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Escape From the Ivory Tower

Hilda Loughran, PhD, and Mary Ellen McCann, PhD

Introduction

University College Dublin (UCD) is the largest university in the Republic of Ireland. Founded in 1854, it has a student body of 22,000 from all parts of Ireland, and abroad. This paper presents an example of the School of Applied Social Science supporting access for mature, part time students, through opening up avenues of accredited education for groups in Irish society normally excluded from the university.

Ireland has increased its participation rate in third-level education to a high degree in the last 20 years. Estimated admission rates have increased to such an extent that the rate of admission in 2003 was more than twice the 1986 rate. This reflects the value placed upon higher education in Ireland as a means for personal development and enhanced opportunities (HEA 2005).

However, there are large differences in socio-economic groups in levels of participation in higher education (Clancy & Wall 2000). Patterns of participation have been traced in a series of studies (Clancy 1982; 1988; 1995; 2001). Communities with the most severe levels of disadvantage are those least likely to avail themselves of third-level education. These are also the communities which have experienced the most severe forms of problem drug use in Dublin (Government of Ireland 1996).

The preoccupation of social work internationally with value systems, with ethical issues and with the wider policy environment, differentiates this profession from the more technical curative professions (Butler 1996). Social work, with its commitment to considering issues such as drugs problems as social and not exclusively individual, is in an ideal position to work with the community and voluntary sector. The School of Applied Social Science has fostered its links with the 'outside world' in line with this commitment to equality and social change. Over the past seven years the school in partnership with communities and the voluntary sector, has developed innovative third-level, second-chance education opportunities. These have taken the form of courses which initially addressed drugs/alcohol issues and more recently expanded to incorporate housing policy and practice.

These courses are designed to meet the needs of adult learners in a way that respects and values prior learning. The growth in the Irish economy, dubbed the "Celtic Tiger," has not benefited all sections of society equally. Therefore, rather than second-chance education, for many it is the first opportunity to engage in a formal, accredited learning process. Hence, central to this mission is the acknowledgement of lifelong learning. The President of UCD, Dr. Hugh Brady, outlined six specific values for the university: integrity, excellence, innovation, ambition, engagement and inclusiveness (Brady 2004). These values fit with many of the core values espoused by the social work profession. This article gives an example of these values being applied in practice, in particular, innovation, engagement and inclusiveness.

Community as a Plank of Government Policy

Local communities in Ireland have been presented as being able to solve a range of issues—even be the means of revitalizing local government and regional planning (Varley & O Cearbaill 2002). As in many other parts of the world, ideas of 'community,' 'social capital,' 'civil society,' 'participation' and 'empowerment' have moved to the centre of the political agenda (Taylor 2003:xii).

In Ireland, the context for this participation is increasingly one of social partnership. Developing since 1987, social partnership has influenced the organization of welfare (Rush 1999). Including public consultation in the policy process, it is believed, is likely to produce better social policies that lead not only to improved services, but also to identifying and addressing problems that are important to people (Iredale 1999).

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National policy, for example the National Anti-Poverty Strategy, explicitly acknowledges the role of community development as a key element in the 'rejuvenation and mobilization of local communities, and those affected by poverty and social exclusion, in the process of regeneration.' (Government of Ireland 1997a)

In spite of this emphasis on community involvement, it was 2000 before the government recognized the underdeveloped legal and policy framework in Ireland for the support of voluntary and community work and the contexts in which it takes place (Government of Ireland 2000a).

Communities and Drugs

In Dublin, there is a recognized correlation of social disadvantage and problem drug use (Government of Ireland 1996). The areas that are worst affected, especially by illegal drug use, are the areas where educational disadvantage is at its highest. However, many of these areas had experience and knowledge of organizing themselves to cope with major social issues, such as housing and unemployment.

This knowledge and experience was applied by communities to drugs issues through the 1980s and 1990s. It could be claimed that communities led the way in promoting collaborative structures through their creativity and willingness to experiment.

Drug problems can both create and fragment bonds between the residents of an area, thereby simultaneously building and undermining community cohesion (Connolly 2002). For community workers or social workers this division can prove difficult to manage. The apparent ambiguity is difficult to reconcile.

National Drugs Strategy

Since 1996, Dublin Local Drugs Task Forces (LDTFs) have worked at local level to prepare and implement plans appropriate for their communities. Central to this Irish approach to drugs currently is the bringing together of key agencies, in a planned and co-ordinated manner, to develop a range of appropriate responses. This has been built on our experience of social partnership. The task forces are supported at national level by a National Drug Strategy Team (NDST), which also has various sectors working on it, including the community and voluntary sectors. Greatly enhanced by the involvement of the community and voluntary sectors, this model has been considered effective enough to be replicated throughout the country, through the establishment of Regional Drugs Task Forces (National Drug Strategy Team 2002).

The wording of the national strategy is important. It talks about strengthening existing partnerships *in* and *with* communities. This wording emphasizes the aspiration of full participation as equal players, with a unique contribution. This is our challenge. This is why building capacity is so important. We are not talking about communities being only the receivers of our decisions, but as actually being involved in the making of them, and in the prioritizing of resources. The LDTFs represent a team-based response to drug misuse, involving not just inter-agency but inter-sectoral collaboration. Ireland leads the way internationally in terms of involving the community and voluntary sectors and in allocating dedicated resources towards the development of local plans.

The Role of Community Members

The role that is expected of community members is outlined thus:

> *The role of the community members will be to bring to the work of the LDTF an in-depth knowledge and experience of the drug problem in their area; assist the development of policies/services based on a perspective gained from this experience and, where relevant, work with local organisations involved in the drugs issue; and assist the LDTF in consulting and informing the local community on its drug strategy. (National Drug Strategy Team, 2002: p17)*

This role would have to be seen as demanding of any sector in the inter-agency way of working. However, when we consider that it is being expected of people who have not benefited from years of traditional education which other members will take for granted, with the professional recognition which it provides, then it is patently obvious that this role is difficult to implement and sustain. When considered with the various views on 'community' inherent in such cross-cutting bodies, then the role becomes even more complicated.

In Irish drugs policy, three major interpretations of community participation have been identified and described (McCann 1998). Each interpretation, valuable in its own right, leads to different actions in reality for local communities. For example, community as a site for action leads to the setting up of community addiction centers, run from the centre by statutory bodies. Local people are involved as service users. Community as a *resource* for statutory agencies sees local people being involved with statutory agencies, perhaps in a paid capacity, perhaps in a voluntary capacity. Community development is a potentially more radical model, which sees the community as participating not only in support of services, but in identification of needs and decisions about priorities to meet those needs (WHO 1978).

Community Development

Community development (CD) has a long history in Ireland (Powell and Geoghegan 2004). Community responses to emerging problems, such as housing, drugs, unemployment, are to be found in many areas.

Community development, both as an idea and an area of work, is more vigorous now in Ireland than ever, but is also much more complex. Throughout the 1990s and into the new millennium, there has been rapid expansion in community development activity (Lee 2003).

Difficulties can mean that the concept is undermined, and its efficacy questioned. Lack of definition and unrealistic expectations can compound confusion

(O'Cinneide 1989). However, in spite of these difficulties, Loughran claims that community is a persistent idea, because it refers to our social experience (2003: p9). After years of being out of favor in the UK, it began to make a come back as "a new generation of sociological and geographical researchers appear to have registered the fact that outside of the seminar room the idea of community appears to remain alive and well" (Hoggett 1997: p6).

Theoretically, there are some limitations. The major ones are:
- theories come from so many disciplines; there are difficulties in crossing boundaries;
- language and jargon often scares away practitioners;
- culture of CD—practitioners want to 'get down to earth'; theory is seen as irrelevant (Hustedde and Ganowicz 2002)

No single theoretical approach is sufficient on its own. While it can be said that community development has much to offer in responding to social issues like drugs, it can look very different to different people, and requires understanding of complex processes and contradictions (Taylor 2003:xii).

Building Capacity

Hustedde & Ganowicz (2002) claim that what makes community development different from other helping professions is that it builds capacity. The idea of 'agency,' of the capacity of people to order their world, is central to community development.

Building community capacity is not an easy task. Like many other areas of community work, it is fraught with ambiguities, confusions and conflicts. Workers in Dublin over the past three decades have witnessed many of those ambiguities and conflicts played out as attempts were made to address the drugs issue effectively.

It is also an area of great theoretical confusion. Attempting to build community capacity in drugs' work brings together two major areas of work notorious for professional conflict and lack of theoretical congruence—drugs' work, and community

work. A huge spectrum of influence is spanned, from theories of individual intervention, to those which study how societies work, and all shades of thinking in between.

However, with all its difficulties, the aspiration of community participation still endures, and the area of community development holds out hope for moving forward in what is an extremely difficult task. In Ireland, communities, especially in Dublin, have been involved now since the 1980s. Many local people faced the task when there was no coherent national policy to guide them, and no resources to help them. Many have worked voluntarily, over many years. At this stage, some are weary. Still they work on. And in policy terms, this work has yielded much. We now have, since 1996, clearly articulated in our national drugs policy, that their participation is vital.

Community Education

Community education has been a flourishing sector in the Irish education landscape. Responding to the needs of particular groups of people in society, this sector has been vibrant, and innovative in designing and implementing various courses for adult learners, particularly women (Government of Ireland 2000). For the first time, people can get accreditation for learning that is part of the national qualifications system.

The key characteristics of the community education sector are:

- Its non-statutory nature
- Its "rootedness" in the community
- Its problem-solving flexible focus based on trust
- Its process rather than syllabus focus
- Its respect for participants and its reflection of their lived experience
- Its concern with communal values and its commitment to match curriculum and pedagogy with the needs and interests of students
- Its promotion of personalized learning and flexibility within the environment of a learning group

- Its placing a key emphasis on providing the supports necessary for successful access and learning
- Its collective social purpose and inherently political agenda – to promote critical reflection, challenge existing structures, and promote empowerment so that individuals can influence the social contexts in which they live
- Its promotion of participative democracy. It sees a key role for adult education in transforming society.

(*Government of Ireland 2001:113*).

The Partnership Between UCD and Community Groups

These partnerships have been developed through the involvement of faculty within the School of Applied Social Science in actions at local level. Faculty involved have worked closely with the local agencies to identify learning needs, and develop appropriate courses to meet those needs.

The school originally focussed on this for a number of reasons:

- it was committed to community partnerships
- there was specific expertise within the school in community development and drug/alcohol issues
- one faculty member had significant links with community agencies in the drugs field.

There is collaboration on these initiatives both internally in UCD, and externally. Internally, the School of Applied Social Science has worked with the Adult Education Centre to deliver partnership programs. Externally, the school is involved with significant bodies in the voluntary and community sectors, such as Merchants Quay Ireland, An Cosán in Tallaght, Community Response in the South Inner City, and Ballymun Youth Action Project. All of these groups are active and experienced in the drugs area. In addition, the school is also involved with RESPOND! Housing agency, and is currently delivering a new applied degree program a Bachelor in Social Science (Housing and Community Studies) with that agency.

There is scope in the future for more collaboration, with local and national bodies, and other third-level institutions working on social issues.

Successes

This paper gives an example of a university supporting participation through opening up avenues for accredited education for those normally excluded from the university. Through these initiatives, progression routes have been built for people who would not normally access courses in UCD. Access has been widened, giving UCD a presence in areas within Dublin where it hasn't traditionally had a strong presence. Through using a community education approach, steps are made toward the goal of achieving a "university which is socially inclusive" (Brady 2004).

The courses have been informed by local research that has taken place (King, McCann and Adams 2001; An Cosán 2003). This research, together with regular evaluation carried out by the local agencies show clearly the need for accredited, credible progression routes for students. The initiatives offer the opportunity to carry out research, building research partnerships and contributing to the development of theory from practice. The courses are recognized as credible by a variety of agencies involved in drugs work in the city. Graduates are employed by health authorities, education authorities, and local agencies.

The Curriculum

New curricula were designed, in collaboration with community education partners. They sought to address the complex nature of community drug problems and the specific concerns of the various partners. While this facilitates flexibility in terms of the overall package of materials delivered in any one course it also ensures a degree of consistency across the various programs. The theories and practice for promoting change straddle a wide spectrum of concepts and perspectives. This is reflected in modules which utilize variety not only in content but also in teaching methods and assessment procedures.

A complete course typically consists of 18 modules delivered over a two-year period. The modules reflect the concept of transformation as employed in social work in its efforts to develop coherence between individual work, group work, and social change (Payne 1997). They cover a wide variety of topics, but could be categorized into three areas: 1) theoretical frameworks and social policy 2) practice interventions and 3) critical thinking, policy analysis and research methods. They include modules as diverse as individual counselling/ therapy, community development, social analysis and community research methods.

For example therapies that play to the strengths of the client (Butler 1996) are popular among Irish social workers. These include motivational interviewing and brief solution-focused therapy. These approaches have also been found to be useful in community drugs' work in Dublin (McCann 1999) and so form part of the skills modules in the courses on offer.

The university brings the tools for deeper analysis to bear on such experience, making possible a deeper and wider understanding of the issues. For example, the inclusion of social policy and social analysis modules opens the students up to the contribution other related policy areas can make to the resolution of their community experiences. Modules on community research methods help to raise confidence and expertise in engaging in future university/community research collaboration. Work experience modules are designed to teach reflective practice, through the building of work portfolios, and the opportunity to engage in work placements in other agencies.

While many of the modules incorporate familiar themes and topics, one of the key differences in the type of approach can be seen in the assessment process. Central to the assessment process is the valuing of lifelong learning. Community education partners have the experience and learning from "bottom up" initiatives. While traditional education begins from a broad base, and works towards more specialist expertise, community education begins

with the expertise which comes from the lived experience. Students on the courses described here come from a wide experience of drug problems—some have personal experience, some family experience, others voluntary work experience, yet others paid work experience. The richness that results leads to an exciting challenging of theoretical positions, and their usefulness in Irish society. The philosophy of this community education program demands that all aspects of these courses—from curriculum design to presentation and assessment caters for—enhances and values the lived experiences of the participants. This translates into an integrated approach to teaching and assessment that employs techniques such as learning logs, photography, and video work along side more traditional academic approaches.

The university offers the means of mapping modules to national and international accreditation frameworks, with the opportunity of transferability of credits for future study. Thus the values of "ambition" and "excellence" are applied.

In November 2003, 100 adults were presented with certificates and diplomas from the various programs. A further 56 received certificates and diplomas from year 2004/2005. One hundred students are enrolled in these courses for year 2005/2006. Recruitment shows an over subscription for all courses, in all venues.

Mainstream programs, at graduate and post-graduate level, have been enriched through this work. For example, two women who are working now in community health education have presented their work to master's social work students. This has afforded the opportunity for discussion and exchange of ideas. Social work students have been brought to one of the areas to have a meeting with service users in a methadone clinic. Master's in social policy students have undertaken field visits to the partner areas, to discuss issues of regeneration, drugs, and social policy.

The courses have achieved partial accreditation by the regulating body for addiction counselors in Ireland, the Irish Association of Alcohol and Addiction Counselors (IAAAC). Plans are being made to develop full accreditation with future developments.

The evident shift in philosophy, which has facilitated the recognition that life is educational, has increased understanding of reflective learning. Subjective experience is seen as important. However, while this is the basis for learning, such personal experience can also limit the capacity to learn on occasion. Through participatory methods, implicit knowledge is made explicit and related to collective experience. Development of assessment methods, for example, use of reflective learning logs and community research initiatives, attempts to use all the prior learning, while developing new and deeper understandings of issues.

Through these courses, we have expanding teaching methodologies among mainstream university faculty. Teaching takes place outside the university, on occasion outside term times. Sometimes the venues used by community education groups are basic, difficult to work in, and with very limited (if any) teaching aids. Other times, university faculty marvel at the facilities that have been developed by these agencies!

Through on going reflection, appropriate curriculum development takes place, holding university standards, while meeting the needs of community groups.

Interest has been expressed from outside the Dublin area.

Challenges

Assessment is an ongoing challenge in such courses. Attempts are continually made to develop assessment instruments that are conducive to students being able to show what they know, and the depths of their learning. Library facilities are a constant difficulty. These students are not on campus everyday, like full-time undergraduate students. The courses take place in various different sites. Some live many miles from the university. Physical access to the library is difficult. While some internet access is possible, this is not initially the reality for

most students. The school is working with the community partners to build as much of a core library as possible within their premises. Funding restrictions, of course, make this a limited response. The National Documentation Centre (Health Research Board) is also working with community partners to assist in making material available.

The identity of the students as UCD students is also a challenge. How can the sense of being part of a bigger center for learning be fostered, when students are rarely physically present on campus?

The university bureaucracy is also a challenge. The nature of such large institutions is such that responses to emerging situations take a long time to develop. Situations can change on the ground, very quickly. University structures are planned around an academic year. Dedicated access personnel are very valuable. However, activities can be seen as for these personnel only, not for mainstream faculty (National Office for Equity of Access to Higher Education). In the School of Applied Social Science there has been some progress in this. Working on these courses is seen as part of the work load.

Funding structures present a major difficulty. Ireland has system of free fees for third-level students. However, this extends only to full-time courses. Part-time courses do not qualify. Some courses do qualify for tax concessions on fees paid. However, this too is limited. Courses, as with other adult education initiatives, have to be self-financing. This can lead to high fees. This has been criticized as "shortsighted" (Clancy 2005: p111) because of the potential of part time courses to provide second-chance education for mature students, for whom the part-time route is frequently the only viable option. The drugs' courses have been supported by structures like the LDTFs. The localized nature of this funding makes it difficult to establish a core infrastructure within the school to stabilize the course, and develop them. Funding structures vary from area to area.

The pressure to focus on research and publications within academic career structures can make it difficult for faculty to devote time to the development work necessary to realize the potential of these initiatives. Unfortunately, this type of work is not valued for the contribution it makes to knowledge and expanding opportunities.

Recruitment of faculty with a mix of skills can also be problematic. The combination of practice experience and the levels of academic achievement necessary for permanent employment in the university are quite rare.

There are inherent difficulties for the university with this approach—administratively, philosophically, and often pedagogically. There are different cultures involved (Boyle 1999).

Working in partnership is a challenge; it is not only about delivery of courses, but also about development of communities. Joint delivery is a challenge; delivering with community education groups, where there is a variety of expertise, education and training levels, makes different demands on university faculty.

Cullen (1998: p2) identified three broad systems or frameworks of values:

- The *instructive* framework located in the world of formal education and training. It supports academic and scholastic attainment.
- The *interventional* framework, where professional and statutory systems take direct responsibility to step into situations in order to protect children from abuse or neglect, avert truancy, etc.
- The *interactive* framework, where informal community and family systems are mobilized to develop appropriate supports and community capacity.

Some people have the ability to straddle frameworks. However, the overall tendency is to orient toward the framework in which they are located. This challenges all those involved in joint delivery.

Some Key Lessons

Communities will not participate just because it is possible for them to do so. This participation needs to be nurtured and supported. It takes time and planned effort.

Community education, taking the learned experience of people as the starting point, is key to building community capacity. This education arises out of community work and is followed by it. Actions such as those that UCD is involved in now, are crucial to long-term, secure capacity-building. Key is the connection through education, to community development practice.

Building community capacity needs dedicated resources and named strategic actions. Rhetoric is not enough; aspirations are not enough. Specialized workers are needed to support the work, and to develop it. In Dublin now some of those workers are from the communities we are trying to engage.

Conclusion

Much is expected of our communities in the fight against drugs. To play their full part in the response, they need support, technical back-up, and strategic planning. The university has a key role in providing this. Through linking traditional Social Work students to these initiatives, the future support and technical back-up is being developed. Through the inclusion of community social work in the full-time M.S.W. course, students' awareness of community as the focus of intervention in social problems—and their role in community work—is enhanced.

Through the innovation of the School of Applied Social Science, course modules are available to a wider range of students in their own localities. These courses span knowledge of individual interventions, and those aimed at collective social change. Problem drug use is not only an individual issue, but a problem of social structures. To work across this spectrum requires skill, flexibility, ongoing learning, the ability to cross boundaries, to evaluate actions, and to contribute to policy development. It is important to realize the complexity involved, and the level of expectation of people who have not had the benefit of many years of traditional third-level education. Social work has been criticized in Ireland for its lack of involvement in drugs' work, its bias towards individual case work, indeed for its use to provide a path to private practice in psychotherapy (Butler 1996). However, this profession also has the capacity to offer a way of spanning the spectrum and building capacity through partnerships with the community education sector.

Rhetorically, there is support within the university for this linking with the community education sector. The courses described here are coherent with aspirations of equity and access, and with the creation of a "university which is socially inclusive" (Brady 2004). They offer the opportunity for UCD to contribute to Irish social policy and to the development of partnerships with bodies involved in community education at the local level. They are coherent with the six specific values outlined for the university: integrity, excellence, innovation, ambition, engagement and inclusiveness (Brady 2004).

National policy requires that community and voluntary sectors be involved in the resolution of issues that affect their lives. These courses give support to that aspiration, through building local capacity and linking to community development.

This is an area of "unfulfilled potential" within UCD, and will contribute to the aspiration in the change program of establishing UCD as a university that is socially inclusive, and a top research-intensive university.

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