

Athlone Institute of Technology

**An Exploration of Social Workers and Social Care Practitioner's Perspectives
on Residential Care**

Karen Finnerty

Submitted in Partial Fulfilment of the M.A in Child and Youth Studies.

Date: 29 May 2016

Word Count 14,035 words

Declaration of Ownership

I declare that this dissertation and the research involved in it are entirely the work of the author. This work, or part of it, has not been submitted for a qualification to any other university.

Signature: _____

Karen Finnerty

Date: 29th May 2016

Acknowledgements

The first person I would like to sincerely thank is Ms. Mary McHugh for her guidance and support throughout the undertaking and completion of this project. I am privileged to have had you as my thesis partner.

Dr. Shelia Mcgree. My applied research project lecturer for sharing her knowledge and expertise throughout this project.

To all the participants who took the time to partake in an interview.

To my loving father for taking care of Ava.

Finally, an enormous thank you to my partner Anthony and my daughter Ava for their encouragement and patience throughout the course.

Abstract	6
Section One: Introduction	7
Introduction	8
Purpose of the Study.....	8
Section Two: Literature Review	9
Introduction to Residential Care	10
Models of Care	12
The Effectiveness of Residential Care	13
Care Planning	14
The importance of Education	15
The Role of the Residential Care worker.....	16
Challenges in Residential Care	17
Section Three: Methodology	21
Introduction	22
The Research Question	22
Research Design.....	22
Participants	23
Materials.....	24
Procedure.....	24
Data Analysis	25
Ethics	25
Duty of Care	26
Reliability and Validity	26
Conclusion	27
Section Four: Findings	28
Introduction	29
Characteristics of Sample/ General Details.....	29
To Explore the Participants Experience of Residential Care	30

Participant’s Perceptions of their Role within Residential Care	31
Participant’s Perceptions of how Children Come into Residential Care	32
Participant’s perceptions of the effectiveness of Residential Care	33
Summary of Findings	39
Section Five: Discussion	40
Introduction	41
Discussion of findings.....	41
Conclusion	47
Evaluation of Method and Limitations of study	47
Section six: Conclusion and Recommendations	48
Conclusion	49
Recommendations for Future Research.....	50
Reference List	52
Appendices	58
Appendix 1 – Information Letter	59
Appendix 2 - Consent Form	60

Abstract

This study will explore Social Workers and Social Care practitioner's experiences of working in Residential Care. The study entails three main objectives. Firstly, to explore Social Workers and Social Care Practitioners perspectives of Residential Care. To explore Social Workers and Social Care Practitioners views on the effectiveness of Residential Care for children. Finally, to identify recommendations for future practice of the Residential Care system

A qualitative method of data collection was chosen for this study. Each of the interviewees had previously worked in Residential Care. This is a narrative study. The study included five semi structured interviews. The method of sampling was convenience sampling. This preferred method permitted the researcher to access Social Workers and Social Care practitioners that were enthusiastic about being involved in this research.

The main findings of the study are as follows; according to Social Workers and Social care practitioner's Residential Care has both positive aspects and also negative aspects. All participants found that there was a lack of support for both the children and the staff. From the concluding data it appeared that Residential Care is not effective due to the lack of support and training, however the participants agreed that education is an extremely important factor in the lives of children in care.

The main findings of this study have led to recommendations for future research.

Section One: Introduction

Introduction

This study includes six sections. The first section summarises the study. Section two evaluates the secondary research around the area of residential childcare systems. The third section details the rationale for the study and the methodology will also be reviewed. Section four will present the findings of the study. The fifth section will view the Participant 4 and secondary research. The final section will conclude the overall study.

Introduction to the Study

This is a qualitative study which sets out to view the perceptions of five social workers/ social care practitioners who have previously worked in Residential Care.

Purpose of the Study

The purpose of this chapter is to review the research regarding Residential Care and the effectiveness of Residential Care for children. To explore Social Workers and Social Care Practitioner's perspectives on Residential Care. This study sets out to explore the effectiveness of Residential Care for children and to identify recommendations for future practice of Residential Care.

- To explore Social Workers and Social Care Practitioners perspectives of Residential Care
- To explore Social Workers and Social Care Practitioners views on the effectiveness of Residential Care for children
- To identify recommendations for future practice of Residential Care

Section Two: Literature Review

Introduction to Residential Care

This introductory section provides a brief overview of Residential Care. Holt, & Kirwan (2016) explain that the purpose of Residential is to provide “*a safe nurturing environment for individual children and Young People who cannot live at home or in an alternative family at this time*” (Byrne & McHugh 2004 cited; Dermody, M; McMahon, C, Banks, Gilligan, 2013). ‘*Residential Care aims to meet in a planned way, the physical, educational, spiritual and social needs of each child*’ (Task Force on childcare services 1981, p8) The European Association of Research into Residential Child Care (EUROARRCC, 1998) report identifies the provision of quality residential childcare as a multifaceted and complex task. Working in the area involves a crucial balance between meeting each young person's need for physical care and emotional support. As well as this this, they also require therapeutic care and support in light of the specific adversities that have led to their admission into care. It is the task of social care workers to create the type of environment as outlined above while simultaneously applying agency policies and rules (Watson, 2002). Residential Care has also been described as a therapeutic setting where children can receive treatment for problems that were cause by their life experiences (Whittaker et al, 2014). Additionally, Residential Care has been described as a last resort, and it should be used only in the absence of a family alternative and for the shortest time possible. In residential houses there is a mixture of both physical care and the development of one self. This type of care provides a secure living environment where residential practitioners are involved in everyday activities (Lalor & Share 2013).

According to DoCYA, (2014) Residential Care may be the best residency choice in the short or longer term for some children and young people in care. Conversely, Kendrick, (2003) argues that residential child care has proved to be one of the most difficult and complex interventions in the lives of children and young people around the globe. The transition to Residential Care is marked by significant emotional events. (Kendrick 2003). (Biehal et al. 1995; Mendes and Moslehuddin 2004; Stein 2002) believes that residential care has been liable for weakening family links and leading to poor educational and health outcomes for children. However, children and

young people enter Residential Care institutions for a variety of reasons. These may include, assessment, keeping siblings together, for the need of specialist treatment, and also for care and various behavioral needs. (DoCYA, 2014) For these reasons it is crucial that social care practitioners are highly skilled. According to Brown (2015) Residential Care has changed significantly over recent years. There seems to be a drop in the numbers of children availing of residential care. Tusla, (2012) published figures in 2012 specifying that there were 6,504, children in care on 31st March 2014. This demonstrates a 0.2% increase over the February figure of 6,489 and a 2% increase over the March 2013 with a figure of 6,389. In 1990 72% of children availed of foster care, which increased to 95% in 2015. Although the numbers of children in foster care are increasing, many children and young people are still placed in residential units (Carrà, 2014).

Rates of Residential placements

Country	% of Children in Residential Care
Australia (2011)	6
England (2010)	14
USA (2009)	15
Spain (2007)	21
Scotland (2009)	23
Sweden (2008)	27
Denmark (2007)	47
Italy (2007)	48
Germany (2005)	54
Japan (2005)	92

(Ainsworth & Thoburn, 2014: p.18)

It is clear from the table above that English speaking countries had both the lowest rates of care overall, and the lowest use of Residential Care placements. Data published by Tusla, (2016) the National Child and Family Support Agency, specifies that in December 2015, 327 children were living in Residential Care facilities and 16 were in special Residential Care facilities. The total number of children was 343 in Residential Care within the Irish State.

Models of Care

In Ireland there are different models of Residential Care units, depending on the individual child or young person's needs. These models consist of main stream residential, special care units and high support units. Main stream residential units provide 24 hour out of home care for children and young people. These units are managed by the Child and Family Agency, or alternatively they are managed by independent voluntary companies (DoCYA, 2014). The units are houses which are located in domestic homes in housing estates, villages, towns, cities and seldom in rural areas (DoCYA, 2014). Children and young people that are placed in main stream Residential Care attend local schools and have the opportunity to take part in local community activities (Lalor & Share 2013).

Kendrick, (2003) believes that high-quality and effective Residential Care should provide an environment that improves development, fosters resilience, and helps to builds on the confidence and self-esteem. Lalor and Share, (2013) outline the main purpose of Residential Care is to offer a safe, nurturing environment for children who have no other suitable living environment. DoYCA, (2014) deems the most common reasons for children to be admitted into Residential Care are to protect them from abuse and or neglect. However, Lalor, (2001) believes children and young people entering Residential Care present with emotional difficulties which may include; trauma and separation a sense of bereavement, and or being extremely frightened. Children and young people can express these difficulties a mixture of different ways, including violent outbursts, assaults on others and sexualised behaviours (Lalor, 2001).

Special Care units are managed by the HSE Health Service Executive. Within the Secure Care units the children are not permitted to leave when they choose to do so. These units offer appropriate interventions which are solely based on relationships and positive reinforcement. (Lalor & Share 2013) According to Kitinoja (2010) children are placed in special care units also known as 'closed institutions' under the decision and mandate of juvenile courts, due to committing crimes. Fulcher, (2001)

identifies there is a growing recognition, both in Ireland and internationally, of the requirement for specialist residential intervention services. These services provide care for very troubled children. Hanlon (2004) describes special care units as the detention of the young people for their own care and protection through the provision of a controlled and safe, stable environment. However, Health Information and Quality Authority HIQA, (2012) published a report on Oberstown detention campus and discovered that children were “*not always safe*” there, because best practice was not always implemented. HIQA, (2012) also revealed that staff excessively used single separation, with one child locked in a room for 83 hours.

High-support units have a higher ratio of staff to children and young people (Lalor & Share (2013). The children and young people have access to education, to meet their specific needs. The units also offer a service to children in need of specialised intervention (Lalor & Share 2013). However, (HIQA, 2012) report found that vital training had not been provided, and this was obvious in many centres. Furthermore, the report found that practitioners participated in crisis management training but no training was undertaken. Additionally, the report highlights that more intensive residential support and special care places are required with practitioners that pose a wide range of skills and expertise to meet the needs of the children availing of the child care system.

While the report highlights positives such as that children were aware of their rights, disturbingly, the report shows that interventions used by trained staff did not always result in children being safe. Following the publication of this report, the director of EPIC (Empowering People in Care) Gargan (2015) stated “*This report highlights the need for comprehensive assessment and care planning in order to identify suitable placements which can provide high quality care for young people with complex needs*”.

The Effectiveness of Residential Care

A wealth of international research conducted over the last three decades studying outcomes for young people in care has highlighted a trend of negative outcomes across a range of indicators (Holt & Kirwan 2015). These disappointing trends are not confined to Ireland, and Holt & Kirwan (2015) make the observation that in both

the United Kingdom and the United States studies reveal a consistent pattern of poor outcomes for care system graduates.

One of the largest concerns for Residential Care – is the question; is it safe? Children are placed in care for their own protection and welfare but are their placement a safer, better alternative for them to be? And due to the numerous scandals that have discovered cases of physical and sexual abuse in Residential Care, including deaths in care. All of these scandals have led to measures to improve recruitment, promote better conditions increase the visibility of care and encourage children to assert their rights. One recent example is that 37 children died in State care in the last 10 years, 18 of those from unnatural causes. Does this beg the question, is it effective? Very little Irish research has looked at the effectiveness of Residential Care.

Care Planning

In residential care it is common to hear about care planning. Kane (2007) outlines a care plan as a long term plan for the child. Williams and McCann (2006) state that, the care plan should be built upon a holistic specialist assessment which identifies personal developmental needs, the capacity to meet the needs and an evaluation of what has happened to the child in the past. Lalor & Share (2013) state that the placement of children in Residential Care regulation 1995 require that a written care plan is in place for each young person admitted into residential child care. According to Tusla (2012) Child & Family Agency, Statistics in October 2013, display that there were 5,886 children in care and the majority 90% had a written care plan in place. (Source: HSE Monthly Performance Report)

Care plans must be reviewed every six months. However, a study carried out by Mcvoy & Smith (2011) found that participants felt that care plan reviews needed to be more often than every 6 months because 'things change very quickly when you are in care'. In Mcvoy & Smiths (2011) study that participants said that they view care plan reviews as an opportunity to have their voice heard and others regarded them as a '*waste of time*' and felt they were not an opportunity to have their voices heard. When participants were asked to emphasis on the positives about their care

plans and reviews, participants acknowledged them as a *'way of getting what you need'* and *'good for planning for the future'*. However, other participants felt that *'sometimes adults don't listen and take over decisions'* at reviews and *'you feel like you are just a number or a file'* after a review.

DoYCA, (2014) suggest that each child in care to be allocated a Key Worker and a written plan. However, Tusla (2012) revealed of the 6,403 children in care there are 671 children without a written care plan. The Skinner Report (1992) emphasised the importance of every young person having a key worker during their placement in Residential Care. It is significant that the key worker and the child have a positive working relationship. However, a United Kingdom document illustrated the opinion of a child in relation to their key worker. *"It's like another worker but they do your paperwork and phone your social worker"*.

The importance of Education

Research indicates that educational performance of children in care is poorer than of their peers (Francis et al 1996 cited; Jackson, 1998). This effects their ability to fit into a normal adult world, to seek employment and to secure a permanent home (Craig et al, 1998). Irish research highlighted the importance of the residential staff to encourage the children to attend school. The constancy of care placements should be improved, especially at exam times in the education career of children in care Gilligan, (2013). In school, the whole school approaches and inclusive education should be adopted for children in care. A flexible approach to education provision should be adopted for children from care backgrounds, reflecting an understanding that it is possible for all children in care to achieve educational success, and, furthermore, while it may take some longer than others to progress through the system, all can do so under suitable conditions.

Children in care, and their carers, need to be provided with the opportunities to be included in the decision-making processes and to express their personal views and opinions on matters affecting them (Gilligan, 2013). School may be one of the most constant factors in their lives of children in care and a place where they can feel like everybody else (Gilligan, 2013). Being in school can have the potential to provide an additional place where these children can develop skills and self-confidence, receive

praise and encouragement, make friends, achieve success, and obtain educational qualifications. Successful educational attainment is a highly significant gateway to future employment and study opportunities and may be the most important means of avoiding the patterns of family disadvantage that led to entering public care (Gilligan, 2013).

For many children in care, education can be a form of protection and a critical influence on their life-course (Jackson & Cameron, 2010). School provides the necessary stability in the lives of children in care. A positive school environment and strong relationships with teachers and peers can have a positive impact on students' school engagement. It is crucial to be aware of the barriers that exist for children in care with regard to their education, for example, delays in and lack of needs assessment, problems with access to special education services. In recent years Policy-makers and service providers have begun to consider how children living in care fare in the education system (Courtney, Roderick, Smithgall, Gladden and Nagaok, 2004) and compared to the general population, children in care are more likely to experience educational difficulties and have negative educational outcomes; these trends occur in a number of countries (Melbye and Husted, 2009; Andersen, 2010).

Recent research has argued that difficulties in schooling and education experienced by children living in care lie 'far more in the care and education systems than in the children themselves' (Jackson and McParlin, 2006). In an Irish study of young people in Residential Care in Dublin, Emond (2002) found that the interests and personalities of staff in Residential Care homes can influence the way in which learning is experienced by young people in Residential Care. (Emond 2002 cited; Dermody, M; McMahon, C, Banks, J ERSI & Gilligan, R; 2013) also found the young people she had interviewed appreciated abilities in their teachers such as their ability to build confidence, encourage, provide personal support, stimulate interests in learning, respect the potential of the young person, and 'expect well' of the young people (Emond 2002 cited; Dermody, M; McMahon, C, Banks, J ERSI & Gilligan, R; 2013).

The Role of the Residential Care worker

The National Care Workers' Vocational Committee implies the role of the social care practitioners as multifaceted (Lalor, 2001). Far from being a babysitter, practitioners are specialist in the field of caring, who are provide warm and responsive care whilst acting as an effective agent who provide 24 hours-a-day, 7-days-a-week care for children (Ainsworth, 2005). Social care practitioners act as advocates, work with emotionally difficult and challenging children, assist and provide access family visits all whilst providing an appropriate role model for these children and young people. (Impact, 1998) cited (Lalor, 2001). Practitioners in residential child care must be aware of what they contribute as individuals to their work – their personal prejudices, beliefs and also personal values. Residential practitioners are confronted with challenges, both emotionally and physically (Lalor & Share 2013).

Practitioners must also be aware of their personal experiences and not to allow this to make judgements. Practitioners should view each child or young person as an individual and work at an appropriate pace to help deal with their personal issues (Lalor & Share 2013). It is vital that residential practitioners have a good understanding of the complex needs of the children and young people. It is also essential that practitioners have a range of both skills and knowledge from a variety of different areas, ranging from nutrition, recreation, health care, to people-centred skills (Lalor & Share 2013). Care and control, communication skills, counselling and family work, backed up by in-depth and detailed knowledge of child development are all relevant to this profession. (Residential Forum, 1998:11 Cited Lalor & Share 2013).

Challenges in Residential Care

According to Lalor & Share (2013) practitioners in residential child care described their work as “rewarding”, “demanding” and “challenging”. Just like any profession, residential child care has both positives and negatives. Clough (2000, cited in; Lalor & Share 2013) discusses the main challenge of working in this sector is to describe what is distinctive about it. Ryan (2012) outlines that providing a secure, caring environment in Residential Care can help encourage the building of positive and supportive relationships for children and young people with families, practitioners, friends and communities, Lalor & Share (2013) support this view and believe that the caring relationship is at the heart of good and effective professional social care.

Though relationships in Residential Care, are often complex. Matters (2007) a United Kingdom document states that children need to be cared for, to live in a safe environment, to be protected from abuse and to receive the help and support they need to achieve their full potential in the future. IRISS, (Institute for Research and Innovation for Social Services) (2015) believes the relationships of children at various stages of their journey into, through and transitioning out of care is an issue of concern as it is clear these children are entering into care after being exposed to various types of abuse and or neglect. One of the key methods in aiding these children to understand their past experiences is to develop and experience trusting, stable and nurturing relationships with practitioners (Winter, 2013)

McEvoy & Smith (2011) highlights that the strongest criticisms from young people in the care system in Ireland concern social work services and care plan reviews. Research shows that children in residential child care in Ireland are not receiving the care they need due to demanding high caseloads and over worked Social Workers and Social Care practitioners. Burns, and MacCarthy (2012) state that Social Workers and Social Care practitioners complain of high caseloads which they feel impacts on the quality of the service given to the children and their families. This is due to time constraints and caseload size. How can Social Workers and Social Care practitioners develop effective relationships with children?

McCarthy, (2012) demonstrates that an Irish study found that Social Workers and Social Care practitioners just focus on the things that they haven't done and there is an awful lot that they haven't done that they should have done. Disappointingly, families are not getting the service that they are entitled to because of the demanding caseloads that these professionals are bombarded by. Due to these demanding caseloads children are only receiving attention, when their issue becomes a crisis, by which time it is often too late for a social worker to engage in preventative and supportive work.

Research suggests that positives, are too few and challenges are too many. McKellar, & Kendrick, (2013) speculates in Residential Care positive and effective working relationships should be strived for. However, the reality of working in Residential Care can make this a difficult aspiration to achieve, particularly in light on the time residential staff has to allocate to building good quality relationships.

Richardson (1985) found that the admission into residential child care may be a distressing experience for children. Bailey, (1999) shows that the child is separated from their common surroundings, familiar faces and placed in a strange environment. Bowlby (1988) cited; Graham, (2005) suggests that the relationships formed between the carer and the child is solely on how the carer treats the child, by being available for the child rather than being focused on the child's history. Kidd – Keating (2009) (p. 142) outlines *“A good relationship with a practitioner is important for the child to feel safe”*

Kidd-Keating (2009) suggests in recent years' residential childcare practitioners are becoming more professional, constructively critical, and reflective in every aspect of their own work. The ongoing development of social care and social pedagogy has shaped a more open and enquiring practitioner whose responsibility is the delivery of good quality care to those children and young people who for various reasons need to be cared for outside their immediate family. Ongoing professional training is beneficial due to 'the changing profile of children in Residential Care and the complexity of their needs demand an increasingly skilled, competent, confident and qualified workforce'. (The Standard for Residential Childcare, 2013) In most jurisdictions individuals entering into the field of social care are required to have a degree level qualification. (Kidd-Keating, 2009) outlines that working in the complex field of residential child care is a challenge and practitioners need to be capable of dealing with various problems on a daily basis.

Ryan, (2012) believes that only fully qualified professionals can ensure that children in residential child care are given best chances in life in a safe, nurturing environment. However, HIQA, (2012) carried out a report on staff training in 2012 the report established that ongoing training was not provided to practitioners. Lalor & Share (2013) outline that many residential staff are faced with situations that are challenging, both emotionally and physically. In addition the HIQA, (2012) report also outlined that no training was carried out on managing challenging behaviour. Furthermore Lalor & Share (2013) indicates that professional training provides practitioners the opportunities to develop, practise skills and heighten self-awareness. Clarke and Eustace (2010) point out that if the practitioners within residential child care do not possess the appropriate qualifications, the children and young people availing of the service may not be receiving the appropriate care and

affection that they need and deserve. Davidson (2010) argues that children in residential settings deserve the highest quality of care. This could be due to Social Workers and Social Care Practitioners being emotionally exhausted and feeling burn out. A study conducted by Community Care in the United Kingdom has revealed that Social workers across the UK are emotionally exhausted and battling to hang onto their compassion. The also revealed ineffective supervision is increasing the risk of burnout. How can children in care be receiving the highest quality of care when Social Workers and Social care practitioners are not receiving adequate supports?

McKellar & Kendrick (2013) found that the relationships formed in residential child care have been shown to assist young people to break the cycle of poor relationships. Yet, Lalor & Share (2013) believe that working with children and young people who have not experienced positive relationships can make the task of relationship building a challenging one. Gilligan (2009) believes positive relationships provide these children with a secure base for forming future relationships. However, given the level of variance and unpredictability of relationships in Residential Care, a young person's ability to trust others may be compromised and their reluctance to commit and invest in relationships with residential workers may be reinforced. McKellar & Kendrick (2013) shows that research has constantly outlined trust as an essential characteristic of the relationship between a young person and the practitioner (Barry & Moodie, 2008).

Section Three: Methodology

Introduction

The purpose of this study is to summarise the research methodology that was used throughout the study. A narrative study was selected. This section of the study will consider the theoretical considerations in the section of the research method. This procedure will be demonstrated in the following subsections: Research Design, Materials used, Participants, Procedure followed, Ethical considerations and Reliability and Validity. This is a narrative study.

The Research Question

The research question aims to explore the perceptions of professionals who have previously worked with children in care.

The objectives of this study are to;

- To explore Social Workers and Social Care Practitioners perspectives of Residential Care
- To explore Social Workers and Social Care Practitioners views on the effectiveness of Residential Care
- To identify recommendations for future practice of the Residential Care system

Research Design

A research method is a technique for collecting data; which includes semi-structured interviews, questionnaires or focus groups (Bryman, 2004). When deciding the appropriate research method to use for the research project, both quantitative and qualitative approaches were taken into consideration. Miles & Huberman (1994) states that qualitative research involves analyses of data such as words pictures or objects and quantitative research involves analysis of numerical data.

Qualitative Research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research. This type of research is also used to uncover trends in thought and opinions, and dive deeper into the problem. Qualitative data collection methods vary using unstructured or semi-structured techniques. Some common methods include focus groups, individual interviews, and participation/observations. The sample size is typically small.

Quantitative Research is used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics. It is used to quantify attitudes, opinions, behaviors, and other defined variables – and generalize results from a larger sample population. Quantitative Research uses measurable data to formulate facts and uncover patterns in research. Quantitative data collection methods are much more structured than Qualitative data collection methods.

After much negotiation a research method was chosen. A qualitative research design was used in this study and each participant was asked to participate in semi-structured interviews. Bryman (2004) proposes that semi-structured interviews allow specific information on a research topic to be drawn upon, while also allocating flexibility and freedom of expression to both the interviewer and the interviewee. This method allowed each of the participants to present through interviews in relation to their personal views and opinions of the Residential Care system. This method will also enable each participant to reflect on their experiences and talk about their views of the residential system. In this study the researcher aspires to understand the participants' experiences of the Residential Care system.

Participants

For the purpose of this project, there were minimum requirements for each of the participants. Each participant was required to have at least one year of previous experience in Residential Care, this guaranteed that each participant would have a broad overview of the Residential Care system. Due to the ethical considerations surrounding this project each participant could not be currently working in

Residential Care. Finally, for the purpose of the project both convenience sampling and snowball sampling was used. Snowball sampling is where research participants recruit other participants for a study. It is used where potential participants are difficult to find. It's called snowball sampling because once you have the ball rolling, it picks up more participants along the way and becomes larger and larger. Snowball sampling is a non-probability sampling technique. Snowball sampling consists of two steps; to identify potential subjects in the population. Often, only one or two subjects can be found initially and to ask those subjects to recruit other people. Participants should be made aware that they do not have to provide any other names.

Through contacts in the Child and Family Agency, an information sheet on the study was distributed, and this was forwarded to potential participants. All of the participants were female. Each of the participants are either Social Workers or Social Care practitioners.

Materials

In this section the materials used in the process of the study will be discussed. A questionnaire was devised to receive information about the experiences of the participants in Residential Care. The questionnaires main focus was to gain an insight into the experiences of each participant while working in the area. An information sheet was given to each participant to inform them about the study. Consent was obtained from each participant. All the interviews were recorded with the permission of each participant. A Dictaphone was used to record each of the interviews. This guarantees exact information was taken from each interview. Each interview was transcribed and typed.

Procedure

To receive the relevant information from the participants a narrative method had been chosen and interviews had been conducted. Overall, there are five interviews were conducted. The interviews were semi-structured face to face interviews. These

interviews commenced during April 2016. These interviews were carried out in Athlone Institute of Technology, this location was suitable for all participants. Each participant informed me of a time and date that suited them. The interviews were held in a room that had been booked by the researcher prior to the interview date. At the beginning of the interview the participants were reminded of the aims and objective of the study. As the interviews were semi-structured the length of each interview varied. The interview was made up of ten core questions that were approved with the researcher's supervisor. Each of the participants were offered a copy of the final transcripts when they were complete. Each participant was guaranteed confidentiality with an assurance that no identifying information would be used in the final study. The participants were also informed that anonymity was upheld, all information from the interviews would be kept in a locked safe and the computer file would have a password to protect them. A pilot study was conducted and the finding did form part of the main body of research. The pilot study was useful to the researcher as it allowed her to gain experience in organising the interviews and to experience limitations involved. It also enabled the researcher to test questions that were previously devised and to adjust them.

Data Analysis

Prior to typing the transcripts, they were read repeatedly to seek emerging themes and to become familiar with the data. Thematic analysis was used to analyse the information gathered (Gillham, 2005). This involves coding which refers to the creation of categories in relation to data. The answer for each individual question by each participant were analysed beside each other to categorise they important themes.

Ethics

Prior to commencing the study, the research proposal was required to be approved by the ethics committee at Athlone Institute of Technology. After the initial submission the researcher had to submit another proposal form after making alterations. Each of the participants were supplied with voluntary consent forms and

information sheets. These form included information on the study and any possible risks were outlined. The researcher also stated each participant could terminate the interview at any stage.

Duty of Care

To prevent distress the researcher will be careful to only ask about issues related to the specified objectives of the study. It is not expected that the questions will cause undue distress. However as a precautionary measure, a number for a counselling service will be provided by the researcher in the event of the participants becoming distressed.

Issues of confidentiality and anonymity are extremely important. All participants will be anonymous and their data will be confidential. I will reassure them personally about these issues of confidentiality and anonymity and I will answer any questions they may have in relation to the study.

Reliability and Validity

“Reliability and validity are tools of an essentially positivist epistemology.” (Watling, as cited in Winter, 200, p. 7) Wainer and Braun (1998) describe the validity in quantitative research as “construct validity”. The construct is the initial concept, notion, question or hypothesis that determines which data is to be gathered and how it is to be gathered. This was a small scale study with a small number of participants. The use of triangulation, having the opinions of both social workers and social care practitioners strengthens the validity of the study.

Limitations of the study

To improve the quality and service, research similar to this study is vitally important. From exploring the effectiveness of Social Workers and Social Care practitioners, the researcher can also give a clearer understanding of Residential Care about the issues of children. To develop the quality of life for children and young people in Residential Care continuous inspections must be carried out in all Residential Care units. This is a small qualitative study that explored the views of Social Workers and Social Care practitioners and to provide a complete overview of working in Residential Care a large scale study would be necessary.

This small narrative qualitative study included five semi-structured interviews that enabled an in-depth examination of the main research question. The researcher used a set of core questions and also probing questions, this allowed the researcher to ask further questions about the research topic to receive a deeper insight and a stronger understanding of the participant's answers.

The researcher is aware of the limitations in qualitative research. Limitations in research can arise from ethical considerations. Initially, the researcher attempted to interview after care workers. However, ethical reasons were an issue and it was proved unmanageable due to the short period of time the researcher had to complete this study. The researcher wanted to interview children about their perception of living in Residential Care, however due to time limitations and ethical considerations it was not viable to do so.

Conclusion

To conclude, the methodology section was applied to gather and analyse the Participant 4 research data. The research design and the materials used were defined. The participants were outlined and the procedure followed was drawn upon. Then the ethical considerations were explained. Finally, the reliability and validity was reviewed. In the following section the findings of the research and the themes that arose from the interviews are elaborated.

Section Four: Findings

Introduction

This section of the study will present the findings of the qualitative study which explored the experiences of Social Workers and Social Care practitioners. This section discloses the findings based upon the research question and the three main objectives. A thematic analyse will be used to analyse the findings. The objectives of this study are to explore Social Workers and Social Care practitioner's perspectives of Residential Care. To explore Social Workers and Social Care Practitioner's views on the effectiveness of Residential Care and finally, to identify recommendations for future practice of Residential Care.

Characteristics of Sample/ General Details

<u>Participants</u>	<u>Qualification</u>	<u>Type of Residential Care</u>	<u>Duration working in Residential Care</u>	<u>Capacity</u>	<u>Experience</u>
Participant 1	Social Worker	Open Residential	10 Years	House Parent	Negative
Participant 2	Social care practitioner	Open Residential	2 Years	House Parent	Negative
Participant 3	Social care practitioner	Secure Unit	10 Years	Manager	Positive & Negative
Participant 4	Social care practitioner	Open Residential	11 Years	Manager	Negative
Participant 5	Social care practitioner	Open	5 Years	House Parent	Negative

General Details of Participants

The interview process consisted of five participants who had previously worked in residential care. Each of the participants spent varying lengths of time working in the area. It is evident from their experience that each participant had different roles whilst working with children in care. Four out of the five participant had negative experiences, however one participant explained that he had both a positive and negative experience.

The themes that re-occurred from the semi-structured interview questions are as follows:

1. The participant's personal experiences in Residential Care
2. The participant's role whilst working in Residential Care
3. The participant's perceptions of the effectiveness of Residential Care
4. The participant's perceptions of supports for both staff and for the children
5. The importance of relationships between social workers/ practitioners and children

To Explore the Participants Experience of Residential Care

When the participants were asked about their views of their personal experience in Residential Care a similar theme occurred from each participant. However, there was a mixture of views of Residential Care. Four of participants agreed that they experienced negative experiences whilst working in the area, however, the remaining participant agreed the he had both positive and negative experiences. These narratives are explained below.

Overall, each of the participants agreed that they felt burned out. Participant 1 announced *"I didn't like it, to be honest. It was an all-round bad experience for me. I was really burned out after a few years. I worked 24 hours sometimes and I was emotionally exhausted"*.

Participant 2 stated *"It was an extremely difficult experience. "You were threatened on a daily basis and you were physically abused sometimes and to be honest". I didn't feel safe in there with the kids, and I became burned out"*.

Participant 3 revealed there was at times some positives, although he also explained *“their certainly was a negative aspect.* Participant 4 made a similar point to

Participant 3

“There were positives some days, but, the negatives outweighed those most of the time. All the staff were burned out, because they wanted to do the hands on work, but they were so overloaded with paper work. “Trying to find a balance was difficult”.

Participant 5 said *“I just found it hard to work in that sort of environment” “It was a tough one, all my collages felt burned out to a certain extent”.*

Participant’s Perceptions of their Role within Residential Care

- Report Writing
- Preparing Meals
- Cleaning
- Taking children to appointments

When asked about their roles whilst working in the area. One of participants said that it was

“To be a house parent to the children and to keep them safe and healthy”.

However, the majority of participants said their role was varied, and some days their main duty was dealing with the challenging behaviour. One participant stated *“Sometimes it was frightening and the behaviour was really violent”.* Another participant said

“My role was to act as a parent and prepare meals and take the children to their appointments, but report writing and cleaning took up a lot of my time too.”

Participant 3 Stated *“One day it could be cooking, another day it was out looking for the child that was missing, another was spent with the Gardaí answering questions about some child”.* Another participant said their role was to

“Keep the children of the same family together and to give them a permanent home.

The final participant stated *“Well I had no training at the time, so my duty was to basically look after their well-being and just to do the school runs, bringing them to their appointments, cooking and cleaning”*.

Participant’s Perceptions of how Children Come into Residential Care

When asked about how children end up in Residential Care, the participants gave a wide range of responses. These themes are summarised below:

- Abuse
- Neglect
- Substance abuse
- Alcohol abuse
- Violence

A dominant theme that emerged from the interviews was that participants witnessed that substance abuse; neglect and violence were the main reasons for children coming into care. Overall the participants agreed with this. Participant 1 explained *“Children end up in care for a lot of different reasons actually. Especially substance abuse, that was a big one and Sexual abuse, things like; domestic violence too was a huge issue within families. Plus, sometimes foster care wasn’t even considered and I think to be honest Residential Care should be a last resort”*.

Participant 2 agreed that sexual abuse, domestic violence, parents not being able to control their children’s behaviour and alcohol abuse were the reasons why children came into the care system.

“I tried to support the children that was abused, damaged, and neglected within their homes. But they needed therapeutic interventions for the reasons why they come into care”.

Another participant stated *“Some through neglect, some through basically committing very serious crimes against other young people or against older people. But mostly for neglect and abuse, these were the big ones in my day. “There was kids there who were as old as 17, who should have never been there, they were so violent and of course they led the younger ones a stray and the majority of the team wasn’t even trained in how to handle certain situations”*.

Participant 4 revealed

“It was mostly referrals in relation to drugs and alcohol, and parents not being able to look after their children”.

“Different types of abuse and neglect were other factors as well”.

Participant 5 stated *‘It was drugs, mainly. “Well addictions were the main cause”.*

Participant’s perceptions of the effectiveness of Residential Care

“We measure the effectiveness of Residential Care based on the outcomes of children” (McHugh, 2016) When participants were asked if they felt Residential Care is effective for children. A similar theme emerged with each participant. All participants felt that Residential Care was not effective and the outcomes were extremely poor.

Participant 1 stated

“Largely, I don’t think it was effective, because the outcomes, generally are not good”. “But I think some of that is because Residential Care is somewhat seen as a last resort for children”.

Participant 2 revealed *“No, definitely not. “They usually end up on the streets, exposing themselves and putting themselves in danger through prostitution and things like that”.*

Participant 3 revealed *“No Residential Care is not effective and I think it’s a costly process”. However, having said that it worked for some children but unfortunately it didn’t for the majority.*

Participant 4 explained *“Well, there were no good outcomes as far as I am aware. A lot of the children I actually worked with ended up in back at home, in horrendous situations”.*

Participant 5 had a similar reply to participant 4 and announced *“No, no. Not at all, there is no funding for the units and they don’t have the proper facilities for these troubled children.”*

When participants were asked about the supports in place for the children and for the staff all the participants agreed that there were not enough supports in place for neither themselves or for the children.

Participant 1 stated

“In terms of support, ah no, I mean the things we were exposed to every day, we needed additional supports from higher managements and external agencies”.

Participant 2 appeared as she felt that the support services for children needed to be put in earlier and explained *“Earlier intervention needs to happen and I mean as early as when the parents are pregnant their needs to be more support about the emotional development of the child and I think that is where the work needs to be done”.* *“We need to catch this when the children are babies like I said that’s when the interventions need to begin”.*

A dominant theme that emerged was the process of care planning. Four of the participants agreed that care planning is an essential process and should be complete at least once or twice annually. Participant 1 said

“Yes, it’s really important for each child to have a care plan and this should be done every few months”

Another participant agreed with participant 1 stating *“It’s vital for every child, but not every unit carries out these assessments.”*

Participant 3 agreed that is it important. Participant 4 disclosed that

“Without it, the children have no future plans, they need to know what is going to

Supports available for Staff

Another theme that was spoke about was the supports that were available for the staff and for the children in care. Participant 3 explained

“No, no definitely not. If you weren’t a regular worker, you wouldn’t get supervision and there was no support around staff when children became very violent”. If there was supports in place, my experience might have been a brighter one”.

Participant 4 agreed with participant 3 and felt that supports were very few. He revealed

“We had a lot of staff de briefings, after incidents”. “However looking back now, there should have been counselling services and other professionals on standby for all staff”.

Participant 5 made a similar reference with to their other participants, she agreed with that supports were unavailable.

Participant 1 stated *“I didn’t receive any supports anyway, whether they were available or not, I don’t know. “The children in the unit were extremely vulnerable, and the supports were not there for them either”.*

Finally, Participant 5 revealed *“No, there was no training, no support meetings or anything like that at the time and my experience may have been more positive had the supports of been in place”.*

Another dominant theme that occurred throughout the interviews was after care. Each participant spoke about the difficulty of after care. One participant revealed *“if they stayed in education they would still be funded, but if they were no longer in education, they were out on their own.*

Participant 2 spoke about the children who were still in education when they leave Residential Care.

“leaving care and after care are huge issues for the young person and they need help to overcome the fear of living by themselves with all the challenges that comes with it and having no family support”.

Participant 3 said

“In my experience after care is all about money and that’s difficult. I don’t think there is enough support services so I don’t think it is working. “It’s a working process alright, but at the moment it’s all about money”. “It’s not maintainable”.

Participant 4 stated *“I don’t know how effective it is”?* “I know social workers are stretched with paper work trying to build up a re pour is difficult. But I don’t know if it’s working or not”.

Participant 5 believed that *it’s a huge issue*. She stated *“I mean the after care workers are also bombarded with caseloads”.*

Another theme that emerged with all participants was the importance of education for children in Residential Care. Four of the five participants agreed that education is an important factor for children in Residential Care.

Participant 1 stated *“Education is massive, it’s so important but sometimes there it’s hard to find a school that will accept the children when they know about their situation”*

Participant 2 reveals *“I do think it is important because there with their own friends as well, which I think it’s brilliant. And to the child this is normal, we try to keep their life’s as normal as possible, yes.*

Participant 3 stated *‘I think all children should have the opportunity of school attendance, it is not fair to exclude the child from school because of their home situation’.* Participant 4 said *“Education is important; I suppose”.* Although all of the above participants feel that education is an important factor in the lives of children in Residential Care, another participant stated

“Yes, it’s important, but I think their emotional needs are more important and if they get their emotional needs sorted out then their education will follow next. “The kids

are so traumatised when they come into care from their life experience that education isn't actually as important as their emotional needs". "If they are emotionally stable they have more chance of wanting to do something and finding a career that's important to them".

Another dominant theme that developed by participants during the interview stage was the challenges that occurred in Residential Care. When the participants were asked about their experiences, there were a variety of responses. These themes are outlined below:

- Challenging behaviour
- Physical abuse
- A lack of training

Participant 1 revealed *"I'd have to say, a lack of training.*

Participant 2 stated *"With the young people it was about managing the challenging behaviour".*

Participant 3 stated *"Being threatened on a daily basis, being physically abused and the challenging behaviour. "The challenges outweighed the positives in there".*

Another participant revealed the stress of the job being a huge challenge. She stated *"Well, it was the stress of it all and I'd say the odd hours we had to work, there weren't really any supports in place for us". "Top management were really controlling and they had done this for years and years and years and even though times had begun to change, they still weren't changing at all".*

Finally, Participant 5 spoke about another aspect that was both challenging and frustrating. *"Not all staff was qualified, and others were not trained to work there. The challenging behaviour was a huge challenge also. It became too intense, so I had to leave".*

When participants were asked about the importance of Key working, all participants agreed that it was an essential element for children leaving in care. However, the majority of participants suggested that more time should be allocated to key working on a one to one basis.

Participant 1 said *“Yes, it’s important for the children to have a key worker, a go to person, and it is important to remember you must respect the child, and the child must respect you for this to be effective”*.

Another participant agreed with the first participants reply and discussed *“Every child needs a key worker, of course but you need a positive relationship with the child or else it’s a waste of time”*. *“For this work, to be successful, you need a good strong relationship, and we didn’t have time for that”*.

Participant 3 said

“Key working took place, but I don’t know was it effective, it was more about ticking the right boxes and we needed to form good firm relationships with the children, and that was hard when staff were more time coming and going”.

Participant 4 revealed

“Yes, I suppose but with the high staff turnover rates, it was nearly impossible to build the good trusting relationships that these children needed to ensure they had a good future although this was impossible, at times”.

Summary of Findings

Overall the Participants felt:

- Burned out
- That there was no training provided
- That there were no supports available
- That Residential Care was not effective for children
- That their job is of low status

Section Five: Discussion

Introduction

The previous chapter, discussed the key findings of the research and we now consider these results. It is important that these findings of the research be taken in the context of the small sample size used. However, although the sample is small, the rich and detailed nature of the qualitative data gives plenty of food for thought with regard to improving the outcomes for children in Residential Care. The researcher will consider these findings in relation to relevant literature in order to draw some conclusions and make recommendations.

The main aim of this research was to explore the perceptions of Social Workers and Social Care practitioners who have previously worked in Residential Care.

Discussion of findings

The research focused on the following research objectives:

- To explore Social Workers and Social Care Perspectives of Residential Care
- To explore Social Workers and Social Care Practitioners views on the effectiveness of Residential Care
- To identify recommendations for future practice of the Residential Care system

This study explored the perceptions of Social Workers and Social Care practitioners of working in Residential Care. The initial theme that was highlighted was the comparisons in the perceptions of the Social Workers and Social Care Practitioners experiences of working in the area. Despite being from a diverse range of roles in Residential Care, each participant had similar experiences. Burn out is a common theme in research of Social Workers and Social Care Practitioners. Findings from this study revealed that all but one participant had a negative experience while

working in Residential Care. *"I was frightened to go to work, and felt sick with the thought of it"*. Interestingly, each of the participants focused on the negative aspects of the job and it was evident from the findings that the majority of participants felt burned out. *"I had to pack it in, due to stress and feeling emotionally drained"* *"I was so tired, I could no longer focus on the important aspect of the job"*. The Community Care's study into burnout among UK social workers in 2015 focused on this theme. This study found that two participants felt *"emotionally exhausted"* and the Community Care study reflects this revealing that Social workers are emotionally exhausted and battling to hang onto their compassion. The Community Care study also showed that a total of 1,359 people completed burnout Inventory and 1,161 were either frontline or senior social workers. 70% of respondents had more than six years' experience. These respondents worked across all areas of social work including child protection and Residential Care. One could argue that if the Social Workers and Social Care Practitioners had such a negative view of their role, then could this transfer to the children and impact on their experience in Residential Care? This highlights to the author that there should be a time line when working in the area and ten years is too long.

Participants viewed their role of working in Residential Care as basic. Describing themselves *"as a cleaner and a chef"*. However, the role of the residential worker is much broader than this. Beedell (1970) observed that the role of residential worker is that it takes over a more or substantial part of the responsibility for parenting and promotion of children's health and well-being. Similar to findings found in this study *"to basically look after the children's well-being"*. The Wagner Report in the UK in 1988 identified 5 main functions of children's Residential Care respite care, care and control specialised treatment, preparation for permanent placement and keeping sibling groups together. Findings agree with this with one participant stating their role was to *"keep children of the same family together and to give them a permanent home"*. Another participant said their role was to *"Care for the children that couldn't receive it elsewhere"*. Holt & Kirwan (2012) stated that relationships may be a key factor in successful interventions with children in care. However, if one participants viewed herself as a basic cleaner and chef, then forming relationships with the children in her care was not on her agenda whilst working in Residential Care,

This study reveals that *“you need a positive relationship with the children you’re working closely with”*. According to de Boer & Coady (2007) the outcomes for children leaving care are linked to the quality of the key working relationships. Findings from this study show us that *“we needed to build the good trusting relationships that these children needed to ensure they had a good future”*. In addition, Boer & Coady (2007) identify characteristics of positive relationships of children leaving care and key workers include respect, acceptance, trust, understanding and collaboration. Furthermore, Cashmore & Paxman (2006) cited; Holt & Kirwan, (2012) discuss the need for young people in care to feel security, which is strongly linked with positive relationships. Although this study reported that forming positive relationships and key working is important. These aspects of the job were deemed as time consuming, and rarely took place in Residential Care. These findings are consistent with the findings of De Boer and Coady (2007) who suggest that there are many obstacles practitioners face when working in the child welfare profession. De Boer and Coady (2007) also state that Residential Care work offers unique challenges to the development and maintenance of positive relationships. Even though there is a high amount of evidence regarding the importance of quality relationships for young people in Residential Care, research has also identified the barriers to building these positive relationships. According to Byrne & McHugh (2004) key working involves mutual trust & respect. This is similar to the findings of this study with one of the participants stating *“You must respect the child, and the child must respect you for this to be effective”*. Difficulties such as these may contribute to the fact that many disagree with the ethos of Residential Care.

Objective two explored the effectiveness of Residential Care. Literature and findings from this study highlight poor outcomes for children in care. Stroul & Friedman, 1986 cited; Sigrid (2012) outlines that care is very costly with limited scientific evidence for its effectiveness. Findings were similar in this study *“I think it’s a costly process”*. However, having said that it worked for some children but unfortunately it didn’t for the majority”. Reid, (2003) revealed serious deficiencies in the Irish childcare system, with a lack of proper facilities to deal with the most vulnerable and troubled children. As a result, some children had to be held in adult prisons, and mental hospitals. This

research is similar with another finding in this study with one participant stating “*there is no funding for the units and they don’t have the proper facilities for these troubled children*”. The Community Care study also revealed that sexual abusers are benefiting from “exploiting weaknesses” in Residential Care. As a result of this children are at greater risk of sexual exploitation. Findings from this study reveal “*They usually end up on the streets, exposing themselves and putting themselves in danger through prostitution and things like that*”.

Research highlights that Residential Care be deemed as “*the last resort*” for children. Smith, (2009) believes that this “last resort” status of children's care homes means that some of society's most vulnerable and troublesome young people with more challenging behaviours, can present a struggle for care workers to sustain the group experience as a positive one. In comparison Barth, (2002) believes that it is theoretically intended as a placement of last resort as a response to characteristics or psychosocial problems that cannot be addressed in less restrictive family based settings. In addition to the loss of a natural family setting, children may also be missing out on the important role of other social institutions such as school.

The importance of education in care was an additional theme that emerged. This study shows that education is a huge aspect of every child’s life. Sharpe (2008) agrees with this and states that each child in care should have access to the same opportunities as all other children. However, a significant amount of children in Residential Care do not attend school on a full time basis and are provided with only part time education. Sharpe, (2008) suggests that insufficient resources are provided for these children. Research from this study reveals that “*Education is massive, it’s so important but sometimes the units don’t have the resources that the children require, and it’s hard to find a school that will accept the children when they know about their situation*” A study undertaken by Gilligan, (2013) suggests that relevant departments should collaborate on preparing training materials for social workers, carers, foster parents, teachers and school management, to help them deal with educational issues that can arise for children in care. However, this raises the question of; how can these individuals prepare training materials when they are not receiving adequate training themselves? The National Standards (2001) for

Children's Residential Centres revealed that there should be effective on going staff training for the care and education of staff in every Residential Centre (DoHC, 2013).

This may explain why training came up as an additional theme. The majority of participants explained how they had not received adequate training and this was a huge challenge that was difficult to overcome. This was evident in the (HIQA, 2012) report which found that vital training had not been provided, and this was obvious in many Residential Units. Furthermore, the report found that practitioners participated in crisis management training but no training was undertaken. Additionally, the report showed that more intensive residential support and special care places are required with practitioners. This poses a wide range of skills and expertise to meet the needs of the children availing of the child care system (HIQA, 2012). Issues with training fed into the subsequent theme of support or lack of.

When participants were asked about the supports that were available for them. Findings concluded that there was no support available whilst working in the area. Mainey (2003) & Ainsworth (2005) reveal that limited support has been identified as a contributing factor to job dissatisfaction. The UK study was carried out and Mainey (2003) revealed that 47% of staff indicated that they were dissatisfied with their jobs. In comparison, this study shows that all but four participants had negative experiences and were dissatisfied with their jobs due to the lack of supports from higher management and other agencies. One participant explained that "*support was not available to me or anyone that I worked with*". One could conclude that having no support service available and the lack of adequate training could lead to practitioner having negative experiences.

Williams & Lalor, (2000) revealed that a study of children's homes in Britain reports that the inferior status associated with residential childcare work been regularly linked with a lack of staff training and professional qualifications. In comparison to the findings of this study each of the participants said that they had not received any relevant training. Sigrid (2012) believes that inadequate training can cause concerns for children's safety. Findings from this research showed that two participants felt that their job as a Residential Care practitioner was of low status when compared to social workers. Similar to this Berridge and Brodie, (1998) revealed that care workers

in children's residential units are viewed as babysitters or "social workers in slippers" p. 135.

Gilligan (2008) cited in; Holt & Kirwin (2012) describes the provision for care leavers as neglected, with regard to the absence of a clear legislative requirement for the provision of aftercare services, the ad hoc and inconsistent manner in which aftercare services have developed. This study also reflects this *"There's no proper legislation, well there wasn't in my time, and I think the after care service is unreliable if the young person is out of education"*. Further research conducted by an independent association (Epic, 2011) describes the provision of aftercare throughout Ireland as inconsistent, ad hoc and focuses more on the where the young people live rather than their needs. It is evident from these findings *"that aftercare service is inconsistent and from my experience there is no actual legislation"*.

The use of a care plan may perhaps contribute to the awareness of children in care. A study carried out by Mcvoy & Smith (2011) found that care plan reviews needed to be more often than every 6 months because *'things change very quickly when you are in care'*. Findings from this study reveal that four of the five participants agree that care plans should be carried out twice annually. Another participant revealed that *"Not every unit that I worked in carried out these assessments"*. However, Statistics from Tusla (2012) *Child & Family Agency*, in October 2013, of the 5,886 children in care 90% had a written care plan in place. (Source: HSE Monthly Performance Report). This is a positive finding for Residential Care units across Ireland. A care Plan is essential for each young person in care. Care Planning maps out the young person's future and gives them an idea of what will happen when they leave the care system.

When asked about the transition of young people leaving care. Research suggests that the point of transition from Residential Care is a particular point of change in the life of a young person. This transition requires the young person to negotiate through a period of significant adaptation and all the challenges that moving towards living alone can pose. This finding is similar to the findings from this research *"Leaving care and after care are huge issues for the young person and they need help to overcome the fear of living by themselves with all the challenges that comes with it and having no family support"*.

Conclusion

This chapter considered Social Workers and Social Care Practitioners views of Residential Care. The participants viewed their role as very negative and they each spoke about their role and not about a place to care for children. How can these children be receiving the highest quality of care if the staff are feeling burned out and emotionally exhausted? In addition, if staff are not receiving the adequate training, how can they deal with the everyday difficulties that arise in Residential Care? Ryan, (2012) believes that only fully qualified professionals can ensure that children in residential child care are given best chances in life in a safe, nurturing environment. However, HIQA, (2012) carried out a report on staff training in 2012 and this report established that ongoing training was not provided to practitioners. Clarke and Eustace (2010) point out that if the practitioners within residential child care do not possess the appropriate qualifications, the children and young people availing of the service may not be receiving the appropriate care and affection that they need and deserve. Davidson (2010) argues that children in residential settings deserve the highest quality of care. This could be due to Social Workers and Social Care Practitioners being emotionally exhausted and feeling burn out.

Evaluation of Method and Limitations of study

To improve the quality and service, research similar to this study is vitally important. This is a small scale study. From exploring the effectiveness of Social Workers and Social Care practitioners, the researcher can also give a clearer understanding of about the issues of children in Residential Care. To develop the quality of life for children and young people in Residential Care continuous inspections must be carried out in all Residential Care units. This is a small qualitative study that explored the views of Social Workers and Social Care practitioners and to provide a complete overview of working in Residential Care a large scale study would be necessary.

This small narrative qualitative study included five semi-structured interviews that enabled an in-depth examination of the main research question. The researcher used a set of core questions and also probing questions, this allowed the researcher to ask further questions about the research topic to receive a deeper insight and a stronger understanding of the participant's answers.

The researcher is aware of the limitations in qualitative research. Limitations in research can arise from ethical considerations. Initially, the researcher attempted to interview after care workers. However, ethical reasons were an issue and it was proved unmanageable due to the short period of time the researcher had to complete this study.

Section six: Conclusion and Recommendations

Conclusion

In this section the overall conclusion and recommendation of the study will be drawn. The purpose of the study was to explore Social Workers and Social Care practitioner's perceptions of working in Residential Care. The researcher hopes that this research will add to the existing body of knowledge. From including Social Workers and Social Care practitioner's views and opinions, this may lead to higher standards of care being provided for all children in Residential Care.

As mentioned earlier, this is a small scale study. Additional research needs to be undertaken to receive a deeper insight from Social Workers and Social Care practitioners.

This study showed that each participant found that it was a difficult area to work in due to the lack of support for the staff and also the lack of training. This study also showed that all participants had experienced burnout and felt emotionally exhausted. A lack of research has been conducted regarding the area of Residential Care. From conducting the primary and secondary research, the researcher accepts that it is essential that there is further research conducted in both Ireland and other Countries to establish why there is limited supports for staff and to discontinue staff from feeling emotionally exhausted.

Recommendations and practice policy of research

When additional research is being conducted children should be included as part of the research.

To improve the Residential Care system children need additional supports.

Staff need to become more aware of children's needs.

Children's voices and opinions need to be heard regarding their choices.

Additional supports need to be implemented to ensure that the staff are receiving sufficient supports when they are required.

Policies and procedures need to be implemented in Residential Care to introduce mandatory training.

Reference List

Ainsworth, F (2005). A dream come true- no more Residential Care. A corrective note. *International Journal of Social Welfare*.

Biehal et al. 1995; Mendes and Moslehuddin (2013) Residential Childcare: The Experiences of Young People in Bangladesh. Available at:
<http://www.thetcj.org/child-care-history-policy/residential-childcare-the-experiences-of-young-people-in-bangladesh>

Bryman, A. (2004). *Social Research Methods*. Oxford: Oxford University Press.

Burns, K., and MacCarthy, J (2012). An impossible Task? Implementing the Recommendations of Child Abuse Inquiry Reports in a Context of High Workloads in Child Protection and Welfare. *Irish Journal of Applied Social Studies* 4:12, pp. 25-37.

Cahill, Holt, & Kirwan (2012). Children and Youth Services Review, Key working in residential child care: Lessons from research. Volume 65 Pages 216–223.

Calheiros & Patricio (2012). Assessment of needs in Residential Care: Perspectives of youth and professionals. *Journal article of family and social studies*. Springer

Carrà, (2014). Residential Care an effective response to out-of-home children and young people. *Child & Family Social Work*, 19: 253–262.

Clarke, A., AND Eustace, A. (2010). Thematic Analysis of Irish Literature on Children in Detention and out of home Care in Dublin. Dublin

Cooper (2015) in Adults, Caseloads, Children, Honesty, Stand Up For Social Work, Stress, Supervision, Workforce Available (Online)
<http://www.communitycare.co.uk/2015/07/14/social-workers-on-the-edge-of-burnout-but-still-achieving-positive-changes/>

Darmody, McMahon, Banks, Gilligan, (2013). Education of Children in Care in Ireland. Children's Research Centre, Trinity College. Commissioned by the Ombudsman for Children

Davidson C, J. (2010). Residential Child Care: Priority Areas for Change. Wiley Online Library,

De Boer & Coady (2007). Good helping relationships in child welfare: Learning from stories of success *Child and Family Social Work*, 12 (1), pp. 32–42

Department of Children and Youth Affairs (DoCYA) (2014). Residential Care.

Available at:

http://www.dcy.gov.ie/documents/publications/National_Standards_for_Childrens_Residential_Centres.pdf

Doyle, (1989). *Suffer little Children*. The God Squad: Ravin Arts Press Edition Published.

Golafshani (2003) Understanding Reliability and Validity in Qualitative Research

Graham, (2005). Attachment Theory and Wellbeing for the Young Person in Residential Care: the Provision of a Second Chance Secure Base for the Child in Crisis, *Relational Child and Youth Care Practice*, Vol.19, (1), (ONLINE) Available at: <http://arrow.dit.ie/cgi/viewcontent.cgi?article=1017&context=aaschsslarts>

Gupta & Blewett (2007) Change for Children? The challenges and opportunities for the children's social work workforce. *Department of Health and Social Care, Royal Holloway*.

Health Information and Quality Authority (HIQA) (2012) Annual Report. Available at: <https://www.hiqa.ie/publications/annual-report-2012> Last Accessed 20/05/2015

Health Information and Quality Authority. 2013

Hutchinson, Paula (2001) "A Review of *Suffer the Little Children* by Participant 4 Rafferty and Eoin O'Sullivan (1999) Dublin, New Island Books," *Irish Journal of Applied Social Studies*: Vol. 2: Issue. 3, Article 11. Available at: <http://arrow.dit.ie/ijass/vol2/iss3/11>

Kendrick, (2003) *International Encyclopaedia of the Social & Behavioural Sciences (Second Edition)*, 2015, Pages 534-539

Kendrick, (2003) Not Too Bad. Job Satisfaction and Staff Morale in Scottish Residential Child Care. *Scottish Journal of Residential Child Care*.

Kidd-Keating, Jennifer (2009) "Residential Child Care and Its Alternatives: International Perspectives (Peters, F. (ed), 2008: Book Review," *Irish Journal of*

Applied Social Studies: Vol. 9: Issue. 1, Article 11. Available at:

<http://arrow.dit.ie/ijass/vol9/iss1/11>

Kilkelly, Ursula (2012) "Learning Lessons from the Past: Legal Issues Arising from Ireland's Child Abuse Reports," Irish Journal of Applied Social Studies: Vol. 12: Issue. 1, Article 2. Available at: <http://arrow.dit.ie/ijass/vol12/iss1/2> Last Accessed; 16/05/2016

Kilkenny, M. (2012). The Transition to Adulthood and Independence: A Study of Young People Leaving Residential Care. Philosophy Dissertation. Dublin Institute of Technology, Ireland.

Lalor, K. & Share, P. (2013). Understanding social care. In K. Lalor and P. Share Applied social care: An introduction for students in Ireland (3rd edition, pp. 3-18). Dublin: Gill and Macmillan

Mainey, A (2003). Better that you think; Staff Morale, qualifications and retention in residential child care. London.

McEvoy O; Smith, M (2011) 'Listen to Our Voices Hearing Children and Young People Living in Care of the State' Department of Children and Youth Affairs. (DoCYA) Available at:

http://www.dcy.gov.ie/documents/publications/LTOV_report_LR.pdf

McKellar & Kendrick (2013). – Vol.12, Key working and the quality of relationships in secure accommodation. Scottish Journal of Residential Child Care ISSN 1478-1840
McKellar, & Kendrick, (2013). Key working and the quality of relationships in secure accommodation Scottish Journal of Residential Child Care Vol.12, No.1 (ONLINE)
Available at: <http://www.celcis.org/media/resources/publications/2013-vol12-no1-mckellar-keyworkingand.pdf> Last Accessed; 01/05/16

Mota & Matos, (2015). Does sibling relationship matter to self-concept and resilience in adolescents under Residential Care? Children and Youth Services Review. Pages 97–106

NISW Staff, (1988). The Wagner Report. Report of the independent Review of Residential Care. A positive choice. National Institute for Social Work. Available (Online) www.psi.org.uk/publications/archivepdfs/Elderly/TAB12.pdf · PDF file

O'Sullivan, E (1965-2008) Residential child welfare in Ireland: An outline of policy, legislation and practice: A paper prepared for the Commission to Inquire into Child Abuse.

O'Sullivan, E. (2010). *Residential child welfare in Ireland, 1965-2008: an outline of policy, legislation and practice: a paper prepared for the Commission to Inquire into Child Abuse*. Available at: <http://www.childabusecommission.com/rpt/04-04.php> (Last accessed: 13th January 2016).

On the edge. Social Care and Child Welfare in Ireland: Integrating Residential Care, Leaving Care and Aftercare'

Raghalligh, M (2013). *Foster Care and Supported Lodgings for Separated Asylum Seeking Young People in Ireland: The views of young people, carers and stakeholders*. Dublin: Barnardos.

Reid, (2003). Weaknesses remain in our childcare system, *The Irish Times*.

Sharpe, (2008). "Residential Child Care Can Do with All the Assistance It Can Get," *Irish Journal of Applied Social Studies*: Vol.8: issue. 1, Article 3. Available (Online) <http://arrow.dit.ie/ijass/vol8/iss1/3>

Sigrid, (2011). What works in Group care? – A structured Review of Treatment Models for Group Homes and Residential Care. *Child Youth Service Review*. HHS Public Access.

Smelser, Neil J, and Paul B Baltes. *International Encyclopedia of the Social and Behavioural Sciences*. Amsterdam: Elsevier, 2001. Print.

Task force on child care services: final report Lenus, The Irish Health Repository (HSE) Health Service Executive.

The Qualitative Report Volume 8. Available at: <http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf>

Tulsa (2012). *Review of adequacy for HSE children and family services 2012*. PDF (Online) Available at:

http://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fwww.tulsa.ie%2Fuploads%2Fcontent%2FREVIEW_OF_AD_EQUACY_2012_FINAL_signed_by_GJ_amended_26_06_2014.pdf&ei=mu9cVNmhHq-V7Aaj6lCgBw&usq=AFQjCNGggcFhrhnpdJtBSUQo3RDIVOX5Mg&bvm=bv.79184187,d.ZGU (Last accessed; 5th February 2016).

Williams & Lalor (2001). Obstacles to the professionalization of Residential Child Care Work, *Irish Journal of Applied Social Studies*. Volume 6. Issue 3. Available at: <http://arrow.dit.ie/ijass/vol2/iss3/6>

Williams, David and Lalor, Kevin (2001) "Obstacles to the Professionalization of Residential Child Care Work," *Irish Journal of Applied Social Studies*: Vol. 2: Issue. 3, Article 6. Available at: <http://arrow.dit.ie/ijass/vol2/iss3/6>

Winter, (2015) IRISS supporting positive relationships for children and young people who have experience of care. Institute for Research and Innovation for Social Services. Queens University Belfast.

Appendices

Appendix 1 – Information Letter



I am currently completing a research project as partial fulfilment of the Master's Degree in Child and Youth Care in Athlone Institute of Technology. I am recruiting participants and I am wondering if you would possibly know anyone who may take part. My aim is to explore the perceptions of Social Workers and Social Care practitioners who have previously worked in Residential Care.

If you agree or if you know of anyone who may agree to take part, I will ask a list of questions about your personal views of working in Residential Care. Participants will also be asked about their views on the effectiveness of Residential Care. Finally, participants will be asked about recommendations for future practice of Residential Care. The duration of the interview will be 30 minutes and will take part in a location that suits the participants.

During the interview session I will be audio recording the full conversation. If you do not approve of this, I will take notes.

Your identification will be protected throughout the entire interview process. The name of the agency you worked in will not be recorded.

If you agree to take part, please read and sign the consent form below.

If you have any questions, please do not hesitate to contact me directly – (Karen Finnerty)

085-234-878-3

Appendix 2 - Consent Form



I agree to take part in this narrative study on social workers and social care practitioner's perceptions of Residential Care. I will take part one I am not identified in the report and the agency where I worked previously will not be named. I am fully aware that I can change my mind at any stage during the study.

Signed

Date

I agree to the session being audio recorded Yes ___ No ___

Signed

Date

Appendix 3 - Consent Form



The narrative study will explore the perceptions of social workers and social care practitioners who have previously worked in the area of Residential Care.

For the purpose of this research please sign below to verify that you are no longer working with children in care or with Tusla. The narrative study will explore the effectiveness of Residential Care for children and identify recommendations for future practice of Residential Care.

Kind Regards,

Karen Finnerty.

Masters in Child and Youth Studies – (Athlone Institute of Technology)

Please verify – I am no longer working with Tusla or with children in Residential Care ____

Sign

Date
