royal Victoria Eye and Ear Hospital and in Dr Stevens Hospital, both in Dublin[86]. The establishment of a branch of the Institute of Hospital Almoners in 1937 was also crucial in promoting the expansion of social work within the hospitals. By 1941, there were fourteen almoners working within ten voluntary hospitals in Dublin. Two almoners were employed outside of Dublin during the 1940s[87] and the first almoner to be appointed to a public hospital was in 1948[88]. An almoner was appointed to the statutory Hospitals Commission in 1942. This was described by the Institute of Almoners as 'an interesting and welcome landmark in the history of the profession in Eire'[89].

Although these developments were significant for the profession, the number of social workers trained in Ireland was in fact far greater than the number of professional posts available within the hospitals. For example, of 34 students trained under the Dublin Institute of Almoners between 1942 and 1946, only 12 got jobs in Ireland and, in the following year, of 22 students trained, only 2 gained posts in Dublin hospitals[90]. Due to the surplus of trained social workers over posts, a number of almoners were employed in posts outside of the hospitals. In 1948, of the 40 qualified almoners practising in Ireland, 11 were employed outside of the hospitals and in 1952, 15 out of 49 trained almoners in Ireland operated in agencies other than the hospitals, most notably as welfare officers or within Dublin Corporation in playground work[91]. The Civics Institute continued to employ trained playground leaders most of whom possessed a social science diploma. As previously mentioned, the Family Welfare Section of the Catholic Social Welfare

[86] Report of the Hospitals Commission, 1937; p. 139.
[87] i.e. within the North Infirmary, Cork and Barrington Hospital, Limerick (Annual Report of Institute of Almoners, 1941).
[88] Annual reports of the Hospital Commission, 1930-1950; Annual reports of the Institute of Almoners, Dublin Branch (and later Irish Region), 1935-1950.
[89] Sixth Annual Report of the Institute of Hospital Almoners (Dublin Branch) 1942-3, p. 2.
[90] Annual reports of the Dublin Branch of the Institute of Almoners, 1942-6 and Irish Regional Branch of the Institute of Almoners, 1947.
[91] Annual Report of the Irish Regional Branch of the Institute of Almoners, 1948 & 1952.

Bureau, employed a social worker in 1945 and the Catholic Protection and Rescue Society employed their first social worker in 1949 and another the following year[92].

With the gradual development of the welfare state in Ireland and growing awareness of the social needs of a range of clientele, gradually over the late 1950s and 1960s other space emerged for the employment of professional social workers. In the field of psychiatry, the first psychiatric social worker employed in Ireland was within the newly established child guidance service in the St. John of God Clinic in Dublin in 1953[93]. Shortly afterwards, St. Patrick's, a private psychiatric hospital, and Trinity College both employed psychiatric social workers[94]. In 1965, a trainee scheme was set up for social workers in psychiatry by the Dublin Health Authority in light of growing awareness of and concern for the social needs and rights of psychiatric patients[95]. Professional social workers were also gradually employed within the probation services[96].

As discussed in Part II, provision of funding to various voluntary services to continue to carry out their social service work was a key strategy of the State as it sought to develop and expand its welfare system from the 1960s[97]. For example, under section 65 of the Health Act 1953, voluntary organisations could receive grants for the employment of

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[92] Annual Report of the Catholic Protection and Rescue Society Ireland, 1949; 1950.
[93] Committee on Social Work Report, 1985; p.6
[94] ibid.
[95] ibid. Figures available for the numbers of social workers in psychiatry by 1970 are varied. The Committee on Social Work Report (1985) outlines that there were only 4 social workers employed in psychiatry by 1970. The Report of the Commission on Mental Illness in 1966 was highly critical of the fact that only 10 professionally qualified psychiatric social workers were employed nation-wide and recommended that training opportunities be created to address this. However, Butler (1998) asserts that approximately 20 social workers were employed in the field nation-wide by 1970. He also notes that, despite the recommendations of the Commission on Mental Illness in 1966, employment of social workers in psychiatry did not expand significantly over the following decades.
[96] Up until 1961, probation officers were voluntary workers, most often from the Legion of Mary. Following the establishment of the Probation and Aftercare Service within the Department of Justice in 1961, social workers were gradually incorporated into the service. In 1961, one probation and welfare officer was employed. By 1969, this had increased to 9 social workers (Report of the Probation and Welfare Service, 1980; p.10. *See Also*: Geiran & O'Dea (1994)).
[97] The McKinsey Report (1970) for example recommended the formation of voluntary-statutory partnerships in the provision of services to the aged. The Kennedy Report (Report on the Reformatory and Industrial Schools) 1970, in relation to children stated that: 'we do not wish to suggest that state agencies alone should provide services for children who come into care. ...Religious orders and voluntary groups who are at present contributing so much to the field of child care should continue to do so and every effort should be made to encourage an even greater participation'.

professional social workers[98]. The establishment of Social Service Councils during the 1960s also created space for social work employment[99].

The numbers of professionally trained social workers in Ireland however generally outweighed the number of opportunities for employment during the mid 20th century, thus many Irish social workers went to work in either England, Northern Ireland or the United States[100]. Lack of employment however was not the only reason for social workers opting to seek employment outside of Ireland. The low status of the profession, illustrated most clearly in their low salaries, was a contentious issue of the profession during the mid 20th century. While rates for almoners were steadily rising in England and elsewhere, for example, within Ireland, they remained pitifully low and, between 1950 and 1961, they received less pay than their untrained clerical colleagues did[101].

It also appears that an intense lack of knowledge about the role and nature of medical social work allied with almoners' relatively powerless position vis-à-vis their medical and administrative counterparts in the hospitals were key contributing factors affecting its limited development up to 1970. This constraint on the development of medical social work as an expert and necessary strategy within the field of medicine was most starkly manifested in the aftermath of the Health Act 1953 which introduced a range of new means tested services (Hensey, 1988; Barrington, 1987).

Events surrounding the introduction of this act provide a good example of where reversals in historical pathways can and do occur in the development of a strategy. Prior to 1953, almoners were gradually expanding within the hospitals and by 1952, 49 were employed therein[102]. Funding had been provided for their employment within the hospitals and it appears that, where almoners were not employed, it was less attributable

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[98] The ISPCC, Irish Wheelchair Association and a number of adoption agencies were among those who availed of this funding from the 1960s onwards.

[99] Local based Social Service Councils were established as umbrella agents for voluntary organisations during the 1960s. These councils sought to provide a range of generic social services and received statutory grant-aid for the employment of professional social workers (Kennedy (1981)). The establishment of the National Social Services Council in 1971 added further impetus for the development of professional services within the voluntary sector.

[100] Annual Reports of the Institute of Almoners, Irish Regional Branch, 1950-1960.

[101] ibid.

[102] Annual Report of the Institute of Hospital Almoners, Irish Regional Committee, 1952.

to lack of statutory support or funding, and rather more due to the management of hospitals themselves that more posts were not created[103]. Up to 1953, the role of almoners within the hospital was generally well-defined, involving various forms of welfare work as well as family casework with patients and their families[104].

Under the new Health Act 1953, with eligibility for free hospital services being extended to a range of persons in need, came greater administrative duties in relation to means testing, application forms to determine eligibility, and so on. Hospital boards who had almoner departments initially required almoners to take on the new administrative tasks, but, following a meeting of the Institute of Almoners and the Boards of the hospitals concerned in 1954, it was agreed that such functions were those of a clerical officer rather than a professional social worker[105]. However, given the relative freedom of the voluntary hospitals over their staffing, many continued to require social workers to carry out such tasks; requested or forced almoners to resign where they would not carry out these tasks[106], and often left posts vacant following such action[107]. In general, the records of the Institute of Almoners, Irish Regional Branch, from 1953 to 1965 demonstrate a) the widespread assumption among the hospitals that almoners had responsibility for various administrative, financial and welfare issues within the hospital; b) the lack of

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[103] For example, a reluctance existed within Catholic run hospitals to employ almoners, based on the argument that the social work could be better carried out by voluntary charitable organisations such as the Legion of Mary and the Society of Saint Vincent de Paul. While most Protestant run hospitals had created posts by the end of the 1940s, some Catholic hospitals, such as the maternity hospital in Holles Street did not employ their first professionally trained social worker until the 1970s. It is also important to note that, at this time, there was little statutory involvement in the management of voluntary hospitals (Barrington (1987)). Keeping in mind the generally non-interventionist stance of the Irish government in matters of the social up to 1970, the autonomy of the hospitals was hardly surprising. As argued by Curry (1980) , in his analysis of the development of social services in general over this period, the view which prevailed was that 'the state should not undertake functions which could be fulfilled by individuals on their own or by the local community, and that state function should be to supplement, not to supplant' (Curry, 1980; 5).

[104] Annual Reports of the Institute of Almoners, Irish Regional Committee, 1935-1953.

[105] Minute Book of the IHA Dublin Regional Committee, 1953; 1954.

[106] For example, in 1955, two almoners from the Meath Hospital in Dublin were informed that their employment had been terminated as the 'health act had rendered their services redundant' (Minute book of the IHA, Irish Regional Branch, 7 September, 1955). As late as 1962, the problems persisted. An almoner in St Ultan's Hospital, Dublin, received notice that the hospital was 'abolishing the post of almoner in this hospital as from 1st March' due to the fact that the almoner had refused to carry out clerical duties (Series of correspondence between social worker, the hospital and the Irish Regional Committee of IHA, 1962-1963). Connor (1954) provides an account from an Irish social worker, who resigned from a Dublin hospital and went to work in the States where, she contended, almoners could carry out their appropriate duties of working with patients 'emotional and personal problems'.

[107] This happened in Merciers Hospital in 1957 for example. Following the resignation of the existing almoner, the hospital confirmed with the Medical Board that it would not be employing another almoner due to the fact that they would not deal with the administration of the subvention and means testing forms (Letter from Hon. Secretary of Medical Board of Merciers Hospital, 2 Feb 1957 & Letter from Hon. Sec. of Irish Branch of the IHA to London IHA, 6/3/1957, Records of the Irish Regional Branch of the Institute of Almoners).

power held by the Institute in challenging the impositions on the social workers, evident in the number of resignations and the failure of hospitals to fill existing posts; c) the lack of understanding among hospital management of the role and function of a professional social worker and d) the view of the profession as 'dispensable' within the hospital system in that, where they did not carry out the clerical tasks, posts were simply abolished, left unfilled, or filled by clerical officers instead of almoners[108]. At the end of 1956, there were a mere 45 trained almoners working in Ireland, all but 2 of them in the Dublin region. Of the 45 social workers, 12 worked in a variety of agencies outside of the hospitals[109].

The following commentary was made by Agnes McGuire on the situation for almoners by the end of the 1950s:

The voluntary Dublin hospitals which once appointed almoners were sick financially themselves and they, in order to survive mounting deficits, expected from patients some practical acknowledgement of their indebtedness. The business of assessing what patients could afford to contribute towards the cost of treatment was regarded by many as the sole function of the almoner and the reputation of the profession suffered by tales, often misunderstood or plainly false, concerned with this activity. Since the Health Act 1953, responsibility for assessment has passed to the Local Authorities and several hospitals, far away from pressing for the proper use of the almoner as a caseworker, have got rid of some and failed to replace others. Almoners are frustrated and worried by the present position, patients are not helped as they should be, doctors seem unaware of the measures of active assistance they could receive from social workers in their mission of making sick people well (McGuire, 1957; 3)

Space for medical social work remained constrained up to 1970 in that the numbers of professional social workers employed in hospitals was 39 nationwide, most of them continuing to be in Dublin[110]. A total of 97 social workers were employed in total by this

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[108] Annual reports of the Irish Regional Committee of the Institute of Almoners, 1953-1965. It was recorded for example, in 1960, that, it was only in 4 hospitals that the matter in relation to the duties of almoners was resolved amicably between the hospital administrations and the social work organisation (Minute Book of the Irish Regional Committee of the IHA, 1960 & 1961).

[109] 2 almoners were employed as Corporation TB Inquiry Officers; 1 employed by the Sub-vocational education committee of the Department of Education; 1 by the Department of Health as Inspector for Boarded Out Children; 1 in the British Red Cross Society; 1 in the Catholic Social Welfare Bureau; 3 in the Catholic Protection and Rescue Society; 1 in UCD (Agnes McGuire); and 1 in Child Psychiatry (Annual Report of the Institute of Almoners, Irish Regional Branch; 1955-6).

[110] IASW (1971) *Report on Social Workers within Post-Graduate Training in Ireland*, Dublin, IASW.

time[111]. While a number of social workers with social science diplomas and degrees were also employed within various statutory and voluntary organisations[112], it is clear that professional social work, by 1970, had failed to gain significant discursive rights within the medical sphere, its most dominant site. Moreover, the position of social workers actually diminished in terms of their power and status within the hospitals between 1953 and 1970. As the Irish Association of Social Workers stated in relation to the development of professional social work in Ireland by 1970, it was a case of:

'One here, One There, One in the Factory, One in the hospital' (IASW, 1992; 2).

6.6 Discussion and Conclusion:

In light of the findings presented in this chapter, the first question which now must be asked is: How does this analysis help to problematise the nature and position of the profession by 1970, which, as illustrated in Part II, was battling for expert space and professional recognition? A second, related question, relates to the place of social work within the social. If, as implicit above, social work did not gain discursive power, and thus space, within the social, how was it identified as the most appropriate profession to take responsibility for statutory child protection and welfare duties after 1970?

From the analysis in this chapter, it can be argued that, despite the lack of evidence of a coherent strategy from which social work emerged, from 1899, a continuity can be recognised with the present in terms of the nature and form of specialist training for social workers. However, the development of professional social work training from 1899 to 1970 is also characterised by a range of discontinuities, shaped by its surrounding conditions of possibilities within different temporal contexts. For example, organised from a secular and multi-denominational site, space for social work within the

[111] ibid. In addition to 39 medical social workers, it was recorded that there were 16 psychiatric social workers, 13 social workers employed in voluntary organisations, 6 in teaching posts, 2 in industrial social services, 3 in research, 2 in mental handicap, 1 in child care, 3 in family casework and a further 11 doing locums at the time.

[112] It is difficult to ascertain the numbers employed as social science graduates due to the lack of clarity in most records as to the training background of social workers. However, from 1971-1996, the Local Government and Public Services Union (Impact from 1990) were involved in negotiations with various statutory and voluntary organisations in relation to the training requirements for the employment of social workers. Within Dublin Corporation for example, a distinction was not made between professionally qualified social workers (those with CQSW's at this stage) and social workers with social science degrees (Minutes of Social Work Vocational Group, Impact Union, 1996).

universities was established, a key step in establishing a psy practice based on expert knowledge (Cohen, 1985). While social work has remained within the universities to the present day, certain reversals in its historical pathways are evident in terms of the influence of a strong Catholic discourse on social work practice training over the mid 20th century. Evident also is the impact of more powerful discourses such as that of the medical profession, who were seemingly disinterested in the role and purpose of social work, other than as a welfare and practical based service, thus requiring social workers to respond to the needs of the hospitals rather than operating from its own regimes of truth.

Also, despite the range of 'social services' within Ireland over the 20th century, professional social work played a relatively minor role in its provision, its regulation or its development. While the need for a social profession was acknowledged at various points in history it appears to have been constructed in a reactive manner to a recognition of a gap in a service, rather than a proactive recognition of the need for social work professionals per se. It would appear that, on the whole, the emergence of social work as an expert strategy was mostly constrained by its surrounding discourses and thus failed to gain discursive rights within the power/knowledge spiral.

However, it also appears that, within Irish social work discourse itself, lack of clarity as to its own expert knowledge and power site appears to have contributed to its limited expansion. Continuous with evidence from the concerns and practices of social work organisations and lobby groups from 1970 to 1991, records of the main social work bodies suggest that a focus was placed less on exploring the nature and form of social work, and more on considering the organisational aspects of the profession such as its training, employment opportunities, low and inadequate salaries and so on. One might deduce from this, that the reason why social work was struggling for professional recognition and status from 1970 to 1991 was due to its failure to achieve expert space within the social, within *any* sphere it had occupied up to 1970. A thesis considered in Part II was that of social workers dominating child care and welfare from 1970 onwards

due to a concern to colonise some area where it could be recognised as a separate and expert strategy. This might be sustained by the analysis provided above.

Another hypotheses may be that, in light of this analysis of the general development of professional social work, it could be argued that social work did not expand as a psy expert in areas such as medical social work, as it was not its natural site nor did it represent its separate regime of truth, distinct from other existing forms of discourses and practices. Linked to this, one might argue that it was in fact within the field of child welfare and protection that the greatest potential for social work to expand as a psy complex lay.

If this were the case, and we know that a range of child protection and welfare services *did* exist in Ireland over the past century, the question is: how was it that social workers did not occupy significant space therein, as a psy complex up to 1970. Reflecting on the theoretical assumptions in Chapter Three, it could be argued that perhaps social work did not occupy its regime of truth as this required, by its very nature, a state, which governed to some extent, to create its conditions of possibility. In Ireland, limited health and personal social services existed up to 1970 and most social work related activity was carried out by voluntary organisations, mostly under the influence of the Catholic Church. As discussed in Chapter Three, the concept of the 'social' arises from a postulation that, with the emergence of industrialisation, certain statutory intervention, mostly through legislation, was necessary. Given this fact, a psy expert was required to mediate between the (public) State, which sought to govern at a distance, and the (private) family. As evident by now, within Ireland, the dominant form of governance of social service and intervention with families and individuals was from a Catholic discourse up to 1970 thus, it could be argued, leaving little space for secular, professional strategies in the social. In other words, as the state did not appear concerned to even govern at a distance, leaving matters of the social to the services of the Church, there was no need to establish a psy expert to mediate in this space. Furthermore, while supporting professional social work to some extent, it appears that the Catholic organisations in

general operated from a wholly different discursive context which required experts in the spiritual rather than experts in the social.

Yet, we already know that a recommendation was made for social workers to be employed within the statutory services to deal with matters of child welfare in 1945. The question raised from this is: what role did the State play in the governance of child welfare services up to 1970 and how was space for social work enabled and constrained within its broad conditions of possibility. The following two chapters consider various aspects of the form and nature of child welfare services from 1862-1970 in order to examine further the conditions of possibility for social work to emerge as a regime of truth within them.

CHAPTER SEVEN: SPACE FOR THE EMERGENCE OF SOCIAL WORKERS AS PSY EXPERTS IN CHILD CARE: 1862-1945.

7.1: Introduction

In Part II, it was argued that, while social workers were identified as the statutory child welfare and protection experts, they struggled for status and recognition within this sphere up to 1991. It was asserted that, for a number of reasons, most notably, the protracted nature of the development of the child welfare and protection system between 1970 and 1991, the medical domination of the health boards, and a lack of clarity as to the nature and purpose of social work, the conditions of possibility did not provide the opportunity for a socio-legal expert to gain discursive space until the aftermath of the Child Care Act 1991. However, despite these conditions, social workers were identified as the statutory child welfare experts from 1973, and in fact, evidence suggests that the Department of Health engaged in a discursive struggle with the Irish Society For The Prevention Of Cruelty To Children in order to maintain this expert position for social workers within the health boards. It was also implied that, another factor influencing the positioning of social work within the health boards was related to the profession's concern to colonise new expert space. In light of the evidence provided in Chapter Six, this argument might be sustained, given the lack of space, and indeed retraction of existing space, for social work in general by 1970. However, the question must be asked, given the fact that professional social work did lack significant discursive power, in terms of the power/knowledge spiral, how did the profession strategically colonise a new expert sphere?

The task of this and the next chapter is to explore a range of themes, which may contribute to an understanding of how social workers came to be central to the child welfare and protection system in 1970 within its surrounding conditions of possibility. As discussed earlier, 1945 is identified as a key moment in that, for the first time, an explicit recommendation was made for almoners to be employed within the statutory child welfare sector. In this year, the Inspector of Boarded Out Children within the

Department of Local Government and Public Health made the following statement, in support of such an appointment. The statement is quoted in full to demonstrate the thinking that lay behind an explicit recommendation for social work:

It is my opinion that the time has come to make a radical change in the whole system of supervising boarded out children. The duty of this supervision is presently largely in the hands of the Assistance officers, mostly elderly men, who have had innumerable other duties heaped upon them especially since the emergency. Under the circumstances, it is impossible for these officers to make more than a hurried and superficial monthly visit to those boarded out children. Even with the very best of intentions, it is my opinion that it is impossible for the Assistance officers to make the right kind of inspection, which is essentially a woman's job: viz.: examination of the child's person, hair, clothing, bedding and general circumstances, combined with a certain intuition to discern whether the child is now below par and not unduly suppressed.

I would strongly recommend that the whole supervision of boarded out children should be taken out of the hands of the Assistance Officers and to be given to a woman specially appointed for the work in each province. The woman would be a trained almoner and her appointment should make it possible to remedy all the unsuitableness of the present system. The fine training that an almoner receives would enable her to select good foster homes for the boarded out children and homes where they would have a chance to be happy. Moreover, the Almoner would see that every child boarded out from the County Home would be in a good physical condition...the Almoner need not limit her inspection to one monthly visit in cases where closer supervision might be necessary if a child were sick, nervous or unduly restrained. She would be able to advise the foster mother about diet in the case of delicate ailing children. Moreover, she could supervise the expenditure of the clothing allowance and help the foster mother in the choice of her best clothes. Her hospital training would enable her to advise the foster mother in cases where special medical treatment became necessary for the child and she could see that the treatment be secured.

The Almoner would act more as a friend than as an official in her relations both with the foster mother and the boarded out child. On account of her intimate relations with mother and child she would be in a position to advise on any special training necessary for the child to be placed in life to the best possible advantage. If the maintenance allowance were to be increased as recommended, it might be possible for the Almoner to see that an educational insurance be provided to enable the child to be suitably trained at a later date. Some cases came to my notice where the boarded girl got into misfortune when she went to work. An Almoner would be of great help in enabling girls to guard against such occurrences.

The Almoner would have specialised knowledge of all benefits accruing to the boarded out children under the Children's Allowance Act, Orphans Pension and so forth, as well as all educational advantages including scholarships

If these Almoners were appointed, the work of caring for the boarded out children would be almost perfectly done. Moreover, if the Almoners were made responsible both to the local authorities and to the Local Government Department, their appointment would entirely eliminate the necessity for Local Government Inspectors.

These Almoners, if appointed, would naturally take on the duties of the Infant Life Protection Visitors under the Children's Acts 1908-1934[1].

From this significant statement, it can be deduced that, from the point of view of the Inspector of Boarded Out Children, there was a need for an expert profession to take over the statutory duties of supervising boarded out children under the Public Assistance legislation which is explained in more detail in the following chapter. Almoners appear to have been identified due to their specialist family casework training, thought essential for the successful support and monitoring of children who were boarded out, i.e. fostered through the public statutory services. Furthermore, they were also identified as the appropriate profession to operate under the Child Care legislation from 1908-1934, which covered the supervision and monitoring of private fostering of children – i.e. children placed at nurse. Implicit within the statement is a strong commitment to family values and the support of families, i.e. mothers, providing alternative care for children. Reference to the assistance officers suggests that, up to this time, the monitoring and support of these categories of children was inappropriate and unsuccessful, and thus, a trained expert was sought for the task of maintaining a supportive and specialist statutory service for certain families and children. One could compare this strong recommendation for professional social workers to be employed within the state services to intervene in families, to similar events that occurred in Britain following the Children Act, 1948. Parton (1991), describing the relationship between statutory social work and the family as a 'benign, but paternalistic, relationship' for example, argues that:

Both the political consensus of the period and social work itself were imbued with a degree of optimism which believed that measured and significant changes could be made to the lives of families, communities and society more generally, via the judicious use of state interventions...A central plank of the post-war reconstruction was the belief that a positive and supportive approach to the family was required so that the state and the

[1] Annual Report on Boarded Out Children, Inspector Kennedy-O'Byrne, 1945; 2-3.

family should work in partnership to ensure that children were provided with the appropriate conditions within which to develop (Parton, 1991; 20-1).

However, the Irish context was fundamentally different. Firstly, as evident from previous chapters, the 'state' in Ireland was not emerging as a welfare state by 1945, nor was it governing, even at a distance, in most social spheres. Secondly, while implicit within the above statement is a commitment to a family support ideology, the Inspector refers above, not to families of origin but rather to alternative families, caring for certain categories of children in need; that is, those boarded out, hired out or placed at nurse. Thus, the aspects of the legislation referred to above were not those relating to care and protection of children within families, as in the case of the Children Act 1948 in Britain, but rather the care and protection of children placed in various forms of foster care, under the Public Assistance Legislation.

The one continuity though, with the present, is the identification of professional social workers as experts in the sphere of intervening with families on behalf of certain categories of children in need. The purpose of this chapter is to examine the particular conditions of possibility within which this identification of social workers as appropriate child welfare experts in 1945 manifested itself. In Chapter Eight, the way in which this positioning of social work within the statutory child welfare sphere developed from 1950-1970 is then examined.

Section 7.2 begins this analysis by tracing the continuities with the recommendation of social workers as child welfare experts to a significant moment in the past. This moment surrounds 1862 when the boarding out system, referred to above, was established within the Local Government Boards[2]. It considers the practices of the main agents within the statutory domain from this period up to and around 1945[3] in order to understand the context within which the value of social work was suddenly recognised. We already know from Chapter Six that social work as a profession in general was struggling to

[2] See Appendix Four: Governance Of Child Welfare Services Within Local Government And Health Authorities 1862-1970.

assert itself at this time and the sphere it occupied was not child care primarily but rather hospital social work, welfare (industrial) social work and playground work. Section 7.2 provides insight into the way in which a gradual archaeological construction of space for a discourse of child welfare social work based on normalisation and moralisation emerged within the statutory services. However, it also raises a number of questions about its genealogy over the same period in terms of its relationship to other more powerful discourses.

Three key questions form the basis of the discussion in Section 7.3. Firstly, given the fact that boarded out children accounted for a relatively small proportion of the total number of children within the 'child welfare system', who were the primary psy experts within the dominant child welfare domain? In other words, who was intervening with families of origin or were they, within this temporal context, free from regulation and intervention? This requires a consideration of the position of various voluntary organisations in the provision of child welfare services over this period. It is suggested that the existence of a stronger discourse of child protection based on spiritual welfare, child saving and moral reform within the dominant Catholic run voluntary services, super-ceded liberal concerns constructed on the basis of moralisation and normalisation.

A second question relates to the implicit family ideology within the discourses of those responsible for child welfare matters within the Local Government Board and, from the establishment of the Irish Free State, the Department of Local Government and Public Health. Previous chapters have already alluded to the dominance of institutional care within the Irish child welfare sphere up to 1970. The way in which this impacted on the familist discourse promoted by the Inspectors of Boarded Out children is examined to consider how this enabled or constrained the emergence of the psy experts.

A final question addressed in Section 7.3 relates to the legislative context of child welfare. Legislation framing the practices of the statutory local government department

[3] As discussed in Part one, a history of the present implies an examination of a problem rather than a fixed period. This means that, while 1945 is the focal point around which the analysis happens, practices up to the early 1950s are relevant for understanding the context of a recommendation for social workers at this time.

derived from Public Assistance legislation related to the Poor Law 1834 and Part I of the Children Act 1908 concerned with Infant Life Protection. Intervention with families under Part III of the Act, care and protection of children within their own homes, in fact occurred within a different discursive context dominated by either religious philanthropists, concerned with child saving, or organisations such as the National Society For The Prevention Of Cruelty To Children concerned with 'unfit guardianship'. And, moreover, the vast majority of voluntary organisations operated outside of the legislative framework, often using it as a tool mainly through which to facilitate the committal of children to the industrial schools. Also, while the Inspectors of local government sought to govern the nature and form of practices of child welfare, its own government department, as well as the Department of Education, operated from a perspective of non-government on the whole. These issues are considered in Section 7.3.

In Section 7.4, the practices of agents of statutory child welfare from 1862-1945 are examined within the context of these surrounding conditions. This section demonstrates the way in which the Inspectors of Boarded Out children struggled, not only within the dominant non-interventionist discourses of the Department of Local Government and Public Health and the Department of Education, but with the agents of child welfare themselves. Section 7.4 demonstrates the way in which the Inspectors sought out, from a range of different discursive contexts, a psy expert to take responsibility for statutory child welfare matters. 7.5 concludes by raising the question: given the limited state intervention and operation of most child welfare practices outside of the legislation, is it possible to identify the space of the social within the Irish context. And if so, where did social work reside within this space of the social from 1945-1970. Chapter Eight addresses these questions.

7.2: Statutory child care provisions in Ireland: The beginning of a foster care system in Ireland 1862.

The purpose of this section is to demonstrate the nature and form of the particular aspect of the child welfare system that came within the governance of the local authorities. 7.2.1 provides an overview of the development of the boarding out system in Ireland from 1862 to the early 20th century. 7.2.2 examines some of the main principles of the system. This section also reviews a range of relevant legislation relating to child care which was introduced at this time. 7.2.3. examines the shift in focus, from the late 1920s onwards, from a concern with depraved children from the workhouse alone to a preoccupation with the governance and moral reform of their, mostly unmarried mothers.

7.2.1: Introduction

As explained in Chapter Six, in the early 19th century in Ireland, the main statutory provisions for the range of persons in need in Ireland were provided under the Poor Law Act 1834. Under the Poor Law Act, children could be admitted to the workhouses with their parents or, in the case of illegitimacy, with their mothers. Destitute children were also deemed eligible for relief under the Poor Law[4]. Illegitimate children were, throughout the 19th and 20th century, the main category with which the public authorities were involved. The Irish Poor Relief Act of 1838[5] set down that unmarried mothers were liable for the support of their illegitimate children up to the age of 15. According to Burke (1987), 24,008 women in the workhouses under the age of 50 were mothers of illegitimate children in January 1874, and, in the last 6 months of 1853, there were twice as many illegitimate children born in the workhouse as there were legitimate children.

The Report of the Poor Law Commissioner in 1861 addressed the problem of illegitimacy stating that:

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[4] However, in practice, and as discussed later in this Chapter, such children were more likely to be admitted to an industrial school, or intervened with by a charitable organisation rather than being placed in the workhouse, especially as the 19th century progressed.

[5] This was the Act, which implemented the 1834 Poor Law Act (England) in Ireland as discussed in Chapter Five.

Able-bodied female pauperism is now, as at all times, more considerable, and is in the proportion of 3 to 1 in comparison with able bodied male pauperism...A large part of these are females who cannot obtain employment through loss of character; and no inconsiderable amount of them are single females, rendered destitute by pregnancy, or as mothers of illegitimate children. This branch of destitution, it may be observed, is less liable to fluctuation through the prosperous or adverse circumstances of the population than any of the others represented by the workhouse statistics (Burke, 1987; 192).

At this time, it was 'the great difficulty of rearing infant children, who are admitted into the workhouse under two years of age, without their mothers, and the great mortality which prevails among this class'[6], which was of greatest concern to the Irish Poor Law Commission in 1859. With this in mind, the placement of children under two from the workhouse into a family environment was encouraged:

A great rate of mortality prevails everywhere, as well as in the workhouses, in regard to the children who are without their mothers; as it is found impossible to procure for them, in the workhouse, that kind of substitute for maternal care and the solicitude, which is necessary to them at that age. There is no doubt that the best substitute for the mother, in such cases, is obtained by placing out the child during infancy, at nurse, with some individual female accustomed to the care of children, experience having shown that maternal affection is thus created, in a short time, in the person who has sole and constant care of the child, and this course we have recommended that the Guardians of unions may be allowed to pursue[7].

In light of these concerns, a system of boarding out was established under the Poor Law Commission in 1862 to provide homes for children up to the age of five, maintained in the workhouse without their mothers, in order to address the child mortality problem within the workhouse by providing the child with a healthy environment with a family in the country. The Report of the Poor Law Commission in 1862 set out that it was the duty of the relieving officer[8] to monitor the placement of such children[9].

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[6] 12th Annual Report of the Poor Law Commissioners, 1859; 20.
[7] ibid; 20.
[8] Relieving officers were appointed under the Poor Law Commission as agents of public assistance. Their equivalent in the present day would be Community Welfare Officers.
[9] The following were the duties set out which were to determine the nature and practice of boarding out for the decades up to and beyond the end of the century:
a) To see that the child is safely given over to the charge of the prospective person taking charge of the child,
b) To make payments, no less often than monthly, of a maintenance allowance to the parents from the outdoor relief budget,
c) To ensure the child is vaccinated by the medical officer of the dispensary district in which they will reside,

The system of boarding out was supported by a number of influential persons and in its first year of operation, 77 children in total were placed with families nationwide. By 1866, 473 children were boarded out, and by 1872 the numbers had risen to 1540.[10] It was the wives of small farmers, labourers and a small number of tradesmen and fishermen who were selected as nurse mothers under the system initially[11].

While the initial aim of the boarding out system was to address the high mortality rates in the workhouse and to provide children with a better opportunity of a healthy life, it was quickly realised that the boarding out system bore more significant results, most notably that they might obtain 'habits of self-reliance and independence and lose the habit of hankering after a Workhouse life which children reared, altogether, within its precincts so often acquire'[12]. Thus, by 1869, an order was made to extend the age of boarding out to 10 years on the grounds that a) returning children at the age of five to the workhouse and away from a stable family home was considered to be contrary to the best interests of the child, and b) that foster homes could provide more than a surety against death for the child; it had the potential to provide the child with 'as normal a family life as possible'[13].

From the outset there were mixed reactions to the establishment of a boarding out system. The Report of the Poor Law Commissioners for example challenged the perception that the boarding out system was a way in which to ensure children avoided the demoralisation of the workhouse:

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d) To visit each child at least monthly and to report to the Board of Guardians on matters of cleanliness, health and treatment of the child or on any other particulars the Board may require from time to time,

e) In the event of the death of the child, to take steps for burying it, according to the directions of the Boards of Guardians.

(16th Annual Report of the Poor Law Commission, 1863, 375-6)

[10] In Burke, 1987; 231-2. This was out of a total of approximately 11,000 children maintained in the county homes in 1872 (Annual Report of the Commissioners for Administering the Laws for the Relief of the Poor in Ireland, 1872).

[11] Report from M. Robinson, Kingstown Union to the Local Government Board in the Annual Report of the Local Government Board, 1873; 59. Up to 1953, boarded out children could not be placed in cities or towns. The principle behind this was a belief that the health needs of the child would be best met in the country where there would be ample availability of milk and fresh food (Report of the Inspector of Boarded Out Children, 1905).

[12] Reports from Guardians from various unions, in Report of the Commissioners for Poor Relief, 1870; 35-9.

[13] Ibid.

It has erroneously been represented that the purpose of this enactment was to bring up children in private families on account of the risk of demoralisation incidental to their being brought up in workhouse schools. This is a false impression, unconnected with anything which has actually existed in Ireland, and originating, probably, in statements made by writers, chiefly female writers, on the subject of English pauperism and English workhouses. It was solely and exclusively on the grounds of health that legislation first took place on this subject, and that young children in Irish workhouses without mothers, were allowed to be put out to nurse as the only mode in which the maternal solicitude necessary at that tender age could be supplied.

It was never intended by the legislature that healthy children between 5 and 10 years of age should be placed out in a family for educational or industrial training, for this would be to send from an institution in which they possess such means as education in a high degree, together with perfect security for sufficient food, clothing, and medical care, to a home in which there can be only a partial and precarious employment of such advantages, and in which they must be, more or less, exposed to the risk of evil associations[14].

Some Commissioners also refuted the unacceptably high level of child mortality claimed to exist within the workhouses, rather than opposing boarding out per se. Some concern about the quality of homes to which the children were sent and the lack of supervision was raised, but this was more in the context of a call for more careful selection of foster homes rather than an abolition of the system in itself[15].

As demonstrated throughout this chapter, while certain individuals advocated boarding out as a superior form of care for children than the workhouses, and later the county homes, the various authorities responsible for its governance were, at best passive, and at worst, obstructive towards the development of the system. The success or otherwise of the system appears to have depended greatly on the personal interest taken by the local Guardians and the efforts made by the relieving officers to select suitable homes for the children[16]. As the governing structure from this time up to 1920 was one of local

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[14] Annual report of the Poor Law Commissioners, 1871; 13.

[15] One Guardian from the Local Government Board in Dublin for example described the system of boarding out instituted since 1962 as a 'mixed one of good and evil', going on to suggest that: 'When the person entrusted with the charge of the children have been selected with care and judgment, and a strict practical supervision has been subsequently maintained over them, I have no doubt much good has in numerous instances been effected…but where these conditions have been disregarded – as it is to be feared they too often have been – I am satisfied that the children would have been in every way better and more happily placed in the well-ordered Workhouse' 'Report on the subject of placing orphan and destitute children out to nurse', WP O'Brien, Guardian of the Dublin Union, in the Annual Report of the Local Government Board, 1873; 68-9.

[16] In one union, for example, within one district it was reported that children were found to be well-looked after and careful selection of parents evident, while, in another within the same union, it was found that of the 26 children sent to

government, the expansion and quality of the system thus depended primarily on the interest taken by the local Guardians in the approach and their willingness to exert efforts to find suitable homes and encourage the development of the system[17]. As explained earlier, the responsibility for finding families and supervising the children placed therein, lay with the relieving officers under the public assistance system as part of their general duties. Thus, unless a special interest was taken in the area of child care, the whole area of supervision of homes did not always gain priority[18].

The Boarding Out system gradually expanded over the 19th century and under the *Boarding Out Of Children In Unions Order* 1899, which was implemented following the enactment of the Pauper Children (Ireland) Act 1898, the Boards of Guardians were given the power to board out orphan and destitute children up to the age of 15 in their own unions. Responsibility for the system remained with the local Boards of Guardians and the inspections continued to be carried out by public assistance officers. In 1902, under Section 17 of the Local Governments Board Order, a committee could be established by the Board of Guardians to carry out the Board's statutory authority under the Boarding Out Order 1899. However, the appointment of such committees was a matter of discretion for each local union and the committees had to be responsible to the

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nurse in the first decade of the system 8 had died, and 2 were unaccounted for and presumed dead (Report of the Strabane Local Government Board, Annual Report of the Local Government Board, 1873; 74).

[17]The Poor Law Unions run by Boards of Guardians under the Poor Law Commission held responsibility for the workhouses from 1838 to 1872. Local Government Boards were established in 1873 and held responsibility for the administration of public assistance up to the establishment of the Irish Free State. The Department of Local Government and Public Health replaced the Local Government Boards and made its first annual report in 1924. Most workhouses were either closed or turned into hospitals in the following decade under the changes. One workhouse in each county was maintained as the 'county home' which catered for various categories of poor persons, 'the majority of them aged and infirm but also included a considerable number of mental defectives, unmarried mothers and their children, both legitimate and illegitimate, persons suffering from long-term illness and some able-bodied destitute' (First Report of the Department of Health, 1945-1949; 62). The Department of Local Government and Public Health thus became responsible for the care of children in the public institutions and managed the boarding out of children from the county homes. The Department also had authority to send children to industrial schools from the workhouses and contribute to their maintenance therein. In 1947, the Department of Health replaced the Department of Local Government and Public Assistance as administrators of the county homes, services for unmarried mothers and the boarding out of children. Services continued to be operated on a County management system up to the Health Act 1970 under which the health services were restructured. They have been administered from this time, on the basis of 8 Health Board Regions each comprising of a number of local community care areas (*See* Appendix Four).

[18] In an 1873 Local Government Report, with reference to reports received from local inspectors for the Poor Law Commission, it was stated that 'it appears that ..the system (of boarding out) is adopted only in a minority of Irish Unions and that in these there is much difference of practice, according as more or less attention is paid by the Boards of Guardians to the selection of the foster parents and the supervision of the children boarded out...The inquiry disclosed a grievous state of neglect of several poor children placed out to nurse in the Sligo Union' (Local Government Report, 1873, p. 15).

central Local Government Board, and had no powers other than that of recommendation and report[19].

One of the most significant developments within the Boarding Out System emerged in 1902, when the Local Government Board appointed two female inspectors[20]. The function of the Inspectors was to oversee and monitor the supervision and inspection of children in foster homes by local agents; to provide regular reports to the Local Government Board on the workings of the system and to make recommendations in relation to particular cases, as well as on the general working of the system itself. Other than the supervision of boarded out children from the workhouses, the inspectors employed by the Public Assistance Authority, and later the health authorities, were also charged with the regulation of 'hired out children' – i.e. those placed from the workhouses with families for employment either on farms or as domestic workers – and children at nurse, who came under the Infant Life Protection Acts, 1872 & 1899[21].

The Infant Life Protection Act 1899 expanded the regulation of abandonment and unlawful killing of children. It also governed the placement of children 'at nurse', i.e. private placements with a nurse mother, for a fee. It made provisions for the protection of children in two classes of circumstances: 'where more than one infant under the age of five was retained or received for hire or reward, by any person, with the purpose of nursing or maintaining such infants apart from their parents for a longer period than

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[19] Inspector Dickie, First Annual Report on Boarded Out Children, 24/5/1904 in Annual report of the Local Government Board, 1905; 108-9.

[20] Inspector Dickie and Inspector Fitzgerald-Kenney were the first Inspectors appointed to the Local Government Board. From records available, it appears that Inspector Dickie ceased to operate as an inspector around 1912 and up to the establishment of the Irish Free State, reference is made only to Fitzgerald Kenney in the annual reports. Inspector Litster was employed in the mid 1920s and worked alongside Inspector Fitzgerald-Kenney up to 1945. Inspector Murray replaced Fitzgerald-Kenney in 1946 and Inspector Clandillan replaced Inspector Litster in 1947. For a period, Inspector Kennedy O' Byrne was also employed from 1941-1946. It appears that over this period, she and Inspector Litster shared responsibility for boarding out children in their area (it is most probable that they were both working part-time over this period as no reference is made in the records of the number of Inspectors being increased in 3). Both Inspector Murray and Inspector Clandillan remained within the health authorities up to the establishment of the Health Boards in 1970. Inspector Clandillan also continued to operate within the child welfare system of the Department of Health up to the mid 1970s. Throughout the century, the inspectors covered half of the country each and produced reports on their general region as well as on individual counties every two-three years (Annual Reports of the Local Government Boards, 1904-1918; Annual Reports of the Department of Local Government and Public Health, 1924-1946; Reports of Inspectors of Boarded Out Children 1947-1970, unpublished, Department of Health, Dublin).

[21] ibid. The Infant Life Protection Act 1872 was preceded by the Abandonment of Children Act 1861 and the Offenses against the Persons Act 1861 which legislated against the abandonment or willful killing of children (Report of the Reformatory and Industrial Schools, 1970; 1).

forty-eight hours', and 'where an infant under the age of two is retained or received by any person on the consideration of a sum of money not exceeding twenty pounds and without any agreement for further payment as value for the care and bringing up of the said infant until it is reclaimed at an age to provide for itself'[22]. It was this element of the legislation, which the Inspectors of Boarded Out Children were responsible for regulating. As illustrated below, while individual mothers often placed children on a private basis, most children 'at nurse' were placed by charities involved in practices of 'child protection' through their anti-proselytisation work.

The introduction of the Children Act 1908 incorporated the provisions for Infant Life Protection into Part I of the legislation. The introduction of the Children Act 1908 in Ireland was influenced mostly by the work of social reformers in England advocating for the development of special legislation for children, both those who were deprived, or in need of care, and who were depraved, or in need of control[23]. While Section One of the Act remained a central framework for the practices of the statutory local authorities in terms of monitoring and regulating the placement of children privately at nurse, the remainder of the Act featured little as a guiding framework for statutory interventions with families or children.

Powell (1992) argues that the introduction of the Children Act in Ireland was resisted due to its emphasis on the rights of children separately to those of their parents. He argues that, 'children's rights have always been regarded with scepticism in a society with an abidingly traditionalist conception of the family' and that 'the painfully slow pace of implementation over succeeding decades suggests that resistance in Ireland continued long after the Children's Charter' (Powell, 1992; 136). However, it appears that it was

[22] Annual Report of the Local Government Board, 1905; xiii.

[23] The Children Act 1908 extended the provisions of the Cruelty to Children Acts of 1889, 1894 and 1904 which provided for the statutory protection of children. The Act represents the first explicit attempt to legislate separately for children and to make parents responsible for their care and control. The Act introduced the concept of parens patriae (the notion that the state is the higher and ultimate parent of the child) providing legislation that covered the need for 'care and protection' of children in need as well as the regulation of children who transgressed the law. In terms of child protection, the Act provided for the rights of the court to make parents responsible for the care and control of their children through being brought to court or having to pay a fine for 'unfit guardianship'. It also introduced the Place of Safety and Fit Persons Order to allow, in exceptional circumstances, for children to be removed from parents due to ill-treatment or neglect.

less an overt interest in the battle between parental and children's rights per se, on the part of the State, but rather a general *disinterest* in matters of child care and the family, which were left, on the whole, to the operations of the voluntary organisations and the religious run industrial schools. These issues are addressed further in this chapter. For the remainder of Section 7.2, the key developments in the sphere of child welfare directly under the governance of the Local Authorities from 1862-1945 are examined. 7.2.2. provides an overview of the main principles of the boarding out system from its establishment. Section 7.2.3 goes on to consider how unmarried mothers became increasingly a site of surveillance and regulation from the late 1920s onwards.

7.2.2: Principles and progress of boarding out as a system

From the time of their appointment, the Inspectors of Boarded Out Children sought to emphasise the value of boarding out for children. It was contended that the Boarding Out system was one particularly suited to Ireland given the fact that 'by disposition and habit, the people are kind to children and tolerant of their ways'[24]. The Inspectors emphasised the importance of the natural family of the child and emphasised that no alternative care could replace the care of a child by its own family. In 1906 for example, Inspector Fitzgerald-Kenney advocated for measures to be introduced for poor mothers to keep their own children, arguing that 'nothing can take the place of the maternal instinct which is often strong, even in the most depraved'[25]. She called for the provision of at least one meal a day to nursing mothers to ensure the health of the child, contending that 'at present, poor half starved women, of the submerged classes, have practically no choice but to place their infants with anyone who will take charge of them'[26]. The paramouncy of the best interests of the child's welfare was also emphasised from the outset of the Inspector's work. In 1905, Inspector Dickie set down that, in relation to the selection of foster parents:

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[24] First Report of the Inspector of Boarded out Children, Inspector Dickie, in the Annual Report of the Local Government Board, 1904; 109.
[25] Inspetor Fitzgerald-Kenney Report on Boarding Out Children, in Annual Report of the Local Government Board, 1906; 151.
[26] ibid.

...It is absolutely necessary that the child's welfare, and the child's welfare alone, should animate the Guardians and the committee in their choice of a home. Unfortunately, in the past, the desire to help some person in circumstances of poverty has led to children being placed in surroundings that are altogether unsuitable.
The income of the foster parents should be sufficient to support the family without any assistance from the sum paid for the Boarded out child. The home chosen should comply with regulations laid down by the Local Government Board, and care should be taken, as far as possible, that in future, the conditions will not become so altered as to necessitate removal of the child when it has become settled in its home.
The character of the foster parents should be good and their suitability to train a child, morally and physically as well as industrially, should be taken into account[27].

The value of a home environment for children was given particular emphasis. In her 1905 report for example, Lady Inspector Dickie outlined that:

The system of boarding out possesses one advantage over all other systems of dealing with children who come under the poor law...I refer to the way in which it provides an otherwise desolate child with a home and friends. In certain Unions I have been much struck with the fact that almost invariably on going to work foster children remain in their foster homes, living there for years, and sometimes becoming the sole support of the little household...Other systems may turn out children better disciplined and better trained and where the supervision is inadequate, even better treated and better fed, but no other system provides the somewhat undeniable adjuncts which go to make a home. The point is that the boarded-out system, is, I think, too often overlooked and yet it is one of the most humanising influences which can be brought to bear on the waifs and strays of our population with which the poor law has to deal[28].

The perceived unsuitability of the workhouse as a place for children in the early years of the 20th century created further impetus among the Inspectors to expand the boarding out system in Ireland. In 1910, Inspector Fitzgerald-Kenney made the following statement:

I do not propose to deal at any length with the evils of the workhouse system; it has had its day and has few if any admirers left. But if it had no other demerit than that of keeping children prisoners within the institution, this alone would be sufficient to condemn it. Inside the same four walls are gathered all sorts and conditions of people, men and women, young and old, good and bad, the worthless vagabond and the innocent child. All kinds of influences are at work; but the good are few and feeble as compared

[27] Inspector Dickie Report on Boarded out Children, in Annual Report of the Local Government Board, 1905; 110.
[28] Report of Inspector Dickie on the Boarding out of Children, 1905, in Annual Report of the Local Government Board, 1905; 480.

with the evil ones. It is out of the power of the best officials or the best of teachers to rear clean-minded healthy children in such surroundings. And certainly, child-life is seen in its darkest and most unhappy conditions within the workhouse yard[29].

Inspector Fitzgerald-Kenney expressed dismay at the fact that, despite the promotion of the boarding out system, there were 5,000 healthy children maintained in the workhouse in 1900. She reminded the Boards of Guardians the following year that:

..(the)Vice Regal Commission and the recent Royal Commission on the Poor Law considered that maintenance in the workhouses should no longer be recognised as a legitimate way of dealing with children; but in order to make boarding out a success, it is necessary that the Guardians and their officers should exercise great care in the selection of homes and in the supervision of children and that the amount allowed for their maintenance and clothing should be sufficient[30].

Reporting on her attendance at the International Congress for the Protection of Children in Brussels in 1913 Inspector Fitzgerald-Kenney referred to practices in other countries and noted that:

What struck me most forcibly amongst the many theories which were debated was the seemingly universally accepted view that, while different classes of children may require different methods in their training, the method is not of first importance; it is the personality of the person charged with the upbringing of the child that really counts. Given the right home, the right method is quickly discovered. Such homes are more plentiful in county districts where life has been so strenuous as it is near the cities.

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[29] Report of Inspector Fitzgerald-Kenney, in Annual Report of the Local Government Board, 1910; 29. In Ireland, pressure to reform the Poor Law was ongoing from the beginning of the 20th century. A number of commissions were established to examine its provisions. For example, the Vice Regal Commission on Poor Law Reform was established in 1903 to examine the efficiency and effectiveness of the Poor Law system as a means of providing relief. It concluded in 1906 that 'we are convinced that we are not going outside of our proper function in pointing out that *in our opinion the low level of subsistence and comfort throughout nearly all Ireland, with poverty and destitution resulting therefrom, cannot be effectively relieved by any Poor Relief Law such as that of 1838'* (original italics) (Report of the Vice-Regal Commission on Poor Law Reform in Ireland, 1906; 1). A Royal Commission on the Poor Law was established in 1909. It produced two reports, the minority one being from the prominent Fabian socialists, Sidney & Beatrice Webb. Both reports agreed that the Poor Law was insufficient as a means of addressing the social and health needs of the deprived and the need for measures such as unemployment insurance and labour exchanges was acknowledged (Report of the Royal Commission on Poor Law Reform in Ireland, 1909). From 1909 to the establishment of the Free State, various measures were implemented to supplement the Poor Law. Powell (1992) suggests that 'It would be easy to exaggerate the benefits provided by the Liberal Reforms. The Poor Law remained intact. Its Boards of Guardians, workhouses, out-door relief system etc., which pauperized the poor, were undisturbed. The health services continued within the orbit of the Poor Law, stigmatizing its patient population' (Powell, 1992; 150). However, he also acknowledges that 'nevertheless, there can be no doubt that the early twentieth century witnessed the beginnings of a transformation which eventually was to lead to an Irish Welfare State. But it was to be a long and painful process' (ibid; 150).

[30] Report Of Miss Fitzgerald-Kenney, Annual Report of the Local Government Board, 1911; xxiii.

Success for the child in after life depends far more on energy than on wisdom, on a trained character rather than a trained mind. No one who has adequately considered the question will claim that a school is sufficient nursery of men and women. The family is needed to do its part and, indeed, of the two, the school is the less powerful agent in the formation of strong characters. It is precisely for the poor law child that family life is most required[31].

Intrinsically linked to their familist ideology, was the view that permanency and security within the foster home was paramount. The necessity for careful selection of families was partly based on the belief that it was in the child's best interest to be placed in one home where attachments and bonds could grow. However, the need to protect the child within that foster home was also acknowledged and removals recommended where the child's needs were not being met. As Inspector Dickie noted in 1909:

Constant moving about has an injurious effect on children however young and when grown it is desirable, if possible, to avoid all removal, I have, however, found from experience that to leave a child in an unsuitable surroundings, with the ideal that it will not settle down amongst new people is a mistake and that it is better to risk this than to continue it where it is certainly misplaced[32].

The Inspectors also warned of the danger of 'disingenuous' relatives returning to take the child as a teenager having found themselves 'unable to repress their feelings of affection for so long dormant' seeking to reclaim the child for cheap labour or industry[33]. For the same reason, they also advised that care be taken in relation to placing older children in foster homes:

Much discrimination is (also) necessary in regard to persons who make applications for workhouse children for the purpose of adoption. In some cases, these applications are made with a view merely to obtain unpaid service, and, of course, in every such case, the application should not be acceded to[34].

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[31] Inspector Fitzgerald-Kenney, Annual Report of the Local Government Board, 1914; 17.

[32] Report of Inspector Dickie on the Boarding Out of Children, Annual Report of the Local Government Board, 1909; 19-20.

[33] Report by Inspector Dickie, Annual Report of the Local Government Board, 1911; 20.

[34] Report of Inspector Fitzgerald-Kenney, Annual Report of the Local Government Board Report, 1906; xxi. This concern for the use of workhouse children as a form of domestic or farm labour was an ongoing concern for the Inspectors over the early and mid 20th century. Regularly, they commented specifically on the need to supervise children 'hired out' to families and ensure they were not neglected or taken advantage of. Commenting on the issue in 1939 in relation to Galway, Inspector Murray stated that, for hired out children, 'conditions on the whole far from being satisfactory but they could be much improved if the Assistance officers inspected regularly and efficiently and submitted proper reports on the condition of the children. The monthly reports at present are merely a formality. The

The general success in the system of establishing permanent homes for children is reflected in the fact that the majority of children boarded out went on to be adopted by their foster parents. Adoption, not legislated for until 1952 in Ireland, in this instance referred to the foster parents taking the child as one of their own, signing a form to a similar effect, and continuing to care for them after the boarding out maintenance had ceased to be paid. Throughout the early and mid twentieth century, an average of 50% of children per annum went on to be adopted by their foster parents. Inspector Fitzgerald-Kenney for example, reported that, of the 160 children removed from her boarded out list in 1904, 63 were 'adopted by foster parents', 27 were 'taken by relatives', 25 were 'sent to employment', another 25 'returned to the workhouse', 2 to 'another institution', 7 died, and the remainder either emigrated, were in hospital or joined the navy. In some areas, boarded out children were automatically adopted by foster parents in most instances[35].

The Inspectors supported the development of placement with relatives, a scheme which has been developed in recent years within the Irish foster care system. In 1911 for example, Inspector Dickie recommended that before placing a child for boarding out, all efforts should be made to trace their parents or to find relatives who would be willing to take them. Under Section 3 of the Poor Law Act 1890, power was conferred on the Boards of Guardians to permit persons making applications to them to 'adopt' children from the workhouse. A provision was made in this section of the act whereby, during the first three years of adoption, the Guardians had the power to 'recall them if advisable', thus implying the need for ongoing supervision for this period[36].

While recognising the unique nature of Irish society and fostering within that, the Inspectors constantly looked to developments within the English and Scottish systems as a benchmark. They envied on occasion the speed at which these systems were

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regulations in this respect need tightening up and regular and thorough inspection should be insisted on. Only in this way can employers be prevented from taking advantage of the children who are completely at their mercy unless the Committee exercises its right to protect them' (Inspector Murray, Report on Boarded Out Children in Galway, 1939; 8)

[35] Inspector Kennedy-O'Byrne, Annual Report on Boarded Out Children in Carlow, 1941; 3, Kennedy-O'Byrne, Annual Report on Boarded Out Children in Wexford, 1944.

[36] Inspector Dickie, Annual Report of the Local Government Board, 1906; 160.

developing modern child care systems for pauper children through the boarding out and Scattered Home system in the early decades of the 20th century[37]. The introduction of the Children Act 1908 was welcomed by the Inspectors who viewed it as a milestone in providing legislative protection for children:

The year 1908 stands alone in the history of this country as that in which the child life of the State has been legally recognised as all-important. An Act of Parliament solely concerned with the health and morals of childhood cannot but have far reaching effect on future generations, if only it is backed by public opinion, and even in this country, where we are so often charged with being sadly lacking in this respect, there is every indication that the Children's Charter will receive support. In my district, in which I have frequently been compelled to remark on the fact that the Infant Life Protection Act remained practically a dead letter, the approach of the day on which the Children's Act 1908 becomes law, witnessed a remarkable activity regarding, and interest in, its provisions. I am glad to say that some of my boarding out committees are throwing themselves in a wholehearted manner into the working of Part I of the Act, in which the Infant Life Protection Act is not only re-enacted but strengthened...I am glad that the boarding out committees are themselves asking the Guardians to entrust the work of the visitors under this act to them, and while it may for a time, be found advisable to appoint a paid official for the purpose of tracing cases or undertaking prosecutions, a wide field for useful work, if tactfully performed, is thus opened[38].

As discussed earlier however, the Act related, from the point of view of the Inspectors, to the issue of children at nurse, i.e. those privately placed by either individuals or voluntary organisations for a fee. The inspectors did, however, advocate for a broadening of the scope of the boarding out regulations under the Poor Law legislation to cover the boarding out of children of unfit parents. The boarding out system was exclusively for children from the workhouses, who were destitute and orphaned. Other categories of children such as illegitimate children whose mothers were still alive, destitute children whose parents were also in the workhouses and children who had been removed from unfit or dangerous parents were required to remain in the workhouses[39]. In her 1910 report, Inspector Dickie criticised the failure of the legislature to consider children of

[37] E.g. Report of Inspector Fitzgerald Kenney, Annual Report of the Local Government Board, 1914; 13 noted the progress being made in England and Scotland and, attributed the lack of progress within Ireland to a general lack of commitment to the system as well as the political climate of the time which was focused on Home Rule and the fight for Irish Independence.

[38] Report of Inspector Dickie, Annual Report of the Local Government Board, 1909; 22.

unfit parents who had come under the care of the Guardians and were placed in the workhouses. She argued that:

The effect...is that, while saving children such as these from their own parents, the Guardians are compelled to subject then to the influence of others who are little better and the drawbacks which by boarding out they seek to avoid for those whom chance has placed inside the workhouse walls, they are obliged to thrust on them whom by design they immure within them'[40].

Inspector Fitzgerald-Kenney called for a change in law stating that:

It is, in my opinion, an absolute necessity for the successful working of the Poor Law in Ireland, with regard to children of undeserving parents, that powers should be granted by Parliament to board out children as Irish Boards of Guardians may deem desirable to 'adopt''[41].

The particular concern to include the category of children of unfit and undeserving parents within the ambit of boarding out was highlighted by the large number of such children in the workhouses. A survey carried out in 1911 showed that, in total, there were 7,438 children in the workhouse. 719 of those were in special schools run by the State, Cabra and Pelletstown, leaving 6,719 within the ambit of the workhouse itself. Of those, the total number of orphans and deserted children were 1,566 of which 919 were considered 'unsuitable for boarding out'. The net total of children boarded out from the workhouse then, from a total of 6,719, was only 647 children[42].

A bill was drawn up in 1911 to enable Guardians to board out children under Section I, subsection II of the Poor Law Act (Ireland) 1899[43]. This was introduced and passed in the House of Commons in 1914. Miss Fitzgerald-Kenney welcomed the bill which related to 'vicious parents who were otherwise unfit to have charge of their children, in

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[39] This differed to the English system where, under Section 4 of the Poor Law Acts 1889 and 1899, Boards of Guardians were empowered to board out children who had come under their care 'as a result of the failure of parental care'.

[40] Annual Report of the Local Government Board, 1910; 25-6.

[41] Report of Inspector Fitzgerald Kenney, Annual Report of the Local Government Board, 1911; 29.

[42] Inspector Fitzgerald Kenney, Annual Report of the Local Government Board, 1913; 28.

[43] Section 1, subsection II relates to the powers vested in the Poor Law Authorities to assume control of a child where a parent is deemed unfit for proper guardianship and have them placed in the workhouses. The issue for the Inspectors was that, while they had this power, it was not extended to allow the same children to be boarded out under the system.

respect of whom they (the Boards of Guardians) have assumed parental control under the provision of the Poor Law Act 1899' and anticipated that 'should the bill become law, it will, no doubt, lead to the boarding out of some further children but, it was stated at the introduction of the bill that the number of children who would be brought under its provisions would probably be numerically very large'[44].

However, when considered by the House of Lords in 1915, the Bill was rejected. The grounds on which it was rejected was that it related to only a small proportion of children within the workhouses, despite the figures offered earlier. Both Lady inspectors were critical of the failure of the House to pass the bill, arguing that 'the loss of the bill must be a matter for regret to all who are interested in the workhouse child'[45]. The fact that an increasing number of segregating services for children were proliferating in Ireland over the early 20th century[46], and at the same time, the workhouse was perceived by most as an unsuitable site for the care of most categories of children and adults[47], the question of placement of children of unfit or undeserving parents became less of a concern, and increasingly from 1920 onwards, most children eligible for boarding out from the workhouse were in fact illegitimate children, most of them of mothers with at least one other child. A shift occurred from 1920 onwards from a focus exclusively on the needs of the depraved child, to a concern with the moral reform and regulation of their deviant mothers.

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[44] Report of Inspector Fitzgerald-Kenney, Annual Report of the Local Government Board, 1914; xxi.
[45] Lady Inspector Fitzgerald-Kenney, Annual Report of the Local Government Board, 1915; 13.
[46] Reformatories served to deal with children in need of care and control; industrial schools sought to provide a range of destitute, orphaned or deprived children with care and training in industry; orphanages usually catered for a 'higher class' of child, providing care and education for orphaned children or those in need of care due to parental absence; voluntary organisations existed for homeless children, children whose Faith was in danger; etc. (Robins (1980); Barnes (1989); O'Sullivan (1999); Luddy (1995a, 1995b)).
[47] Reference has already been made to the various critiques of the workhouse over the early 20th century. Robins (1980) suggests that in fact, for children, the workhouse was recognised as unsuitable earlier than this. He argues that, over the mid-19th century, the workhouse was recognised as an unsuitable arena for two main reasons; firstly, because of the hazards to the religious and moral welfare of the children reared within the workhouse, and secondly, because of the acceptance of government by this time that there was a need to make special provisions for young delinquents and children exposed to criminal influences. The expansion of various voluntary and religious organisations in providing a range of services to children facilitated a shift away from the care of most children within the workhouses (Robins (1980)).

7.2.3: Unmarried mothers: A new site of regulation and intervention

As asserted earlier, since the establishment of the Boarding Out system, it was mostly children of unmarried mothers who came under the scope of the public assistance authorities. It was from the 1920s onwards in particular though that discourses began to emerge in relation to how to deal with such mothers. In 1927 figures relating to illegitimate children showed that their mortality rate before the age of one year was five times higher than that of the legitimate child[48]. While acknowledging that this might in part have been due to the fact that the illegitimate child might suffer from 'constitutional and environmental disadvantages', the report of the Local Government Board emphasised the importance of careful supervision of such children coming under their care, suggesting that three authorities shared such a responsibility; the poor law authorities who were responsible for their maintenance in boarded out homes and supervision in both boarded out and at nurse homes; the police who carried responsibility for inquests and neglect proceedings; and the child welfare authorities within the local authorities who were responsible for their 'general protective arrangements'. It also emphasised that 'the deplorable loss of life amongst these children shows the necessity for the more efficient administration by local authorities of the powers conferred by the Children Act 1908, the notification of births Act, 1907 & 1915 and the Midwives Act, 1918'[49]. The explicit need which arose for intervention with mothers themselves led to a growing concern to distinguish between the first time mother and the re-offending unmarried mother.

The Commission on the Relief of the Sick and Destitute Poor, 1927, made this growing concern explicit. In this report, a specific distinction was made between 'those who may be amenable to reform', commonly referred to as first time offenders, and 'those who for one reason or another are regarded as less hopeful cases', commonly referred to as recurrent offenders or 'women who had fallen more than once'[50]. It was asserted in this

[48] Report of the Department of Local Government and Public Health, 1925-1927.
[49] Local Government Board Report, 1925-27; 110. These Acts related to the registration of all children born. The practice of mothers, mostly unmarried, leaving their child with a nurse mother for a fee, without registering the child, was an ongoing concern.
[50] Report of the Commission on the Relief of the Sick and Destitute Poor, 1927, para 229.

report that the fallen woman, considered beyond reform, would continue to be dealt with through the Poor Law. However, it was recommended that this treatment was unsuitable for first time offenders. The following year, the Report of the Department of Local Government and Public Health asserted that 'there is a pressing need for homes of a similar type to Bessborough[51] and the aim should be to have these women removed from the Poor Law Institutions altogether'[52]. Two other homes, run by the Sisters of the Sacred Hearts of Jesus and Mary, were established by 1931 for first time offenders[53]. The Poor Law Authorities also established mother and baby homes in Pelletstown, Co. Dublin and in Tuam, Co. Galway for first time offenders. By 1931, there were 985 unmarried mothers maintained by the local authorities, 82 of whom were in external institutions and the remainder of whom were maintained within the County Homes[54].

The treatment of women who had 'fallen more than once' was less reformist. Or, with reference to Philp (1979), their objective status outweighed their potential subjectivity. The Commission on the Relief of the Sick and Destitute Poor 1927 argued, for example, that due to the 'incorrigible' nature of such women, a power of detention should be available to the local authorities to prevent them from leaving the workhouses after the baby had been born. The Commission report set out that:

At present, there is no power to detain a woman in any Poor Law Institution, even when it is clearly necessary for her protection. We suggest that if an unmarried woman who applies for relief during pregnancy or after giving birth to a child is willing, when applying for assistance, to undertake to remain for a period not exceeding one year there should be a power to retain her for that period, in the case of first admission. In the case of admission for a second time, there should be power to retain her for a period of two years. On third or subsequent admissions, the Board should have the power to retain for such period as they think fit, having considered the recommendations of the Superior or Matron of the Home[55].

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[51] This was the first mother and baby home established for the reform of first time unmarried mothers and their babies. It was established by the Order of the Sacred Heart and provided a prototype on which other services developed over the 1930s.

[52] Fourth Report of the Department of Local Government and Public Health, 1928-1929; 114.

[53] Shan Ross Abbey, Roscrea and Manor House, Castlepollard

[54] Report of the Department of Local Government and Public Health, 1932-33.

[55] Report of the Commission on the Relief of the Sick and Destitute Poor, 1927; para 234. Apart from the County Homes, the main alternative form of support for recurring offenders was the Magdalen asylums established by both lay philanthropists and religious congregations in Ireland from 1766 onwards. The first Magdalen was founded in Ireland in Leeson Street, Dublin in this year by Lady Arbella Denny. As religious congregations began to proliferate in Ireland over the 19th century, the Magdalens were generally run by female religious orders. A requirement of admission to the

The Commission also set down the responsibilities of the unmarried mothers to provide for the maintenance of their children either within the county home or in a boarded out family approved by the Board before being discharged, adding that 'discretion might, however, be left to the Board of Health to allow the woman to take her discharge without taking her child or children, if they consider it desirable from the circumstances of the particular case'[56].

In her report for 1932, Inspector Fitzgerald-Kenney set down the principles that should guide the care and placement of the illegitimate child. The inspector supported the retention of mothers with their children for a minimum of two years, reinterpreting the harsh recommendations of the Commission for the Relief of the Sick and Destitute Poor 1927 in the context of the needs of unmarried mothers in a way which suggests an attempt to promote the subjectivity of the residuum or unrespectable mothers. Such detention, she asserted, was important 'to ensure a bond is developed with the child and that the mother develops a sense of responsibility which would act as a deterrent to her offending further'. She also advocated the maintenance of contact between the unmarried mother and her child stating that the Inspector had a duty to work with the mother to keep her in touch with the child in the belief that this would foster a sense of responsibility, adding that there should be 'fair, complete and interpretative work' done with the mother[57]. She re-emphasised this in her report the following year where she recommends that trained workers should be employed to work with unmarried mothers, and rather than a wholesale condemnation of them, attention should be given to the woman's history, home conditions, motives and interests, employment condition, mental state, and so on: 'I believe that often they need personal service and individual handling. It is not enough in

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Magdalens was being 'penitent', The name Magdalen itself derived from the story of Mary Magdalen from the Bible. Most children born within the asylums were informally adopted while the women were maintained to carry out needlework, or most often, laundry work. (Luddy (1995b); Widdess (1966)).

[56] Ibid; para 237.

[57] Report of Inspector Fitzgerald-Kenney in Annual Report of the Department of Local Government and Public Health 1931-2; 289.

my experience to understand these mothers as "total personalities" in the "total situation" of unmarried mothers...Each wants straightening out singly'[58].

The need for an expert to intervene with unmarried mothers was particularly pronounced in relation to the second time offenders. In 1932, Fitzgerald-Kenney criticised the fact that many unmarried mothers, mostly those who had two or more illegitimate children, merely placed their children in industrial homes and remained indifferent to their 'own methods of life' and 'regard their falls ...as unimportant'. Inspector Fitzgerald-Kenney considered the redeemability of such women to lie in the creation of a strong maternal bond with the child:

It sometimes happens that the children of unmarried mothers are committed to Industrial schools with the acquiesce of the mother. In my experience, the shutting away of the offspring from the mother with no claim upon them for its subsequent support is the surest and most direct road to a second downfall.
An unmarried mother, if she is to be saved and regain her self-respect, should feel responsible for her child – feel that she is no longer an irresponsible girl but a mother with her child to help, even by a small sum of her earnings.
Many wild and irresponsible girls become self-sacrificing mothers. Their natural love for their child, if properly directed, making the strongest of all protection against repeated downfalls[59].

It was also asserted by Inspector Fitzgerald-Kenney that some mothers were beyond reform and advised that, where the mother is found to be of 'unstable character' and is maintained in the county home, the child should not be made to suffer and should be boarded out in a suitable home, adding that 'given the far-reaching social significance of birth out of wedlock' the child should not be denied its fundamental right to a home and parental love[60]. The dilemma of protecting and caring for illegitimate children on the one hand, and the regulation of their mothers and promotion of their potential for reform on the other, was one that recurred for the statutory authorities, particularly the Inspectors.

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[58] Report of Inspector Fitzgerald-Kenney, in Annual Report of the Department of Local Government and Public Health, 1932-3; 298.
[59] ibid; 216.
[60] Ibid

The following statement from Inspector Litster in relation to this matter is quoted at length as it demonstrates the nature of this dilemma clearly:

There is one special type of unmarried mother to be met with frequently in the County Homes...This type will present a problem, even when, as we hope, special institutions are set up to deal with the unmarried mother. County Boards of Assistance generally have dealt fairly leniently with unmarried mothers and their first children, affording them the opportunity of rehabilitation by placing their children at nurse, and allowing them to leave the County Home to take up employment. In dealing with this class of woman I have previously spoken of (i.e. second time offenders), the matrons of many of our County Homes are very strongly against affording any such facilities, and even where the woman concerned has expressed their intention of taking out their children and maintaining them outside, have placed every obstacle in the way of their discharge. It is practically certain that a woman of this type, allowed to leave the County Home, will return again in a short time. They are of weak intellect and completely lacking in moral fibre. If their children are placed at nurse, there is no obligation upon them to remain in the County Homes and indeed, no authority for maintaining them there, and they are invariably eager for the freedom of the outside world. A grave wrong is done to their children by retaining them in the County Homes, but retention of the children is the only means of securing the mothers from the danger that freedom spells upon them. It is a question also whether a graver social wrong is not committed by allowing these women their freedom since freedom to them will undoubtedly mean the birth of another child whose chance of average health and intelligence are small. I have no solution to offer except one that is repugnant to me, that is, the power of detention in special cases, which would allow for boarding out of the children and at the same time keeping the mothers under control and discipline[61].

The fact of a growing number of births to second or third time offenders made the need for intervention with the mothers more crucial. Inspector Fitzgerald-Kenney, in 1934, noted that 53% of the unmarried mothers in the charge of the counties within her district were mothers of two or more children. Moreover, this residuum class was becoming more and more the preserve of the statutory authorities as growing numbers of voluntary organisations dealt with other categories. Due to the fact that industrial schools increasingly took children who were orphaned, deserted or destitute, it was mostly illegitimate children who came under the local authority boarding out scheme. Inspector

[61] Inspector Litster, Annual Report of the Department of Local Government and Public Health, 1931-2; 294. As well as the perceived immorality of the irredeemable category of mothers, there was also a belief that prevailed into the mid 20th century that the mothers themselves were mentally deficient. In a report on the administration of the Home Assistance system, it was argued in 1930 that: 'I am satisfied that a large percentage of the unmarried mothers in County Galway are mentally defective. Some, at least, of these poor girls could have been saved from sin and disgrace

Litster was critical of this development and attributed it to the increasing number of industrial schools willing to take orphaned and destitute children on request 'instead of helping the members of the family to stay together by means of home assistance or by boarding out with relatives' arguing that this was having a knock-on effect on the boarding out system;

A number of the children now at nurse in my district are illegitimate, legitimate destitute or orphaned children having found their way, by one channel or another, into institutions immediately they become destitute or their parents die. In time, this circumstance will be used as an argument against the boarding out system. Once or twice already, I have heard it stated that only illegitimate children are boarded out. It does not take long for such a statement to be generally accepted as fact and a stigma of this kind will be bound to have an effect upon the class of person willing to undertake the upbringing of boarded out children. Recently, a widower, whose children were being maintained in the county home, raised an objection to having them placed at nurse in a good foster home on the ground that people would think they were illegitimate[62].

In a memo by Inspector Litster in 1939, she noted that, there were 1,277 illegitimate children maintained in the county homes, poor law institutions and special homes in Ireland. The number boarded out the same year was 2,329. The need for personnel to intervene with unmarried mothers and to ensure illegitimate children were boarded out was intensified by a growing concern regarding the high death rate of children in the special mother and baby homes[63]. In 1943, it was reported that, 61% (70 children) of the children born in the previous 12 months had died in the Sacred Heart Home in Bessborough, and an average of 35% had died in both Shan Ross Abbey (63 deaths recorded) and Tuam Children's Home (54 deaths). It was reported that the death rate in Pelletstown (30 deaths out of 377 children) and Manor House (4 deaths of 52 children admitted) had decreased due, it is argued, to a reduction in overcrowding[64].

The 'problem' of unmarried mothers was one which exercised not only the statutory health authorities but became a growing concern for many voluntary organisations during the early 20th century, though, as demonstrated in Section 7.3, the rationale for this

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had they been promptly sent to a home when it was ascertained that they had become mentally defective' (Hennegan, 1930; 51)

[62] Report of Inspector Litster, 1933-4; 327.

[63] Inspector Litster (1939) 'Illegitimate Children', in General Children File, Department of Health.

[64] Inspector Fitzgerald-Kenney, General Annual Report on Boarded Out Children, 31 March 1943.

concern was less that of reform in terms of moralisation and normalisation as above, but rather, a predominant concern with protecting the faith of Irish children. Between 1930 and 1943, the number of illegitimate births recorded by the public authorities rose from 1,850 to 2,574. It was noted that part of this increase was due to the repatriation work done by voluntary organisations such as the Catholic Protection and Rescue Society and the Irish High Commissioners Office in London returning pregnant Irish women from England and Northern Ireland[65].

Concern with the plight of unmarried mothers in Britain appears to have been shared by both the Department of Local Government and Public Health and the voluntary Catholic Agencies, and was focused, primarily, on first time offenders[66]. A female official, Mrs. Croft, was appointed to the Department of Local Government and Public Health in the 1930s to deal with the specific issue of repatriation itself. The position of the Department was clarified in 1935, demonstrating that repatriation was considered appropriate only for the first time offender:

The Department of Local Government and Public Health realises very fully the difficulties experienced in dealing with Irish girls who leave this country when pregnant and arrive in England more or less penniless. To encourage these girls to stay at home, a number of special schools for mothers of one illegitimate child has been established throughout the country through the instrumentality of the Department of Local

[65] Report by Inspector Litster on 'Children' to the Department of Health, 1943, p. 4. Repatriation work was intrinsically linked with a concern with anti-proselytisation and a concern that Catholic babies would be placed, not only with Protestants but also with English Protestants or in English Homes. The Catholic Protection and Rescue Society Ireland were the first to become involved in the repatriation of women from England from the 1930s. Rescuing children from Protestant Homes in England also became a premise of other Societies such as the Society of Saint Vincent de Paul which recorded a number of cases, from 1930 onwards, of priest or brother travelling to England, or a Conference paying the travel costs of returning a child to Ireland from a Protestant home. For example, the Society, in 1938, reported instances where money was sent to a priest in England to remove a child from an English Protestant hospital and to return it to a Catholic hospital in Ireland because otherwise, the religion of the child would have been left 'in question' if he had remained in England (Report of the Council of Ireland, 1938; 102) Another case reported was relating to the arrangement for a 'poor abandoned Catholic child' to return from England to Ireland in order to be placed in a Catholic home (Report of the Council of Ireland, 1938; 108).

[66] The Department of Health was involved in initial attempts to repatriate mothers from England. A meeting was held in the office of the High Commissioner in 1931 with an 'informal conference of Catholic Social Welfare Societies' and the department inspectors. It was decided that two committees would be established, one in Dublin and one in London to co-ordinate the work. From a report in the Department of Health, 1948, it appears that it was during the war years that the activities of repatriation became significant. Due to the growing scope of the work, the Department of Health considered it went beyond their remit and, in negotiation with Archbishop McQuaid, the responsibility for repatriation was taken over by the CPRSI in association with the CSWB in the early 1940s. The CPRSI was the key agency contacted in relation to unmarried mothers in England and the Department continued to offer support and advice as regards placements for the returning mothers (NA A124/23 Repatriation of Unmarried Mothers).

Government and Public Health[67]. These homes, which should shortly cover the needs of every county of the Free State, are under the management of the Religious orders and are supported from public funds.

And, having set out the process whereby the mother would be repatriated, placed and the nature of her confinement, Mrs. Croft concluded that:

It will be understood that the above arrangements apply only to girls who are pregnant for the first time and who become so in Ireland[68].

As illustrated further in Section 7.3, to a certain extent, statutory authorities appear to have operated from a shared discourse with voluntary organisations in relation to intervention with unmarried mothers and their children. One might suggest from this that the state sought to govern at a distance while the psy experts, in this case the Catholic philanthropists, carried out the vast majority of interventions. However, the views of the Department and the voluntary organisations often differed in terms of who was responsible for the plight of various categories of children and how they should be dealt with. For example, the Department of Health Inspector was critical of the work of some of the voluntary agencies once the girls were brought back from England:

The Catholic Protection and Rescue Society, St Patrick's Guild, the Rotunda Girls Aid Society and a similar society for Holles Street place children at nurse without seeking at that stage any assistance from the local authority save the recoupment given to them under the maternity and child welfare scheme. At the age of 5 (when the recoupment ceases) the societies cease to make payments to the foster mother and the result is often the committal of the child to an industrial school (the Catholic Protection and Rescue Society have recently agreed to retain financial responsibility for such children). Close co-operation between the Societies and the local authorities in this matter appears desirable with a view to continuity of residence for the children[69].

The Department also addressed the problem that, unlike in England, in Ireland, only one home, Temple Hill, catered for illegitimate children without their mothers and that consequently, many children were found abandoned, sometimes dead, due to a mother's

[67] These homes are: Pelletstown, Bessboro, Shan Ross Abbey; Tuam; Castlepollard.
[68] NA A124/23 Repatriation of Pregnant Unmarried Mothers (this document was written between 1931, following the establishment of the homes and 1939, when the Department was called Department of Health. It would seem that it was an actual addition to the report of Mrs. Croft, dated 1935).
[69] Report by Inspector Litster on 'Children' to the Department of Health, 1943; 5.

reluctance or fear to enter one of the homes. In her report, Mrs. Croft challenged the lack of facilities for mothers without their children and suggested that the argument put forward by 'benevolent agencies' that provision of such a service would encourage sexual immorality was untenable and that 'the fact remains that not to have such a home is to encourage murder'[70]. However, while a home for babies without their mothers was considered by some organisations in 1943[71], little attempt was made to provide services for the unmarried mothers themselves except with their children[72]. To address this limitation in the nature of services offered, Mrs. Croft recommended that services such as that provided by the Regina Coeli would be ideal for their purposes[73].

It seems that, in light of the nature and form of existing services, there was a need for a 'psy' expert to take on this mediating and reformist role within the statutory authorities, rather than leaving exclusive control over child welfare practices to the voluntary organisations. In fact, the lack of independent female philanthropists in Ireland was offered by Inspector Litster in 1948 as one of the main reasons why such services had yet to be established for mothers without their children.

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[70] Report by Mrs. Croft, Department of Health, 28/2/1935; NA/ A124/23: Repatriation of Unmarried Mothers.

[71] This was considered by a number of organisations at the request of the Dublin Archbishop, Dr McQuaid, in 1943 who established the Catholic Social Welfare Bureau in this year. As discussed in Chapter Six, the Bureau acted as a co-ordinating body for various child welfare services in Dublin. The view of voluntary organisations such as the Sacred Heart Home and the Rotunda Girls Aid Society was that 'we see no way by which a mother can be compelled to remain with her child...if the babies are abandoned, a place must be provided for them. Those wishing to remain with their babies are provided for already' (Memorandum on a 'Home for babies without mothers' in CSWB, 1943, Dublin Diocesan Archives). The possibility of the Corporation establishing a home was considered, where admission would be 'reserved to cases approved by one of the recognised Rescue agencies'. This was proposed by the chairperson of the CPRSI. However, the Sacred Heart Home reflected the dominant view, which prevailed among the Rescue organisations stating that 'we do not recommend making any recommendation to the Authorities...we consider no useful purpose would be served and more time would be lost to an urgent case as any appeal of this kind made by our committees has failed' (Memoranda by Sacred Heart Home on a 'Home for babies without their mothers' CSWB, 1943). The predominant view that prevailed within the Catholic Social Welfare Bureau itself, the Rotunda Girls Aid Society and the Holles Street Society was that foster parents should be sought to take over the care of children immediately after birth in a short term capacity while permanent transfers/adoptions were being arranged (Letter from Rev. C. Barret to CPRSI, 7/12/1943 in CSWB Homes for Babies without Mothers file, 1943).

[72] There is however occasional reference within the records of the CPRSI of instances where they did attempt to assist a mother in keeping her child by providing funding for accommodation or supporting her in returning to her family home. Due to their concern to induce mothers to have their child boarded out or fostered through them, they also offered inducements such as financial assistance and accommodation in return (Annual Reports of the CPRSI, 1930-1960).

[73] The Regina Coeli, run by the Catholic lay organisation, the Legion of Mary was the only service available to mothers who wished to keep their children. Established in 1930, it provided accommodation for mothers within a 'home environment', allowed them to stay as long as was necessary and assisted them in returning to employment following the birth of the child.

Catholic women in Ireland are very uneasy about all this. The Church is perhaps waiting for the State to do something. The State is perhaps hoping the Church will do something. The Irish Catholic woman displays less initiative in such matters than her English counterpart. Welfare societies or groups of women with a social conscience will start a small voluntary home for mother and child in England, equip and maintain it themselves. Here, we wait for the Church or the State to move[74].

And, it was indeed the Church who did move in terms of dominating the sphere of child welfare and protection services in Ireland up to the mid 20th century, though not necessarily in the direction sought by the Inspectors of Boarded Out Children. Section 7.3 considers a complex range of interacting and enmeshed discourses, which surrounded the practices of the statutory authorities, most notably the efforts of the Inspectors, over the period in question. It demonstrates the complexity of, not only relationships between the state and the voluntary agents of child welfare but also relationships between different state departments in relation to the nature and form of child welfare practices.

7.3: Conflicting child welfare discourses: The practices of the voluntary organisations and the institutions.

7.3.1: Introduction

Evident in Section 7.2 is the way in which the Inspectors of Boarded Out Children within the health authority were seeking an expert to intervene with the unmarried mother and her child in terms of moralisation and normalisation practices. Over the same period, it was in fact Catholic voluntary organisations, which dealt with the vast majority of children and unmarried mothers operating from a child saving discourse. Given the significantly greater space occupied by the voluntary organisations, it was the discourses of the latter which were most dominant in terms of the power/knowledge spiral. In addition to a concern with child saving which often superseded a concern with moral reform of the mother, an opposition to State intervention created a significant gulf between the practices of the voluntary organisations and this governance by the relevant statutory authority. Rather than governing at a distance, it appears that the statutory

[74] Report on 'Unmarried mothers in Great Britain', 1948, General Children File, Department of Health. This memo was prepared by Inspector Litster for the Secretary of the Department of Health. It was prepared to be sent to Sister in Charge of Saint Patrick's Guild and to His Grace, the Archbishop.

Inspectors struggled to gain any regulatory space over the nature and form of practices within the voluntary, mostly child saving, organisations.

The nature and form of selected voluntary organisations in the field of child protection and welfare is examined in Section 7.3.1. The way in which the Inspectors sought to regulate these practices, particularly relating to the placement of children in private foster care, is explored. Another related concern for the inspectors, which is explored in this section, was the dominance of institutional care, run mostly by the Catholic religious, which appeared to leave little space for promoting a familist ideology and expansion of placement of children with families rather than institutions.

It was not just a battle for space with a powerful Catholic network of institutions, which the Inspectors engaged in here. The apparent reluctance of the Department of Education or, for the most part, the Department of Local Government and Public Health, to govern any aspect of the child welfare system in Ireland was a constant struggle for the Inspectors who, seemingly tireless, sought to promote a familist ideology based on intervention with children and families by a trained psy expert. A range of themes relating to this issue is discussed in Section 7.3.2.

Implicit within the accounts throughout this section is: the dominance of a discourse of child saving over a discourse of moralisation and normalisation; the operation of philanthropists mostly outside of the existing statutory framework relating to both the removal of children from their home and their placement in institutions or privately at nurse; and the way in which, rather than governing at a distance, a minor discourse within the Department of Local Government and Public Health, that of the two inspectors mainly, struggled to govern the care of even the relatively small proportion of children who came directly under the care of the Public Assistance authorities.

7.3.2: Regulating the voluntary agencies

As already asserted, for the majority of voluntary organisations, child protection was constructed in terms of child saving[75], and in the Irish context, this translated into anti-proselytisation work[76]. It would be erroneous and over-simplistic however to suggest that this was the priority of all voluntary organisations, or even all Catholic voluntary organisations engaged in child welfare work. As discussed in Chapter Six, given the disparate range of charities in Ireland and their lack of co-ordination, it is difficult and dangerous to attempt to generalise the nature and purpose of a huge range of organisations. For example, a number of groups and individual reformers emerged in Ireland over the 19th century who were concerned with issues of reform and child welfare, unrelated to religious ideals and more similar to the reform movements which appear to have proliferated in Britain and elsewhere over the same century. The most notable of those was the National Society for the Prevention of Cruelty to Children (NSPCC). It was Rosa Barret, a prominent philanthropist who produced the first register of charities in Ireland, who was instrumental in establishing the NSPCC in Ireland in 1899.[77] The NSPCC was established as a non-sectarian society and had, on its membership, men and women of Catholic, Quaker and Protestant persuasion. The Society operated from an ideology that it did not wish to break up families but rather to work to make parents responsible and to 'furnish aid to worthless parents who make children wanderers, homeless and destitute and to render other provisions than their own home less necessary'[78]. The aim of the Society was set out as providing support to families on the one hand, while providing surveillance of their parenting practices on the other. As Ferguson (1996) argues, contrary to public opinion, the number of removals of children from homes by the Society remained minimal over the 20th century, during which it operated from a family-centered ideology of intervening with families and

[75] The term 'child saving' was introduced in the work of Platt (1969) , which offers one of the first critiques of the practices of the social reformers of the 19th century in most western Democratic Societies, who sought to intervene with children to save them from delinquency, destitution, or pauperism.
[76] Anti-proselytisation refers to practices aimed at preventing Catholics from being influenced by Protestantism.
[77] Luddy (1995b) outlines that the establishment of the Society came about through a request from Rosa Barret for a London Inspector from the Society to investigate a case of an undernourished child whom she had taken into her orphanage (the Cottage Home for Little Children in Dun Laoighre, Dublin).
[78] Annual Report of the NSPCC, 1889-1990; 11, cited in Luddy (1995b); 94.

prosecuting parents who deviated from acceptable parenting norms[79]. Ironically though, despite this seemingly familist ideology, where children were removed, they were most often committed to the industrial schools (Ferguson, 1996). While the NPSCC do not feature significantly in the records of the statutory authorities, certain commentary on the practices of the Society in placing children suggests that tensions existed[80].

As discussed in Chapter Six, prominent female philanthropists also promoted the needs of children in particular from the late 19th century up to 1945. Associations such as the Women's Health Association (est. 1907), member organisations of the Civic Institute of Ireland, the Joint Committee of Women's Societies and Women Social Workers played a prominent role in advocating for various aspects relating to the needs of mothers and their children during the early and mid 20th century. However, from a history of the present perspective, it is the discourses of Catholic voluntary organisations, which appear to have occupied significant space and to have surrounded, impacted, contradicted with and challenged the discourse of statutory child welfare promoted by the Inspectors of Boarded Out Children.

The concern with anti-proselytisation was evident in a range of Catholic organisations, from those aimed at the material and spiritual relief of the poor[81], to the industrial

[79] Ferguson (1996) estimates that over the century, of all recorded interventions by the NSPCC, only 2% resulted in removals of children from parental custody.

[80] For example, in 1947 Inspector Murray noted, in relation to practices within County Galway that: 'The National Society For The Prevention Of Cruelty To Children inspector for County Galway visited this foster home and being dissatisfied with the conditions she found there, informed the local authority that she was applying to the court for a committal to an industrial school. The girl was said to have remained out all night. In connection with this case, the following points should be noted: While I investigated the matter during the first week of December, I found that no further communication had been received from the National Society For The Prevention Of Cruelty To Children inspector, that the local authority had not been represented at the court proceedings and that it had no information as to what had taken place, or the school to which the child had presumably been committed. It is a grave indication of the local authority that one of its boarded out children should be subject of an action of the National Society For The Prevention Of Cruelty To Children inspection, and as far as I am aware, this is the first time such an incident has occurred. It is interesting to note in his October Report, Assistance Officer L stated that the health care and clothing of the child were "good". Furthermore, if it were necessary to remove this child and send her to an industrial school, it should not have been done through the court, as the local authority is empowered to send public assistance children direct to any certified school and it should have been aware of this regulation (Annual Report on Boarded Out Children in Galway, 1947, Inspector Murray).

[81] In the reports of the Society of Saint Vincent de Paul, for example, from the late 19th century onwards, numerous references are made to cases where children were removed from parents who had exposed their children to proselytisation influences. For example, in the Report for Coleraine in the *Report of the Superior Council for the Society of Saint Vincent de Paul Ireland 1898* it was explained that 'It having been brought to our attention under the notice of the Conference that an illegitimate child belonging to a Catholic servant was being reared by a Protestant woman, and that several efforts were being made by some Protestants to secure the child, the Conference at once took

schools, as well as within special child welfare services for the Protection of the Faith[82]. Evidence also suggests that deep-seated rivalry between Catholic and Protestant run services for children, especially during the late 19th century, was an enduring feature [83].

One might argue that, given the political context of relationships between Ireland and England, and the association of Catholicism with the former and Protestantism with the latter, during the 19th century, deep-seated rivalries between the different denominations are understandable. However, following the establishment of the Irish Free State, and despite the diminishing number of Protestants involved in social service provision in the 26 counties, anti-proselytisation remained a primary concern for some agencies right up to the 1960s. The Catholic Protection and Rescue Society is a case in point.

The Catholic Protection and Rescue Society was founded in 1914 by 'a committee of Catholic gentlemen with the approval and blessing of his eminence the Cardinal Primate and most of the Irish Bishops'[84]. The aim of the Society was 'Catholic Defense – to

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steps to have the debt which was due for the maintenance of the child paid off, and with the assistance of the mother, succeeded in obtaining the services of a Catholic woman to take charge of it' (1898; 23). The following reports from a conference in Dublin within the Society's annual report in 1930 are typical: 'three girls belonging to a family in which Protestant influence was being exercised were removed and placed in the Sacred Heart Home' (1930; 56) and 'The spiritual side of the work was not neglected during the year, and in visiting, the attention of members of the families to their religious duties was given prior consideration, and membership of Parish Sodalities encouraged. Towards the latter end of the year the conference was successful in safeguarding the faith of three young children in one family who were in danger of being removed to a Protestant Children's Home. The father of the family, who had been away from his religious duties for some years, has resolved to return and the members have every confidence that their efforts in this case will produce permanent results' (1942; 56).

[82] The Sacred Heart Catholic Protection and Rescue Society, for example, stated its object as 'the rescuing of children from proselytising homes and refuges' and 'the provision of Homes for those who, through desertion or death of a non-Catholic parent would be compelled to enter workhouses or institutions dangerous to their faith and thus be brought up in the loss of their faith' (Irish Catholic Directory, 1900; 79) It was reported in 1912 that, since the home had been established 25 years earlier, they had rescued 1,500 children from proselytism (Irish Catholic Directory, 1912; 477-8). In fact, throughout the early 20th century, various advertisements of this anti-proselytisation featured in the Catholic Directory, which listed the range of religious services in Ireland annually.

[83] For example, Catholic organisations such as the Ladies Association of Charity of the St Vincent de Paul for the Temporal and Spiritual Relief of the Poor competed with the Dublin Bible Women's Mission for control over home visitation and the provision of relief to the poor in their areas. It appears that philanthropists intentionally set up services in close proximity to each other in order to compete for souls to save (In Luddy (1995b); 42-43.) Prunty (1995) also illustrates the deep-seated rivalry between female philanthropists of different religion where she illustrates the way in which Margaret Ayleward, and her protestant counterpart, Ellen Smyly intentionally set up orphanages and school programmes in similar areas in direct opposition to each other in a stubborn bid to colonise the families and children in those areas. The Church of Ireland Dublin Visiting Mission in Connexion with the Society for the Irish Church Mission warned its Protestant philanthropists: 'Let us remember that Rome knows no neutrality. If we are not aggressive to her, she is aggressive to us' (cited in Prunty, 1995; 66) while the Catholic *Freeman's Journal* called for the establishment of a Save the Children Fund in order to counteract the influences of the Protestant philanthropists.

[84] First Annual Report of the CPRSI, 1914; 7.

protect the Faith of Baptised Catholics in Ireland from proselytising influences and to rescue Baptised Catholics who have already fallen under them'[85].

In 1923, the society warned of the problem of proselytisation:

The extent of this vile traffic, even at the present time, in human souls is not realised by Catholics, as these enemies of the Faith work in secret; but all good Catholic social workers know how widespread is the evil, and that constant vigilance is required to protect the Irish poor[86].

The scale of the problem was highlighted in 1929 when it was stated that:

There are soul-snatchers who descend upon the homes of poverty and prowl around the hospitals. They capture large numbers of Catholic children and teach them afterwards to hate and revile the Catholic religion...It would be difficult to estimate the number of those who are lost to the true Faith by the activities of those whose professed aim is charity but whose real purpose is proselytism of the meanest kind[87].

As the Protestant protection societies appeared to have greater resources than their Catholic counterparts, a persistent concern within the Society was to ensure Catholic unmarried mothers were not lured by the attraction of increased financial and social support from a Protestant organisation[88], and, even in cases of mothers deemed to be undeserving, the Society used various measures to encourage the mothers to place their children with Catholic families[89]. The Society was also engaged, up to the 1950s; in the actual rescue of children from protestant homes, which meant lady philanthropists going to the homes to physically remove the children with the mothers' consent[90].

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[85] ibid. The work of the CPRSI is significant in that it maintained this anti-proselytisation aim up to the mid 1960s and presently continues to exist as a voluntary Catholic Adoption Society. It was among the first to employ a professional social worker within the field of child welfare in 1949 and will be referred to in more detail in Chapter Eight.

[86] CPRSI Annual Report, 1923; 3.

[87] Rev. Doherty, Bishop of Galway, in Annual Report of the CPRSI, 1929; 3-4.

[88] For example, in their First Annual Report, reporting on the case of an 11 year-old-boy whose mother had died, a concern was expressed that the father was planning to send him to a Protestant Home because he would get 'a good sum of money for a healthy boy' (CPRSI, 1914; 11)

[89] For example, in their First Annual Report, the CPRSI recorded a case of a mother of a 9 month old baby unable to support herself: 'Some Protestant ladies took an interest in her and placed her in a Protestant Home...The case was very urgent, the committee took the baby and the mother was assisted to get a situation and will be able to contribute to the support of her child' (CPRSI, 1914; 58).

[90] Annual Reports of the CPRSI, 1914-1960. The physical rescue of children from proselytisation was a feature of child saving practices from the previous century. Luddy (1995b) for example refers to the practices of one of many Catholic ladies engaged in child rescue over the 19th century. She quotes a memo from Maria Murray to the

By 1943, there were approximately 2,000 illegitimate children placed privately at nurse, mainly by organisations concerned with anti-proselytisation, such as the Catholic Protection and Rescue Society, St Patrick's Guild, The Society for the Protection of Destitute Catholic Children; the Nursery Rescue and the Cork Catholic Women's Aid Society[91]. This figure was similar to the proportion of children boarded out[92], though, as illustrated below, since many agencies did not register their placement of children privately at nurse, this figure is likely to have been significantly higher.

While the various anti-proselytisation agencies operated independently on the whole, and outside of the legislative framework of the Children Act 1908, providing their own informal system of boarding out or placement in institutions, they were required to register the children they placed in foster homes as 'at nurse' children under the Children's Acts 1908-1934, in order that the Public Assistance Authority inspector could monitor and regulate the placements. It was also necessary to register the child in order to receive the maternity and child welfare grant for their maintenance[93]. The way in

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Archbishop of Dublin, Paul Cullen, in 1864 that her purpose was to take 'as many children from the proselytizing parties as I can snatch', and that to counteract 'the Protestant Ladies of Dublin who are doing the mischief', there was a need for Catholics to establish homes (Luddy, 1995b; 68).

[91] Report by Inspector Litster on 'Children' to the Department of Health, 1943.

[92] In 1936, 2304 children were boarded out in comparison to 2,800 registered as at nurse (O'Sullivan (1999)).

[93] For example, the Catholic Protection and Rescue Society set out the following as their boarding out procedure. 'Most of the children taken on by the Society are boarded out with good foster parents, chiefly in the country or at the seaside. The greatest care is taken in the choosing of the homes; recommendations from the local clergy is essential; the homes are inspected before the children are placed and afterwards by members of the Ladies Committee, voluntary helpers, Secretary or Assistant Secretary, always unexpectedly and at intervals as thought necessary; in addition the Children's Act inspector of the district (to whom all notifications of the placing of a child at nurse must be sent immediately) visits the children at regular intervals; these inspectors are in close touch with the Office and report frequently to the Secretary on the children's progress. In town districts, notification of the placing of a child must be made to the Medical Officer of Health, Municipal Buildings, Dublin. Cases of sickness must be reported at once to the Secretary by the foster mothers, and if admission to Hospital in serious illness is thought advisable by the local doctor, arrangements are made without delay, and in this connection the Committee cannot speak too highly of the help given by Hospitals in Dublin and County...'(Annual Report of the Catholic Protection and Rescue Society, 1926; 3-4). It is important to note though that, while it was common practice for the CPRSI to place children at nurse within their own boarding out system, occasionally the Society did make efforts to keep the mother and baby together especially during the mid 20th century. For example, in 1948, the Society reported that 'While the primary work of our society is the rescue of the child whose Faith is in imminent danger, we are, nevertheless, anxious to assist, as far as is possible, in all cases where the child is unwanted. It is not always in the best interests of either the mother or her child that they should be separated. We often find from our investigations of certain types of cases that the contrary is true, and we assist when necessary, by giving the mother or a relative financial aid towards the child's maintenance. Sometimes it is best for the young unmarried mother to remain in a Home with her child, at least for a while, and we readily make arrangements in all such cases for her admission. Each application is carefully and prudently investigated before a decision is made and in arriving at a decision the committee consider only the welfare of both the mother and child' (35th annual report of the CPRSI, 1948; 3).

which the agencies interacted with the Inspectors charged with regulating this legislation is illuminating in terms of understanding the dominance of the voluntary organisations and the lack of power of the statutory regulators operating within this legislation.

For example, in 1943, Inspector Fitzgerald-Kenney noted that while some of the Catholic societies were in receipt of maternity and child welfare grants from Government and thus subject to regulation, a number of other agencies had opted not to receive government grants in order to avoid state interference. A distinction was made between practices within Protestant and some Catholic organisations. Referring to the Irish Church Mission and the Protestant Nursery and Rescue Society, she noted that these agencies, in the absence of any Protestant Industrial schools, sent the children to various charitably maintained orphanages. Noting that while, under the legislation there was no legal requirement of the societies and homes to submit to inspection, she noted that they were open to such inspection and the homes were found to be generally well run. On the other hand, they noted that certain Catholic institutions, such as St. Bridget's orphanage, Eccles Street and the Sacred Heart Home in Drumcondra, who did not accept the maternity and child welfare grant[94] and therefore were not legally required to be inspected either, refused to submit to inspection[95].

In order to address the problem of regulating practices of voluntary organisations, Inspector Litster recommended in 1946 that the 'hire and reward' clause within Section 11(1) of the Children Act 1908 as amended by Section 8(1) of the 1934 Act should be omitted so as to allow the visitation of all children at nurse up to the age of 16. At the time, inspection was only possible for children up to the age of 9 and those agencies in receipt of the maternity and child welfare grant or some other source of payment[96].

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[94] In 1943, only 6 voluntary 'boarding out agencies' were in receipt of the maternity and child welfare grant and thus eligible for inspection: Nursery Rescue and Protestant Children's Aid Society; Society for Protection of Destitute Catholic Children; Catholic Protection and Rescue Society; Rotunda Girls Aid Society; St Patrick's Guild; and the Catholic Women's Aid Society (Report by Inspector Litster on 'Children' to the Department of Health, 1943; 6).

[95] Report by Inspector Litster on 'Children' to the Department of Health, 1943; 5.

[96] Under Part I of the Children Act 1908, it was children five years and younger who were covered under the Act. The children Act 1934 increased the age up to which children at nurse should be monitored to the age of 9. The Boarding Out Guidelines (1953) raised the age of all children coming under the remit of the local authorities to 15, including children at nurse.

Ongoing difficulties however in dealing with children placed at nurse by charitable institutions are reflected in the Reports of the Inspectors of Boarded Out Children during the 1940s. For example, in relation to her review of boarding out in Wicklow in 1941, Inspector Kennedy-O'Byrne found that all of the children placed 'at nurse' had been received from St Patrick's Guild, the CPRSI and the Rotunda Girls Aid Society. She recorded a number of instances where the agencies had placed between 4 and 6 children with one family, of which, 2 to 3 had to be removed in each instance. The removals were not only related to the numbers being too high but also due to the unsuitability of the nurse homes for the children[97]. Likewise, in relation to Roscommon, it was reported that, of the nine at nurse children inspected, all but one had been placed by a voluntary agency[98] for a set fee. It was also noted that a number of children were discovered in the area who had been boarded out by boarding out societies in Dublin who had not been registered[99].

Inspector Murray, in her annual report in 1945-6 was likewise critical of the way in which boarding out voluntary societies sought to avoid regulation by the statutory authorities within the counties she was responsible for:

Some of the boarding out societies in Dublin make a practice of sending children for 'adoption' to various parts of the county. They make no inquiries of the local authority beforehand as to the economic circumstances of the applicants, the only reference being the Parish Priest. This procedure is extremely unsatisfactory as many foster parents are in very poor circumstances and occasionally in receipt of home assistance. Local Authorities very naturally resent the action of these societies, but they do not appear to have any redress, as the Societies contend that no fee or reward has been paid or promised to the foster parent and that therefore the children are not subject to registration or liable to inspection. The law appears to need amendment on this point[100].

Despite the fact that the mother and baby homes were provided by the statutory services, they were run by religious orders and also appear to have operated relatively free from

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[97] Report on Boarding Out in Wicklow, 1942, Inspector Kennedy-O'Byrne.
[98] 2 by St Patrick's Guild, 2 by the mother and baby home, Castlepollard and 4 by the National Society For The Prevention Of Cruelty To Children. The mother herself placed the other child.
[99] Report of Inspector Murray on Boarded Out Children and Children at Nurse, 1949, Roscommon, Department Of Health.
[100] Annual Report of Inspector Murray, 1945-6, Department of Health Files.

local authority control. In her report on boarding out of children in Dublin for example, Inspector Murray was critical of the way in which the Home only provided two or three children for viewing, for foster parents applying to board out. Murray challenged this practice and recommended that all children available should be given the opportunity to be boarded out. She was also critical of the practice within the home of keeping children up to the age of 6 or 7 before boarding them out, and sometimes up to the ages of 10 or 11. She considered this practice to be collusive with foster parents who often prefer older children due to their labour value and admonished the support of this practice, considering it to be against the best interests of the children[101].

Evident in this account is the dominance of voluntary and religious organisations in the construction of child care practices, especially for illegitimate children. While the public assistance authority shared a concern for the repatriation of women from England in the interests of preserving the faith of the child, there is also evidence that the inspectors, as agents of the authority, were critical of the failure of voluntary organisations to operate within a discourse of legalism, but was relatively powerless in challenging this practice. This over-riding and on-going concern with child saving and Protection of the Faith as a dominant child protection discourse is demonstrated further in accounts of the emergence of the industrial school system in the following section. Section 7.3.3 also highlights the fragmentation of the 'state' in terms of governance of child welfare. Evident within the following accounts is the way in which the Inspectors sought to advocate against the expansion of the industrial schools, especially from the 1920s to the 1940s, while the Department of Education, by failing to govern the site, enabled their expansion and dominance within the field of child welfare during the early and mid 20th century. The practices of the Inspectors' own governing authority, the Department of Local Government and Public Health, likewise implies a dominant discourse of non-governance within the statutory sphere.

[101] Annual Report on the Boarding Out of Children in the Dublin Board of Assistance, 1939, Inspector Murray.

7.3.3: Institutional versus foster care

As already clarified, the largest sphere of child welfare up to the mid 20th century in Ireland, the industrial schools, represents the most dominant form of care for various categories of children in Ireland, through the growing numbers of industrial and reformatory schools, most of them run by the Catholic religious[102]. Children eligible for committal to industrial schools included those who were found begging or receiving alms, children found wandering and not having a home, children found without proper guardianship or a visible means of subsistence and children found destitute, orphaned, or whose surviving parent was in prison. Children found among thieves were also eligible for committal[103].

The effect of the introduction of the Industrial and Reformatory Schools Acts, 1854 and 1858 in Ireland was that, already well-established schools, could now receive government funded capitation for maintaining children in the schools[104]. The administration of the

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[102] O'Sullivan (1999) compares the numbers of children within various forms of care from 1861 to 1971. In 1871, 2,482 children were cared for in industrial schools while 1,476 were boarded out. By 1926, the total number of children in institutions was 6,277 while those boarded out accounted for 1,906. By 1946, the balance between the two forms of care was similar; 6,660 in the industrial schools and 2,419 boarded out. As the number of children maintained in the workhouses decreased, it was the number placed in industrial schools, which actually increased, not that of boarding out. For example, in 1871, there were 12,089 children maintained in the workhouse. By 1926 this had dropped to 1,900 yet the numbers boarded out were in fact lower than they had been in 1871 while those in industrial schools had trebled. Likewise, in 1946, again, boarding out figures are relatively constant while those in the workhouses was down to 800 in comparison to 6,660 in industrial schools. As discussed in chapter eight, all of these categories diminished from 1950 onwards due to the introduction of adoption and the emergence of concerns regarding placement of children in institutional care.

[103] Burke, 1987; 236.

[104] Authors interpret the expansion of the industrial schools in different manners. Robins (1980) argues that, prior to the establishment of the schools, the main institutional provisions for children were the foundling hospitals and the Charter Schools. He argues that a concern for anti-proselytisation was the strongest motivating force, but also argues that it was a humanitarian effort on the part of the Church to provide adequate services for homeless and destitute children: 'The contribution of private charity grew and the religious-controlled institution came to care for many children in need of help...and...by the end of the nineteenth century, it may be said that the callousness and indifference of the early eighteenth century towards charity children had given way to a remarkable concern for their welfare' (Robins, 1980; 9). Barnes (1989) likewise attributes the expansion of the industrial school system in Ireland to a growing concern for the needs of a range of destitute, deprived and deviant children. Buckley et al (1997) suggest that there were a number of factors which determined the establishment of a large network of industrial schools over the 19th century; a concern to protect children from the dangerous and perishing classes and to provide them with training to make them productive members of society; a strong commitment to child saving and anti-proselytisation; a concern to divert children from risk of imprisonment in the absence of appropriate institutions for their care and control; and the growing awareness of the workhouse as an inappropriate site within which to rear young children.

industrial schools lay well outside the public authorities remit and this had a significant impact on the space in which statutory child care practices were able to develop over the 20th century[105]. The local authorities were unwilling to fund industrial schools from public resources and 'one of the results of the lack of inclination on the part of public bodies or private individuals to accept the burden of providing schools or supplementing the Treasury grants for maintenance was that various Religious Orders of men and women were asked to undertake the burden'[106]. A unique feature of the introduction of the Reformatory and Industrial Schools legislation in Ireland was the way in which religious segregation was maintained and in fact, by the early 20th century, most of the industrial schools were in fact taken on by various Catholic religious orders[107].

While by the beginning of the 20th century there was general agreement in relation to the need to segregate children from the general population of the workhouse, although this did not necessarily animate all of the Boards of guardians and subsequent county managers[108], there was less consensus in relation to the form and nature that segregated

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O'Sullivan (1999), applying a history of the present, challenges the revisionist histories of the industrial schools and argues that they emerged within a complex set of discourses and influences. While they represent an attempt by the Church to regulate and monitor children and to dominate the site of child care, O'Sullivan demonstrates the diversity of views relating to the industrial schools both within the Catholic Church itself and among voluntary organisations, and argues that the emergence of the schools in Ireland cannot be problematised merely in terms of theories of the 'State' or the 'Church', but rather a broad mosaic of factors and influences.

[105] As O'Sullivan (1999) has argued 'the role of the State in these developments was relatively marginal. The passing of the Industrial Schools Acts, in particular, simply provided a more stable basis for the funding of institutions already well established and allowed for an expansion of the model already dominant...the development of the child welfare apparatus in Ireland was largely the creation of an increasingly powerful and numerically strong Catholic Church, actively providing a denominational system of institutional care for children deemed at risk, largely in their eyes, from proselytisation (O'Sullivan, 1999; 231)

[106] Report of the Department of Education, 1935-7; 87.

[107] By 1898, there were 61 industrial schools for Catholic children, 9 for Protestant children and one mixed industrial school (O'Sullivan, 1999). By 1901, there were 70 industrial schools in Ireland, 62 of them run by Catholics (Burke, 1987). By 1936, there were 52 industrial schools and 2 Reformatories in operation in Ireland, all but two of them being run by Catholic orders (Commission of Inquiry into the Reformatory and Industrial School System (Cussen Report), 1936, cited in Burke, 1987; 236).

[108] Statistics for children under the care of the local authorities in 1913 show that of the 647 children in the workhouse who were eligible for boarding out, in 90 of the cases, it was stated that the boards of guardians considered that the children were better off in the workhouse on the basis that poor care had been provided in their areas by foster parents. The lady inspectors refuted this claim, attributing this view to a) a focus on isolated media attention to a minority of failed placements, and b) a reluctance to put energy into finding foster parents when it was easier just to leave the children where they were. The inspectors maintained that where allegations had been made about foster homes, this did not translate into an assumption that the children were better off in the workhouses but rather that more careful selection of families was necessary. While a number of Boards, especially the large ones, had a well-established system of selection, other boards operated a system where foster parents could take a child with little to no inquiry of their motives and no inspection of their homes prior to releasing the child into their care. In some instances, it was recorded in the reports that potential foster parents only had to write to the Guardians and a child would be sent on his/her own out to the home from the workhouse (Reports of the Inspectors of Boarded Out Children, 1905-1915).

services for children should take. Thus, over the early and mid 20th century, the Inspectors within the Department of Health, and other noted advocates[109], attempted to emphasise the value of boarding out over the institutional care provided by approved industrial schools. However, as indicated below, a number of conditions, many of impossibility, surrounded the expansion of the space occupied by the statutory local authority site of the Inspectors of Boarded Out Children.

Firstly, under Section 3 of the Pauper Children (Ireland) Act 1898 the local authorities were allowed to send a child from the workhouse to a certified industrial school in cases where the child was orphaned, deserted or where the parents/surviving parent consented to or requested such an admission. In 1913, only a small number of children , 100, were maintained in the certified schools by the authorities[110]. From the 1920s onwards however, with the expansion of industrial schools and the ease with which one could place a child therein, and the increased number of children in the county homes who were illegitimate or from other categories, such as those orphaned or placed due to family poverty or destitution, tended to be directed towards the industrial schools. The expansion of the industrial school system appears to have been perceived, by some officials within the Department of Education, in any case, as a solution to the problems of child care in the country. In a letter in1922 from the Department of Education to the Chief Inspector of Cork County Board, in response to a query re services for the deprived child, it was stated that:

> The problem of children is almost solved, as we have many religious orders interested and all are willing to take them. I am referring to children fit for industrial schools. I expect no trouble in this respect[111].

Local Authorities appear to have endorsed this view and many opted for the easier route of transferring children from the county homes to the industrial schools, rather than seeking out foster parents for them. As demonstrated in Section 7.4, the agents with

[109] The Joint Committee of Women's Societies and Social Workers, established in 1935, being most notable in this regard. They actively advocated against institutional care and promoted boarding out, and later adoption, as an ideal alternative for children in care.
[110] Local Government Board Report, 1914; xix.
[111] NA DELG 13/1/22.

direct responsibility for the governance of children maintained by the local authorities, i.e. the relieving officers later renamed assistance officers, demonstrated a similar viewpoint. Both Inspectors on the other hand remained highly critical of the growing tendency over the 1930s to place children in institutions rather than in foster homes and they challenged the contention that institutional care was more appropriate for children considered to be difficult or deviant. Inspector Fitzgerald-Kenney argued that:

The earlier the child is got away from the Institutional Groups, county homes, nurseries and similar places and placed in the normal surroundings of the everyday child of the respectable working classes...the better for him...Mental sunshine is necessary for children as much as the physical. With our increased knowledge of childhood we should not make the same blunders that were made two generations ago, and shut away children in institutions however well these be run...
... the more difficult the child is, the more important it seems to me that it should be dealt with in family surroundings and I am convinced that, for the problem child, the use of institutions should be postponed as a measure to be used only after all others have failed. Boarding out as early as possible in suitable families is the best means of securing for the child an early adjustment within ordinary life and is the procedure best calculated to give him a fair start[112].

A second challenge for the Inspectors was the persistent failure of the local authorities to make more adequate payments to foster parents while at the same time, the numbers placed in industrial schools continued to rise. They argued that:

whether the ready made artificial life, inseparable from the Institution, fits children contending with the affairs of every day life to which they must one day return, is a question to which there is in my mind but one answer. Under the boarding out system, children are never cut off from everyday wholesome life, its influences, its friendships or from the general community atmosphere[113].

However, both Inspectors acknowledged that the problem of children being committed to industrial schools rather than being boarded out was one often outside of the power of the Local Government Boards. Inspector Litster for example, in 1933, noted in her district that while most of the Boards of Assistance themselves appeared to have accepted the superiority of the boarding out system, 'outside influences' led to it often being rejected

[112] Inspector Fitzgerald-Kenney: Report on Boarded Out and At Nurse Children, 1929-30; 243.
[113] Inspector Fitzgerald-Kenney: Report on Boarded Out and at nurse children (1930-1; 277).

as an option. She states three primary practices in this regard. Firstly, she noted that, in relation to hearings for committal of children to industrial schools, 'how rarely it happens that the committal is not granted'[114]. Inspector Litster advised that Assistance officers and their Seniors should attend court to attempt to keep the family together by offering public assistance allowance to the family or by arranging for a good foster home in the area. The second difficulty encountered was parents' own reluctance to send their child to the county home, due to the stigma of the poor law, and the fact that placement therein was necessary in order for the child to be boarded out. Inspector Litster noted that, in order to avoid this, neighbours often took the children themselves while awaiting the court hearing, or the sisters in charge of the industrial school agreed to take the child in while awaiting the outcome of the committal application. The third reason why boarding out appeared to be less popular as an option was the fact that the county homes had a reputation of dealing with a large number of unmarried mothers. Inspector Litster suggested that this prejudice would hopefully disappear once 'this class are dealt with in institutions set apart for them'[115]. The reality was however that, due to practices within other spheres, it was children of unmarried mothers, mostly second time offenders, who did occupy the discursive space of the public assistance authorities until the 1970s.

Inspector Fitzgerald-Kenney attributed the limited expansion of the boarding out system directly to the practices of the industrial schools, arguing 'given a few more years of the intensive search which is carried out unceasingly to fill up vacancies in the various institutions, I am indeed of the opinion that very shortly, foster parents will not be required'. She goes onto criticise the fact that industrial schools, often on demand by individuals or voluntary organisations, were also taking in children of poor and destitute families:

> would it not, perhaps, be a better method of assisting the family, and a happier one for the child, were the payment which each child brings to the institution to be paid to its own parents? ... no child should be permanently removed from his home unless it is

[114] She is referring here to the fact that, in most instances, either individual philanthropists, most usually a priest, or a voluntary organisation applied to the courts for committal to the industrial schools as a matter of procedure than as a legislative procedure, in that such committals were rarely challenged.
[115] Inspector Litster, Annual Report of the Department of Local Government and Public Health, 1932-33; 299.

impossible to reconstruct the conditions or supplement the resources so as to make home safe for him, or to supervise the child to make his continuance at home safe for the community.

And that:

Institutions for normal children are, surely, very questionable as contrasted with family life. The family is older than the state and is the natural unit of the State. Its maintenance as such a unit is of prime importance to social life and where we cannot have a real family joined together by the ties of birth, the next best thing is the family by adoption, which often approximates so close to the real as to be indistinguishable from it in the mutual affections of its members[116].

In 1934, Inspector Fitzgerald-Kenney reiterated her concern about the placement of children in industrial schools, reflecting a clear lack of approval of the practices of both charitable organisations in placing children and the Boards of Assistance for supporting it. She considered a key part of the problem to be the lack of one group with a strong commitment to boarding out:

It seems in fact to be no one's business to get children boarded out; and no one's business to find suitable homes or foster parents for those who are available for the purpose. Although county homes are, admittedly, unsuitable places to rear children, we may be sure, that as long as it is no-one's business to board them out, that the line of least resistance will be taken and that an effort will be made either through children's own mothers, or otherwise, to place them in institutions like the industrial schools ... Families have defects; but the very limitations and uncertainties of the average family are not without value in forming the child's character. I do not suggest that foster parents should be carelessly chosen...but granting that the family home is the child's rightful place and that the sense of belonging to it and the feeling of stability resulting therefrom meet the fundamental needs of life, what motive can there be which should influence anyone, in any position of responsibility, to keep children in institutions, be they county homes or industrial schools[117].

She expressed particular concern about the way in which children, by reason of poverty within a family alone, were placed with such ease arguing that:

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[116] Inspector Fitzgerald-Kenney, Report on Boarded Out Children, 1931-2; 288.

[117] Inspector Fitzgerald-Kenney, Annual report of the Department of Local Government and Public Health, 1933-4; 318.

Poverty should never be permitted to sever families...for a number of family conditions exist which are always a menace in the home ...but family life does not lose its value because its members have a constant struggle to keep their heads above water or to preserve the bond which binds them together[118].

The situation worsened in 1939 when, under the *Public Assistance Act* the right of the health authorities to visit children in the industrial schools and institutions was revoked. As the schools came under the inspection of the Department of Education it was considered unnecessary to have health department inspectors also. However, the result of this was that once a child was placed in an institution, the health authorities had no access to them to ascertain if they were suitable to be boarded out, or to make any arrangements on their behalf.

The way in which children were admitted to industrial schools was also a source of concern. Two main routes were possible: admission through the courts or admission of health act children under Section 48 of the Public Assistance Act. The majority of children maintained in the industrial schools at any one time, were primarily committed through the courts, and of those admitted voluntarily, this was most often facilitated by a voluntary organisation or at the request of parents themselves[119]. Thus, the health authorities had, in fact, governance of only a small proportion of children maintained in the industrial schools. For example, in 1951, the figures for children in institutional care were as follows: 400 in the county homes, 817 in Mother and Baby Homes, 339 in industrial schools under the Health Authority, 89 in industrial schools voluntarily, and 5,844 in industrial schools through detention through the courts. A further 214 children were in reformatories, 245 in approved institutions, 1,000 in orphanages, and 1 in prison. A further 2,283 were boarded out, 170 hired out and 1,500 nursed out[120]. Thus, of a total of 12,902 (15.1 children per 1000 population) who were in some form of alternative care, the health authority carried direct responsibility for 3,022 (i.e. children in county homes, in industrial school under the Health Act, and boarded out). They also carried

[118] Inspector Fitzgerald-Kenney, Annual report of the Department of Local Government and Public Health, 1933-4; 318-9.
[119] Report on Mothers and Children in the County Home, Newcastle West, Co. Limerick, 1952, in Report on Boarded out and Nursed Out Children, Limerick, 1956, Inspector Clandillan.
[120] Figures from O'Sullivan (1999), Annual Reports of the Inspector of Boarded Out Children.

responsibility for a proportion of the children in mother and baby homes, at nurse and hired out (i.e., 2,487 in total)[121].

Other than the Inspectors within the Health Authorities, the response by the various statutory bodies to concerns about institutional care over the century was, at best, tolerant but inactive. The views of the Inspectors of Boarded out children therefore occupied limited discursive space and thus limited power within the child welfare service. Certain lobby groups did support their views. The Joint Committee of Women's Societies and Social Workers, which drew together a range of female lay organisations and groups[122], was one notable active lobby group advocating more family oriented child care practices in the mid 20th century. Letters, memoranda and records of deputations to various government departments exist in both their own and in departmental archives, although they have received little attention within general historical accounts. In 1943, they produced a memorandum on Boarded Out and at Nurse Children based on a study carried out into the treatment of unmarried mothers and their children from birth. Advocating the importance of the mother-child bond, the Committee stated that:

Every effort should be directed towards keeping the child with its mother, unless, for special reasons, she is unsuitable. It may be thought that the mother, having committed an offence, is not a proper guardian for her child. She cannot be regarded as ideal but,

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[121] Given the scope of voluntary activity in the provision of mother and baby homes, while encouraged to maintain links with the health authorities, there were not always direct links between the homes and the Inspectors or local officers. Good liaison most often depended on the good will of the home concerned. Even homes set up by the State were managed by religious orders and were not required to produce children for inspection by the health authority. Likewise, while the health authorities regulated at nurse and hired out children, many children remained unregistered and, as demonstrated in the following chapters, many voluntary organisations operated their own private systems of boarding out, and did not appear to submit these for inspection as at nurse homes. Likewise, children were hired out under a number of mechanisms, one of them being through the boarding out system.

[122] The Joint Committee of Women's Societies and Social Workers was founded in 1935 and acted as an umbrella group for a range of associations including the well-established Women's National Health Association, the Alexandra Guild, the Church of Ireland Temperance and Social Welfare Society, Dublin Hospital Almoners Association (became Dublin branch of London Institute of Almoners in 1937), The Girls Friendly Society, The Irish Countrywomen's Society, The Irish Housewives Association, Irish Women's Citizens Association, Irish Save the Children Fund (Saor an Leanbh), The Irish Women's Workers Union, The Mothers Union, The Sopromists, The Women's Graduate Association, National University, and The Women's Graduate Association, Trinity College, The Women's Social and Progressive League and the Irish Matrons Association. Its aim was to advocate for changes in legislation relating to women and children and it operated as a wholly voluntary body. Most notable of their work was their advocacy for legal adoption from 1938 onwards, call for women juries, ongoing lobbying for women police from 1940's onwards and promoting the rights and needs of children in care, illegitimate children and unmarried mothers. They worked on the basis of carrying out various surveys, producing reports, lobbying government departments and seeking regular and constant meetings with various statutory personnel.

unless under special circumstances, she is the best available. No institution, and no other person, can fully take the place of the mother[123].

Commenting on the care of children within institutions, the Committee proposed that, the money paid to the institution for the maintenance of the child should, instead, be paid to the mother to enable her to continue to care for her child if she so wished, arguing that:

We do not think this plan would encourage a woman in wrongdoing – wrongdoing in which though there are two guilty partners, she and the innocent child are frequently the only sufferers – the man getting off scot-free. The very fact of having the responsibility of a child to look after and her affection for the child would tend to prevent a second offence. We would emphasise the benefit to the child of the care of even one parent[124].

The Committee submitted a further memorandum on institutions to the Department of Education in February 1955. The attitude to the Committee within the Department was made clear however in the follow statement from the Department:

As the members of the Joint Committee heartily endorse the view that a bad home is better than any institution, they obviously have very little sympathy or appreciation for the excellent work being done in Irish orphanages and Industrial schools for the homeless and deprived child. Indeed the Joint Committee would appear to have a strong prejudice against the system and in these circumstances, it is difficult to see what contribution they can make to a problem beyond airing their prejudices against the system. I hold that while the system can never replace the good or moderately good home, it has a lot to commend it and under it, very appreciable improvements are gradually being made in the interests of the welfare and happiness of children and in their preparation for life[125].

The dominance of institutional care within Ireland, the power of those running the schools and the lack of interest or intervention, on the whole, on the part of the Department of Education, Department of Public Health and Assistance or its local authorities in relation to how and whom should be placed in institutions were considered the primary reasons why boarding out declined rather than expanded as the century progressed. The number of boarded out children dropped from 2,623 in 1911 to 1,906 in

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[123] Memorandum on Children in Institutions, Boarded Out and At Nurse Children, 1943, Joint Committee of Women's Societies and Women Social Workers; 3.
[124] ibid; 4.
[125] Response of the Department of Education to Memorandum on Institutions submitted by the Joint Committee of Women's Societies and Social Workers, 18 Feb, 1955, File D/E SpED go11/a.

1926 and had only risen again to 2,304 in 1936[126]. It was argued by one of the Inspectors of boarded out children that, while a number of factors contributed to this decline, such as practical difficulties such as the long distances foster parents often had to travel to collect a child from a workhouse and low payments for foster parents, 'the principal reason for the decline appears to be the desire to place children in institutions rather than with foster parents' (ibid).

As evidenced above, one could clearly link the dominance of the industrial schools, their power, accessibility, convenience and availability and the lack of governance over them to the fact that most children were placed directly in the Schools rather than fostered out. As indicated above, the Inspectors represented a minority discourse in their admonishment of the way in which the Industrial School system was operated without regulation or monitoring to the detriment of a form of care deemed more appropriate. They gained little discursive space vis-à-vis the Department of Education, the schools themselves or their own governing body, the Department of Local Government and Public Health. However, it was not merely different perspectives between statutory departments, which influenced the nature and form of practices and demonstrates the diffuseness of this 'State'. The Inspectors also occupied a minority discourse in relation to the actual agents charged with direct responsibility for those children who did get boarded out. Section 7.4 examines the way in which the Inspectors, in light of the above discussions, desperately sought an expert profession, willing and able to take on the task of statutory child welfare interventions. It also demonstrates the disinterest, on the whole, which existed within most of the local authorities, in the whole question of child welfare issues.

[126] Report of Inspector Fitzgerald-Kenney on Boarded Out and At Nurse Children, 1936-7.

7.4: Search for a psy expert.

7.4.1: Introduction.

As demonstrated above, while the Inspectors of Boarded out children promoted a child welfare service based on family ideology and the best interests of the child, discursively, it occupied limited space in the social which was dominated by a general acceptance, by both voluntary and statutory organisations, that child welfare matters were the premise of Catholic run services and not a matter for interventionist state governance. Government at a distance was taken, one could argue, to an extreme to the point that concerned statutory agents, such as the Inspectors of Boarded Out Children, had to battle for space to govern any element of child welfare practices. It seems that, rather than the voluntary philanthropists in Ireland being brought into the realm of the legislation, the Inspectors sought an alternative to this psy expert to assist in the *creation* of the space of the social, wherein the state would have some opportunity to govern at a distance and psy experts would intervene and monitor according to the broad tenets of the governance, as prescribed under the relevant legislation. As the following accounts demonstrate, a crucial concern for the Inspectors from 1902 throughout the century up to about 1945 was to find a psy expert willing to take on the responsibilities of monitoring and regulating child placement practices initially and, later in the century, general child welfare practices of intervention.

7.4.2: Attempts to professionalise child care practices.

As asserted earlier, from 1862, the local agents of public assistance, the relieving officers, later renamed assistance officers, were vested with the responsibility of supervision and selection of foster homes and the monitoring of children placed 'at nurse'. Given the fact that the work mostly involved intervention with children and women, it was recommended from early on that ladies' committees be established to carry out the visitation on behalf of the local authorities. In Ireland, provision for such committees was made under Section 17 of the Local Government Board's Order of 20th December 1902 which devolved full power to such committees to visit and report on every home

where a child was boarded or hired out. This system was in place in the UK under the Boarding Out Order, 1889 and such committees carried statutory authority. However, the committee under the Irish order had no direct responsibility to the Board of Government and had no powers other than that of recommendation and report. Ladies' committees were only ever established in a few districts, despite their encouragement by the Inspectors. Inspector Dickie suggested in 1905 that a likely reason why such committees were slow to develop in Ireland was due to this lack of power. She referred to areas where committees had made recommendations to Guardians, such as the removal of a child from an unsuitable home, only to have the Guardians choose to ignore, or outrightly reject, the women's recommendations, arguing that:

> Sometimes a committee which commences its labours with the best intentions finds that its reports are either not called for or else are passed over to the Guardians without comment, or where the duty has compelled an adverse report or a recommendation of removal from a foster home, it may meet attack from the Guardians instead of the support it expected. The influence of the committee over the foster parents is weakened when its authority is thus lessened and after a few repetitions of this course of action, gets discouraged, becomes irregular in its visits and reports and, finally, ceases to visit and report altogether. The difference in the constitution of a Boarding out committee in Ireland and in England is, I think, not sufficiently understood and as comparisons between the work of the two are frequently made it is advisable to show that owing to this difference in constitution it is almost impossible for a committee in Ireland to carry out its work in the same way and futile for an Inspector to expect that it should do so[127].

Inspector Dickie, also suggested that a primary reason that ladies' committees, although proven to be successful in a number of areas, were discouraged by many Boards was due to the 'innate objection' of relieving officers, who 'have a natural dislike to innovations which they fear may increase their work'[128]. Finding appropriate personnel for the work was also identified as a deterrent to the formation of such committees:

> In some districts it is impossible to secure a sufficient number of ladies willing to give up their time to such work who are in a position to act impartially and independently of public opinion. Distances are long and the places where children are boarded out are often difficult of access and too frequently, a lack of interest prevents volunteers[129].

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[127] Inspector Dickie, Annual Report of the Local Government Board, 1905; 109.
[128] Inspector Dickie, Annual Report of the Local Government Board, 1906; 161.
[129] ibid.

Committees did emerge in some districts over the following few decades. After the 1930s however, it seems that the committees that were in existence gradually disbanded. Thus the primary agent operating the boarding out system from its inception up to the mid twentieth century in Ireland was the relieving/assistance officer. The relieving officers tended to be male and carried their responsibilities towards boarded out children alongside their other general duties. Inspection of children at nurse was more diverse and was carried out by a range of personnel, to differing degrees of success, from voluntary organisations, lady philanthropists, or in some of the larger areas, specially appointed Infant Life Protection Visitors or Children's Acts Inspectors. However, as in the case of ladies' committees, due to the small numbers involved and lack of innovation, most areas tended to use relieving/assistance officers to carry out the regulatory tasks of the Acts[130].

As early as 1908, Lady Inspector Fitzgerald-Kenney asserted that relieving officers, were unsuited to the work of boarding out and had, to date, been 'less than zealous' in their attempts to secure foster homes for children which would be permanent and suitable[131]. This did not improve over the early decades of the century and, in 1933, Inspector Fitzgerald-Kenney argued that, as in the case of their predecessors, assistance officers had shown 'little enterprise' in their efforts to find suitable homes for children and a reluctance to recruit foster parents[132].

Inspector Murray, who replaced Inspector Fitzgerald-Kenney in 1946, continued to emphasise the persistent negligence amongst assistance officers during the 1940s along with her colleague Inspector Litster, Inspector Kennedy-O Byrne and later Inspector Clandillan. Practices in some counties were found to be particularly concerning. For example, the county of Galway was deemed by Inspector Murray to be among the worst she visited. She recorded in 1944 in relation to their supervision of at nurse children that:

The local authority has never made a serious effort to administer the Acts. Some years ago, two Children Acts Inspectors were appointed – the local National Society For The Prevention Of Cruelty To Children inspector and the Superintendent Assistance Officer – but no registrations have been effected as a result. It is most improbable that in a county

[130] Reports of the Inspectors of Boarded Out Children and At Nurse Children, 1902-1950, Department of Health.
[131] Inspector Fitzgerald-Kenney, Report on Boarded Out and At Nurse Children, 1908; 24.
[132] Inspector Fitzgerald-Kenney, Report on Boarded Out and At Nurse Children, 1932-3; 293-296.

the size of Galway there are no children at nurse and vigorous efforts should therefore be made to locate and register the children[133].

Three years later, she found the system of supervision of boarded out and at nurse children no better:

It may be stated generally that the position as regards boarded out children is less satisfactory in Galway than in any other county in my area. This is in large measure due to; the absurdly low rates for maintenance; the inadequate clothing allowance and the absence of any check on its expenditure; irregular inspections by the Assistance Officers and their almost complete lack of interest in the children's welfare; careless selection of foster homes resulting in frequent removals; and lastly, the fact that until recently, the Senior Assistance Officer in Galway was not required to supervise the Assistance Officers in connection with boarded–out children.....the situation is considerably worse than at the time of my last inspection[134].

She was particularly critical of the fact that children tended to be sent to any family who requested a child and subsequently moved on to another family when the first proved unsuitable. She argued that regular moves for children between foster homes may be worse than not being fostered at all. She admonished the local authority for seeming to wish to give any family 'a chance' stating that:

This is attacking the problem from the wrong angle as the aim of boarding out is to provide the child with a permanent home and consequently the possibility of removal should be reduced to a minimum...To achieve this, great care should be exercised in the initial selection of the home and as the Assistance officers are in the main responsible for this work, they should be informed of the necessity for careful investigation of all circumstances before recommending an applicant for approval[135].

Despite Murray's recommendations the situation did not improve and in 1953 she noted that inspection of foster families had virtually ceased and that the assistance officers merely provided foster parents with their allowances at the home assistance depot without visiting the homes at all[136].

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[133] Annual Report of Boarded Out and At Nurse Children in Galway, 1944, Inspector Murray.
[134] Inspector Murray, Annual Report on Boarded Out Children in Galway, 1947; 1.
[135] Inspector Murray, Annual Report on Boarded Out Children In Galway, 1947.
[136] Inspector Murray, Report on Boarded Out and At Nurse Children, 1953; 1

The operation of the service in other counties was found equally concerning. Referring to Dublin, Inspector Murray reported in the same year that 'it is difficult to avoid the conclusion that the Assistance officers, if they have not actually hindered, have not encouraged the boarding out of children in their areas during recent years'[137].

The manner in which assistance officers carried out inspections of at nurse children –in counties where a special person was not appointed for this purpose –was found equally wanting. In 1931, Lady Inspector Litster stated quite emphatically that 'obviously, home assistance officers, unless they are women, are unsuitable for this work, entailing as it does supervision over the care and upbringing of infants'[138]. Later, in 1946 she asserted that:

> These (assistance) officers are generally men, untrained in the care of infants. It is usual for the Local Authority to give a capitation fee for each child registered or an annual sum additional to his salary as assistance officer. The sole reason for their appointment as Infant Life Protection Visitors would appear to be that, as Assistance officers, they cover a district and are in touch with people living in it. It would provide as good an argument for appointing the district postman. It is futile to expect that inspection will be properly carried out in these circumstances[139].

In the absence of a network of ladies' committees during the early and mid 20th century, the Inspectors considered a range of alternatives to the assistance officers as appropriate agents to monitor both boarded out and at nurse children. Extension of the duties of Children Acts Inspectors/Infant Life Protection Inspectors, where they were employed, was considered as a remedy for addressing the inadequacies of the boarding out system. These Inspectors tended to be individual lady philanthropists or ladies from one or other of the voluntary agencies. A number of members of the Legion of Mary, for example, carried out the role of inspection of at nurse children in some counties on a voluntary basis. Larger counties such as Cork and Dublin employed, from the beginning of the century, specific lady visitors to carry out this task[140]. In the areas where specialist visitors were employed, it was generally reported that the administration of the

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[137] Inspector Murray, Report on Boarded Out and At Nurse Children, 1953; 2

[138] Inspector Litster, Report on Boarded Out and At Nurse Children, 1931; 281.

[139] Inspector Litster, Report on the Administration of the Children's Acts, 1908-1938, 23/9/1946; 2-3.

[140] Inspector Fitzgerald-Kenney, Report on Boarded Out and At Nurse Children, Annual Report of the Local Government Board, 1905; 484.

Children's Acts was reasonably successful and children found to be well looked after. However, this was not always guaranteed and practices within some counties with regard to at nurse children remained a concern during the early and mid 20th century. In her report on Limerick in 1949, for example, Inspector Clandillan noted that the list of registered children was misleading in that it contained only 4 names, adding that:

> There appears to be an extraordinary lack of interest in the welfare of at nurse children in the Limerick city area and no effort is made to have them registered. In two of the four homes on the register, there was also an unregistered child; I can only conclude from this fact that even these four homes are not inspected by the Infant Life Protection Visitor...The position is aggravated by the fact that, in the city, there are a number of charitable ladies who help in placing children at nurse privately, usually in most unsuitable homes and with a complete disregard for the law with regard to registration. However, as these ladies are well known to the local authority, it should not be difficult to trace children placed at nurse by them but no effort seems to be made to do so[141].

Inspector Litster also expressed concern about the fact that, at the end of 1943, approximately 2,500 children were 'at nurse' in the country and that a problem of 'illegal traffic in children' in Dublin had become a particular concern requiring vigilance in the inspection of at nurse children and in ensuring their registration. She was critical of the lack of attention to this problem and the ease with which Children Acts Inspectors privately placed children[142].

The Inspectors also commented on the fragmentation of practices in relation to at nurse and boarded out children and increasingly over the 1940s began to consider whether there was one trained professional group who could take responsibility for both spheres, as well as hired out children, and more general duties in relation to the (mostly unmarried) mothers and their children. However, the requirements for inspection and regulation of children maintained by the public assistance authorities (boarded out and hired out) and children placed at nurse were considered to be unique. Boarded out children, being the direct responsibility of the health authorities, required a supportive and interested person who would seek to promote the child's welfare by adequate monitoring of homes and selection of foster homes to prevent placement of children in institutions. On the other

[141] Report on Boarded Out and at Nurse Children, 1949, Limerick, Inspector Clandillan.
[142] Report by Inspector Litster to Department of Health, 'Children', 1943; 2.

hand, at nurse children and mothers, while also requiring a supportive approach by the visitor, also needed monitoring in terms of registration of the children and ensuring the children were not being neglected or abused in their private foster homes, which the authorities played no part in selecting. In relation to 'at nurse children', health visitors and jubilee nurses were considered for the task of infant life inspection at various points during the early and mid 20th century. However, in 1931, Inspector Litster expressed concern about the unsuitability of nurses to be asked to inspect homes where penal action may have to be taken, given the fact that this may compromise her standing in the community as a generally supportive professional to mothers and children[143].

Given the penal nature of the work, NSPCC inspectors also took on the task in some districts, but these inspectors, mostly men, were deemed inappropriate. Due to their over-emphasis on the penal tasks, a concern prevailed that they showed less emphasis and knowledge on the needs of nurse mothers and children in general[144]. While females were recommended as most appropriate for the task of inspecting at nurse children in particular, from the early century, during the 1940s this in itself was considered inadequate to ensure proper supervision of the homes. In Dublin for example, two infant life protection visitors were employed in 1952, but two years later it was noted that the work of the two women inspectors was unsatisfactory[145]. Inspector Murray argued that a more specialist children's officer should be employed to take on the 'urgent task of finding foster homes, and in this connection, it should be noted that the whole of North County Dublin is practically untapped and offers a wide scope to an interested and energetic officer'[146].

Referring to the need for a trained professional to take on the legislative duties under the Children's Acts, in a report to the Department of Local Government and Public Assistance in 1946 on the administration of the Acts, Inspector Litster stated that 'the administration of the acts throughout the country gives grave cause for concern'.

[143] Inspector Litster Report on Boarded Out and At Nurse Children, 1931; 281.
[144] Inspector Litster Report on Boarded Out and At Nurse Children, 1931; 281.
[145] Annual Report on the Boarding Out of Children within the Dublin Board of Assistance, 1954, Inspector Murray.
[146] Ibid.

Inspector Litster advised that the Department should 'force local authorities to realise the serious nature of the responsibilities laid on them by the Children's Acts' and that an instructional circular should be sent to them 'stressing that these acts were designed to secure the welfare of a very helpless class – infants for the most part unwanted children, deprived of the care of their mothers'[147].

In essence, what the inspectors sought were personnel with expertise in child care on the one hand, and knowledge of and ability to use legislation on the other. In other words, they were looking for a psy expert to operate in the space of the social; moralising and normalising on the one hand and making decisions as to when families should be subject to legalism on the other. In light of the perceived inadequacies of the system two possible alternatives were attempted from the 1940s onwards. The first of those was the transfer of duties to public health nurses as part of their general workload. The second was consideration of social workers as the appropriate profession to take on public authority child welfare responsibilities. These are addressed in sections 7.4.3. Section 7.5 concludes with an overview of the conditions of possibility for the identification of social work as a psy expert within statutory child welfare services, using this to raise a further set of questions for Chapter Eight.

7.4.3: Child welfare experts: nurses or social workers.

From the 1940s, in some counties, a direct transfer of duties occurred from assistance officers to public health nurses, while in others, nurses and assistance officers shared the duties. In some instances, where this had occurred, an improvement in the system was noted, particularly where public health nurses and assistance officers worked jointly and co-ordinated with one another. An improvement was, however, most often the case where nurses took on the child welfare tasks exclusively as children's officers. The inspectors found that, on the whole, the allocation of responsibility to public health nurses as part of their general duties did little to improve the situation. For example, Inspector Litster found in 1956 that transfer of inspection duties to the public health nurses in Longford

[147] Inspector Litster, Report on the Administration of the Children's Acts, 1908-1938, 23/9/1946; 2

had not improved the situation and was critical of their lax approach to both visiting the families and providing monthly reports as required, going so far as to state that the reports of the nurses in the county 'cannot be relied on as evidence of the welfare of the children or the condition of the foster home'[148]. Likewise, in her report in Cavan in 1950, Inspector Murray outlined the problems with public health nurses taking on the duties related to boarding out in addition to their other duties:

The transfer to the public health nurses of functions in connection with Boarded out children and children at nurse has not been successful nor has it yielded any of the good results, which were anticipated. It is apparent from inspection that the nurses regard the supervision of children as the least of their duties and the one that may be neglected during a busy period or whenever abnormal demands are made on their time. I have found that in many cases, inspection was as irregular as it had been under the Assistance officers ...the actual inspection appears to be purely perfunctory and there was no evidence of any interest in the children beyond a coldly official one....
It was expected that with the appointment of the Public Health Nurses the health of the children would show an improvement and that minor ailments and defects would be diagnosed and attended to. These expectations have not been fulfilled. I did not find a single instance where a child had been recommended for medical examination or treatment, although a number of them are suffering from strabismus, adenoids, defective teeth, warts, asthma, suspected rheumatism and anaemia. Neither did I find any instance where cod liver oil or any other tonic had been recommended or provided for a delicate child.
In recent months, the Public Health Nurses have objected to the submission of monthly reports on Boarded out and at nurse children on the grounds that this involves too much time; as a result, the reports are now several months overdue. It is interesting to note that the same objection was recently raised in Co Louth. As a commentary or source of information on the children's welfare, the reports are practically of no value, each month a replica of the preceding one.
As a result of my inspection, I am of the opinion that the children have not benefited in any way from the transfer of supervisory duties to the public health nurses and that, were it not for the watching brief held by the superintendent assistance offices, their condition would be even less satisfactory than formerly[149].

Despite their perceived unsuitability, nurses continued to be either employed as children's officers or required to carry out the child welfare tasks in addition to their other duties up to 1970, and continued to be, on the whole, admonished by the Inspectors

[148] Annual Report on Boarded Out Children in County Longford, 1956, Inspector Murray.
[149] Annual Report on Boarded Out Children in County Cavan, 1950, Inspector Murray.

as inappropriate professionals to manage the precarious balance between support and regulation which was deemed necessary.

The first evidence of a move towards the employment of a professional social worker within child care in the statutory sphere was in 1943, when an almoner clerk was employed in Pelletstown, one of the two State-run mother and baby homes, which catered for mothers with 2 or more children and was run by the Sisters of Charity for the Saint Vincent de Paul, in order to improve the admission procedures and institute proper recording within the home[150]. More significantly, in 1945, Inspector Kennedy-O'Byrne recommended that professionally qualified almoners be employed to act as Inspectors of Boarded Out Children as set out in detail at the outset of this chapter. Her concluding statement highlights the role she envisaged for professional social work:

> If these Almoners were appointed, the work of caring for the boarded out children would be almost perfectly done. Moreover, if the Almoners were made responsible both to the local authorities and to the Local Government Department, their appointment would entirely eliminate the necessity for Local Government Inspectors.
>
> These Almoners, if appointed, would naturally take on the duties of the Infant Life Protection Visitors under the Children's Acts 1908-1934[151].

The characteristics of a psy expert to operate on the 'soft end' of the regulatory spectrum (Cohen, 1985), which the inspectors had been seeking from the beginning of the century appears to have been manifested within her statement about the role and function of an almoner within the system.

Around the 1940s, promotion of social workers as psy experts in child welfare also came from other quarters. The director of training in University College Dublin, Agnes McGuire, also recognised the potential for the employment of social workers within the field of child welfare in the early 1950s. In a letter to the Department of Health, she suggested that 'much useful work could be done by trained social workers as welfare visitors to foster homes of boarded out children in each county, working under the control

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[150] Report by Inspector Litster on 'Children' to the Department of Health, 1943; 1
[151] Annual Report on Boarded Out Children, Inspector Kennedy-O'Byrne, 1945; 2-3.

and direction of your department's inspectors who, I am sure, would eagerly welcome their assistance'[152]. However, the joint response from the medical inspectors of the Department of Health was that they considered that 'nurses with practical experience of dealing with people in need would be much more suitable for such work than theorists'[153].

In 1954-5, the Joint Committee of Women's Societies and Women Social Workers formed a special sub-committee on the matter of children boarded out and children in institutions, and presented detailed memoranda to both the Health and Education departments. In the memorandum, they called on the Minister to consider employing 'properly qualified personnel' – i.e. social workers - to carry out the child welfare duties under the new Boarding Out Regulations under the Health Act 1953. They noted that only one social worker had been employed at that time as a Children's officer, this was in Cavan[154].

As discussed in Chapter Five, two professionally qualified social workers were employed by child care agencies such as the Catholic Protection and Rescue Society in 1949 and 1950 respectively[155] and the Catholic Social Welfare Bureau from 1943 onwards. Within the health authority, Inspector Clandillan, appointed as Inspector in 1948, was herself an almoner and the first trained social worker to be employed directly within the health department.

Thus it appears that, by the late 1940s, social workers were identified as potential psy experts within the field of child welfare. However, ambiguity continued to surround this position and, as alluded to in Chapter Six, and demonstrated further in Chapter Eight, social work as a profession struggled up to 1970 for professional status and recognition within a range of domains it occupied.

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[152] Na A116/260 Training of Almoners in Ireland, letter from Agnes McGuire to Department of Health.
[153] NA A116/260 Training of Almoners in Ireland, Dr Lysaght to Agnes McGuire.
[154] Memorandum on Institutions submitted by the Joint Committee of Women's Societies and Social Workers, 18 Feb, 1955, File D/E SpED go11/a.
[155] Annual Report of CPRSI, 1950.

7.5: Discussion and conclusion

Howe (1994) in her critique of Foucault's disciplinary thesis, suggests that:

> In all those disciplinary discourses, which emerge to run around in a seemingly free and ungrounded fashion, it is difficult to identify the historical agents of the strategies Foucault describes. Occasionally, the 'Bourgeois' makes an appearance, but it is never pinned down to specific social groups (Howe, 1994; 60).

However, from the account above, one can recognise the various agents of child welfare practice, most of them deriving from various Catholic organisations. What is more difficult to 'pin down' is the relationship between these agents and the 'State'. It is difficult to deduce, in light of the evidence provided, that the agents of the Catholic services and institutions acted as the psy experts within the space of the social as discussed in Chapter Three. In fact, evidence suggests that great efforts were made by the child welfare agents within the voluntary organisations to avoid any form of statutory or legalistic governance. Furthermore, the statutory Inspectors in fact struggled to bring these child welfare experts (in terms of the power/knowledge spiral) into the realm of the state and sought out an alternative expert willing and able to operate, not outside of the governance of the State but rather on its behalf, within the space of the social.

However, it is also clear at this stage that the State represented a diverse set of discourses and, moreover, had limited impact in itself in shaping the form and nature of practices of child welfare between 1862 and 1945. Watson argues that:

> In order to understand the subtleties of the relationship between national concerns, central policy making bodies and local technologies of power, we need a form of analysis that can incorporate an awareness of the importance of the role of national policy making bodies without automatically giving them the determining role that is implied by this kind of analysis (Watson, 1994; 148).

In light of the evidence provided above, the notion of attributing a determining role to the State in terms of child welfare is itself specious. The challenge of this chapter has been to represent the role of various strands of the 'State', policy making bodies and local

technologies of power in order to provide a greater understanding of the place of statutory social work within this.

Section 7.2 demonstrated the archaeological construction of a discourse of statutory social work based on a familist discourse and an expert strategy of intervention on the basis of moralisation and normalisation. Considering the relationship between this discourse and its surrounding conditions of possibility, genealogically, the space occupied by statutory child welfare within the social appears minimal. Being less powerful within the context of both other statutory discourses as well as the dominant discourse of Catholic run institutions and services for children and families, as demonstrated in Section 7.3, a statutory child welfare discourse had limited effect on the dominant knowledge which determined the nature and form of child welfare practices. Rather than government at a distance being a natural position of the statutory agents of child welfare, the Inspectors battled to gain some governing space within a primarily ungoverned system. Legalism as a discourse was superseded by a discourse of voluntarism and child protection was superseded by a discourse of child saving. The space for statutory social work within the health authorities was clearly limited as a result. Findings presented in Chapter Six also suggest that professional social workers, at this stage, mostly almoners, were struggling for recognition in any sphere as a psy expert. One could deduce from this that the potential for social work to emerge as an expert practice and form of knowledge was limited at this time.

Yet despite this lack of space for both statutory child welfare practice and for social work as an expert strategy within this, we know from Part II that it was social workers who were identified in 1973 as the appropriate statutory child welfare agents. The question must be asked, given that we know that social workers were identified as child welfare experts in 1973, can it be deduced that the space of the social, signified by the existence of a space between the public state and private family, only began to emerge from the 1940s thus giving space for social work to be identified with it? Certain evidence in this chapter, particularly Section 7.4 suggests this may be the case. If this were the case however, one would expect that, once such space was created, social workers would have

expanded as a dominant profession given its psy expertise. We know that this had not happened by 1970 nor did it occur until much more recently. Exploring the moments between 1945 and 1970, in the following Chapter, is crucial to address this and related questions about the position and nature of social work over this period as a means of contributing to an understanding of its present. Chapter Eight examines the conditions of possibility, which created significant space for social work to expand within the field of child welfare while at the same time, constraining its expansion up to 1970.

CHAPTER EIGHT: CHANGING CHILD WELFARE DISCOURSES: 1945-1970.

8.1: Introduction

Returning to the moment of 1945, when an explicit recommendation was made for the employment of social workers within statutory child care, we are now in a position to address some of the questions raised in relation to the position of the profession within its broader conditions of possibility by this time. From Chapter Seven, we can deduce that, social workers were identified as potential psy experts due to a number of factors, such as: a concern by the Inspectors to have an appropriate agent to regulate the primarily ungoverned practices of voluntary and religious run organisations and institutions; a concern to promote a discourse of familism rather than of institutionalisation for various categories of children in need; and the fact that agents other than social workers within the local and health authorities were deemed to be ineffective or disinterested in engaging in the child welfare practices they were charged with.

While one might deduce from this, that the time for social work to occupy its expert place in the social, within these surrounding conditions of possibility, had arrived, Chapter Seven also highlights the lack of space the discourse propounded by the Inspectors of Boarded Out Children had. We are also aware, from Chapter Six, that professional social work in general did not flourish and expand between 1945 and 1970, but rather struggled to gain recognition and status, even within the sites it already occupied – most notably that of medical social work. Evidence provided in Part II highlights this contradictory positioning in that, on the one hand, social workers were identified as experts in child welfare from 1973 onwards, while on the other hand, they clearly struggled as a profession to establish this expert status within the medically dominated health boards up to 1991.

The problem addressed in this Chapter is how social work emerged within the statutory child welfare services from 1945 to 1970. By 1945, while almoners were clearly

identified, it was by a minority rather than majority discourse, and little evidence exists to demonstrate where space within the power/knowledge spiral was to be created for social work in light of evidence provided to date. One of the problems with a problematisation approach at this stage is that, rather than answers becoming clearer as one approaches the end of this study, it seems that an increasingly complex web of influences and discourses constrained and enabled the positioning of social work by 1970. It would appear that, on the one hand, discourses propounded by the Inspectors, in relation to the need for a familist approach to child care and a psy expert to carry out these practices, began to occupy greater discursive space, in that other dominant influences began to engage increasingly with the principles of child care which the Inspectors had been recommending for a number of years. Most notable in this regard were the consensus, which was arrived at between Catholic organisations and statutory authorities, in relation to the introduction of legal adoption in 1952, and the growing criticism of institutional care for various categories of children from a diverse range of spheres. On the other hand however, many discontinuities existed in the nature and form of practices of child welfare. For example, voluntary organisations continued to dominate the sphere of intervention with children and unmarried mothers, mostly from a child saving discourse. Also, adoption came to occupy the largest sphere of child welfare practices by 1970.

Furthermore, despite the gradual emergence of potential expert space for social work within the health authorities, practices of statutory child welfare continued to be carried out in an ad hoc manner by assistance officers or public health nurses on the whole. By 1970, only 6 out of the 17 children's officers were either social workers or social science graduates. Also by 1970, as we already know, social workers were identified as the appropriate professionals to occupy the site of statutory child welfare from 1970 onwards.

A number of questions are posed in this chapter to explore further the potentials and limitations for social work to occupy expert space by 1970 on the one hand, yet represent such a minority within the sphere of regulation of even statutory child welfare, let alone child welfare services in general, on the other. The first question relates to the

introduction of the first major piece of legislation relating to children since the formation of the Irish Free State, the Adoption Act 1952. Did this new legislation create new regulatory space within the social, requiring an expert to monitor and regulate its implementation? The answer appears to be yes, to a certain extent, in that it led to the recognition of a need for expert intervention with unmarried mothers. However, as illustrated in Section 8.2, the experts who occupied the space were not professional social workers on the whole, but rather voluntary religious based psy experts who, from 1940, sought to become more coordinated and guided by expert knowledge relating to children and their mothers[1].

The second question is: Was it the gradual awareness of the limitations of institutional care for children that created the space for social work? Again the answer may be yes to a certain extent, in that alongside criticisms of institutional care came a call for expert professionals to become involved in promoting a more family-oriented approach to the care of children and intervention with their parents. The fact that the governance of the child care institutions remained with the Department of Education up to 1984 however suggests that space for social work within this arena was limited. This is addressed in Section 8.3.

The third question relates to the restructuring of the health boards: was it that, with the regionalisation of the health services and growing awareness of some need for interventions in social matters, the space for social work as a psy expert emerged? One could argue, yes, in that, with the expansion of statutory involvement in matters of the social, greater attention to the needs of various social groups, including various categories of children and their families, was necessary and thus space for a psy expert was created. However, while this does appear to be the case, it seems that this space was occupied by the profession of social work *not* because it finally became a psy expert in terms of the power/knowledge spiral and its surrounding conditions of possibility. Rather, it gained this space due to its lack of power within an aspect of the child welfare system that

[1] It was not until 1970 that adoption work began to be incorporated into the work of community care social workers. Presently, health boards provide their own adoption service but voluntary organisations such as Cunamh (formerly CPRSI) continue to also engage in adoption practices.

gained little attention or concern from any other quarter. This possibility is examined in Section 8.4.

Section 8.5 asks the final question: What about the actual agents of statutory child welfare? While we know that social work did not feature significantly in employment terms within the health authorities, were the conditions of possibility created by the nature and form of practices of existing agents? This section explores the fact that practices of agents and their local authorities remained mostly continuous with the past. This continuity in itself may have created the space for social work to emerge as a psy expert.

Section 8.6 concludes with an overview of the key themes considered in this chapter as well as concluding Part III.

8.2: Legalisation of adoption in Ireland: New space in the social?

8.2.1: Introduction.

The introduction of legal adoption in Ireland in 1952 was one of the main legislative changes that occurred in relation to child care and child welfare since the foundation of the Irish Free State. While various amendments to the Children Act 1908 and the Public Assistance Acts in relation to boarded out and at nurse children had been made over the century, most of the changes were administrative or involved minor amendments. The call for legal adoption in Ireland signifies, to a certain extent, the emergence of a consensus between statutory and voluntary concerns in relation to the care of the illegitimate child[2], as demonstrated in Section 8.2.2. However, the introduction of the legislation did not fundamentally alter the nature and form of practices of placing children by voluntary organisations, as evidenced in Section 8.2.3. In the first instance,

[2] Under the Adoption Act 1952, only children of unmarried mothers could be adopted. Legislation allowing for the adoption of children of married parents, in exceptional circumstances, was introduced in the Adoption Act, 1988.

various aspects of the Act actually limited the potential for boarded out children to be adopted significantly. From 1945-1970 it was categories of children coming under the direct care of mostly the same voluntary organisations engaged in practices of anti-proselytisation and private fosterage work, discussed in Chapter Seven, who appear to have been the primary subjects of the Adoption legislation.

8.2.2: Legalisation of adoption in Ireland.

Throughout the century, it had always been the practice for foster families to 'informally' adopt their boarded out children when they turned 16[3]. From the late 1940s, Inspectors of Boarded Out Children expressed concern about the adoption of children by American couples, mostly from the mother and baby homes[4]. In Britain, legal adoption came into being in 1926 in light of grave concerns about the number of illegitimate children and unmarried mothers. Reeves (1993) suggests that the adoption legislation was introduced, in light of a concern for 'children in danger' by virtue of their illegitimacy and the immorality of their parents. Adoption legislation emerged in Ireland within the context of a similar concern (Barret, 1952), but, as demonstrated below, legislation which

[3] In 1943 for example, Inspector Litster stated that 'large numbers of boarded out children are subsequently "adopted" by their foster parents and thereafter engage in domestic or agricultural work. Children who show special abilities are given opportunities for training in trades or attendance at Vocational Education Schools'.
(Inspector Litster (1943) Report on work of the department relating to children - the report is just called 'Children' and covers institutions, boarding out, industrial schools, illegitimacy, activities of societies, and allowances to foster parents, etc.) Likewise, Inspector Kennedy-O'Byrne examined the issue of adoption of children in 1945. She makes reference to the informal system of 'adoption' in the counties she supervised, where lump sums were given to foster parents to take a child. The inspector expressed concern that when this money ran out, often adoptive parents then went to the home assistance for help with the child. She concluded that, in relation to informal adoptions, 'some of these cases have been successful when the children are taken in a genuine spirit of affection and charity, but in other cases the child is sought merely as an excuse for drawing Home Assistance or Children's Allowance'. (Children's Acts 1908-34; Annual Report for the year ending March 31, 1945). Voluntary organisations such as the Catholic Protection and Rescue Society also arranged 'permanent adoptions' throughout the early and mid 20th century (Annual Reports of the Catholic Protection and Rescue Society, 1914-1952).

[4] Inspector Murray reported in 1956 for example, in relation to the fall in the numbers of children being boarded out, that the 'fall is not primarily due to a difficulty in finding foster homes but rather to a decline in the number of children available for boarding out. This in turn may be attributed to a large extent to an increase in the number of American adoptions' – (Report on Boarded Out Children in Cavan, 12/11/1956; 1) Milotte (1997) provides an insightful account of the way in which an industry was established within a number of mother and baby homes, which facilitated the placement of illegitimate children with adoptive American couples. The first evidence of exporting children for adoption to America was in 1949, but, from evidence provided by Milotte as well as records of the Inspectors of Boarded Out Children, it would appear that such practices had been ongoing prior to this. Milotte highlights the secrecy which surrounded the practice, but argues that 'the export of 'illegitimate children to America was organized by nuns, with full official sanction. It was regulated by the Catholic Archbishop of Dublin, John Charles McQuaid, and facilitated by the State, with the Department of External Affairs issuing passports so the children could be taken out of the country' (Milotte, 1997; 15-16).

allowed for the permanent transfer of parental rights and duties was found to be problematic within the context of the Irish Constitution, 1937, which ascribes imprescriptable and inalienable rights to the natural family. The question of how the faith of the adoptive child would be protected was a related theme.

The first official recommendation for legalised adoption from within the health authorities came from Inspector Litster. In 1937, she argued that:

> Under present conditions, there is no legal safeguard or security for a child 'adopted' into a family or for the adopter – the law decreeing that the rights, duties and liabilities of parents are inalienable and cannot be transferred by the parents. The child may at any time be claimed by the parents and it is this factor of insecurity, which prevents many persons from taking a child into their home to rear. Persons who have undertaken to rear a child not their own or who wish to do so and who are anxious to safeguard the future of the child by securing complete control over him cannot do so in the absence of an Adoption Act...If it were made possible in this country for childless couples or couples having only one child of their own to adopt a child without the fear of its removal at any time by its parents, many more people would be willing to take a child into their own home and rear it as their own[5].

Inspector Litster communicated with her own Department, the Taoiseach and the Department of Justice in relation to the matter. It appears in this instance that the recommendations of Inspector Litster had some effect, as the Department of Local Government and Public Health drafted an *Adoption of Children Bill* in 1939. However, when this was submitted to the Department of Justice the response was that, while various representations for an adoption bill had been made, a sufficient case had not been made to prove the necessity of it[6].

Inspector Litster continued to advocate for the introduction of legislation and on the 13th December 1939 requested to meet Mr. Duff, Assistant Secretary, Department of Justice in a private interview, to discuss the matter of adoption. On the 30th December 1939, Mr. Duff wrote, in response to her request, that he was prepared to discuss the matter but said that:

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[5] Department of Health, Child Adoption Proposed Legislation NA 124/12.
[6] Report by Inspector of Boarded Out Children on 'Adoption of Children' 13/6/1945 to the Secretary for the Department of Justice.

There is little likelihood of any legislation on this matter being introduced. There is considerable doubt as to whether legislation would secure real advantage to children legally adopted under it and certain societies have already protested vigorously. A religious question is involved. It might happen under a scheme of legalised adoption, the essence of which is irrevocability that an unmarried mother might consent to the adoption of her child by persons or societies of different religion. If she subsequently wished to resume control of her child, she would be unable to do so. I think you will appreciate that a storm would then arise[7].

In reply to this letter, Miss Litster wrote:

I have heard of the protests made by certain societies; they are based on the religious question. In my opinion, any such danger as Mr. Duff foreshadows can be safeguarded against by adequate provision in the Act. It can scarcely be argued that the religious persuasion of any mother who appears in the Court as a party to the adoption of her child cannot be established beyond doubt. If any case arose in which a reasonable doubt was entertained on this point, it should be possible for the Court to refuse to legalise adoption. Would it not be possible to also insert a clause in the Act rendering the adoption invalid if it should be subsequently proved that replies to queries regarding religious persuasions were false[8].

It was the Catholic Protection and Rescue Society who were particularly opposed to adoption on the grounds of protection of the Faith. In 1939, the Society set out their objections to adoption to the Department of Justice:

The Committee object to legal adoption because a great many Catholic girls go into a Protestant Home – Bethany…or give their babies to the Irish Church Missions and the various homes attached to them. After a year or so, many of these girls get remorse or conscience and come to us with their babies. If the Bill is passed, these children would be lost to the Catholic religion forever, as once they are legally adopted the person who adopts them can do as they like. I am enclosing our Adoption Form; you can see by it that if we are dissatisfied with the people or the way in which the child is brought up, we can remove it.

I think the Canon explained to you that the Archbishop would not approve. The Sacred Heart Home, Drumcondra, also Miss Boland who is the secretary of the Girls Aid Society attached to Holles Street Hospital, and Father Kenny of the Society for Unmarried Mothers at the Rotunda are not in favour of it either. It is the Joint Committee of Women Social Workers, who meet at 9 Ely Place, who are keen on the bill going

[7] Letter from Mr. Duff to Inspector Murray quoted in Report on 'Adoption of Children' 13/6/1945.
[8] Report by Inspector of Boarded Out Children on 'Adoption of Children' 13/6/1945 to the Secretary for the Department of Justice.

through. I am giving you, in confidence, some of their names: -...and several others. I think the only one on the list who is a Catholic is Mrs....[9].

A further communication dated the 17th of April 1945 from the Department of Justice to the Department of Local Government and Public Health demonstrated the continued reluctance of the Department of Justice to implement legislation. Inspector Murray recounts that:

The communication says that arguments put forward in favour of adoption are:

(1) That under existing law many persons are deterred from adopting children through a fear that the natural parents of the children might at some future date claim the return of the children. The Department of Justice say that this argument is not so serious as might appear at first sight, because the Courts adopt the Rule that an application by a natural mother to remove the custody of the child will be determined by reference to the welfare of the child and by that consideration alone.
(2) The position of the adopted child needs defining and strengthening not only from the legal but also from the social point of view
(3) That great embarrassment is caused for adopted children at present when it becomes necessary for them to produce their birth certificates – adopted children are usually known by the surnames of their adopters but their births are registered in their original names and the production of a birth certificate in many cases discloses the fact that the children are illegitimate.

The Department of Justice say that their Minster has given careful consideration to these representations but he has decided not to introduce any legislation which would enable the Court to make Orders transferring to adopters parental rights in regard to adopted children, because he is aware that such proposals would be opposed on religious grounds[10].

Dr. McQuaid however, on becoming Archbishop in 1941, assisted in clarifying the Church's position on adoption. In a series of correspondence between McQuaid and S.A. Roche, then Secretary of the Department of Justice, his views are made explicit. Mr. Roche wrote to him in 1944 for his opinion, enclosing the above letter from the CPRSI:

Your Grace,

[9] Letter from the CPRSI to Mr. Seales, solicitor, forwarded to the Department of Justice, 5/4/1939.
[10] Report by Inspector Murray on 'Adoption of Children' 13/6/1945 to the Secretary for the Department of Justice.

As you are no doubt aware, there is no provision in the law in this country where a person who adopts a child may acquire parental rights over the child.

In England, Scotland and Northern Ireland, there are laws enabling the Courts to make "adoption orders" transferring to adopters all rights, duties, obligations and liabilities of parents in regard to adopted children, and representations have been made to this department for the introduction of similar legislation in this country.

In March 1939, the question of introducing legislation was raised in the Dail and the then Minister, Mr. Rutledge, undertook to consider the matter. Representations were made to him, however, on behalf of the Catholic Protection and Rescue Society of Ireland to the effect that any legislation on the lines of the British Adoption of Children Act would produce undesirable results in this country, and in view of the representations, Mr. Rutledge decided to take no further action in the matter.

The question has now been raised again. It has been presented to me, for instance, by the Attorney General, Mr. Kevin Dixon, that many more people would be willing to adopt destitute children if they could acquire parental rights over the children, and if they could be secured against any fear that the parents of the children might demand their return at any time. It is also urged that the procedure would give illegitimate children a better status: they would be registered as "adopted" under a new name.

I wonder whether the dangers visualised by the Catholic Protection and Rescue Society would be met if a provision were included in the Bill prohibiting the making of an adoption order in any case where it is not proved to the Court that the religion of the adopter and the religion of the child are the same. I enclose a statement indicating the general form the legislation will take.

Personally I am rather lukewarm about the whole proposal, but there is no doubt, that many estimable people, with the highest motives, are in favour of it and I don't like to keep giving them the answer that there are grave objections from the Catholic point of view without making sure that that is in fact the case[11].

Archbishop McQuaid responded by stating that 'I cannot see how it can be maintained that legal adoption is contrary to the Tenets of the Faith, from the point of view of Justice or Charity', adding that 'the question seems to me, at the moment, and without refreshing my memory, to be a matter of avoiding the dangers of unworthy adopting parents and of what we know in this country as the unworthy traffic in proselytism'[12]. In a follow up letter to the Archbishop, SA Roche wrote in 1945 to confirm the Archbishop's opinion on adoption and to assert his support of it once the religion of the child was taken into

[11] Letter from SA Roche, Department of Justice to Archbishop McQuaid, 12/1/1944, Adoption File, Catholic Social Welfare Bureau.

[12] Letter from Archbishop McQuaid to SA Roche, Department of Justice, 14/1/1944, Adoption File, Catholic Social Welfare Bureau.

account[13]. McQuaid responded with a non-committal approach to supporting legal adoption per se, but reiterating that the key point was the protection of the Faith of the children concerned. Clarifying his position stated in his previous correspondence, he wrote that:

> May I first clear up what may be a misunderstanding? You refer to my letter of 14th Jan. 1944 as not seeing any objection to legislation on the lines suggested, viz. Inclusion of a provision in reference to the religion of adopter and adopted.
>
> I was concerned mainly with pointing out that Legal Adoption as such is not contrary to the Catholic Faith.
>
> I have hitherto seen, no provision that, to my mind, would safeguard the faith of the children. If your draftsman puts forward such a provision, it would be a matter of great interest to me.
>
> The opposition of a body so experienced as the Catholic Protection and Rescue Society gives me one very grave reason to pause.
>
> I am aware of the activity in certain quarters, which would press for legal adoption, but I regret to say that I do not find frequently a comprehensive understanding of the difficulties involved in any such proposal.
>
> If my advice be sought, I should urge that no step be taken in respect of Catholic children – and you know what a proportion that category entails – without referring the matter to the Catholic hierarchy[14].

The Joint Committee of Women's Societies and Women Social Workers and the newly established Legal Adoption Society (est. 1948) were two lobby groups who became increasingly concerned about the protracted progress of the Adoption question. Collectively they submitted a proposed adoption bill to Government in 1948 and met with the Minister for Justice, General MacEoin, to discuss its movement forward. The Joint Committee recounts that 'we thought the fight was over...however, a change of heart seemed to set in and, almost three years later, General MacEoin refused to introduce legislation'[15].

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[13] Letter from SA Roche, Department of Justice to Archbishop McQuaid, 13/2/1945, Adoption File, Catholic Social Welfare Bureau.

[14] Letter from Archbishop McQuaid to SA Roche, Department of Justice, 13/3/1945, Adoption File, Catholic Social Welfare Bureau. In fact, when the Adoption Act was drafted, it was Archbishop McQuaid who was responsible for the drafting of the section relating to the protection of the Faith of Catholic Children (Adoption File, Catholic Social Welfare Bureau File, 1943-1960).

[15] Letter from Mrs. Kettle, 'Chairman', Joint Committee of Women's Societies and Social Workers to The secretary, Institute of Almoners, 5th May 1952. In their 1949-50 report the Committee recorded that: 'As a committee that has been working on the question (of adoption) for many years, we feel that the Minister on this important matter should inform the public as to what the difficulties are, so that they could be met, if possible. As it is, his attitude gives rise to the suspicion that these difficulties are such that they could not be justified to the public as a reason for holding up the

The Committee supported the Legal Adoption Society in drawing up a Private Members Bill on the matter in late 1951. However, as reported by the committee, the Episcopal committee finally made clear their position on adoption by publishing the statement in the newspapers that 'Legal Adoption, if it is to be restricted within certain limits and protected by certain safeguards, is consonant with the Catholic faith'[16]. An announcement from the Minister for Justice followed shortly afterwards that a legal adoption bill would be introduced[17]. The Adoption Act was passed in 1952 and implemented in 1953[18].

Of particular interest in terms of understanding the context within which statutory child care emerged is the fact that, on the whole, the Act had limited impact on the care and welfare of children under the direct governance of the State. One might expect that, as the Adoption Act catered for illegitimate and orphaned children up to the age of 7[19], it would be children eligible for boarding out, under the direct governance of the Inspectors, who would have been primary candidates for adoption. However, while a number of boarded out children were legally adopted by their foster parents following the Act, it was found that a key deterrent for such families, who, continuous with the past, were mostly low income families, was the removal of the public assistance maintenance allowance for foster parents once the child had been adopted. Despite the fact that Section 55(9)(c) of

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bill. There is an instinct instinctive demand for a Legal Adoption measure; most children's institutions appear to be in favour of it: prominent members of the legal profession have publicly spoken of the need for it; "The Ecclestical Record" has stated that there is no canonical objection to legal adoption; the Lord Mayor of Dublin....said that he "had recently presided at an Inter-departmental committee meeting at Leinster House at which a resolution had been unanimously passed in favour of legal adoption"; ..from reports in the press, it seems that numbers of our children are being allowed to go from this country to the States, apparently for adoption. Our committee is concerned as to whether the interests, both spiritual and material, of these children are properly safeguarded. In face of these facts, it is not easy to think of valid reasons for holding up the Bill. In the absence of information we have been trying to imagine what the difficulties are, and have done our best to deal with them in memoranda and statements and articles in the Press and in letters to the Minister for Justice (Annual Report of the Joint Committee of Women's Societies and Women Social Workers, 1949-50; 1-2).

[16] Annual report of the Joint Committee of Women's Societies and Women Social Workers, 1951-2.

[17] ibid

[18] Darling (1974); Abramson (1984); O'Halloran (1992) provide a detailed account of the development of adoption legislation and services in Ireland.

[19] Amendments were made to the Adoption Act in 1964, 1974, 1976 and 1988 when for the first time, it was legislated that, in certain circumstances, children of a married mother could be placed for adoption.

the Health Act 1953 allowed that local authorities could continue to pay the allowance for children in such circumstances, it seems that this was rarely exercised[20].

The fact that the Adoption Act only covered children up to the age of 7 also prevented many boarded out children from being adopted. The Joint Committee of Women's Societies and Women Social Workers was particularly critical of the fact that, not only did the age limit disadvantage children deemed most in need of permanency, but that this age restriction did not apply to the placing of children for foreign adoption from various mother and baby homes run by Catholic orders. The fact that the Department of External Affairs rather than the Adoption Board[21] held responsibility for these foreign adoptions, mostly to America, was viewed by the Committee as inexplicable and they advocated strongly for greater regulation and coordination by the statutory authorities of the various practices of placing children for adoption[22].

Finally, the fact that, up to the Adoption (Amendment) Act 1974, any society could establish itself as an adoption society was a cause for concern for both the Inspectors of Boarded Out Children and key lobby groups such as the Joint Committee of Women's Societies and Women Social Workers. Lack of statutory regulation of adoption societies became a particularly pertinent issue in 1969 when a young boy died at the hands of his adoptive father[23]. The result of this lack of regulation meant that existing agencies concerned with child welfare and unmarried mothers became adoption societies or had as one of their primary functions the management of adoption of illegitimate children.

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[20] In the Annual Report of the Inspector of Boarded Out Children for Meath 1956, a long criticism of this practice in general was made.

[21] The Adoption Board (An Bord Uchtala) was established under the Adoption Act 1952. It did not arrange directly for the placement of children for adoption but rather has the function of approving and registering adoptions (Annual Report of the Adoption Board, 1954). The membership of the statutory adoption board was also a cause for concern. The Joint Committee recommended to the Minister for Justice charged with setting the Board up, that half of its membership should be women but noted that, in his response he 'said he intended having some women but did not wish to be tied to half membership'. When the Board was established, it had two women; one a former member of the Joint Committee and the other from an adoption society (Annual Report of the Joint Committee of Women's Societies and Women Social Workers, 1952-3) The Board was made up of seven people: one chairman and six voluntary members, one of whom must be legally qualified and acts as Vice Chairman (Gilligan, 1991; 134).

[22] Annual Report of the Joint Committee of Women's Societies and Women Social Workers, 1964. The Adoption Act was introduced by the Department of Justice under whose governance the legislation remained until 1983 when it was transferred to the Department of Health. This review of adoption services made a number of recommendations for changes under the adoption legislation which led to a new adoption Act in 1988).

[23] Annual Report of the Joint Committee of Women's Societies and Women Social Workers, 1969.

The nature and form of practices of the voluntary societies is discussed in 8.2.3. This analysis demonstrates certain continuities within the practices of child welfare, which continued to be focused on a concern for the Protection of the Faith, as well as discontinuities in terms of the growing emphasis on the need for experts to be employed to govern and regulate the placement of children in a more systematic and organized manner. Also of note is the way in which the voluntary societies continued to operate primarily on the basis of a child-saving discourse and intervention with first time offenders. Analysis of their practices suggests that, if anything, the segregation between the categories of children and mothers dealt with by the voluntary organisations and those left to statutory regulation, became even more pronounced over the mid 20th century.

8.2.3: Putting adoption into practice: Continuities of child saving discourses.

During the mid 20th century, the care of unmarried mothers within the county homes was gradually diminishing through the establishment of special mother and baby homes and adoption services[24]. During this period a range of child welfare organisations were involved with some aspect of the care of illegitimate children and intervention with unmarried mothers. Prior to the introduction of the Adoption Act 1952, a growing concern existed within voluntary organisations to provide a more specialist and systematic approach to interventions with mothers and their children. Greater efforts were made from the 1940s onwards to coordinate the child welfare services. The Catholic Social Welfare Bureau (CSWB), established in 1943 by Archbishop McQuaid, and discussed in Chapter Six, played a significant part in this regard.

The growing awareness of the need for expert knowledge and training for those engaged in interventions with unmarried mothers and their children is notable from the 1940s onwards. In 1943, the CSWB recommended that, for Dublin, 'a suitable priest should be asked to examine into the nature and extent of Rescue and Protection Work', and that 'we

should look at the qualifications of all those engaged in the work and particularly of those meeting applicants personally or dealing with applications to see that they have the right knowledge and outlook'[25]. It was argued that the existing manner of dealing with unmarried mothers and their infants was unsatisfactory and seemed to be having little effect on the growing numbers of children born to unmarried mothers[26].

The need for social workers as expert professionals was recognised by two of the largest services in Dublin, the FWS and the CPRSI. As discussed in Chapter Six, the Family Welfare Section (FWS) of the CSWB employed a professionally trained social worker from 1945, firstly as the Director of the Family casework service and later as case secretary. Likewise, the CPRSI, employed their first professionally trained social worker in 1949 and a second one in 1950[27]. In 1955, the Society stated that their policy had changed significantly and that, instead of maintaining hundreds of children in foster homes and schools, the new policy was to encourage as many children as were eligible to be adopted. They set out their plan to increase the number of children they could take into their care, due to the fact that, by 1955, they had a full team of 'social workers whose vocations lie in the fields of moral welfare and child care'[28].

As alluded to in Chapter Six, a complex set of discourses surrounded the emergence of professional social work within voluntary organisations. The employment of professionals signifies the recognition of the need for a psy expert to take on child welfare practices. However, apart from the agencies referred to above, most voluntary organisations did not employ professional social workers[29], and where they were

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[24] The *White Paper on the Reconstruction and Improvement of County Homes* (Department of Health, 1950) set out as its first essential step the removal of all children from the county homes. At this stage, there were 400 children still maintained in the homes by 1951, mostly children of unmarried mothers.

[25] 'Child Rescue and Protection' Report, 1943; 1, in General Social Welfare Bureau File, CSWB, 1943.

[26] The Bureau recorded an estimated 600 'ex-nuptial' births per annum in 1943, and official statistics from 1941 and 1942 show 568 and 599 respectively ('Child Rescue and Protection' Report, 1943; 1, in General Social Welfare Bureau File, CSWB, 1943).

[27] Annual report of the CPRSI, 1950.

[28] Annual Report of the CPRSI, 1955; 2. By this time, 3 professionally qualified social workers were employed by the Society.

[29] As discussed in Chapter Six, during the 1960s, statutory funding was provided for the employment of social workers within social service centers and other voluntary agencies. Also, while regulations ensuring that an agency must be registered as a professional adoption service did not come into effect until 1974, many adoption agencies began to employ social workers within their services prior to this (Report of Inspector of Boarded out Children, 1960-1970).

employed, the agencies concerned continued to operate from a child saving or Catholic spiritual discourse[30]. In 1970, the Catholic Protection and Rescue Society was critical of the secular nature of modern day social work and its unsuitability for their practices:

The first lesson, which the worker for the unmarried mother has to learn, is that this is an extremely sensitive and delicate area. The unmarried mother has many needs; material, medical, social, psychological and spiritual. Unfortunately, modern-day social work is too often inclined to neglect the latter completely. It ignores the Kingdom of God within us and fails to recognise the strong motivation that moral and allied spiritual values can have in helping a girl interpret her feelings, come to terms with her situation and make a more complete personal readjustment. We feel very strongly that we must provide help for each girl within a Catholic environment where she will readily have an opportunity, if she so desires, of coming to terms with her religious beliefs and practices[31].

The range of voluntary organisations involved in child welfare in Ireland by 1940 was immense, many of them based in Dublin. One of the first tasks of the CSWB was to audit the range of child welfare agencies involved in child rescue in Dublin. In their report, 'Child Rescue and Protection', the Bureau recorded that, other than the provision of industrial schools, there were over 20 services in Dublin alone involved in child welfare work. Of these, there were 15 child care institutions: 2 male orphanages and a home for boys run by the Christian Brothers[32], and 12 services for girls run by various religious orders[33]. None of these services catered for the mothers of the children cared for, though most of the orphanages made direct arrangements for children to be fostered

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[30] This has already been demonstrated, for example, in accounts of social work training within the Family Welfare Section of the Catholic Social Welfare Bureau during the mid 20th century, as discussed in Chapter Six.

[31] 57th Annual Report of the Catholic Protection and Rescue Society, 1970; 1.

[32] The St. Vincent de Paul Orphanage, Glasnevin; the O'Brien Institute, Fairview and St. Vincent's Home, Glasnevin ('Child Welfare: Child Caring Institutions etc', in Child protection and rescue file 1943, Catholic Social Welfare Bureau).

[33] These included: St. Teresa of the Child Jesus Home, Blackrock (Rescue Service); St. Vincent de Paul Orphanage for Girls, Glasnevin, St. Joseph's Orphanage for Girls, Mountjoy Street; Sacred Heart Home, Drumcondra (Anti–proselytizing agency); St. Philomena's Rescue Service in Stillorgan; and St. Mary's Training School for Girls, Stanhope Street, all run by the Sisters of Charity. The Sisters of Mercy provided two Houses of Mercy, training schools for girls. Most other 'child welfare' agencies were also run by religious sisters including: St. Clare's Orphanage for Girls, Harold's Cross (Poor Clare Sisters), St. Philomena's Orphanage for Girls (Presentation Sisters), St. Joseph's Orphanage (Sisters of the Heart of Mary). The Saint Vincent de Paul (SVDP) provided a Catholic Boys Home themselves in Middle Abbey Street and the Dominican Fathers provided an orphanage for Boys in Dominic Street. Only two services listed were provided by laypersons other than the Society of SVDP; the Malachean Orphan Charity for Boys and Girls, Haddington Rd (run by a Dr. Wall) and the Andrean Orphanage for Boys and Girls, Westland Row (run by 'ladies'). ('Child Welfare: Child Caring Institutions etc' in Child protection and rescue file 1943, Catholic Social Welfare Bureau).

or adopted at the request of parents[34]. The CSWB report noted that, in addition, a range of religious and lay organisations were involved in various forms of child welfare practices including repatriation of expectant mothers from England, intervention with unmarried mothers, the arrangement of fostering and adoption of children, and so on. It is the practices of these agencies that are of greatest relevance here in attempting to understand the nature and form of child welfare practices particularly in relation to adoption and the nature of interventions with unmarried mothers.

The organisations who intervened directly with the illegitimate child and its unmarried mother included the existing Mother and Baby Homes, which continued to facilitate mothers in having their babies in the homes and arranging for their placement in foster care, or after the Act, for adoption. Other child welfare services engaged in the placement of children for adoption or fostering included: St. Patrick's Guild, founded in 1919 by a lay philanthropist, Miss Crucie, and taken over by the Sisters of Charity in the late 1940s at the request of Archbishop McQuaid[35]; the Rotunda Girls Aid Society, which was based in one of Dublin's largest maternity hospitals and arranged for the adoption of illegitimate children of first time mothers directly after birth, for a set fee[36]; and the

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[34] For example, St. Bridget's Orphanage, Eccles Street did not provide institutional care for babies or unmarried mothers, but did, on request of the mother, arrange privately for the placement of the baby at nurse, and later, for adoption. Likewise, the Sacred Heart Home in Drumcondra accepted children over the age of 3 and placed illegitimate children under three at nurse privately (in *Report on Accommodation for Unmarried Mothers and Their Children: Repatriation Scheme 1939-1950*, Department of Health. General Children's File).

[35] The Guild owned and maintained a Children's Hospital in Dublin, but did not have its own home for expectant mothers. The Guild therefore did not offer direct help to mothers but rather, for a certain fee (£70 in 1950) the Guild assumed responsibility for the baby, who was subsequently placed at nurse or 'adopted' (From Report on Accommodation for Catholic Unmarried Mothers and Their Children: Repatriation Scheme, 1939-50, Department of Health, General Children File).

[36] Like the Guild, the Rotunda Girls Aid Society also had no direct provision for the care of the mothers, but on occasion supported them in maternity homes while expectant. The practice of the Rotunda Society was to arrange for the adoption of illegitimate children directly after their birth in the Rotunda Hospital. The unmarried mothers were usually required to pay a fee for informal 'adoption' prior to the passing of the Adoption Act (From Report on Accommodation for Catholic Unmarried Mothers and Their Children: Repatriation Scheme, 1939-50, Department of Health, General Children File). Like most other voluntary organisations, the focus of the service was on first time offenders as illustrated in a letter to the Department of Health in 1947 explaining the nature of their work. Fr. Patrick Murray, Director of the service outlined that:

'I try to help a decent class of girl, a 'first offender' whose fall was due mainly to ignorance or weakness. By a decent class of girl, I mean one of a good family whom it will be possible to rehabilitate in her former position in life. All my foster parents are selected with a view to final adoption and I always give my assurance that the mother was a 'first offender' of respectable parents and that her child is perfectly healthy...I have found by experience that my foster-mothers are most particular about the health of the baby and the respectability of the mother. I fear, in the circumstance, that it would be impossible for me to get any suitable foster mother to take a child whose mother had a history of venereal disease. Every case, of course, must be judged in its merits and I am sure it is unnecessary to inform you that I do not arrange adoptions for all illegitimate children born in the Rotunda hospital. In a great many cases, I think it ... desirable that mother and baby should be kept together. If her circumstances at home would make it

Society for the Protection of Destitute Children providing a similar service in the maternity hospital in Holles Street[37]. None of these services catered for the needs of unmarried mothers themselves and all operated from a primary discourse of child saving.

However other societies with a strong anti-proselytisation concern did attempt to work directly with the unmarried mothers also. The Catholic Protection and Rescue Society is a case in point. Continuous with practices during the early 20th century, the Catholic Protection and Rescue Society was engaged mainly in repatriation of women from England and the placement of children in fostering, and later for adoption, in the interests of preserving their Catholic Faith[38]. Throughout its existence, a primary activity of the Society was organising 'permanent adoptions' of children, despite the fact that adoption was not legal until 1952 in Ireland. Thus, the Society, despite their objections in 1939, referred to earlier, welcomed the introduction of the 1952 Adoption Act, which safeguarded the religion of the child offered for adoption for the first time in legislation[39].

Following the introduction of the Adoption Act, the society established an adoption committee made up of two professional social workers and priests involved with the agency, who were responsible for carrying out the adoption assessments and making

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difficult or impossible for her to take her baby home, it would often be better to have them both sent to an institution. In some cases, the best solution is to induce a relative of the mother to take the child and thus enable her to keep in touch with it' (Letter from Fr. Patrick Murray, Director, Rotunda Girls Aid Society to Department of Health: 12/1/47: NA A124/9: Foster Mothers). This letter appears to be in response to a query in relation to the placement of children of second time offenders in foster care. The Rotunda Girls Aid Society is typical in that, as a rule, it did not take children of such offenders, especially prostitutes who were deemed to make up a large category of this group of unmarried mothers.

[37] From Report on Accommodation for Catholic Unmarried Mothers and Their Children: Repatriation Scheme, 1939-50, Department of Health, General Children File.

[38] The issue of proselytisation continued to preoccupy the Society throughout the 1960s and into the 1970s though the focus shifted from rescuing children from Protestant Homes in Dublin, which appears to have become less of a concern, to rescuing children from being placed in non-Catholic homes in England. In 1963, the Society stated that 'The danger to the faith of the Irish Catholic dependant child which called the society into existence fifty years ago is ever an underlying concern in our work ... during the last year, the society was instrumental in recovering a number of Irish Catholic children who had been eagerly clutched by non-Catholic adopters in England' (Annual Report of the CPRSI, 1963; 1).

[39] In 1952, the CPRSI noted that up to 274 of the children maintained by the Society were now eligible for adoption, describing adoption as 'a great act of charity and brings with it great blessings and happiness' (Annual Report of the CPRSI, 1952; 1). The number of children being adopted increased steadily and became a predominant practice of the agency. The Society reported in 1954 that: 'Since the introduction of Legal Adoption in this country there has been a considerable increase in the number of applicants to adopt children and we hope that in the next few years adoption will become increasingly popular and even more homeless children will be given the happiness and security of a permanent home' (Annual Report of the CPRSI, 1954; 4).

recommendations to the newly formed Adoption Board[40]. As suggested in Chapter Seven, the extent of the perceived problem of expectant mothers going to England, however, was a growing cause for concern for societies such as the CPRSI which, in 1954, lamented the 'serious loss of our children' which is growing annually; 'this great and growing evil must be faced and if possible a remedy found to meet it'[41].

While the Protection of the Faith of Catholic children was the primary aim of the CPRSI, it did also attempt to intervene directly with unmarried mothers. As stated in their 1951 report, the main thrust of the work at the time was working with unmarried mothers, either in repatriating them from England or providing support and counselling to them to assist them in making a decision about the child:

We are often asked to take a child into care and on examination of the position it becomes obvious that it would not be in the best interests of the child to remove him from the parental carer. Child welfare workers must always be on their guard lest a child be unnecessarily separated from parents and we have found many cases during the year where, with proper help and guidance, we have been able to keep the family together. We wish to emphasise the 'personal service' branch of our work for nowadays, too frequently, parents for insufficient reasons hastily decide that they must part with their children. We endeavour to follow up to a satisfactory conclusion every case contacted and supervision is continued until we are assured of the happiness of the situation. In addition to child care, our family welfare work has increased considerably[42].

However, while supporting the mothers right to make such a decision, the reports also make clear the Society's belief that adoption was the preferred form of action, as 'by adoption, the children secure love and affection in a permanently happy home which

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[40] Annual Report of the CPRSI, 1954; 3. In 1954, 81 legal adoptions were arranged from a caseload of 293 children being maintained by the Society mostly in foster homes, but also a small proportion in institutional care. By the late 1950s, the Society sought to arrange adoptions for all children eligible. For example, in 1958, 77 out of the 91 children in the care of the Society were adopted. Reasons give for non-adoption of the remaining children were a) where maintenance had been provided for the mother/grandmother to bring up the baby themselves, and b) where mothers had requested short term care while making a longer term decision (Annual Report of the CPRSI, 1958; 2). The age of children being adopted tended to be children under the age of 1, 'the most satisfactory age to place a child' (Annual Report of the CPRSI, 1954; 3). However, efforts were also made to adopt children who were older and specific forms of assessment were carried out for the adoption of children over three in acknowledgement of the increased emotional impact on the child of a move from a foster home to an adoptive home at that age, and the potential trauma and emotional problems that could arise from this (Annual Report of the CPRSI, 1956; 2-4).

[41] Annual Report of the CPRSI, 1954; 2. 115 expectant mothers were repatriated in this year and the numbers repatriated between 1954 and 1960 were, on average, over 100 per annum(Annual Reports of the CPRSI, 1954-1960.) These numbers increased over the 1960s. In 1964, for example 195 girls were repatriated, and in 1966, a the total was 179 (Annual Report of the CPRSI, 1964, 1966).

otherwise could not be provided for them'[43]. The Society reported that, for that year (1951), 70 children had been placed for adoption, mostly with married couples 'who had not been blessed with children of their own'. Careful assessment as to the suitability of the child for the family and the appropriateness of the adoptive home was, at this point, an integral aspect of the service[44]. The implicit assumption underlying practices of the CPRSI was that ideally, for the illegitimate, the best option was adoption[45].

Referring to the mothers of illegitimate children as 'more sinned against than sinning'[46], the society sought to intervene with and support mothers in the aftermath of the adoption of their child. The Society reported in 1956 that through good moral welfare work with the mothers following the adoption, many women who had been followed up after a number of years were found to have 'benefited greatly by the help we were able to give and their rehabilitation has been most gratifying'[47]. It was emphasised that the girls the Society intervened with were first time mothers, thus deemed 'genuinely deserving of our help'[48].

The other main organisation engaged in child welfare and adoption work, was the Catholic Social Welfare Bureau (CSWB) and the Family Welfare Section (FWS) within this. In addition to its child welfare emphasis, it was one of the few specialist societies who also offered a general family casework service[49]. However, as in the case of most of the societies referred to above, the primary concern remained the protection of the Faith

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[42] Annual Report of the CPRSI, 1952; 1.
[43] Annual Report of the CPRSI, 1951; 1-2.
[44] Ibid; 2.
[45] Seeking to operate in the 'best interests of the child' at all times, the arrangement of adoptions and the repatriation of young mothers from England was pursued with great zeal. In 1953 for example, the Society reported that of the 259 girls reported to be in England and at risk of placing their children with a Protestant family or in a Protestant Home, 112 of them were repatriated by the Society and encouraged to place the child for a Catholic adoption (Annual Report of the CPRSI, 1953).
[46] Annual Report of the CPRSI, 1956; 1.
[47] Ibid.
[48] Annual Report of the CPRSI, 1957; 1.
[49] Many of the cases dealt with by the FWS involved child care issues ranging from protection of the faith to neglect cases and cases of families in poverty. Liaison with a range of voluntary agencies such as the Legion of Mary and the Society of St. Vincent de Paul made up a significant part of their work. In some instances, liaisons also took place with the NSPCC in relation to alleged neglect of children, but on the whole, the FWS generally received and made referrals to a large network of Catholic agencies involved in child welfare and general social service. As in the case the CPRSI, the FWS also undertook to place children in institutions or foster care, usually through liaison with a local parish priest or religious order, while emphasising the value of the latter over the former: 'the committee thought it unwise to place the child in an institution unless there was no alternative' (Case Committee Minute Book of the FWS, 9/11/1948).

of illegitimate children. The Bureau, through the FWS, was engaged directly in the repatriation of unmarried mothers from England, facilitation of adoption of children abroad as well as in Ireland. As the FWS progressed into the 1950s, it dealt increasingly with inquiries regarding adoption and requests from American organisations in relation to the adoption of Irish children[50].

The Regina Coeli Hostel on the other hand operated outside of the dominant discourse of child saving and rescue, in that its primary aim, from the time of its foundation in 1930, was to support unmarried mothers in keeping their babies[51]. Under the lay Catholic organisation, the Legion of Mary, the Regina Coeli established a refuge for the 'derelict type of woman' in 1930, but almost immediately, it became a center for destitute unmarried mothers[52].

Challenging 'received' perceptions of the fate of illegitimate children, and the assumption that, even with the best intentions, they are seriously disadvantaged by being a child of an unmarried mother, and the way in which this argument was used as the main rationale for

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[50] In 1956, the FWS dealt with 21 adoption cases and 15 child care issues – mostly regarding child placement, which were most frequently referred on to voluntary organisations - out of its total referrals of 195. Most adoption referrals were dealt with directly by the FWS either through the provision of adoption application forms, the carrying out of interviews with prospective adopters, and, most notably, liaison with US voluntary organisations in relation to their requests for adoption of an Irish child (Record Book/Decision Book of the FWS, 1956). In relation to more general referrals relating to family and child care issues, the FWS considered the role of providing support and assistance to families in their own home as their specialist domain, while the organisation of the placement of children in care was the premise of the religious orders primarily, or organisations such as the CPRSI or the St. Vincent de Paul to a lesser extent. The spiritual nature of work with individuals and families is evidenced in the way in which most families in need of moral guidance were referred to Catholic agencies and the majority of referrals made to voluntary services were in fact to religious orders or Catholic run services closely allied to the CSWB and the CSSC (See for e.g. Record Book/Decision Book of the Case Committee of the FWS, 1949, 1950).

[51] Report by Legion of Mary on the Regina Coeli Hostel to the Department of Health, March, 1959 (in Department of Health, 'Children File – General').

[52] The Hostel operated a system whereby, the girls and their children lived as a large family, with most of them being sent to employment after the birth, while one or two mothers took the responsibility of child care in the hostel while the other mothers were at work. Within a few years of its establishment, 80 children and 120 expectant and actual mothers were resident in the hostel. Two main strategies were employed to move the women on. While working on the principle that the mothers could remain for as long as necessary, the hostel workers sought to encourage the fathers of the children to marry the women after the birth, in the assumption that, once the child had been born, an attachment and responsibility would emerge on the part of the father (Report by Regina Coeli to Department of Health, 1959). In a report to the Department of Health, requesting funding, the Director of the Hostel stated that: 'From a very early moment, it became a principal idea of the Hostel that mothers should be encouraged to keep their children permanently. Such a course was not hitherto possible to girls in these circumstances. The best that could be aimed at was that they would retain them for a period of a year so as to give the child its chance of life. Afore that, everything operated to bring about separation. A job was found for the mother and the child went off to fosterage or into an Industrial School…the cry too commonly heard is that these girls should be given their chance – as if no responsibility whatever lay on the mother in respect of the child. Another peculiar line of argument is the one that as the father has evaded all responsibility; the mother is entitled to do likewise. The Regina Coeli argument has been to the contrary effect, i.e. that because the father has failed in his duty a greater responsibility thereby descended upon the other parent. As a result of the interaction of proper natural affection and the encouragement and the facilities provided by the Hostel, it has been found that a great proportion of the girls are not only prepared but determined to keep their children' (Report by Regina Coeli to Department of Health, 22/3/1950, Department of Health, General Children File).

promoting boarding out and permanent adoptions of such children, the Hostel manager argued that:

I have referred to the cases of failure among unmarried mothers who have parted from their children and also occurring among those children themselves at a later stage. This failure is so evident and so admitted as to produce the defense that the illegitimate children are by reason of the distressing circumstances of their pre-natal and very early existence sub-normal, so that even the most devoted care and treatment is subsequently not able to readjust the balance. This view is very widely accepted. How does the very great experience of the Hostel tally with this? In the first place, it can be asserted without hesitation that the suggestion of subnormality is not justified. The children which have grown up in the Regina Coeli are not subnormal. They are natural, healthy, intelligent children presenting absolutely no feature that could be called abnormal[53].

By 1950, the Hostel was providing sixteen self-contained 'blocks', which catered for 100 families of unmarried mothers and their children[54].

Apart from the Regina Coeli, a common feature of the voluntary organisations was a) their primary concern with child saving and b) their focus primarily on first time unmarried mothers, deemed deserving of assistance. With the introduction of adoption, not only were deserving unmarried mothers assisted, but so too were deserving childless couples in Ireland or elsewhere through the practices of adoption. A significant impact of

[53] Report by Regina Coeli to Department of Health, 22/3/1950.

[54] Report by Regina Coeli to Department of Health, 22/3/1950; 6-7; Department of Health, General Children File. The Department of Local Government and Health supported the work of the hostel and reported that 'the higher officials of the department commend the whole outlook of the hostel as unique in the handling of that particular problem – the unmarried mother and her unwanted child' .The Department provided assistance for expansion of the service to accommodate a greater amount of women. However, the Department of Health considered the aim of assisting mothers to keep their children unrealistic within the cultural and social climate. For example, in response to a memorandum by the Joint Committee of Women's Societies and Women Social Workers in 1943, a memo in the Department of Health noted, in relation to a recommendation regarding assisting mothers to keep their babies that 'Before the unmarried mother can keep her own child with her and maintain her in the life of the community, a great change in public opinion will have to take place. At present, in this country, society is opposed to the unmarried mother. Few people will knowingly employ her … The experiment has been tried in the Regina Coeli of helping mothers to go into rooms and maintain their own babies. It has not been generally successful. I have made a few experiments also in helping mothers to keep their babies … No permanent success attended their efforts' (Department of Health Response to Memorandum on Children Boarded Out, at nurse and in institutions, JCWSSW, 1943, General Children File, Department of Health). In 1950, the department noted again, in considering the problem of repatriated mothers, that 'the Regina Coeli hostel is crowded with unmarried mothers from every part of Ireland…No solution to the problem of the babies' future is offered from the hostel' (Report on 'Accommodation for Catholic Unmarried Mothers and Their Children: Setting up a Repatriation Scheme 1939-1950. Department of Health, General Children File). It was also noted by the Department in earlier years that the Regina Coeli was often a popular choice for unmarried mothers who were 'unwilling to go to an institution under the care of the nuns', adding that 'this is understandable, as there is a certain 'free-and-easy atmosphere in the Regina Coeli Hostel which appeals to some of these girls, who dislike the prospect of facing the stricter discipline of an institution under the control of a religious community' (Memo from

the adoption legislation appears to have been the greater willingness of and interest among persons from a higher-class bracket to apply to adopt mostly babies and younger children[55]. As adoption became an increasingly dominant practice, the distinction between the respectable and residuum mothers and children seems to have become more pronounced. As outlined earlier, most of the children placed for adoption were those under the care of voluntary organisations, children who previously would have been placed at nurse, while the nature of the legislation hindered the expansion of adoption for children maintained by the local authorities. Moreover, with the increase in adoption, the range of children coming under the direct governance of the local authorities and the Department of Health was in fact decreasing. By 1967, of all children placed in some form of care, adoption accounted for the largest proportion. In 1967, 1,493 children were adopted in Ireland[56]. This compared with 1,072 in industrial schools in 1970 (down from 6,272 in 1951) and 914 boarded out (down from 2,283 in 1951). Children maintained in the county homes was gradually being phased out completely, dropping in number from 400 to 40 between 1951 and 1970, while at nurse and hired out children also fell from 1,500 to 365 and 170 to 100 respectively[57].

Despite the fact that their space to govern the practices of child welfare was receding over the mid 20th century, the Inspectors of Boarded Out Children continued to comment on the nature and form of practices of voluntary organisations and were untiring in their efforts to influence the nature and form of interventions with unmarried mothers and their children in particular. One area where they were vociferous in their criticisms related to the preoccupation of many societies with protection of the faith to the neglect of provision for, and reform of, unmarried mothers in their own right[58]. Commenting on

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Inspector Litster, Department of Health on 'illegitimate children', 29/11/1939, General Children File, Department of Health).

[55] In 1955, the CPRSI reported that since legal adoption there had been a huge increase in applications from persons in the 'middle income' group looking for children (Annual Report of the CPRSI, 1955; 3). In 1956, the breakdown of adopters was recorded as follows: farmer (3), labourers (1), industrial workers/tradesmen (26), professional/commercial/technical (38), defense forces (4) (Annual Report of the CPRSI, 1956; 4).

[56] Annual Reports of the Inspectors of Boarded Out Children, 1950-1970.

[57] From O'Sullivan, 1999.

[58] The *Report on Accommodation for Unmarried Mothers and Their Children: Repatriation Scheme 1939-1950* by the two Inspectors of Boarded Out Children provides the most stark critique of the lack of facilities for unmarried mothers themselves. It should be noted though that the CPRSI do appear to have recognised the inherent limitations of services for illegitimate children in the absence of supports and services to the mothers also. In their report in 1952, they criticised the fact that apart from a few voluntary organisations such as themselves, the only option for the unmarried

the restrictive nature of practices within some Catholic institutions, Inspector Litster highlighted in 1945 the difficulties for unmarried mothers in Ireland and the reasons why they were more likely to receive the services of a Protestant Society:

An expectant mother coming to Dublin and hoping to find shelter for herself and provision for her baby may go from one society to another and find that none can aid her, because they have no institution or home in which to house her before her confinement and that nothing can be done to secure the baby's future unless she can find a large sum of money. If the societies get in touch with me, I try persuading the girls to seek admission to one of the special homes and am frequently successful in getting them to do so. Many however will not. These girls often disappear and it is fairly certain that they have sought shelter from the Irish Church Mission.
The homes under the control of the Irish Church Missions offer certain attractions. The mothers are kept for a short time after confinement and there is little chance of their being recognised while there. I do not think that the Irish Church Mission seek out Catholic unmarried mothers. On the contrary, the mothers seek out the Irish Church Missions and ask to be admitted. It is, however, in my opinion, that almost every Catholic girl who has found shelter in the Irish Church Mission has tried and failed to find shelter and help from the Catholic quarters. The different institutions in which unmarried mothers and their babies are accommodated are working to capacity and there appears to be no slackening in the numbers applying for admission. It is an ever growing problem and one which Catholic social organisations cannot afford to view with indifference[59].

Likewise, in a response to a memo from a 'prominent lay Catholic man' to the Department of the Taoiseach and the Department of Health alerting the authorities to the setting up of a new Protestant orphanage in Dublin in 1947[60], one of the Inspectors (it is not stated whom) informed the Taoiseach that:

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mother was the county home or the Mother and Baby Homes, where girls were expected to stay for up to two years. In the Society's experience, they found that many of the young mothers could not cope with this isolation from friends and family over such an extended period and often, as a result of this, opted to travel to England instead (Annual Report of the CPRSI, 1952;. 2). In 1952, 85 mothers were repatriated by the Society from England, adding that most of the English rescue agencies were unable to cope with mothers from Ireland due to the size of their own caseloads thus resulting, according to the Society, in the likelihood that many Irish children and families have been lost to the faith in the UK (Annual Report of the CPRSI, 1952; 2). This was reiterated in 1956 when the society stated that Catholic help in England was very limited and the 'Irish unmarried mother who goes there is exposing herself and her child to grave moral danger' (Annual Report of the CPRSI, 1956; 2).

[59] Report by Inspector Litster, 22/11/45, General Children File, Department of Health.

[60] The letter stated that 'The purchase of the new establishment at Blackrock shows the extension of success of proselytism...It may be taken as practically certain that the inmates of this home will be Catholic children of Catholic mothers. The Society of Church Missions does not deal with children of Protestant parents, they normally deal only with children of Catholic mothers. In addition, there are no Protestant children for such homes. The illegitimate children of Protestant mothers have adequate provision elsewhere, too much provision indeed, as in July 1943, the Belvedere Orphanage, Tyrellspass, founded in 1840 for 36 orphans, to be brought up in the Protestant religion, had to be closed because there were only 4 children available. The matter is very difficult for a number of reasons. These homes take advantage of the desire of mothers of illegitimate children for secrecy. In the maternity homes where the children are born, only the most trusted nurses and assistants are kept. The location of these maternity homes are not

Some years ago, the Committee of Bethany House, Rathgar, agreed not to admit Catholic girls or Catholic babies and apparently have kept that agreement. The Director of the Irish Church Missions, too, expressed a willingness to refuse admission to any Catholic mother or baby, provided he were given assurance that any who appealed to the missions for help would receive shelter and help from Catholic sources and would not be told to apply for admission to a county home. That assurance, as things stand, cannot be given. It is clear that the great need in connection with this whole problem is maternity homes for Catholic mothers which would provide at least the same degree of security and secrecy as the Irish Church Missions. This is specially so, as indicated in the letter, the number of unmarried mothers of the better class is on the increase. The establishment of a Home, or Homes, in which infants could be received without their mothers would also appear to be necessary. If such institutions were provided, the difficulties created by the activities of proselytising agencies would be further removed. This matter however is one primarily for consideration by the ecclesiastical authorities, but of course the Department of Health would be prepared to give all possible assistance. Such homes would qualify, if the prescribed conditions were fulfilled, for grants under the Maternity and Child Welfare Scheme[61].

While the Inspectors were critical of the restrictive nature of services provided for unmarried mothers, they did share the dominant discourse within the voluntary societies that adoption and permanency was the best option for the illegitimate child. Therefore, while welcoming the establishment of the Regina Coeli service for unmarried mothers, a concern was expressed by the Inspectors on behalf of the Department of Health about their unorthodox practices of assisting mothers to keep and maintain their illegitimate children. In response to a memorandum by the Joint Committee of Women's Societies and Women Social Workers in 1943[62], who recommended services for mothers to assist them in keeping their children, a Department of Health memo stated that

Before the unmarried mother can keep her own child with her and maintain her in the life of the community, a great change in public opinion will have to take place. At present, in this country, society is opposed to the unmarried mother. Few people will knowingly employ her...The experiment has been tried in the Regina Coeli of helping mothers to go

known to the public. The expectant mothers receive instruction in the Protestant Faith. The children are sent out to foster care ... until they reach 1½ or 2 years, then they are sent to the Birds Nests. From these the boys went, in the past, to the Barnardos Homes in England, with a view to the British Army, the girls were provided with positions in restaurants. The number of unmarried mothers of the better class is increasing and their secrecy, impossible to a Catholic Organisation ... is exploited by the Birds Nests' (Memo from Catholic Bishop to lay catholic, copied to Department of Health, General Children's File, 1947).

[61] Memo from Department of Health to Taoiseach, May 1947, General Children File.

[62] Joint Committee of Women's Societies and Women Social Workers, Memorandum on Boarded Out and At Nurse Children, submitted to Department of Local Government and Public Health, 1943.

into rooms and maintain their own babies. It has not been generally successful. I have made a few experiments also in helping mothers to keep their babies...No permanent success attended their efforts[63].

Continuous with the earlier part of the 20th century, the Inspectors sought to create a form of intervention with unmarried mothers which would balance between regulating them on the one hand, while assisting them in reform and promoting their subjectivity on the other. At the same time, voluntary adoption societies, while regulated by the statutory Adoption Board from 1953 onwards[64], continued to operate from a mostly separate discourse of child saving[65]. Given the predominance of adoption, the governing site of the statutory health authorities actually diminished over this period as evidenced in the figures above. Also, while continuing to challenge and criticise the nature and form of services provided by the voluntary societies, they seem to have had little effect.

However, one could also argue that, in light of the dominant focus of voluntary societies on first time offenders, the role of the statutory authorities in promoting the subjectivity

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[63] Department of Health Response to Memorandum on Children Boarded Out, at nurse and in institutions, JCWSSW, 1943, General Children File, Department of Health (no signature).

[64] It appears that initially certain difficulties existed between the statutory regulatory authority and the practices of the adoption societies, who had, following the introduction of the Act, formed the Catholic Central Council of Adoptions. Archbishop McQuaid established this and it comprised of representatives from the various Catholic adoption agencies in Dublin and other related organisations. Over the 1950s and 1960s, difficulties existed in the relationship between some of the voluntary societies and the state as boundaries around regulation of practice and agencies were negotiated. In 1962, a council meeting was held to discuss various proposed amendments to the 1952 Act, the question of authority over Irish mothers who went to England when pregnant and the age of adoptive parents. A particular concern for the Council however was the question of the relationship between the statutory adoption board and the Catholic Council of adoption societies. From the reports of the meeting, relations had, in the past, been difficult and were continuing to cause concern for the Council. Reference was made to a circular from the Adoption Board dated 24 July 1962, which, for the first time, had a paragraph indicating its willingness to co-operate with the Societies. The difficulties appeared to arise, in the main, around a question of a probationary period for the adoptive parents – the Adoption Board stated that this was not a statutory requirement but was advised, adding however that 'if...a Society is anxious in a particular instance to speed up the making of an adoption order, the Board will be willing to consider the application and co-operate'. Differences also existed on views relating to the qualifications adoption workers should have and how a voluntary organisation should be registered. In order to address these differences, a member of the Adoption Board was invited to attend part of the Catholic Council meeting where, it appears, common ground was agreed. The minutes record that '(he) offered the Council the good wishes and assurance of co-operation of the Adoption Board. Both the Board and the Societies were concerned with the furthering of this great Christian work of love and kindness. He pointed out that this work had brought happiness to 20,000 people, 10,000 adoptive parents; 5,000 unmarried mothers and 5,000 children', adding that: 'After God, the success of the work depends on the Adoption Act and if it is brought into disrepute by any High Court Actions, adoptive parents would lose faith in the Act's premise and guarantees...in protecting our children we would also protect the Act, and the Societies would always be happy to work in co-operation with the Board' (Minutes of the Council Meeting of the Catholic Council of Adoption Societies, 25th October, 1962; 7).

[65] As discussed in Part II, even after 1970, the Catholic and voluntary agencies were not replaced by statutory services. Rather, statutory services sought to supplement, rather than supplant the work of the voluntary agencies. While the Health Board presently arrange some adoptions directly, approximately 19 adoption societies within the voluntary sector continue to operate in the field of adoption in Ireland (Gilligan, 1992).

of the residuum, became perhaps more significant and consolidated. It seems that, there were certain categories of children who came under the governance of the statutory authorities, who were considered unsuitable or ineligible for whatever reason, for adoption[66]. One could argue that these children and their parents represented the absolute residuum groups. These children included: those maintained in the industrial schools, many of them transferred directly from the county homes, and children who were boarded out from the county homes. It was the needs of these categories of deprived children in particular, which was the primary focus of debates surrounding the Kennedy Report 1970 and the role of social workers within the newly restructured health boards. Given the fact that, as discussed in Part II, the development of various social services within the statutory services from the 1960s onwards were carried out with the aim of supplementing rather than supplanting the operations of the voluntary associations, the suggestion is that it was indeed the residuum categories of children and families who became the domain of the statutory child welfare services. If this were the case, the thesis offered by Philp (1979) in relation to the role of social work in promoting the subjectivity of the residuum classes seems significant. However, it is evident that, in fact, it was the residuum with whom the statutory authorities had been engaged throughout the century, therefore one cannot automatically deduce that a focus on this group necessarily meant the employment of psy experts to monitor and regulate this space, since this had not occurred prior to this time. Two questions are posed to explore the way in which space for expert strategies of intervention with the residuum may have been created. The first is: was it the growing critique of institutional care which created space for social work to be identified as a psy expert? This is addressed in Section 8.3. A related question is: was it the fact that, within the restructuring of the health boards, an attempt was being made for the first time to attend to social as well as health needs within the statutory services? Section 8.4 considers this possibility.

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[66] The Catholic Protection and Rescue Society, one of the most well-established fostering and adoption societies emphasised in 1926 that it catered exclusively for the children of first time mothers: 'the Committee frankly declined to put a premium on immorality by providing for the third, fourth or even the fifth case of illegitimate birth. The income of the Committee being limited, it follows that if a selection has to be made, those who are the most deserving should get preference over those who seek year after year to relieve themselves of their parental responsibilities at the expense of the Committee's funds. The Society investigates every application and no suitable case is ever refused' (Annual Report of the CPRSI, 1926). This was reiterated throughout its reports during the early and mid 20th century. In 1957 for example it emphasised that the vast majority of girls whom they offered services to were 'genuinely deserving of our help' (Annual Report of the CPRSI, 1957).

8.3: Changing conditions of possibility: Did the critiques of institutional care create space for social work?

While the Inspectors of Boarded Out Children and other lobbyists had criticised the dominance of institutional care in Ireland over the century, from the 1950s onwards a number of processes emerged wherein such critiques began to occupy greater discursive space. The Joint Committee of Women's Societies and Women Social Workers, for example, continued to advocate for the rights of the deprived child and criticised the continued emphasis on institutional care throughout the 1950s and 1960s. They met with mixed success in their lobbying work for a new children's bill, coordination of children's services, and the promotion of a shift towards boarding out or small scale institutional care for children. The committee regularly brought the conditions of institutional care to the attention of the relevant authorities. For example, the Committee recorded in 1964 that:

> It was a shock to the Committee to learn that the shaving of heads was still being used as a form of punishment in some children's institutions. No satisfactory explanation has been given to our enquiries, and our request that visiting committees be set up has been refused. We are of the opinion that any institution in which the work is supported by public funds should be willing to co-operate with a visiting committee of local citizens[67].

In 1968 the Commission reiterated their views on institutional care in a memorandum submitted to the Commission of Inquiry into Industrial and Reformatory Schools. They argued that, where possible, no child should be placed in an institution when boarding out is available, and recommended the employment of specially qualified family caseworkers and social workers in school attendance teams and within the health boards. They remained highly critical of the lack of permission for visitation to the industrial schools and the fact that managers within the schools were sending children to reformatories or to employment situations without notification or regulation. They concluded with the

[67] Annual Report of the Joint Committee of Women's Societies and Women Social Workers, 1964.

statement that 'the whole institution system by which children who are merely homeless are at present provided for, is unsatisfactory', and that:

Over the years, the Joint Committee has insisted that children should seldom be removed from a family and placed in an institution and that instead, every assistance should be given to maintain the family intact either by financial help and/or long-term supervision by qualified social workers. It has been pointed out that "the State only pays the widow 7/6 per week per child, while an institution receives £4.2.6 per child per week" (This payment to institutions has recently been doubled)[68].

Another group, the Irish Association for Civil Liberties wrote to the Department of Education in the early sixties in relation to the admissions policies within the industrial schools:

We note that the vast majority of committals to these schools are on the grounds of poverty and parental neglect and that grants of £2.5.0 are made in respect of each child in the industrial school. We would urge the Minister to seek legal power to pay this or an improved sum to the parent in all cases in which the child's offense is traced to poverty or to neglect caused by poverty. To remove a child from the care of its own parents for reasons of poverty appears to conflict with the spirit of the Constitution. The sum £2.5.0 is only part of the cost to the taxpayer of maintaining the child in an institution and is much greater than that paid to a widow striving to bring up her children in her own home. For economic as well as Christian reasons, every care should be taken to see that children are only removed from the care of their parents when the circumstances make it absolutely necessary[69].

The response from the Department was that this was a 'pipe dream; idealistic yet impractical', adding that:

The Association is now aware that at present, at least 80% of committals to schools on the grounds of improper guardianship are made at the requests of parents. In the remaining 20 percent, the poverty in the home is often caused by mismanagement of income and in these cases, the allowances envisaged by the Association would only result

[68] Memorandum on 'Children in Care or Children in Institutions', 1968, Joint Committee of Women's Societies and Women Social Workers. Interestingly, the submission by the Committee is not recorded in the final report of the Commission in 1970, nor is it referred to throughout the report. The committee did welcome the report however, noting that, 'most recommendations made are in line with those which our committee have made from time to time', though they continued to call for new legislation relating to child care and for amendments to the Adoption laws (Annual Report, 1971).

[69] Letter from Association of Civil Liberties to Department of Education, 26/3/1963, Dept/Ed Go11/b SpEd.

in more frequent sessions to the public house or more intensive study of 'runners in the last'[70].

However, according to the Inspectors of Boarded Out Children in the Department of Health, many children were placed in the industrial schools for reasons other than those noted above. These included children who had been directly transferred by the local authorities from the county homes to industrial schools, rather than seeking fostering placements for them, and the placement of children by voluntary philanthropists, mostly on the grounds of parental poverty or ill-health. In a joint submission to the Department of Health regarding the question of care of deprived children in 1963, Inspectors Murray and Clandillan highlighted the anomalies in the legislation at the time, that required that no child placed by the local authorities should be removed from an approved school without the Department's permission despite the fact that for years the Department had acknowledged the preference of boarding out over approved school, stating that 'it appears to be a contradiction that the Minister's consent should be required for a course of action which the Department not alone approves in principle but constantly endeavors to have carried out'[71].

Linked to this, the Inspectors were highly critical of the fact that the 1939 Public Assistance Act abolished the right of the Department and health authority inspectors to visit children in approved schools, arguing that 'this undoubtedly has had the effect of retarding boarding out and may partly account for the large number of children now maintained in approved schools under the Health Act'. They requested that this right of visiting be restored, not for the purpose of inspecting the schools and their management, which was the duty of the Department of Education, but for the purposes of visiting the children with a view to having as many of them as possible boarded out[72]. They added

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[70] No Date, Dept/Ed Go11/b SpEd.

[71] Joint Submission by Inspector Murray and Inspector Clandillan to Department of Health on 'deprived children', 1963, General Children's File; Department of Health.

[72] Ibid; 2. Inspector Clandillan outlined in 1968 that attempts had been made to resolve this issue following the introduction of the Boarding Out Regulations in 1953, but that, given the different responsibilities of both the Education and the Health Departments, the arrangements were abandoned: Although children were admitted to approved institutions under the Health Act and the Department of Health Authorities contributed to their maintenance, there was no provision under the Act for their inspection by officers of the Health Authorities or of the Department. (Report by Miss Clandillan for the Department of Health, 'General Children File', 1968).

that this was particularly of import given the fact that, where foster families were not automatically available for a child in need of care, the child was placed in an approved school pending boarding out. However, the general practice was that, once the child was placed, as far as the Department and health authorities were concerned, the matter was a closed book and the child was left to remain in the institution[73].

In 1968, Inspector Clandillan attributed the decline in the boarding out system to the lack of power of health board officials to visit children placed in industrial schools.

The visiting of Health Act children in approved schools and institutions by the children's officers of each health authority and by the Department's inspector for this area is long overdue. The object of such visits is to ascertain the reasons for admission, if not already clear, to follow up mothers to obtain their consent for the boarding out or adoption of suitable children, to arrange for mental assessment in some cases and follow up for admission to special schools where recommended, and to check that physical defects are treated, including those requiring surgery[74].

Apart from the concerns of the Inspectors, the predominance of institutional care in Ireland and the conditions of the institutions themselves were an increasing cause for concern for a range of groups, who began to advocate for the needs of deprived children in industrial schools. As already referred to in Part II, the work of Tuarim was significant in this regard. They published a report in 1966 on residential care in Ireland, which recommended new legislation to replace the Children Act 1908 and was critical of both the mechanism by which children were admitted to industrial schools, often bypassing the courts, as well as institutional care as a form of care for the majority of children (Tuarim, 1966). The OECD Investment in Education Report, published the same year, was likewise critical of the industrial schools system (OECD, 1966). The Commission on Mental Illness in 1966 also commented on the need to examine the problem of

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A Departmental circular issued to Health Authorities on 2nd July 1954 drew attention to the lack of provision for inspection: 'when a child is placed in a school in pursuance of Section 55, the arrangements between health authorities and the manager of the school should include a provision that the child may be visited at any reasonable time by an authorised officer of the health authority or the Minister'
Unfortunately this was not followed up and at a later date, it was decided in the Department that as the schools were under the Department of Education and inspected by one of their officers, there was no need for inspection by the Department of Health. Thus it came about that nobody visited the Health Act children to ascertain the reason for admission in the first place, their level of mental and physical development and their suitability or otherwise for adoption or boarding out, unless a mother had indicated that she wished her child to be reared in an institution. Those children might be described during those years, as the 'forgotten ones'.

[73]Ibid; 2.

industrial schools. It appears that, gradually, in light of the growing level of criticism of the schools, the Department of Education began to acknowledge the need to examine the form and nature of institutional care in Ireland, as discussed in Part II. However, while a growing awareness of the need to address the problem of industrial schools is evident, it does not necessarily mean that a sea change had occurred in the discourse of those who governed them. The establishment of the Commission of Inquiry into the Reformatory and Industrial schools, for example, seems to have been as much a concern regarding the growing criticisms of the system, as a concern, on the part of the Department of Education, about the nature and form of institutional care in itself. The Minister for Education, Donagh O'Malley for example, prior to the establishment of the Committee of Inquiry into Industrial and Reformatory Schools in 1967, stated to a colleague that:

I myself am not too happy about the Industrial and Reformatory Schools generally, or rather, about the public image of them. I have been in touch accordingly with the Dublin Junior Chamber of Commerce, who take an interest in the matter, and have a notion of setting up an ad hoc visiting committee to report to me on the problem. If it were to do nothing else, it might at least have the effect of allaying public unease. One of the troubles in this regard is that Daingain reformatory, which is really suffering from very poor accommodation, understaffed and under-everything practically, is confused with the forty industrial schools of which the vast majority cater very well indeed for their children[75].

Later in the year, the Department of Education wrote to the Department of the Government stating that:

Representations have been made from time to time by various groups ... that the conditions in reformatory and industrial schools are in urgent need of improvement. References have been made to this matter in the public press on many occasions. With a view to subjecting the problem to outside objective appraisal, the Minister for Education proposes to appoint a committee to report and make recommendations to him in relation to it[76].

Furthermore, despite recommendations within the Report of the Committee of Inquiry in 1970, that a unified approach to child welfare was necessary, the industrial and reformatory schools remained under the governance of the Department of Education up

[74] Report by Miss Clandillan for the Department of Health, 'General Children File', 1968.
[75] N/A D/T 98/6/156 Children General.
[76] N/A D/T 98/6/156 Children General.

to 1984. Thus, while it is plausible to conclude that an acceptance by 1970 that criticisms of institutional care created greater space for alternative and more family oriented child welfare practices, the care of children within institutions, despite the persistent efforts of the health authority inspectors, remained outside of the governance of the health authorities, thus calling into question the space changes in the form and nature of institutional practices created for the emergence of social work as a psy profession within this site. However, as demonstrated within Section 8.4, the general concerns that were raised in relation to deprived children during the 1960s and the increase in lobby groups advocating for changes in the child welfare system do appear to have influenced general discourses relating to child welfare. Significantly for social work within plans for the restructuring of the health authorities, certain space was afforded for consideration of the nature and form of statutory child welfare practices.

8.4: Restructuring the health services: Creation of space for a social profession.

One could argue that the potential for the establishment of a social work service as an expert strategy within the statutory child welfare services was given greatest space within the context of the proposed restructuring of the health services. Within the health authorities, a certain amount of reliance was placed on the Inspectors to provide data and perspectives on the need for change within the system[77]. For example, in 1968, the Secretary to the Department of Health requested that both inspectors produce a report to review the care of deprived children under both the Children Acts 1908-1957 and the Health Act 1953, prior to the restructuring of the health services. The Inspectors reported that, reasons for the decline in numbers boarded out over recent years was due to: legal adoption; the emigration of unmarried mothers; and 'the lack of interest in, or in some cases, the positive antagonism to the scheme on the part of many health authorities

[77] According to personnel engaged in the planning and design of the social work service within the health boards prior to 1970, it appears that, in addition to the two inspectors, the main personnel charged with addressing the specific issue of child welfare services and social work within this were: the single senior social worker who was employed by the Dublin Health Authority in 1966 (Interview with Programme Manager for Community Care, Department of Health).

and/or their officials. In Counties Louth and Sligo for example, the boarding out scheme is almost non-existent while in some other areas, it is barely tolerated', adding that:

Boarding out is the Cinderella of the local authority service and there is little informed opinion on the subject at a local level. The emphasis now is on legal adoption which was welcomed by the local authorities for the wrong reasons, viz., as a means of avoiding financial and supervisory responsibility for illegitimate children, and health authority officials have been known to put pressure on unmarried mothers to allow their children to be placed for adoption, even to the extent of refusing any alternative help[78].

As alluded to in Section 8.3, the inspectors attributed this apparent apathy among those responsible for boarded out children to the availability and dominance of institutional care. They stated that:

A similar attitude of mind is mainly responsible for the increasing numbers of children maintained in approved schools and institutions. This method of dealing with the deprived child is regarded with favour by health authorities for obvious reasons. The children are not subject to inspection either at local or departmental level, no reports on their progress are called for, and no records or case histories have to be compiled in relation to them; frequently, not even a register is kept despite continuous pressure from the Inspectors. Once admitted to a school, therefore, the health authority has no further trouble with a child apart from an occasional letter from the Department inquiring why he has not been boarded out. The easy answer to this is that a suitable foster home is not available and there the matter rests[79].

In a separate report in the same year, Inspector Clandillan criticised the fragmented nature of child care services and the fact that governance for various aspects of child care was shared between government departments, stating that:

The existing situation, whereby the three Departments all have partial responsibility for the provision of limited services for children who, for reasons varying from poverty to delinquency, come under central or local government control, is not a satisfactory one. It may be that the Commission on Reformatory and Industrial Schools, which shows an uninhibited tendency to exceed its restricted terms of reference, may advert to this matter in its report, but it seems to me, at this point, that what may be needed most of all is a broadly based commission with very wide terms of reference which would enable it to

[78] Report by Inspector Clandillan and Inspector Murray in General Children File, 1968 (no specific date), in response to a memo from the Department of Health Secretary to Inspector Clandillan and Inspector Murray on 23/10/68.
[79] ibid

inquire into the services available for all classes of deprived children and to make recommendations about the manner in which they could be provided in the future[80].

She recommended a new comprehensive children's act which would include children boarded out or in schools under the Health Act 1953, as well as those covered by Part One and Two of the Children's Acts 1908-1957, adding that:

The new legislation would naturally indicate the need for one government department responsible for all services for children in need of help, or of a children's Department as a subsidiary of one government department as is the case in England and Wales. There has been adverse criticism for many years of the present arrangement whereby three departments are concerned with different facets of the needs of deprived, delinquent or neglected children[81].

In order to consider holistically the needs of deprived children and the services they required, Inspector Clandillan recommended that a commission be set up to inquire into services for deprived children and to make recommendations about the manner in which they should be provided within the proposed new structures. She suggested that 80% of the membership of the commission should be made up of professional social workers who were already working in various fields of child and family services, such as: the Family Welfare Section of the Catholic Social Welfare Bureau; the housing, welfare and probation services; the ISPCC professional social workers; and social workers from the Civic Institute. While no such commission was established until the Task Force on Child Care in 1980, the recommendations by Inspector Clandillan clearly indicate the role she considered social work should play in any new services for deprived children and their parents, who, within the public health services, continued to be unmarried mothers, mostly those with one of more children, and their illegitimate offspring.

Reasserting the need for an expert group to take on the issue of deprived children, in her submission to the Department of Health in 1968, Inspector Clandillan recommended that nursing qualifications should not be considered suitable qualifications for the post of children's officer. She argued that only professionally qualified social workers with post-graduate qualifications should be appointed to children's officer posts, with a view to the

[80] Report by Inspector Clandillan in General Children File, 1968.

eventual setting up of a social work department in each health authority. She recommended that children's officer posts and other social work positions be evaluated both in terms of the responsibility of the work and the qualifications necessary for the successful handling of this difficult work; and that efforts be made to have Section 10 of the Adoption Act, 1964, repealed[82], 'because of the dangers to which it gives rise and that minimum standards of qualification in social work be required before an adoption society is registered'[83].

Inspector Clandillan supported her recommendation for social workers with reference to the Scottish report on 'Social Work and the Community' (1966) and the Seebohm Report (1968), both of which recommended that social work, and not nursing qualifications, should be sought for posts relating to work with children and families. In this report, Inspector Clandillan reviewed the recommendations of Seebohm in relation to the employment of social workers for family casework and child care duties, and argued that:

If local authority social workers were set up in this country, they should cater for a much wider section of the community than children in need of social work help. They should include families at risk of breakdown for various reasons, one-parent families and unmarried mothers, child guidance services, social care for the physically handicapped, mentally ill and mentally sub-normal and social services for the aged. They should also cater for those who are incapable of providing for themselves or their dependants. A 'homemaker' service is of vital importance and also the supervision of day nurseries, which should be obliged to register with the social service department. Housing welfare services should also be included as many of the problems of family breakdown are associated with inadequate living accommodation. Adoption work should be transferred to one department and should be carried out only be staff having post-graduate training. It follows that social workers, at present employed in various fields of social work, would belong to the social service departments; children's officers, medical and psychiatric social workers, housing welfare officers[84].

Inspector Clandillan was also influenced by developments within other agencies that were beginning to employ professional social workers. In her submission to the

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[81] ibid.

[82] This allowed for voluntary organisations to apply to be registered as an adoption society but did not set down any criteria for qualifications of staff to be employed therein.

[83] Report by Miss Clandillan in General Children File, 1968 (no specific date) in response to a request from the Department of Health for submission on care of deprived children for consideration in relation to the restructuring of the health services.

Department of Health in 1968, she referred to the fact that the Irish Society for the Prevention of Cruelty to Children had begun to employ professional social workers and, in some counties, had approached the local authorities in relation to assisting with making foster care arrangements and supervising boarded out and at nurse children.

The proposals made by both Inspectors in relation to the restructuring of the health boards clearly reflect principles, which were reiterated in key reports post-1970 such as the Task Force Report. The need for psy experts, social workers, to be employed within the statutory authority to care for a range of deprived children was made explicit. While many of the Inspectors' recommendations were not implemented in 1970, they do appear to have been instrumental in promoting social workers as the appropriate experts to take on the new duties envisaged by restructured services. In answer to the question, did the restructuring of the health boards create the space for social work to emerge as a psy expert, it would be yes, in light of the evidence above. However, it is difficult to problematise this positioning of social work in the context of a power/knowledge spiral. While other lobbyists, such as the Joint Committee of Women's Societies and Women Social Workers, the Tuarim group and so on, made recommendations for social workers to be employed, unlike the debates surrounding institutional care, little debate appears to have surrounded the nature and purpose of the new profession. It seems that the positioning of social work within the health boards was the result of a continuous concern over the century by the minority discourses of the various Inspectors of Boarded Out Children to find an expert willing and capable of operating within the legislation, on the one hand, and intervening with unmarried mothers on the basis of moralisation and normalisation, on the other. Little evidence exists to suggest that the recognition of a need for a psy expert to intervene with unmarried mothers gained much greater space by 1970. Rather, the concern for creating a social profession within the health authorities continued to occupy minimal discursive space.

It seems that professional social work gained space within the new social arena of statutory child welfare due to its *lack of power* rather than its increasing discursive

[84] Report by Miss Clandillan to Department of Health in relation to restructuring of the health services, 1968; 21.

power. To explain this further, consider the discussions in Part II, where it is evident that the space created for statutory child welfare services within a medically dominated health board was relatively minute. In the medical context, child welfare and family intervention discourses themselves occupied limited space and thus limited power. Given this lack of discursive power, it seems that a relatively powerless profession, such as social work, was able to occupy not only an uncolonised site but also a site, which appears to have been of little interest to other surrounding and more powerful discourses. If we consider the final question posed in this Chapter, this argument might be further sustained. The question addressed in Section 8.5 is: while social workers did not gain significant space within the statutory child welfare services prior to 1970, were the conditions of possibility for it to emerge as a psy practice created by the nature and form of practices of existing agents? The following section suggests that indeed this could have been the case, but not in terms of the nature and form of practices, which preceded social work becoming the psy profession. Rather it seems more attributable to the lack of availability of any other agent willing or capable of intervening in matters of child welfare.

8.5: Employment of specialist children officers: Space for the emergence of the 'psy' profession?

Specialist children's officer posts were created from 1950 onwards, in light of a) administrative changes following the Health Acts which resulted in assistance officers and public health nurses having a broader range of general duties, and b) ongoing advocacy on the part of the Inspectors for such specialist posts in light of the introduction of legal adoption in 1952, new boarding out regulations in 1953, regulations regarding the removal of children from institutions under the Children Act 1957, and general concern regarding intervention with unmarried mothers and liaison with mother and baby homes.

From records available, it appears that the first children's officers were employed in Co Meath[85] and Co Cavan[86] in the early 1950s, the former a public health nurse and the latter a social science graduate[87]. In her report on County Cavan, Inspector Murray was particularly impressed with the work of the social worker, and noted that:

Since my last inspection (1952), a qualified social worker has been appointed as Children's Officer in County Cavan. She took up duty a year ago. A considerable improvement was noticeable in the condition of the children and the administration generally showed a marked improvement on what formerly was obtained in the county[88].

The question of employing children's officers within the Health Authorities featured in a Dail Debate in 1956, where the then Minister for Health supported the employment of 'suitably qualified women' and considered it to be an 'essential step towards the provision of adequate supervision of the welfare of children concerned', and recommended that, where it was warranted by the number of children in foster care, such appointments should be made[89]. The gender of the agent rather than their profession appeared to be the determining factor in the employment of children's officers and from 1950 to 1970 and the post of children's officer continued to be one considered suitable for either nurses or social workers[90]. Some children's officers were sent to England for

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[85] Inspector Murray. Report on Boarded Out and At Nurse Children, Meath, 1954. It is unclear from the records the exact date of the appointment. In her 1949 report, she noted that duties of inspection were to be transferred from assistance officers to public health nurses. In her 1951 report she recorded that visitation was being done by nurses, but it is only in her 1954 report that she notes that a special appointment had been made for a whole time nurse to carry out the inspection (Reports of Inspector Murray, 1949-1954, Department of Health).

[86] Inspector Murray, Report on Boarded Out and At Nurse Children, 1953, Cavan.

[87] Following the employment of children's officers in Meath and Cavan in 1953, officers were employed in Wexford, Carlow/Kildare (one officer), and Cork South (two officers) in 1954; Kerry in 1955; Donegal and Dublin (two officers, increased to 3 by 1966) in 1956; Mayo in 1958; Galway and Tipperary South Riding in 1959; Clare in 1961; and Limerick in 1967. None of the other counties employed specialists to carry out the work though, by the mid 60s, it was public health nurses rather than assistance officers who generally carried out the work.

[88] Inspector Murry, Annual Report on Boarded Out Children in County Cavan, 1954.

[89] Dail Debates, 7 March 1956.

[90] For example, Wexford County Council employed a Children's Officer in 1956 stating the following as the qualifications and duties of the officer:

Professional Qualifications/Experience, etc:-

A candidate must…

(a) have had experience in relation to social work with children

(b) have diploma in child care or associate membership of the Institute of Almoners or equivalent qualifications OR be registered as a result of an examination in the general division of the Register of Nurses kept by An Bord Altranais

Duties:

(a) The person appointed should supervise the health and welfare of all children who are boarded-out or to whom the Children's Act apply, in districts as are designated by the Health Authority

specialist child care training though this depended on the support the local county board gave to such developments[91].

Despite the advocacy of social workers as being most appropriate as children's officers, in fact, most of the children's officers employed subsequently were public health nurses. By 1956, 12 children's officers were employed nationwide[92]. However by 1959, only three children's officers were social workers, these were employed in Cavan, Wexford and Galway. In Dublin, there were three children's officers by 1966, only one of whom had social science training. A senior was also appointed who had specialist child care training (and had previously worked on the adoption board before returning to the UK). By 1969, this had increased to approximately 17 children's officers employed within 14 of the 26 counties, and of those 6 were social workers or held social science degrees[93].

While the gradual increase in the employment of children's officers suggests that some county managers recognised the value and importance of such specialist experts, many others reflected the view that professional social workers were either too expensive or unsuitable to take on the statutory tasks deemed more suited by some to nurses.

(b) She shall undertake any duties assigned to her in relation to the placing of children in foster homes and the assessment of the proposed foster homes, and she will interest herself in the welfare of children formerly coming within the category prescribed at (a)
(c) She shall be responsible for all records and reports and shall advise on any action necessary by the health authority
(d) She shall undertake duties assigned to her in connection with the welfare of unmarried mothers.
She shall undertake duties as may be assigned to her in connection with the welfare of under-developed, mentally handicapped or mentally deficient children. (Copied in Report on Boarded Out and Nursed Out Children, Wexford, 14 Dec 1956, Inspector Clandillan).
The guidelines for employment of a children's officer set out by Mayo County Council in 1958 was similar although the specific profession of the proposed children's officer was not set down. It stated that the children's officer must be a woman who had either experience or training in child welfare. The duties of the children's officer were set out as being; to supervise 'the health and welfare of all children who are boarded out or to whom the Children's Acts apply; any duties relating to the placing of children in foster homes and the assessment of proposed foster homes; shall undertake duties relating to the welfare of unmarried mothers'.

[91] Inspector Clandillan File, Department of Health, 1960-1972. Herein, a range of correspondence between children's officers, medical officers of health and the Department of Health exists in relation to promoting training for children's officers. In-service talks were also provided in some areas and children's officers nationwide attempted to liase occasionally in order to develop practice and training (Interview with children's officer for Donegal appointed in 1966).

[92] Dail Debates, 7 March 1956, Col 27: It was noted that, while the appointments were welcomed, it was considered that all of the health authorities should employ 'suitably qualified women' for child welfare work to ensure adequate supervision.

[93] It is difficult to accurately determine the number of children's officers, as in some instances, such as Cork North, posts were created during the 1950s but remained vacant for some time. Also, due to the unspecified training of the children's officers, it is difficult to determine, from some of the records, whether it was specialist public health nurses or nurses as part of their general duties who were carrying out the task.

Furthermore, a significant proportion of counties do not appear to have given any thought to the question of employing either children's officers in general or social workers in particular at all. The following examples of employment practices within certain counties demonstrate the ambiguity of the position of children's officers in general and social workers as child care experts in particular within dominant discourses at this time.

In Cork South a children's officer was in employment by 1954 and in the following year took over inspection of the whole county[94]. An additional post was created in 1956 for North Cork, but following the resignation of the officer appointed, the post remained unfilled until the mid 1960s[95]. The South Cork District continued to operate with two children's officers up to 1970 and following the establishment of the Southern Health Board, in 1972, the Cork service expanded their numbers to 5 children's officers with specific responsibility for the administration of the Children's Acts and Boarding Out[96].

Carlow and Kildare were among the first counties to employ a children's officer in 1954/5, but following her resignation in 1965, a replacement officer was not employed, and the duties were transferred to two part-time public health nurses[97]. Inspector Clandillan wrote to the County Secretary criticising the drop in standards and frequency of inspection due to the transfer of duties to two public heath nurses and called for the 'reappointment of a whole time, properly trained Children's Officer for the two counties'[98]. This had not materialised by the introduction of the Health Act 1970 and, in 1971, Inspector Clandillan stated that:

Kildare is still without a trained social worker or children's officer to deal with deprived children, unmarried mothers, adoption work and problem families. Two public health nurses are being used in a part-time capacity to supervise boarded-out children and those registered under the Children Acts 1908-1957...There are now 58 children to be supervised in Kildare ...As a senior social worker has been sanctioned for County Wicklow, I would urge that a similar appointment should be sanctioned for Kildare,

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[94] See: Report on Boarded Out and Nursed Out Children, Cork South, 1954, and Report on Boarded Out and Nursed Out Children, Cork (former Southern Area), 1965, Inspector Clandillan.
[95] Inspector Clandillan, Report on Boarded out and At Nurse Children in North and South Cork, 1954-1970.
[96] Cork File, 1970-1972, Inspector Clandillan, Department of Health.
[97] Reports on Boarded Out and Nursed Out Children, Kildare & Carlow, 1960-1971.
[98] Letter from Inspector Clandillan to Mrs. Walshe, Kildare County Council, 15/5/1967 & Inspector Clandillan, Report on Boarded Out and Nursed Out Children, Kildare, 1967, Carlow, 1967.

otherwise this area will be the only one coming under the Eastern Health Board which will have no professionally trained social worker[99].

And:

Since the former children's officer resigned, the position with regard to deprived children in Co. Carlow has deteriorated rapidly. As was to be expected, the division of the work of this officer between a part time nurse and some members of the assistance officer staff has led to this unsatisfactory position...I would urge again the necessity for the appointment of a trained social worker for County Carlow. As this county will now come under the South Eastern Health Board, it would be appropriate for Carlow to approach Kilkenny with a view to the appointment of a senior social worker. As I have pointed out previously, there is no trained social worker employed by the local authority here. The present position should not be allowed to continue[100].

In some instances, the failure of the assistance officers to carry out their child welfare duties was alleged to have led to fatal circumstances for the child, intensifying the call by the inspectors for specialist trained workers to take over the task. For example in County Mayo in 1946, a boarded out child died. Inspector Murray recorded that the assistance officers had not visited the family for a year prior to her inspection and that even though she had recommended removal of the child in her previous report, this had not been carried out[101]. She recommended in 1951 that either a social worker or a public health nurse take on the duties of inspection as a full time children's officer to address the inefficiencies of the services[102]. However, it was 1958 before the Mayo health authority advertised for a children's officer[103].

Recommendations made by the inspectors, in relation to some counties, took even longer to elicit a response. The county of Limerick appears to have been a particular cause for concern. For example, in 1953, Inspector Clandillan was critical of the fact that inspection of boarded out children remained with the assistance officers in Limerick, and suggested that the unusual practice of employing the services of the NSPCC and the Gardai to intervene in cases of cruelty within a foster home, was indicative of the poor

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[99] Inspector Clandillan, Report on Boarded Out and Nursed Out Children in Kildare, 1971.
[100] Inspector Clandillan, Annual Report on Boarded Out Children in Carlow, 1971.
[101] Inspector Murray, Report on Boarded Out and Nurse Children in Mayo, 1946.
[102] Inspector Murray, Annual Report on the Boarding Out of Children in Mayo, 1951.

practice. 'Obviously the present system of inspection is unsatisfactory. It should not be necessary to call on the services of the Gardai and the N.S.P.C.C. if the system of inspection was reliable'[104]. Inspection of children at nurse was found to be even more concerning in that, in relation to the appointed Infant Life Visitor, a Mr. Keane, she stated that 'if the present Infant Life Protection Visitor is made responsible for keeping the (Register) entries accurately, the position will not be improved in any way'. She also noted that he had to be reminded that an actual register existed and had not kept it up to date since the last inspection:

Mr. Keane stated that he had removed some children's names from his list because they had been "adopted" by the foster parents. He was frankly incredulous when I explained to him that such "adoptions" had no legal significance and that the names of all children up to nine years for whose maintenance any reward had been received must be kept on the Register unless or until an Adoption Order is made be the Legal Adoption Board[105].

The growing number of children at nurse (55) in comparison to the numbers boarded out (12) at the end of 1960 in Limerick led Inspector Clandillan to argue that:

The wide difference in these figures reflects little credit on those responsible for the care of deprived children in this area, up to the present, indicating as it does that most unmarried mothers are left to make whatever arrangements they can for their children. This system proved disastrous some years ago and efforts should be made to rectify the position by the appointment of a trained children's officer to look after the problem. A big number of the mothers have disappeared leaving the foster parents to rear the children without any financial help. It is a credit to the foster parents that few have requested the removal of the children to industrial schools[106].

However, it was 1967 before Limerick employed a whole time children's officer[107].

Likewise, in the mid nineteen fifties, Inspector Clandillan recommended, in light of inadequate supervision by either the assistance officer or the three public health nurses who carried the duty at the time, that a children's officer by employed for the counties of Waterford and Kilkenny. However, by 1971, inspection continued to be carried out by

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[103] Inspector Murray, Report on Boarded Out and At Nurse Children, 1958.
[104] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, 1953, Limerick.
[105] Ibid.
[106] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, Co Limerick, 1961.
[107] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, Co Limerick, 1968.

part-time public health nurses in Waterford and by assistance officers and public health nurses in Kilkenny[108]. Also, the employment of a children's officer to cover Tipperary South and North Riding was recommended by Inspector Clandillan in 1960, but by 1969 inspection continued to be carried out by part-time public health nurses[109].

Certain counties were found to be even more neglectful in their duties relating to children under the care of the health authorities. In 1966, Inspector Clandillan, with reference to Laois and Offaly, for example, made the following statement in relation to their returns on the placement of children in approved schools:

This is an appalling return – the reasons for admission reveal a complete indifference to the fate of deprived children. Obviously, no effort whatsoever is made to find homes or adoptive parents for them. In my report in 1963, I drew attention to the lack of co-ordination here and advised close liaison with the special homes with a view to placing the babies in suitable homes, but, as usual where the work is divided among a number of people the result is that no children are boarded out and they are moved about from one institution to another. The Laois return is another example of this breakdown to which I have already drawn attention. The transfer of duties of supervision of boarded-out children and nurse children to the public health nurses has resulted only in a worsening of the position. I would urge again the necessity for the appointment of a Children's Officer for Laois-Offaly. It will be seen that there are 146 children in institutions in these two counties, the vast majority of whom appear to be sent automatically as is evident from the present health board returns, to reverse this pattern, it would be necessary to establish personal contact with possible foster parents. This could be helped at the beginning by talks to women's groups such as the Irish Country-women's Association on various aspects of social work for children. The inspectors have drawn attention to the unsatisfactory position in Laois and Offaly for years past. The present state of affairs should not be allowed to continue[110].

Despite Inspector Clandillan's admonishment of the system in the county in 1965, she recorded in her following inspection that only three new children had been boarded out and that direct transfers from the mother and baby homes were still the primary practice

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[108] (Reports on Waterford & Kilkenny, 1956-1971).

[109] Inspector Clandillan, Report on Boarded Out and Nursed Out Children 1960 & 1969, Tipperary North and South Riding.

[110] Note on 'Returns for 30th September, 1965' MA 24/129 Offaly Inspectors' Reports File written by Inspector Clandillan, 14/6/1966. The returns show that most admissions to the industrial schools under the Health Act were from direct transfers from County Homes and Mother and Baby Homes. Reference was made also to 'no suitable foster parent available' in a number of cases. Most of the children were listed as illegitimate and records show that one child was transferred to the county home at the age of one day old.

in the county. She reiterated her perception that such action is indicative of no one group of officials taking responsibility for the placement of children and called for the appointment of a children's officer who would, in addition to dealing with boarding out placements and inspections, develop close liaison with the mother and baby homes in order to facilitate boarding out, as well as dealing with the growing number of adoption inquiries which were also, she suggested, being dealt with inappropriately by the existing nurses and assistance officers[111]. By 1969, two part-time public health nurses continued to carry out the child care duties alongside their general nursing duties[112].

In her submission to the Department of Health in relation to services for deprived children in 1968, Inspector Clandillan highlighted these two counties to demonstrate the pertinent need for the responsibilities of child welfare to be transferred to an expert child welfare practitioner. For illustration she enclosed her report from 1965 which showed that in Laois and Offaly, there were 146 children in institutions, either committed through the courts or sent there directly by the county health authority, while only 17 children were boarded out and 2 were at nurse[113]. The following year, she reported that 'I have drawn attention for years past that the work for deprived children in this county is too fragmented and that as a consequence, the results are poor. In fact, it appears that soon there will be no children placed in foster homes by the health authority'[114].

Over the period, and in light of the inadequacies of assistance officers and public health nurses in carrying out their child welfare tasks alongside other duties, the Inspectors welcomed the appointment of either nurses or social workers to take on full time children's officer duties. However, they continued to advocate that, ideally, it was social workers who should carry this responsibility. For example, responding to a plan within Clare County Council to employ their first children's officer in 1961, Inspector Clandillan noted that:

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[111] Report on Boarded Out and Nursed Out Children, Offaly, 27 October, 1966.
[112] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, Offaly, 9 October, 1969.
[113] Report by Inspector Clandillan for the Department of Health, 'General Children File', 1968; 15.
[114] Inspector Clandillan, Annual Report on Boarded Out Children in Laois, 1969.

The inspections of boarded out children are still carried out by the Assistance Officers. The question of the appointment of a Children's Officer was discussed with the County Manager who agreed that the work was unsuitable for Assistance officers. The Manager pointed out, however, that due to the decrease in the numbers of boarded-out children in county Clare, he considered it advisable to appoint a nurse to the post so that this officer could be given nursing duties should the decrease in numbers of boarded-out children warrant this course at any time in the future. The difficulty here is that a nurse has no specific training in the care of the deprived child. I suggest that a qualified medical social worker would be more suitable for the position and, could, if necessary, be seconded to social service duties at the District Hospital where, I understand, no such service is available to patients at present[115].

However, in 1970, Inspector Clandillan reported that:

The inspection of the children is carried out by one public health nurse...who took these duties in December 1969. Miss...said she is not yet familiar with the laws relating to children. There is no follow up of children leaving school and in these cases, only the comment 'left school' and the date are given. All children should be afforded help and advice with regard to post-primary education and employment....
Very few children are boarded out in Clare in recent years. If the county had a social worker, she would keep in touch with the extern mother and baby homes to help and advise the girls admitted to them from the county and make arrangements for the infants who are not being placed directly for adoption by the Sisters. Some babies are not suitable for adoption and it is necessary to see that these infants are not deprived of a normal family home life. The alternative should be explained to the mothers[116].

As discussed in Section 8.4, both inspectors considered the employment of social workers as ideal within the statutory child welfare sphere. In order to attract social workers to posts, Inspector Clandillan highlighted the need for payment of adequate salaries to professional social workers arguing that:

Experience in this country has already shown that where salaries offered are inadequate, qualified social workers do not apply for posts but rather seek employment in Britain and Northern Ireland, and while the brain drain continues, unqualified workers are recruited here. The dangers of this situation are known to most people now[117].

The cost of employing social workers does appear to have been a deterrent to county boards agreeing to their employment. For instance, in Limerick, Inspector Clandillan noted in 1963 that advertisements had been made for a children's officer and three had

[115] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, 1961, Clare.
[116] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, 1970, Clare.

been interviewed but no one appointed. She suggested that the fact that the salary offered was £120 less than that of a housing welfare officer (female) meant that no suitably qualified person would have applied for such a low salary[118]. A public health nurse was finally employed as a children's officer in 1967[119]. Likewise, in relation to the recommended employment of a children's officer in Wicklow in 1969, Inspector Clandillan noted that while the county management had expressed support for this, it was found that, given the broader role required in the job of children's officer, a qualified and experienced social worker was necessary and that the salary available would not be sufficient. Miss Clandillan's concern about Wicklow was intensified by the fact that the inspection was being done by nurses, who had 'no knowledge or experience of the work'[120].

From the accounts provided above, it is clear that the Inspectors advocated strongly for the employment of social workers due to their perceived expert status within the field of child welfare. However, their strong recommendations are also likely to have been influenced by the lack of interest and expertise that was evident within practices of alternative agents of child welfare and their governing authorities. One must also remember from discussions in Chapter Six and Seven that various interpretations of social work prevailed. Within the voluntary spheres where they were employed, a certain concern was expressed that individuals did not want 'lady analysts' interfering in their lives, and, for some local authorities, social workers were perceived to the either too theoretical or too expensive to occupy the position of child welfare agents. While, by virtue of their training, social workers were considered appropriate from the perspective of the Inspectors, a number of statutory authorities considered this 'expert' training as a deterrent and irrelevant for the practices of child welfare within the statutory sector.

In answer to the question of whether the practices of agents of child welfare up to 1970 created conditions of possibility for social workers to emerge as psy experts, the answer would be yes. However, this was due, less to a growing recognition of the need for

[117] Report by Inspector Clandillan to Department of Health in relation to restructuring of the health services, 1968; 21.
[118] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, Co Limerick, 1963.
[119] Inspector Clandillan, Report on Boarded Out and Nursed Out Children, Co Limerick, 1967.

intervention with children and their parents on the basis of moralisation and normalisation, or to a sudden surge in the power held by social workers thus gaining them space within the power/knowledge spiral. It appears that it was more attributable to that fact that a) little evidence exists of any other social group showing an interest or concern in operating in the sphere of child welfare, and b) statutory child welfare in itself was a minority discourse that occupied limited space within its surrounding conditions.

Section 8.6 considers the contribution the analyses within this Chapter can make to a problematisation of the positioning of social work within statutory child welfare services by 1970. As this is the final Chapter within Part III, the main themes which have been explored in relation to the archaeological and genealogical construction of social work discourses from 1862 to 1970 are drawn together.

8.6: Discussion and conclusion

In concluding my analysis of the position of social work within the statutory child welfare services from 1970 to 1991 in Part II, I asked whether it could be the case that social workers, by their nature and form, had the natural predisposition to become socio-legal experts within the statutory services, but that the conditions of possibility surrounding social work limited this potential up to 1991. Linked to this, I raised the question whether in light of the struggles of social work to identify its role and position over this period one could indeed attribute to social work sufficient coherence about its nature and form to call it a 'regime of truth' in the first instance. The greatest challenge posed by findings in Part II was the contradictory position wherein, on the one hand, social work was identified as the central profession within child welfare services from 1970 onwards, yet, on the other hand, clear evidence of a struggle to gain space and clarify its role and position existed. In light of the theoretical framework offered in Chapter Three, the challenge posed was to determine how social workers became psy experts in the space of the social given their apparent lack of power. Part III considered a

[120] Inspector Clandillan, Annual report on Boarding Out of Children in Wicklow, 1969.

range of developments within social work from 1862 onwards to attempt to address these questions.

In Chapter Six, raising the question of whether it might be that social workers were, by their nature and form, naturally predisposed to become the socio-legal experts in child welfare, it was concluded that, given the state of social work by 1970, this seemed unlikely. The very notion of social work existing as a coherent strategy with an identifiable set of norms and morals from which they operated was called into question in light of the fragmented and diverse context within which it developed from 1899 to 1970. Its psy power was also questioned in light of, not only the protracted nature of developments and lack of space afforded to it as an expert strategy, but also the way in which, at various moments in history, positions it had gained were in fact reversed and constrained. In light of the overview of the development of social work up to 1970, and the numbers of social workers engaged in child and family casework by 1970, it is difficult to sustain an argument that sufficient coherence as a strategy or clarity as to its nature and purpose existed to propose that, by its nature, social work was naturally predisposed as a socio-legal expertise.

Chapters Seven and Eight demonstrate the fact that space for statutory social work within child welfare was further constrained by the fact that most child welfare intervention operated primarily outside of the statutory sphere. While the introduction of adoption legislation may be considered to have signified the emergence of greater involvement by the State, adoption practices continued to be the premise of the voluntary organisations. Evident within these chapters is the effort the Inspectors of Boarded Out Children made to introduce some form of government, even at a distance, of the child welfare practices of voluntary organisations.

Chapters Seven and Eight demonstrate the discursive gap between the principles of the Inspectors of Boarded Out Children and those of the voluntary organisations in relation to child welfare and protection. Given the focus of the societies on child saving and protection of the Faith, a persistent concern for the Inspectors, which intensified during

the mid 20th century, was the gap in the form and nature of moral reform interventions with unmarried mothers themselves. In light of the discursive clash between the statutory and voluntary sites of child welfare, the need for a psy expert to operate in the space between the statutory services and the individual in order to regulate and promote the subjectivity of such mothers and return them to acceptable norms and morals was recognised by the Inspectors.

Potential space for an expert profession to promote the subjectivity of the residuum does seem to have existed within the statutory services in that, on the whole, given the fact that voluntary organisations dealt mostly with deserving mothers and their children, increasingly over the mid 20th century, it was children of the residuum who remained in institutional care or within the statutory boarding out system. However, the fact that these children represented a small proportion of children and their mothers, restricted the potential for space for such practices to emerge. Furthermore, even within this statutory sphere, despite the continuous efforts by the Inspectors, a lack of concern for the moral reform of the mothers or the promotion of a family oriented approach for the children maintained by the local authorities is apparent in the practices of the statutory agents.

Also, while protective legislation relating to the care and protection of children was in existence from the late 19th century, this did not mean that the state, in general, sought to govern practices with families within the legislative framework, even from a distance. In terms of a search for the social, apart from the efforts of the Inspectors to unify practices around the country within a particular discourse of intervention with children and families, it is difficult to discover the 'State' in the nature and form of practices. As services were managed on a county basis up to 1970, the fragmented and ad hoc nature of developments makes it wholly impossible to generalise in relation to the nature and form of practices within each county. Moreover, in light of the analysis in Part III the very notion of statutory child welfare being problematised in Ireland within the context of the power/knowledge spiral is itself specious for a number of reasons that should now be apparent.

Firstly, while social work was strongly advocated for as a psy strategy by the Inspectors of Boarded Out Children, both their discursive and governing space was minute and thus had little effect. While statutory child welfare practices had been in existence from 1862, up to 1970, the role played by the State, in its various and diverse forms, was wholly limited, calling into question the assumption that, in understanding the nature of intervention with children and families, the State sought to govern at a distance through the space of the social.

Secondly, one must call into question whether a social space, as described in Chapter Three, existed in relation to child welfare interventions in Ireland up to 1970, in the first instance. From the discussion in Part III, it would seem that in fact, the 'social' in Ireland up to 1970 was not one that was regulated by professional social workers nor did statutory government govern it, on the whole. Rather, the 'social' was one within which Catholic organisations dominated, operating on expert discourses based on spiritual and religious principles and the protection of the Faith of children, rather than the promotion of sociability of their unmarried mothers, or unfit or destitute parents. One might suggest that, within this space, government was constructed in terms of the relationship between the individual and God, with the psy experts mediating between these two spheres attempting to promote the Catholicism of the child and his/her family.

In light of the dominance of Catholic services and the limited intervention by most elements of the state over the 20th century, one could assert that, the space of the social, i.e. that between the public state and private family, was only beginning to emerge within the statutory child welfare domain from 1970 onwards. The evidence presented in Part III suggests that: government of the social was a new sphere for the statutory domain and due to the newness of this role, lack of clarity as to what this would entail prevailed. Linked to this, child welfare and family matters in themselves occupied little statutory space in the first instance, and it was only from 1960 onwards that the need to reflect upon and regulate the nature of child welfare practices gained any significant discursive rights. Existing agents of child welfare showed little interest in colonizing this sphere as their own psy complex and on the whole, statutory child welfare duties were carried out

in a disinterested and half-hearted manner. Furthermore, social workers represented a trained and professional group but occupied little space as psy experts in any domain by 1970. In terms of power strands, it seems that, within the surrounding conditions of possibility, the health board as a governing body for child welfare; the field of child welfare; and the profession of social work all occupied limited power and discursive space by 1970. In light of this argument, it may be asserted that, in answer to the question posed in Part III, one could assert that social work was identified as the central profession within child welfare services in 1970, not due to its discursive power, but in fact, due to the lack of it. The struggles to define and establish the profession within the health boards, the protracted nature of developments within the child welfare system, and the lack of clarity within the social work profession itself about its role and purpose, as discussed in Part II, seem more plausible in light of this argument.

At this stage in a history of the present, one is tempted to leave the reader to consider this assertion in light of the evidence presented and to make their own judgments on its validity and relevance to the research questions posed at the outset. While this author does not have yes or no answers to these research questions, the analysis provided in this thesis should enable the reader to assess: the extent to which social workers occupied child welfare due to their natural positioning within the space of the social; the extent to which this positioning was influenced by the profession itself; the impact of chance or ad hoc events on the development of social work within the child welfare system, and the impact of the surrounding conditions of possibility on its evolution.

However, while it would indeed be contrary to a history of the present to attempt to conclude with *the* answers to the research questions posed, further questions are raised by this thesis, which demand attention from the author and will be addressed by way of conclusion in Part IV.

Firstly, if this author is proposing a certain interpretation of the position and nature of social work within child protection in Ireland, can the approach used here stand up to

tests of validity and reliability? Has it avoided the perils of problematisation identified by Castel (1994) as discussed in Part I?

A second layer of questions relate to the space of social work in the social: how does an assertion that social workers gained expert space due to a *lack* of power impact on the theoretical framework offered in Chapter Three? Is it suggested that, in relation to Ireland, problematisation of social work in terms of the power/knowledge spiral is defunct? And if so, what are the alternative frameworks that can be employed to analyse the nature and form of Irish social work?

A third and final set of questions relate to the usefulness of this form of analysis to an understanding of present day social work. As this thesis begins with the assumption that, presently, social workers do occupy expert status within the space they occupy in the field of child welfare and protection, why is it important to understand how this came about? Is this a piece of work that, while interesting, raises a question as to its relevance in the present. Or can it contribute something to the way in which we analyse present-day social work within the child protection and welfare service? An equally important question is: can this analysis help us to consider the future of Irish social work with more understanding and insight into its future possibilities and limitations within its surrounding conditions of possibility?

PART FOUR: PROBLEMATISATION OF THE PRESENT IN TERMS OF THE PAST.

CHAPTER NINE: DISCUSSION AND CONCLUSION

9.1: Introduction.

> An analytic of government attempts to show that taken-for-granted ways of doing things and how we think about them are not entirely self-evident or necessary. An analytic of a particular regime of practices, at a minimum, seeks to identify the emergence of that regime, examine the multiple sources of the elements that constitute it, and follow the diverse processes and relations by which these elements are assembled into a relatively stable form of organisation and institutional practice (Dean, 1999; 21).

The objective of this thesis was to examine the present position of social work within the child protection system in Ireland, by recourse to its past. Its aims were to: explore the historical development of social work within children and families; demonstrate the complexities and contradictions inherent in the way the strategy developed; and identify the continuities and discontinuities between present and past social work.

In order to meet these aims and objectives of this thesis, I have carried out an analytic of one practice of government, that of social work within the child protection and welfare system. By considering various aspects of the specific regime of practice itself, as well as its multiple surrounding conditions of possibility, I have explored the complex, fragmented and diverse context within which the present structures and practices of social work within child protection have been constructed. Using the concept of the power-knowledge spiral and an analytic of practices of government, the dominant discourses that shaped and surrounded the nature and form of practices at various moments in history have been examined. Both the archaeological construction of social work discourse itself and its genealogy within its surrounding conditions of possibility, which both enabled and constrained the development of the profession, have also been considered. Questions have been raised and addressed throughout this work in relation to the nature, form and position of social work within the social. The aim of this final

chapter is to address the three questions raised by the thesis, as set out at the end of Part III.

The first question this chapter addresses is: has the methodology employed been sufficiently reliable and valid? In Section 9.2, I suggest that using a history of the present has contributed significantly to an understanding of Irish social work. However, I also suggest that its necessary selectivity meant that other major and interesting themes did not get significant attention. Following on from this, I address the question: what does this thesis offer in terms of understanding social work within the space of the social? In Section 9.3 I argue that the concept of the 'social' remains pertinent in Irish social work, but the way in which social work occupied this space in Ireland was unique given the specific conditions of possibility within which it emerged. Finally, Section 9.4 addresses the final question posed in this work - what can this analysis offer to a problematisation of present day social work?

The overall aim of this Chapter is to ask: does this work contribute to an understanding of the position of Irish social work in the present? If this work has provided no more than a description, albeit interesting, of the past, it will have been informative but will have offered nothing significantly different from a classical history. If on the other hand, it can be used to illuminate the present in terms of the past, then it can be asserted that the project has been successful. If this work also allows us to make certain postulations about possibilities for the future, then the approach might be considered particularly valuable.

9.2: A history of the present of child protection and welfare social work: Reviewing the method.

As this history of the present has been necessarily specific, the author might be criticised for omitting crucial elements of practice that did not occupy significant space yet are, nonetheless, of historical interest. For example, in terms of analysis of practices within voluntary organisations, my focus was almost exclusively on the role of Catholic

organisations to the neglect of other religious and lay services. Likewise, my focus on statutory authorities was primarily on the practices of the Inspectors within the health authorities, and the dominant power strands surrounding this, as these represent a continuity with the present context of child protection practice. This does not belie the fact however that a) other elements of the statutory authorities would be worthy of study, and b) child care was only a minute part of the practices of the various structures of local authority and health departments.

Given the dearth of published material on many aspects of the history of social services as well as the lack of general histories of social work or detailed histories of various voluntary organisations in Ireland, many other relevant themes would have been of interest to address in this work. However, these omissions, in the context of a history of the present, seem acceptable in that the intention of this work was not to provide a broad generalist history of child welfare practices, social work, or the extensive work of the various voluntary organisations, but rather to gain a better understanding of present day social work through analysis of its past.

Concentration on Irish social work in this work, although relying on analyses of social work in Britain and France in particular, might also be considered a limitation, in that relevant accounts of histories of child welfare in other western democracies could contribute significantly to understanding the commonalities and divergences in the form and nature of social work within the field of child protection. A study of social work within countries where there was also a dominant system of Catholic social welfare during the 20th century might have provided particularly useful comparative data. However, the theoretical basis of this study implies that, in order to study deeply a practice or a problem, one must consider them within the context of their specific surrounding conditions of possibility and thus the focus almost exclusively on developments within Ireland was maintained. The need for concentration on Irish developments was also intensified by the lack, up until recently, of attempts to analyse Irish social work. In general, this author believes that, in fact, a strength of this work has been its specificity despite the fact that this means omission of other areas of interest.

It must be remembered however that, while a necessarily selective activity, a history of the present does not mean that one can *randomly* select material for analysis. Throughout the research process, decisions were made to select further areas for analysis based on questions that were continually raised, while other selected material was found, on analysis, to be less relevant to the question posed. By focusing on a central element of social work, its construction as a regime of truth, the nature of its discourses and its relationship with surrounding discourses and conditions of possibility, this author believes that it has been possible to reach certain depth in response to the research question and, in this context, considers the selection of material for analysis to be valid and reliable. One limitation of the study that affected the selection of valid and reliable data was that some material, selected as central for study, could not be accessed for various reasons. This was outside of the control of the researcher and was thus unavoidable.

While considering the selectivity within this study as reliable and valid, this author also recognises that selectivity has led to disadvantages as well as advantages in terms of the capacity of this work to contribute to our knowledge and understanding of the present position of social work. By maintaining a disciplined focus on the place of social work in the social and its relationship with other dominant discourses, the author excluded alternative possibilities for analysis, which, in light of these research findings, would seem equally valid to explore in order to understand the current position of social work in child protection and its historical evolution. An alternative form of analysis, for example, could have been based on a study of professionalisation and the emergence of a profession such as social work. This is implicit within this work but there is scope for more explicit theoretical analysis using a similar historical approach. A question, which arises from this study, for example, is, to what extent was the struggle of social work for recognition and status a feature common to other new professions seeking to establish themselves as expert strategies?

Another related area of analysis needing attention is the gendered nature of social work. Again, while addressed at various points in this work, the dominance of females within the social work profession, analysed in the context of power and knowledge, requires more attention than provided in this thesis. Given the fact that the uncertainty within social work and its struggle for professional recognition has been attributed to its gendered nature (Epstein, 1999), an important question arising from this study is: to what extent was it the dominance of females within the profession which led to their struggle to gain recognition and status? And: to what extent does the dominance of females within social work historically impact on the present nature and form of the strategy?

Another limitation of the approach used is its focus on the relationship between discourses in a structural manner. A huge gap in such analyses is the lack of attention to human agency and subjectivity both in terms of the agents of social services and their recipients. While Foucault does offer analyses of human agency and the self, most notably within his History of Sexuality (1979), this element of his work has not been applied for the purposes of this thesis. This author herself recognises that at the end of this study significant questions are left unanswered such as: what did social workers themselves think about the nature and purpose of their profession? Did general reports of the Association and Union reflect the fieldworkers' views on the nature and form of their work? What were the views of Assistance Officers and Nurses about their child welfare duties within the local authorities? Did recipients of intervention from the Catholic-run agencies resist the child saving and protection of the Faith ideologies of the philanthropists?

While these are just some of the crucially important questions which could usefully be addressed to understand further the present form and nature of the child protection system in general and the position of social work within it in particular, to have attempted to draw in albeit equally valid but different questions, would be to sway towards a generalist history and, in so doing, lose the depth this specific analysis offers. No claim was made at the outset that all areas would be covered. Rather, as asserted in Part One, what was of import was to state clearly what questions were asked and to offer reliable evidence of

the validity of this approach. Furthermore, as Castel (1994) argued, a history of the present does not aim to replace more classical or generalist histories. Rather, it offers something different.

For example, with reference to the existing accounts of Irish social work considered in Chapter Four, this thesis does not conclude that Ferguson (1996) was *wrong* in his analysis of the development of child protection practices within the NSPCC and ISPCC as a forerunner to the establishment of social work within the health boards in 1970. Rather, this thesis suggests that a range of other dominant themes and influences were more significant in terms of the amount of discursive space, and thus power, they held. Nor does this work belie the general assumptions within most accounts that, over the 1960s, a general awareness of the needs of deprived children, the modernisation of the Irish welfare State, the diminishing influence of the Catholic Church and the reorganisation of the health services were key influences shaping the development of social work services within child care and protection services from the 1970s onwards. Rather, the thesis suggests that, among these 'radical ruptures' a multiplicity of factors and influences impacted on the nature and form of these developments. Likewise, this thesis cannot refute the assumptions made within most of the literature that social workers are presently accepted as central within the child protection system. Rather, the work has offered an understanding of how this centrality came about and highlights the view that, rather than being evolutionary and progressive, it was in fact fragmented, nuanced, complex and contradictory at different moments in its history.

The readers will have already drawn certain conclusions as to whether this methodology achieved its stated aims. The purpose of Section 9.3 is to address the central research question. In doing so, it will also demonstrate how, a history of the present can assist in illuminating the present by understanding the continuities and discontinuities of the past.

9.3: Social work within the social revisited.

9.3.1: Introduction

Dean suggests that a history of the present offers an approach that 'remains open to the dispersion of historical transformation, the rapid mutation of events, the multiplicity of temporalities, and the different forms of timing and spacing of activities and the possibility of invasion and even reversal of historical pathways's (1994; 4). A history of the present, in this context, maintains a perpetual vigilance and scepticism towards claims towards philosophies that prescribe meaning to history. I have attempted to maintain this vigilance throughout this history by raising further questions as more evidence was presented. The difficulty at this stage of the work is to remain as true to this approach as possible by avoiding making assertions that suggest that this research has found the absolute truth about the position of social work in Ireland. At the same time, it is necessary to draw some conclusions from the work that can contribute to an illumination of the present in terms of the past as well as providing a basis for further study of the problem. Section 9.3.2 provides a brief overview of the theoretical framework that guided this analysis in terms of how this helped frame the research in light of its aims and methodological framework. It is asserted at this stage that conceptualisation of Irish social work in terms of its position within the social remains a relevant and useful theoretical approach. However, as demonstrated in Section 9.3.3 certain reformulation of the theory is necessary to take account of the unique context of Irish social work.

9.3.2: Social work within the social: review of theoretical framework.

As explained in Chapter Three, the selection of the theoretical framework was made in light of the principles underlying the methodology. Perspectives, many drawing from the work of Foucault in relation to the disciplinary society and governmentality, were selected as the basis of the work, since collectively they attempted to understand professional strategies such as social work within the context of their space in the 'social'. The value of this framework has been that, rather than considering broad

conceptualisations such as the 'State', the 'Church' and 'social control', an attempt could be made to examine a range of practices of government. Within this context, social work represents one small element of the range of forms of government over the conduct of individuals and families. Government in this instance, as Miller and Rose (1990) make explicit, is not merely a matter of interpretation but rather a matter of intervention.

Perspectives considered in Chapter Three were also used as a guide within which to interpret the way in which one might position social work in relation to surrounding conditions of possibility without ascribing to it the status of powerless technocrats nor that of an exploitative master class (Cohen, 1985). The position of professionals such as social workers was examined instead, in the context of emerging modern society wherein the social space was created to intervene between the limited interventions by the State, through protective legislation in particular, and the individual within liberal democratic society. As explained by authors cited in Chapter Three, within this social space, various experts were contracted by the State to intervene with individuals and families on the basis of tutelage or contract. The ideal, within liberal society, was that contractual relationships could be formed with families wherein they became self-regulating and maintained their freedom from intervention or control by subscribing to accepted norms and morals. Where individuals or families operated outside of these norms, a tutelage relationship was established wherein, through regulation and intervention, persons could be returned to a self-regulating stance. As Philp (1979) argues, one unique feature of social work discourse was that it sought to promote the subjectivity of the residuum categories, deemed undeserving, immoral and so on. Within this context, certain limits to creating subjects existed for those whose objective status outweighed their subjective potential. In this instance, it was asserted, more penal strategies, or the 'hard-end' of the spectrum of intervention, were available to the psy experts. The 'social' therefore is constructed as a space that emerged within modern society where expert knowledge was employed as a mechanism of reform rather than repression.

Crucially, occupancy of the space of the social as a psy expert requires, according to authors in Chapter Three, certain power in terms of the power/knowledge spiral. The

implication is that, expert knowledge carries the power to care and control in the social and that power creates further expert knowledge. Much of the analysis in this thesis has been focused on exploring the extent to which this conceptualization of social work within the social is applicable to the Irish context. Implicit within the following discussion is an attempt to deconstruct and reconstruct the theoretical underpinnings of this work in light of the findings. The theoretical formulations themselves remain relevant (theory testing) but they require significant development and adaptation within the Irish context (theory building).

9.3.3: Social work discourse within the social: The Irish context.

9.3.3.1: Introduction.

A number of questions are raised in this section to demonstrate how the findings presented here may offer a perspective on the specific nature of social work within the space of the social in Ireland. Related to this, the nature and form of the position of the social itself, is explored. The first question addressed here is, from evidence available, to what extent can the position of Irish social work be considered a unique strategy by virtue of its place in the social. In other words: are social workers presently central within the child protection and welfare system due to their natural and unique position and function within the space of the social? I suggest that evidence exists to suggest that, to a certain extent, one could argue that this is the case.

The second question that arises from this is, how was this potentially natural site of social work enabled and constrained by its surrounding conditions of possibility? From the evidence available, it is argued that, while certain continuities exist between the place of social work in the social in Ireland and in other liberal democratic societies such as Britain and France, significant discontinuities are also evident. It is asserted in the following section that there are a number of features of social work, in terms of the archaeological construction of its discourse and the genealogical relationship between social work and surrounding discourses, which call into question the assumption that, in

the Irish context, there is something inevitable and natural about the nature and form of social work in mediating between categories such as deserving/undeserving; moral/immoral; dangerous/non-dangerous; at risk/not at risk within the social. In fact, the assumption about the form and nature of the 'social' itself, as a governing space between liberal government and individual freedom is called into question in light of the evidence presented here. The assumption that one can problematise social work as a psy strategy in Ireland within the context of a power/knowledge spiral is also explored.

9.3.3.2: Social work as natural experts

As demonstrated in Chapter One, this thesis begins with the assumption that present day social work currently holds certain discursive rights and power in the space of the social in terms of its position within the child welfare and protection system. While the nature of regulation has shifted from deserving-undeserving or moral-immoral to discourses of dangerous-non-dangerous and at risk-not at risk, similar principles of mediating between the respectable and the residuum are evident in the position of Irish social work within the context of contemporary child welfare legislation, as those described in Chapter Three.

Given the fact that, up to 1970, social work had not successfully occupied any expert site as *the* psy experts, and from 1970, child protection social work has offered the only significant opportunity for expansion of the profession, one might deduce that this positioning of social work is its natural and inevitable role as a psy expert. The fact that explicit recommendations for social workers to occupy the site of statutory child welfare were made at certain moments in the past, 1945 and 1973 being most significant, gives credence to a 'natural position' thesis.

Furthermore, looking back from 1970, it does also appear that certain continuities in the form and nature of present day social work can be identified in the practices of the statutory Inspectors of Boarded Out Children. Evidence provided in Part III demonstrates the way in which the Inspectors, within their limited site of governance,

sought to promote the subjectivity of the residuum categories of unmarried mothers and their children, who were maintained by the local authorities. While the residuum subjects with whom the Inspectors engaged were different to those in the present, they being primarily unmarried mothers and illegitimate children, the principles espoused by the Inspectors were similar to current principles of intervention on the basis of moralisation and normalisation within a legislative context described in Chapter Three.

If this study had focused on the archaeological construction of social work discourse within the statutory health authorities, these continuities would be presented as primary evidence of the way in which present day discourses of intervention with children and families became constructed within the realm of protective legislation. However, when considered genealogically, in terms of the discursive rights these practices had vis-à-vis their surrounding discourses, the way in which its conditions of possibility both enabled and constrained the construction of this discourse becomes evident.

9.3.3.3: Genealogical construction of social work discourses within its conditions of possibility

While evidence exists to suggest that social workers, by their nature and form, were perceived as the natural experts to occupy the space of the social, much of this thesis has demonstrated the way in which social work as a profession in fact struggled significantly to gain discursive rights within whatever field they occupied at various moments during the 20th century up to 1991. It is in considering social work within its dominant institutional, intellectual, social and cultural influences (Garland, 1992), that one can identify the various power circuits, which mostly constrained its potential to gain discursive rights in the social. The dominance of voluntary child welfare services, mostly Catholic, appears to have been one of the strongest discourses influencing the degree of space afforded to secular and professional social work. Linked to this, is the limited nature of statutory intervention into matters of child welfare and the family. Little government, even at a distance, was exercised over the dominant practices of child welfare and protection up to the moments surrounding 1970. This section explores the

impact of these conditions on the development of social work within the child protection system in Ireland.

From evidence in relation to Ireland, it seems that, with the introduction of protective legislation from the late 19th century, the conditions for creating the space of the social were somewhat different from the context of social work considered in accounts in Chapter Three. Most notably, the dominant practices of philanthropy, those of the voluntary societies, did not become absorbed into the realm of the state through its protective legislation to the same extent. It has been demonstrated that, apart from the Inspectors of Boarded Out Children, who sought to govern the practices of voluntary agencies and the mostly Catholic run industrial schools, the state showed little inclination to govern, even at a distance, their child saving and child placement practices up to the 1960s. While Parton (1991) asserts that, absorption of philanthropic practices into the realm of the State had the result of giving the psy experts legal sanction and greater power of surveillance, it appears that, in the Irish context, legislation was not necessary to ascribe this power to the Catholic voluntary organisations. Their authority came, less from statutory legislation, although this was in existence, and more from Natural Law wherein a dominant consensus existed that social matters such as the child, his/her mother and the family were the preserve of the Catholic Church. This consensus seems so great that government of practices, even at a distance, was considered unnecessary by most statutory agents charged with the government of the child welfare system, both within the Department of Education and the Department of Health and their various structural predecessors.

This lack of governance by the State and the dominance of voluntary philanthropists within the space of the social make the theoretical perspectives discussed in Chapter Three problematic. These theories are based on the assumption that a liberal state existed which sought to govern at a distance and, due to this distance, required social experts to mediate between the private and free individual and the public liberal State. The State played such a minimal role in governing child welfare practices up to the introduction of the Health Act 1970, despite the existence of child care legislation, that it is difficult to

problematise the space of the social between the state and the individual in the first instance. Furthermore, a thesis on the social as space between the public State and the private individual omits the possibility of the existence of other powerful discourses that influenced the shape and form of governance of individuals and families over the past century. Harding & Ireland (1989), for example, are critical of the way in which social histories of punishment and welfare, such as that provided by Foucault, focus their analysis on the role of the State to the neglect of a broad range of other factors such as voluntary and religious agencies.

The evidence in this thesis suggests that, in Ireland, the more dominant space that was occupied was between Natural Law or the Rule of God and the God-fearing individual; the psy experts in this context being Catholic philanthropists and the religious orders. It seems that the dominant discourse within the 'social', through which philanthropic interventions with children and families were constructed up to 1970, was a socio-spiritual one, in that the dominant governing discourses in the social were not those of the mostly non-interventionist State but rather of a dominant and powerful Catholic ideology, an ideology which was acceptable to the State and reflected in the 1937 Irish Constitution.

Socio-spiritual Catholic discourses remained powerful throughout the early and mid 20th century due to broad consensus within its surrounding conditions of possibility with its principles of moralisation and normalisation in the interests of protecting the Faith. While individuals were dealt with in terms of deserving and undeserving status, this was based not on liberal, but on spiritual principles and adherence to Natural Law and its associated norms and morals. Those deemed respectable and deserving were helped while those whose objective status, most often as an unmarried mother of more than one child, outweighed their potential subjectivity, were left to the more limited child and family services provided by the statutory authorities. As the creation of subjects was constructed in terms of creating Catholic subjects rather than self-regulating subjects, the need to promote the subjectivity of the mothers themselves, once the Faith of the child was protected, was considered less a priority than the rescue of the children. For the

mothers within a socio-spiritual discourse, promoting penitents rather than creating subjects was the primary goal.

Demonstrated in this thesis is the way in which, within the context of this socio-spiritual discourse, other less powerful discourses also battled for space in the social. The efforts of the Inspectors of Boarded Out Children represents an attempt by a minority to promote the subjectivity of the residuum, who did find themselves under direct governance of the local authorities. We have seen in this work that on the whole, their efforts were often fruitless. It could be argued that, because those who came within the governance of the statutory authorities had already been ascribed residuum status within the dominant socio-spiritual discourse, their objective status outweighed their potential subjectivity. Thus, local authorities and agents directly charged with the governance of this category of children and their mothers did little to attempt to create subjects of the residuum. While the inspectors struggled to encourage the promotion of their subjectivity, it was not until specialist children's officers in general, and social workers in particular, began to be employed, that the potential for promoting subjectivity of the residuum arose.

Within the socio-spiritual discourse, professional social work also struggled for space and recognition for its minority discourse of secular and professional practice. As suggested in Chapter Six, it seems that social work emerged as a separate strand from Catholic philanthropy but that, at various moments in its past, the two discourses were intermeshed. However, given the different power held by the two discourses, it was the socio-spiritual discourses which remained dominant. One could argue, that as philanthropy was incorporated into the realms of the State with protective legislation in France and Britain, so too was professional social work incorporated into the realms of the Church and a socio-spiritual discourse within Ireland. The involvement of the Catholic Social Welfare Bureau in the training of social workers and the nature of practices within child welfare organisations such as the Catholic Protection and Rescue Society who employed professional social workers over the mid 20th century are illustrative examples.

However, in general, professional social work was not absorbed into the realm of the Church. Rather, it represented a separate discursive strand from those of Catholic philanthropists and, thus, remained a relatively less powerful discourse, outside of and separate from practices of government within the socio-spiritual space. In the absence of psy space within the social, it seems that difficulties prevailed, both within and surrounding the profession, in defining the particular nature and purpose of professional social work. The ad hoc and varied sites of employment for social workers over the early and mid 20th century may be attributable to the lack of definition of social work in the absence of its occupancy of clear social space to define its psy expertise. The powerlessness they experienced within the site they occupied, the medical domain, may likewise be attributed to a lack of understanding of the role and purpose of a social strategy that was given relatively minute space within the socio-spiritual discourses of social work and philanthropy.

The psy expertise advocated for social workers by the Inspectors of Boarded Out Children, influenced to a certain extent by the development of space for social workers within the newly constructed social services in postwar Britain, was expertise more fitting for a social space similar to those described in Chapter Three. It would seem that, a strong identification of social workers within the regulatory space between statutory protective legislation and the individual or family and as promoters of the subjectivity of the residuum, led to a consolidation by the Inspectors, by 1970, of the need for professional social workers to engage in this space as it gradually emerged from the 1960s onwards. The types of intervention recommended by the Inspectors seem somewhat similar to those in Britain over the post-war period where, according to Parton (1991) social workers occupied the social as medico-social psy experts from the 1940s to the 1970s, before it was replaced by a socio-legal discourse within the context of a growing awareness of the problem of child abuse and neglect.

However, given the fact that, within the health authorities in Ireland up to 1970, statutory services to children and families were: a) confined to the supervision of boarded out and at nurse children; b) intervention with unmarried mothers maintained by the local

authorities and c) regulation of child placement practices, space for an optimistic and therapeutically focused discourse of intervention with children and families on the basis of medico-social discourse did not exist. Rather, the first clear space that emerged for Irish social work within the Health Boards from 1970 onwards was as potential socio-legal experts. This is evidenced in Part II where an explicit statement is made that social workers would not, in general, be required to engage in family casework or counselling. Instead, it was asserted that they would carry the statutory child welfare responsibilities in addition to supplementing and supporting, rather than supplanting the various forms of child and family services provided by voluntary organisations, both religious and secular.

We know however that, despite this identification of social work as potential psy experts within the socio-legal context, the profession struggled to define its position and place within the health boards from 1970 to 1991. Furthermore, as in the case of the introduction of protective legislation in the late 19th and early 20th century, the establishment of psy experts, in the form of professional social work teams, did not result in child welfare becoming a dominant discursive concern within the medically dominated health boards.

Two more assumptions relating to the nature of social work within the space of the social, underlying perspectives in Chapter Three, must be explored further at this point. The first relates to the assumption that social work represents a unique discourse by virtue of its historical antecedents. The second relates to a problematisation of social work in terms of a power/knowledge spiral in the first place. Both these assumptions are explored below.

To assert that social work discourse has gained its unique characteristics as a psy expert in the present due to its historical origins and continuous principles, is to assume that coherence within the strategy existed in the first place making it possible to define these principles. There is little evidence of sufficient clarity within the social work profession as to its nature and form at various points in its past, to attribute a clear definition of its role and purpose. The ongoing struggle to define and clarify the purpose of social work

is evident up to 1991, as demonstrated in Part II. However, according to Cohen (1985) lack of solid information or clarity about what he refers to as the lower and softer end of care and control, is characteristic of strategies such as social work. He adds that, for many such professionals, the primary concern has been principally related to 'professional growth, aggrandizement and self-interest' of which, he suggests, there also is a lack of clear theoretical analysis.

Reference to Cohen's critique of the emergence of professions could be used to understand the fact that a) social workers do not appear to have had a clear understanding of what the principles of the strategy were, and b) the dominant concern for the profession at various moments in the past, and up until 1991, has related to the establishment and maintenance of expert space. Based on Cohen's assertion, one may suggest that, rather than developing as a specific psy expert within child welfare, within a specific set of shared principles, professional social work sought, in the interests of expansion and survival of the profession, to establish itself as a *psy* expert in any domain within its surrounding conditions of possibility. It could be argued on the basis of evidence provided in Chapter Six, in particular, that given the status of the profession by 1970, social work teams within the health boards offered the greatest opportunity to emerge within an uncolonised space as an expert practice. Within no other health, social or voluntary service in Ireland have opportunities for the expansion of the profession been created except that of child welfare and protection. In light of this fact, it might be argued that, in terms of 'professional growth, aggrandizement and self-interest', colonisation of the child welfare sphere represented the first strategic opportunity for social workers to establish and promote themselves as psy experts within the context of its surrounding and powerful medical discourses. In other words, rather than social work discourse being a product of consistent and shared principles over time, it seems more a product of a struggle to become psy experts within a range of domains, child welfare being the one which offered this opportunity.

This argument however remains problematic. To expect that prescribed meaning can be attributed to the nature and form of social work or to assume that social workers

successfully colonised new space for the profession in 1970 is to presuppose a) that social work did exist as a psy complex in the first instance and b) related to this, that they held sufficient power to engage in active colonization of new professional space.

Throughout this thesis, one of the inherent struggles has been to understand the positioning of social work as psy experts in child welfare in terms of a power/knowledge spiral. I have attempted to explore how it was the case that, on the one hand, social workers became identified as the socio-legal experts within the health boards following the introduction of the Health Act 1970, yet, at the same time, struggled significantly to gain space and recognition until the aftermath of the Child Care Act 1991. The further the thesis progressed, the more pertinent the question of how one understands this in terms of the power/knowledge spiral became. If occupation of space in the social is based on having expert knowledge, social workers were recognised for neither having expert knowledge in child protection matters nor power within the social that would create and sustain their expert knowledge by 1970. And yet, they did become clearly identified as the profession with statutory authority for child welfare and have occupied and consolidated their position in this space in a quiet and uncontested manner up to the present day. While understanding social work in terms of a shift from a socio-spiritual to a socio-legal discourse within child welfare helps to explain the context within which social work emerged within the health boards from 1970, a review of social work as a psy expert in terms of power strands or power circuits seems necessary to address this central question posed.

From the evidence analysed it seems plausible to argue that, rather than it being due to psy expertise within the power/knowledge spiral, it was in fact lack of power on the whole which created the conditions of possibility for social work to occupy the site of statutory child welfare social work. To explain this further, consider the following points relating to social work and its surrounding discourses around the moment of 1970.

Firstly, the positioning of the social between the public (albeit fragmented) State and the private individual was only beginning to emerge as a national concern for government at

a distance. Secondly, child welfare and intervention with individuals and families remained a low priority over the twentieth century given the dominance of a socio-spiritual discourse and it was not until 1970 that concerns for the nature and form of child welfare services gained significant discursive socio-legal space. Finally, social workers by this time were a profession whose role and function had diminished within the one site wherein they had dominated to a certain extent, that of medical, and to a lesser extent, psychiatric social work, at the same time as the first opportunity for new social work teams within the health boards emerged.

One can interpret each of these factors in terms of a *lack* of power and psy knowledge. Given the clear lack of interest by the local authorities in the question of child welfare, and the minute space afforded to it in the planned restructuring of the health services, the Inspectors of Boarded Out Children held certain power to define and shape the form and nature of child welfare services post-1970. As child welfare occupied such minute space within the largely medically dominated health boards, it meant that professionals as powerless and undefined as social workers had the power within this space to assert themselves as potential psy experts.

This powerlessness/knowledge thesis may also help to explain the protracted nature of developments of the child welfare system in general and social work within it from 1970-1991. Given the lack of power the whole sphere of child welfare discourses occupied within the health services in general, while social workers occupied this site, as psy experts, the site itself was powerless within *its* conditions of possibility. This might be explained by the fact that the socio-legal site had only begun to replace a socio-spiritual site in 1970 and, in terms of its relationship with other discourses within the health services, the socio-legal space itself had to struggle for recognition and attention within a medically dominant health board. In this context, one could argue that it was therefore not until child welfare became a matter for public and political concern, that the whole site of socio-legal child welfare and family intervention gained greater space within the new social. Given that social workers had already positioned themselves in that space, their psy expertise also gained the greater space that is evident in present day practices.

Thus, on the basis of this assertion, one could argue that the emergence of socio-legal space within the health board services gradually created the first opportunity for social workers to occupy psy space. By being positioned within this sphere in 1970, they were well-placed as a profession to become the psy experts in the aftermath of the Child Care Act 1991, when a socio-legal discourse in itself gained greater power within the health boards vis-à-vis medical discourses, due to the changing surrounding conditions of possibility which have recently placed matters of child care center stage within the political, institutional, intellectual, social and cultural context in Ireland.

At this stage it can be deduced that, to a certain extent, social work may be central in the social because it is the natural role of social work. However, it is also due to a range of other factors which resulted in social workers on the one hand being the only available discipline at the time to offer such a service, while on the other hand being a profession desperately in need of some expert space by 1970. The assertions made above provide a deeper understanding of the context within which social work developed which seems helpful in attempting to problematise the present.

The remainder of the Chapter considers a final question: If we accept the above postulation about the position of social work as socio-legal experts in the social, how does this help to understand the present position and nature of social work in child welfare? Furthermore, can this assertion provide some form of framework within which to consider social works' future potentials and possibilities also?

9.4: Problematisation of social work in the present.

Authors such as Rose (1996) hail the death of the social while others, such as Clarke (1996), hail the death of social work, yet this thesis has demonstrated that, in the Irish context, the social has only just been consolidated as a space between the state and the family based on liberal norms and morals in the context of legalism, which has shifted, in Ireland as elsewhere, increasingly to a discourse of risk. At risk of falling into dramatic

assertions about the present developments in social work as representing a great radical rupture, it does seem plausible, and evidence based, to suggest that social work in Ireland is in a unique position at present wherein its space within the social has finally been consolidated and the role and function of social workers as socio-legal psy experts validated. The knowledge of social work is now given certain space due to the increased power ascribed to its discourses. Moreover, child protection and welfare is currently the only site wherein, within its conditions of possibility, significant space has been afforded to the profession as socio-legal experts to occupy dominant space in the social, and this situation seems likely for the foreseeable future.

Within this context, it could be argued that many of the developments within social work in the past were necessarily ad hoc, accidental, protracted and fragmented, with social work mostly ineffectual as a strategy, due to a lack of power. Presently, there seems to be greater potential for social workers to be more strategic in the present and the future due to their newly found space and license to govern. It is not that the present position or future possibilities for social work are any less diverse and complex than those in the past. The difference is that social workers now, for seemingly the first time in the history of the profession, hold discursive rights, and thus power, by virtue of their positioning in the social.

In view of this point, it seems timely for social work as a strategy to become more inward looking, in order to examine the profession, its present and future potential and possibilities, within its ever shifting and changing conditions of possibility. Such calls for reflection on social work are a common feature of contemporary literature. As Chambon et al (1999) argue, self-questioning is not new for the profession, as historically it has revisited its theoretical and philosophical positioning according to temporal and spatial conditions. Likewise, Ferguson (1997), addressing the challenges inherent in present child protection work calls for social workers to look beyond concerns regarding danger and risk, in order to consider also the opportunities for social workers in light of changing social conditions. He promotes a reflexive analysis of child protection work and the development of ongoing professional consciousness within this. Taking Gidden's

explanation that the reflexivity of modern life 'consists of the fact that social practices are constantly examined in the light of incoming information about those very practices, thus constitutively altering their character' (Giddens, 1990; 38), it can be argued that this thesis has provided some new information or perspective from which we can reflexively examine the nature and form of social work.

From this analysis, it appears that there are certain aspects of social work discourse and its relationship with its surrounding discourses which appear to require particular attention. Firstly, the assumption that one can understand the development of social work as an evolutionary, albeit, protracted process is called into question. There is little that appears evolutionary about the development of social work within the health boards from this study. Rather, its present position appears more as a product of a complex past, represented by a range of ad hoc, chance, enabling and constraining conditions of possibility. Linked to this, it is also difficult to sustain the assumption that the position of social work as a socio-legal expert in the social is natural or, a fait accompli. It is difficult therefore to assume certainty for social work in the future given the uncertainty of its past.

In view of the fact that one certainty about a discourse such as social work is its uncertainty, the development of professional consciousness about the position of social work within the social in its surrounding conditions of possibility seems particularly pertinent. This work also confirms that, due to a diverse range of factors, the space available to social work *is* within the field of child protection and welfare, where the role of mediating between dangerous and non-dangerous and risky and non risky requires the same balance between promoting subjectivity and supporting families to be self-regulatory on the one hand, and regulating those who, for whatever reason, appear unable, unwilling or, in a risk society, unlikely, to conform to ascribed norms and morals of accepted family life and child care practices on the other. Whether we like this fact or not, it can be considered a reality given the number of social workers employed in this sphere, and the rate of expansion of the child welfare services vis-à-vis other sites occupied by social workers. Given the fact that it has *only* been in the socio-legal sphere

that social workers have gained significant space, the need for such analysis seems even more important.

Apart from the value of reflection on the nature and form of social work in child protection in Ireland in itself, it also seems necessary to ensure the survival of the profession. As discussed in Chapter One, as greater space is afforded to child protection and welfare discourses in general within Irish conditions of possibility, so too is greater pressure placed on the new psy experts to address the ever-growing awareness of the breadth and depth of various forms of child abuse and neglect, both within and outside of the family home. The impact of this is that, statutory child protection services have been thrown into crisis with rapidly increasing referrals of alleged abuse and neglect, an ever-diminishing pool of sufficiently trained social workers to fill the increasing number of social work posts over recent years, and an ever insufficient body of resources to support and sustain the system.

Clearly, the difficulties in the child welfare and protection system are outside of the direct responsibility or control of the area of governance occupied by social workers. However, understanding their potential for power within the social, in the context of the power/knowledge spiral, one discontinuity with the past is the position of power social workers currently hold. In other words, they currently hold discursive rights within the power/knowledge spiral. In order to survive a clearly turbulent time within the child welfare services, there appears to be a need for social workers to engage in reflection relating to their power, not just their lack of it which has dominated social work discourse in the past, but also its potential within its limited scope. A clearer understanding of the complex and dialectical nature of this power has the potential to enable social workers to recognise arenas wherein they can exercise this power positively in the interests of the profession itself, as well as those to whom they offer a service, while at the same time acknowledging their powerlessness in terms of resources, extra staffing, greater attention to preventative services, and so on.

The need for reflection about the possibilities and potentials for social work, as well as its limitations, seems particularly important within current social conditions. As social work eventually comes of age as a psy expert, the form and nature of its genealogical construction are transforming and changing. As discussed in Chapter One, while within Ireland conditions of modernity continue to be evident, shifts are occurring in the nature of the relationship between the civil society and the citizen. Within child protection, these shifts are evident in a move away from expert-non-expert relationships with clients, to relationships based on concepts of partnership, inter-disciplinary co-operation and consumer rights. Inevitably, such shifts impact on the form and nature of the social itself and the psy experts within it.

While not subscribing to theses that predict the fall of the social, it does appear that the social is changing within Ireland, again, and the conditions of possibility for social work within this are thus changing and, continuous with the past, will be continually engaged in processes of transformation, change, gradual shifts, contradictions and reversal of historical pathways. Nothing can therefore be taken for granted nor can a profession like social work, with such a fragile hold in the social, afford to be complacent about the naturalness of its position or the inevitability of its future. The need for reflexivity in social work is thus central to ensuring that, discontinuous with its past, the profession of social work will engage, not only with its lack of power but with its inevitable power within the space it occupies at the moment and, with this, the potential to influence knowledge which in turn affects practices based on that knowledge.

To engage in this process of reflexivity which calls into question much of what is taken for granted about social work, alternative forms of analysis need to be applied to social work in Ireland. Irving (1999) argues that viewing social work from the world of Foucault, or his primary influence, Nietzsche, offers this opportunity in that one can consider, in this form of analysis, a world 'without final knowledge', 'a world of multiple truths taking shape from multiple realities' an approach to social work consistent with conditions of 'radical doubt' (Irving, 1999; 44-5). While of course supporting Irving's assertion that use of analyses informed by the work of Foucault has much to offer, this

has been just one form of analysis of many which can be applied to the rich and unique context of Irish social work.

The inspiring work of the late Laura Epstein seems most relevant as an appropriate way to end this history of the present by pointing to a new direction for social work thought:

> ***Efficient and Effective practice might produce good outcomes. That idea was a product of its time. History is transforming the original aim of this idea, just as it is now transforming social work. We are entering a new era of social work in which the need has never been greater for excellent thought. What we have gained during the process of developing the idea of scientific practice ought to be capable of being adapted to the emerging scene. We need to develop a different set of themes to help us enter the new era, in which repetition of the old themes no longer will do (Epstein, 1996; 117)***

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APPENDICES

APPENDIX ONE: SOURCES OF HISTORICAL MATERIAL.

1. National Archives.

The National Archives, holding the records of all government departments provided a broad range of material relating to the involvement of the Department of Health within the field of child welfare. However, very little official information is available on social work in particular. The archives used in this work relate mostly to the Department of Health and are referenced as follows:

Annual Reports of the Poor Law Commissioners for Poor Relief 1850-1927
Annual Reports of the Local Government Boards 1870-1915
Annual Reports of the Department of Local Government and Public Health 1925-1944 (annual reports of inspectors)
Annual Reports of the Department of Health 1945-1950[1]
Annual Reports of the Adoption Board 1954-1970.
N/A A124/23: Repatriation of Unmarried mothers
N/A A116/260: Training of Almoners in Ireland
N/A 124/12: Department of Health and Child Adoption.
N/A A124/9: Foster Mothers.
NA D/T 98/6/156: Children General.
NA D/E SpED go11/a
NA delg 13/1/22

2. National Library.

Most of the social service handbooks referred to in this work were accessed at the National Library. These included:

Barret R (1884) *Guide to Dublin Charities,* Dublin.
Catholic Social Services Conference: *Handbook of the Catholic Social Service Conference (1945)*, Dublin.
Irish Catholic Directory; 1899-197O, Dublin, James Duffy & Sons.
Williams, G.D. (1902) Dublin's Charities, *Dublin, Educational Depository.*
Garda Directory (1950) Dublin, Parkside Press.

[1] After 1950, the Department of Health ceased to publish its annual reports.

3. Department of Health.

Historical material from the operations of the boarding out system and the work of the two Department Inspectors from 1939-1977 were held, until recently, within the Department of Health itself. These records were of crucial significance to this research. They have since been appropriately placed in the care of the National Archives. The records include:

Records of the Inspectors of Boarded Out Children 1939-1970 ('General Children File, Department of Health').
'General Children' Files 1943-1970.

4. Dublin Corporation Library

The Records of the Civics Institute of Ireland from 1914-1971 are held at this library. They included:

Minutes of Executive Committee of Civic Institute 1914-1960
Minute Book of General Meetings of the Civic Institute of Ireland, 1914-1960
Annual General Reports 1914-1960
Minute book of the Organising Committee of the Civic Institute of Ireland, 1922

5. Dublin Diocesan Archives.

The records of all Archbishops of Dublin from the beginning of the 19th century are held at these archives. The records accessed for this work were from the McQuaid Papers (1941-1975) and all derived from the collection of the Catholic Social Welfare Bureau: 1945-1964. These included:

Minute Books of case committee of the Family Welfare Section of the Catholic Social Welfare Bureau, 1945-1962.
Minutes of the Meetings of the Executive Committee of the Family Welfare Section.
Minutes of the Meetings of Executive Committee of the Catholic Social Welfare Bureau, 1943-1964.
Annual reports of the Catholic Social Welfare Bureau 1943-1964.
Adoption File of the Catholic Social Welfare Bureau 1944-1960.
Child Protection and Rescue File of the Catholic Social Welfare Bureau 1943-1964.

6. Catholic Protection and Rescue Society: Agency Held Archives.

The Catholic Protection and Rescue Society, now an adoption agency called Cunamh, hold annual reports of the Society from the time of its foundation in 1914 up to the present. All data related to the CPRSI files referred to in this work are from these running records.

7. Irish Association of Social Workers: Agency Held Records.

The Irish Association of Social Workers, established in 1971, provided access to this researcher to their general records from 1971-the present. Those referred to in this work as follows:

Minutes of meetings of IASW Council 1974-1988
Annual Reports of the IASW 1971-1991.
Minutes and Annual Reports of Community Work Sub Group , IASW 1974-1978
General records of IASW relating to child care and general professional matters 1973-1991.
Irish Association of Social Workers (1995) *Code Of Ethics,* Dublin, IASW.
Irish Association of Social Workers (1992) *Celebrating 21 Years*, Dublin, IASW.
Irish Association of Social Workers (1982) *Reflections on Issues arising from the Inbucon Report*. Dublin, IASW.
Irish Association of Social Workers (1980a)Submission by the Irish Association of Social Workers to Management Consultants undertaking a review of the Community Care Programme, August 1980
Irish Association of Social Workers (1980b) Submission by senior social workers, Eastern Health Board, to Inbucon Review of community Care Services for the Department of Health, Aug. 1980.
Irish Association of Social Workers (1979) *Report of the Joint Committee on Social Work Structures* , Dublin, IASW.
Irish Association of Social Workers (1976) *Comments on Report of Committee on Non-Accidental Injury to Children*, submitted to Department of Health, Dublin, IASW.
Irish Association of Social Workers/Task Force on Child Care (1975) *Report of the IASW/Task Force on Child Care Research Project on Deprived Children*, September 1975, Dublin, Department of Health.
Irish Association of Social Workers (1971) 'Report on social Workers within post-graduate training in Ireland', Dublin, IASW.

8. Records of the Irish Local Government Official Union (1950-1969), Local Government and Public Services Union (1969-1990) and Impact (1990-1997)

This union has represented social workers within the public services since the mid 20th century and continues to be the official union for health board social workers. The following records of the Union were examined for this work:

Annual Reports of the Irish Local Government Officials Union, 1960-1970.
Annual reports of the LGPSU 1970-1990
Annual Reports Of Impact 1990-1997.
Social Workers And Community Workers Vocational Group, Social Work File 5216 1982-1988.

Social workers and community workers vocational group, Social Work File 5216 1988-1990
Social workers and community workers vocational group, Impact 5126 1990-1997.

9. Society of Saint Vincent de Paul (Ireland) – Agency held archives (1844-present).

The archives used in this research are:

Annual Reports of the Council and Case Records for the National Council for the Society of Saint Vincent de Paul (Ireland) 1880-1980.

10. Individually Held Archives.

Individuals or groups of individuals, involved in relevant social work organisations at particular times, have held much of the most relevant data for this thesis. Records of the following organisations were derived from individual sources:

Institute of Hospital Almoners: Dublin Branch (1937-1944) & Irish Regional Branch (1945-1960).

Annual Reports of the Irish Regional Branch of the Institute of Almoners, 1944-1967.
Annual Reports of the Dublin Branch of the Institute of Hospital Almoners 1937-1944
Minute Book of the Dublin Branch of the Institute of Almoners, 1937-1944
Minute Book of the Irish Regional Branch of the Institute of Almoners, 1944-1967
Records of the Irish Association of Medical and Psychiatric Social Workers (IAMPSW) 1968-1971.

Manpower Planning Committee on Social Work 1978-1982: records held personally by member of the Committee.

Report of the Manpower Committee on Social Work 1980.
Report of the Manpower Committee on Child Care 1982.
General Records of meetings of the Manpower Planning Committee in Social Work 1979-1982.

Joint Committee of Women's Societies and Women Social Workers: records held personally by previous member.

Annual Reports Joint Committee of Women's Societies and Women Social Workers: 1935-1991.
Memorandum on Children in Institutions, Boarded Out and At Nurse Children 1943

Campaign Group for the Future Development of the Personal Social Services: 1979-1994.

Campaign Group for the Future Development of the Personal Social Services (1983) Policy Document on the Future Development of the Personal Social Services, Dublin, Campaign Group.
Correspondence between Campaign Group and Department of Health, 1979-1984.

11. Personal Reflections

A total of 24 formal interviews were carried out. Interviews were conducted in order to assist in tracing relevant documents, providing background context of developments, to test assumptions about nature and form of social work at particular times and within particular sites and to generally assist in guiding the researcher towards the most relevant, though often varied and diffuse, range of sources of information. Persons were selected for interview on the grounds that they met one or more of the following criteria: had held a senior/management position within social work sometime between 1950 and the mid 1970s; had played a crucial role in the particular agency/service they were employed within; had been involved, either through a social work association or the union, in attempting to influence the nature and form of Irish social work or had held a particularly unique position within a social work or social work related service. They included the following personnel:

a. Six Social Workers Employed in the Health Boards between 1966-1980; one of these social workers was a member of the Task Force on Child Care and all were actively involved in promoting the development and expansion of social work over the late 1960s and/or 1970s.
b. Six academics that had worked within social work courses within UCD or TCD from the late 1950s to the late 1970s.
c. Three personnel who had been employed within the ISPCC in the 1970s. Of those, two were social workers had been actively involved in the new challenges for the Society in light of the newly developed health boards. The third interviewee was originally an ISPCC inspector, later training to become a social worker.
d. Two Department of Health Senior Officials involved in the development of the social work service from 1966 onwards.

e. Two personnel involved in the then Local Government and Public Services Union over the late 1960s and early 1970s.
f. A Medical Social Worker employed as an Almoner from the late 1940s.
g. An original and longstanding member of the Adoption Board established following the Adoption Act 1952.
h. One of the first social workers employed within the Catholic Protection and Rescue Society in 1950
i. One of the first Children's Officers (a nurse) employed within the health authorities from the early 1950s until the mid 1970s within Donegal and Dublin
j. The social work advisor to the Department of Health: 1981-1999.

APPENDIX TWO: CHILD PROTECTION ASSESSMENT/INVESTIGATION PROCESS (DEPARTMENT OF HEALTH, 1999).

Child Protection Assessment/Investigation Process

PHASE ONE

ALLEGATION OF CHILD ABUSE

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REFERRAL TO HEALTH BOARD SOCIAL WORK DEPARTMENT

↓

SOCIAL WORKER CONSULTS RECORDS & MAKES INITIAL ENQUIRIES
(both internal and external enquiries)

↓

SOCIAL WORKER CONSULTS WITH LINE MANAGER (Team Leader or Senior Social Worker)

Matters to be considered at this point include:

- Co-ordination of information
- Contact and discussion with child and parents/carers
- Contact with person who first reported concern
- Assessment of risk and protective factors*
- Emergency action/reception into care
- Medical examination
- Referral to services, including support services for children and families
- Immediate intervention
- Further information gathering
- No further action
- Feedback to reporters

PHASE TWO

NOTIFICATION TO CHILD CARE MANAGER

Options to be considered at this point include:

Notification to An Garda Síochána	Strategy Meeting Consult with:	*Health Board Assessment*
• Garda investigation • Key interviews and review • Prepare file for Director of Public Prosecutions (DPP) • DPP reviews file • DPP decision due	• Family • Team Leader / Senior Social Worker • Child Care Manager • Legal advisor • An Garda Síochána-Health Board Liaison Team Assess risks and protective factors: - medical input • legal input • psychosocial input	• Assessment by health board social worker or other professional • Placement on Child Protection Notification System • Referral to other specialist assessment teams • Ongoing contact with child and parents/carers • Continued liaison with relevant professionals • Emergency action/court reception into care • Record everything

PHASE THREE

CHILD PROTECTION CONFERENCE

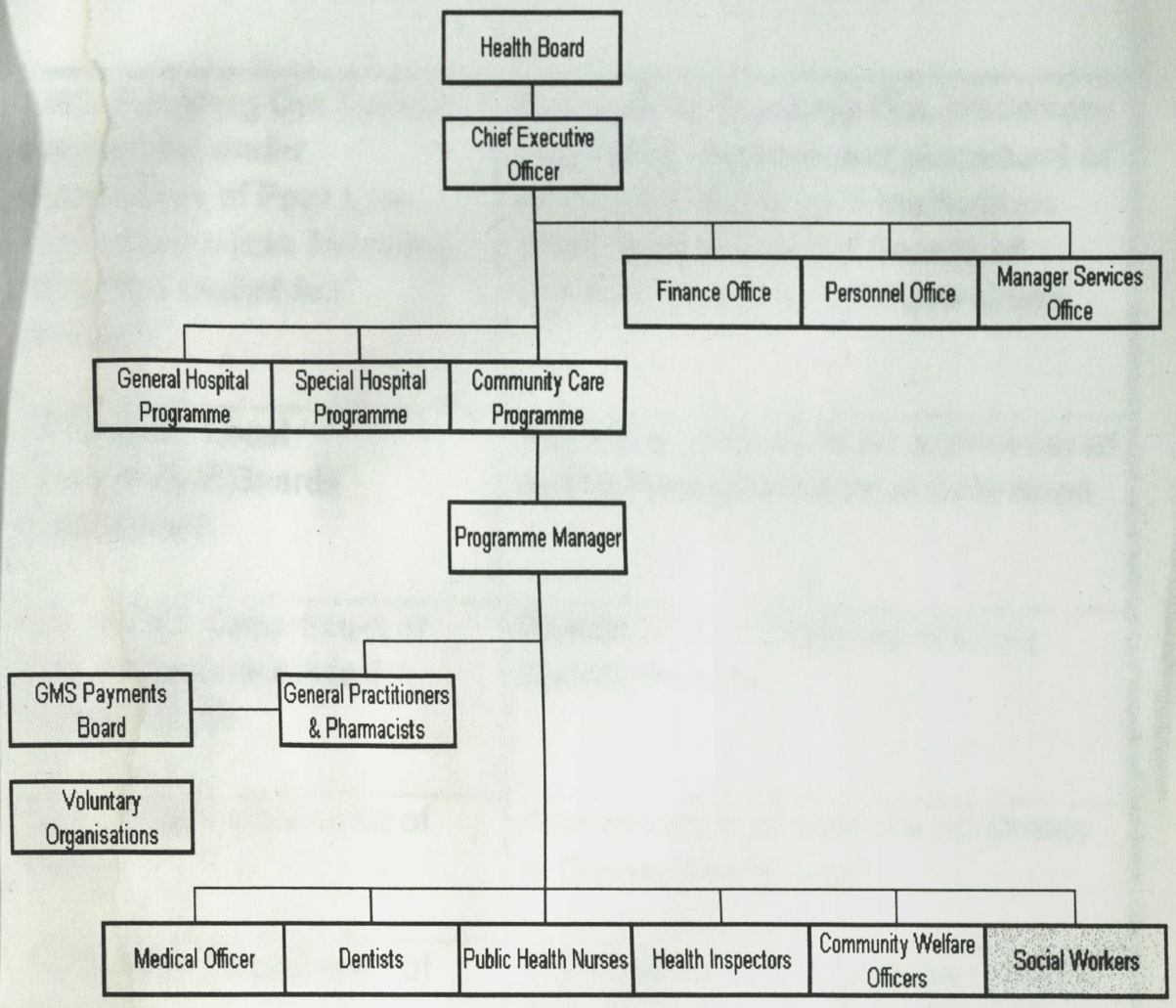
- Further evaluation of risk
- Negotiation of a comprehensive inter-agency child protection plan between professionals and family
- Allocation of tasks
- Treatment intervention
- Review of progress

CHILD PROTECTION REVIEW

* If it appears that a Garda investigation may be likely, consultation should be held with An Garda Síochána at this stage.

Source: Children First Guidelines (Department of Health, 1999)

APPENDIX THREE: STRUCTURE OF HEALTH BOARDS UNDER HEALTH ACT 1970.



Adapted from McKinsey Report (1970) and Department Of Health (1987).

APPENDIX FOUR: GOVERNANCE OF CHILD WELFARE WITHIN THE LOCAL AUTHORITIES, PUBLIC HEALTH AND HEALTH AUTHORITIES: 1862-1970.

Government Structure	Governing Practices
1862: Boarding Out System established under governance of Poor Law Commission (est. following 1838 Poor Relief Act (Ireland).	**Practices of Boarding Out, placement of children at nurse and placement of workhouse children in institutions administered through Boards of Guardians in each Poor Law Union.**
1873-1920: Local Government Boards Established.	**Practices continue to be administered locally through Boards of Guardians.**
1924-1947: Department of Local Government and Public Health	**Boards of Guardians replaced by County Boards.**
1947-1970: Department of Health	**Adminstration of services continues at County Board Level.**
1970-2000: Department of Health	**Eight Health Board Regions replace County structures. Child Welfare Services administered through Community Care Programmes of the Health Boards[1].**

[1] Within the Eastern Health Board, the Eastern Regional Authority was introduced in March 2000 due to the replace this Health Board. Under the new Authority, the Board, covering Dublin, Kildare and Wicklow, and catering for a population of 1.3m, will be divided into three Regions, each carrying similar responsibilities for service deliveries as presently exists within the Eastern Health Board. The Regional Authorities have not yet been operationalised in terms of service delivery. It is likely that other large Health Board Regions nationwide will also experience similar subdivision in the future (Department of Health, 2000).