

Athlone Institute of Technology

Working in Residential Care. Residential workers views - A Narrative Study

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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 institute or university.

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Abstract

This study sets out to explore residential care workers views of their time spent in residential childcare. The study adopted three main objectives. Firstly, to explore staff views on their experience working in the residential childcare system. Secondly, to identify the challenges that workers experienced while working in residential childcare. Finally, to examine the potential opportunities in the residential childcare system for both workers and children.

This was a narrative study. A qualitative method of data collection was chosen for this study. Interviewees were well suited to the study as they were professionals that had previously worked in the residential childcare system. The participants were all from the Athlone and Galway region. The study was comprised of five semi-structured interviews. The sampling method that was used was 'snowball' sampling, this enabled the researcher to successfully access professionals that were willing to share their experience of working residential care.

The main findings of the study are as follows: according to professionals, residential childcare has both positives and negatives. All participants found it rewarding working in residential care but due to the challenges in residential care all staff experienced burnout, which resulted in high turnover rates. Concerns were raised about the lack of opportunities in the residential childcare system. From the data it emerged that the opportunities for children in residential care are endless, however all participants agreed that they felt the support was not there for the children when they left residential care.

The findings from this study have led to recommendations for future research. When staff turnover rates are high, it results in implications for both children and staff. The researcher believes a more specific Irish study on high turnover rates in Ireland needs to be conducted to establish why staff are leaving residential childcare.

Section 1: Introduction

Introduction to the study

Residential childcare is a service that provides out of home care for children. The service intends to provide a safe and secure environment that is nurturing for children. Children stay in residential care when they are unable to remain in their family home for whatever reason. The service caters for each child's individual needs, with particular focus on their physical, emotional, educational, spiritual and social needs. In recent years, the system has undergone major legislative and economic change. Despite the challenges that the system endured, residential care has remained an important service for children. To date over three hundred and fifty children remain in residential care. However, limited research exists pertaining to staff views in this area.

Purpose of Study

This study is a qualitative study which sets out to explore the views of five residential care staff who have previously worked in the sector. By listening to staff that have worked in the residential care sector, valuable recommendations can be obtained, which could result in improved services for both children and staff. Therefore, this study aims to explore staff's views of the residential childcare system. The specific objectives of this study are:

- To explore staff views on their experience working in the residential childcare system.
- To identify the challenges that workers experienced while working in residential childcare.
- To examine the potential opportunities in the residential childcare system for both workers and children.

This study is comprised of six different sections. The first section outlines the study. Section two reviews secondary research on the area of residential childcare. Section three will outline the rationale for the study and the methodology that was used will be discussed. In section four the findings of the study will be presented. Section five will discuss the primary and secondary research. Finally section six will conclude the study and will point out some significant recommendations.

Section 2: Literature Review

Introduction

Residential care has significantly changed over the years, during this time there has been substantial challenges that residential care workers had to deal with. In recent years residential care staff had to deal with the impact of public inquiries. These inquiries led to developments in legislations. The new legislations developments introduced new opportunities for change. These changes had both positive and negative effects on staff. This section discusses research evidence on the challenges and opportunities in residential care.

Overview of Residential Childcare

Residential child care in Ireland is comprised of different models of care for several groups of children and young people (Kilkelly, 2007). These consist of mainstream residential, High support and Special care units. Residential care today is defined as *'round-the-clock care provided for young people who have been placed in the care of the state for a period of time'* (Behan, 2014, p.164). Residential care offers support to children that are most vulnerable . Like many forms of care, residential care has its positives and negatives (Kiraly, 2001). According to Winchester (2000, cited in; Mainey 2003) the majority of staff in residential care find it satisfying, however they gradually become frustrated by the challenges in the sector.

Mainstream residential care settings cater for the majority of children that are placed in residential care (DoYCA, 2014). In mainstream care homes children attend local school and can participate in local sporting and community activities (Kilkelly, 2007). All children are allocated a key worker and staff work on a shift system (DoYCA, 2014). High support units are intended to provide care and accommodation to children who show difficult and complex behaviour (Kilkelly,2007). Kilkelly (2007) states, that the units are there to accommodate these children with extra support and specialist involvement which they would not receive in a regular residential care setting. This support can be offered onsite by specialist staff (Lalor and Share, 2013). Special Care units provide secure care to children for a short term basis; children are unable to leave the facility whenever they wish to (Kilkelly, 2007). Special care units present the child with suitable interventions which are built on

relationships, positive reinforcements and containment (CAAB, n.d. In: Lalor and Share, 2013). Children can only be placed in these units when they are detained under a high court order which is in the best interests of their own safety and welfare (Lalor and Share, 2013).

<u>In Care of the Child Welfare system 2014</u>	<u>Numbers</u>
Foster Care	4528 Children
Mainstream Residential Care	341 Children
Special Care unit	16 Children
High Support unit	3 Children

(Department of Children and Youth Affairs, DoYCA, 2014)

It is evident from the table above that foster care is usually seen to be the preferred method of care for children in Ireland (Department of Children and Youth Affairs, DoYCA, 2014). Raghalligh (2013) attributes this to the ideology of the family which views foster care as the preferred option for children. However recent evidence indicates that for some children residential care is the preferred and most effective response (Kilkelly, 2007). This is evident in the Health Information and Quality Authority (HIQA) report (2012), that many children prior to being placed in residential care experienced many foster placements. Children find it difficult to settle into residential care but when children are given a choice they often state they prefer residential care to living with a family that are not their own (Kiraly, 2001).

In Australia, the preferred method of care is foster care, the aim of this is to decrease the scope of residential childcare to the smallest size possible (Department of Human Service, 1997; cited in; Kiraly 2001). In the United Kingdom and United States the movement away from residential care started many years earlier than Australia, there has been a move to improve the status of residential care and reaffirm the role of residential care as a positive choice by addressing the concerns about its quality that may remain (Kiraly 2001). Regardless of where residential care stands in the spectrum, at all times quality residential care is crucial for all young children (Mainey, 2003). The numbers in residential childcare has decreased, since 1990s, when there was 756 children in residential care (Clarke and Eustace, 2010). Similarly, in the UK, the number of children in residential homes has also significantly

reduced in previous years, foster placements in England now significantly outnumber residential placements (Chakrabarti & Hill, 2008).

Policy and Legislation

In Ireland, since 1st January 2014 a new governance relationship has been established, residential care homes are now ran by Tulsa- Child and Family Agency, or by a private or voluntary company (Department of Children and Youth Affairs, DoCYA, 2014). Current policy in this area, indicates that all settings whether they are private or voluntary are inspected by the HSE. It is imperative that the settings meet the requirements that are laid out in the *National Standards for Residential and Special care units*. The *Children's First Guidelines* must also be obeyed in all residential care settings. From 2012 onwards, there are additional standards that residential settings must adhere to; The *National Standards for the Protection and Welfare of Children* (Tulsa, 2012).

In Ireland, the first inclusive piece of legislation relating to the welfare of the child was the *Child Care Act 1991* (Courtney & Iwaniec, 2009). It raised the legal age of a child from 16years to 18years, and outlined the responsibility the state has towards children (Mainey, 2003). The act promotes the welfare of the child is of paramount importance and states that regular inspections must be carried out on residential childcare homes (Courtney & Iwaniec, 2009). The Social Services Inspectorate is liable for inspecting residential centres that are operated by the Health Boards (Department of Health and Children (DoHC, 2001).

The *National Standards* for children's residential care was adopted by the HSE in 2001 (DoHC, 2001). These standards apply high quality care for children, however they are not legally binding (DoHC, 2001). The standards set out the appropriate qualifications and staffing that should be adhered to in all settings (Courtney & Iwaniec, 2009). The standards state that there should be support mechanisms in place for staff at all times (DoHC, 2001). All settings are required to adhere to these standards, however a recent HIQA report (2012) expressed concern with the number of standards that are not being adhered to, which is in some cases putting children at risk. HIQA report (2009) stated, 390 recommendations were made by inspectors, from a total of 38 residential care settings.

The *Children's First* Guidelines must be adhered to when working with young children (*Children First National Guidance*, 2011). The *Children's First* are a National Guidance that sets out guidelines to protect children from abuse and neglect (*Children First National Guidance*, 2011). These guidelines are primarily for any individuals that work closely with children. They set out how to provide the best possible care for children and the appropriate steps to take if one is concerned about a child's safety and welfare (HIQA, 2012). In residential care settings it is mandatory that all staff receive ongoing training on the *Children's First* Guidelines. A concerning find noted by HIQA (2013) in a recent report indicated that not all staff were receiving training on the *Children's First Guidelines*.

Internationally, the most recognised piece of legislation is the United Nations Convention on the Rights of the Child (UNCRC). This convention was introduced in 1992, it underpinned all of the above legislations, due to this convention more policy documents were also introduced (Kilkelly, 2012). It was the first International convention to see the discourse of the child as a right-bearing individual (Kilkelly, 2012). Bala (2004, cited in; Collings and Davies 2008, p.184) states that 'children carry sacred rights as individuals that are distinct from their families and their communities'. Davidson (2010) pointed out that since the UNCRC has been incorporated, the awareness of and support for children's rights have been increased. Gallagher, Smith, Hardy and Wilkinson (2012) comment that although we may have come a long way by making children more visible in policy, this is not always visible in practice. Veerman (2010) acknowledges that this convention is over 30years old and, he argues that the modern world is changing rapidly and the first signs of ageing in this convention can be recognised. There has been a high volume of new modern research in recent years that should be enshrined into the convention (Veerman, 2010).

History of Residential Childcare

In Ireland, residential child care came under examination in recent eras due to a long chain of inquiries and official reports into failings and abuse in the system (Mainey,2003). This sparked policy and legislation to be updated (Kilkelly, 2007). This was a widespread issue both internationally and nationally. Prevalence rates of child abuse in residential care homes were specifically high in the United Kingdom and United States (Kiralý, 2001). In the UK between the 1980's and 1990's there was a number of high profile reports (Levy and Kahan, 1991; Utting, 1991; Skinner, 1992; Kirkwood, 1993, cited in; McElwee 2000). In Ireland, the

Kennedy report 1970 was set up to investigate such reports (Kennedy, 1970). The report recommended that a major reform was needed in the organisation of child care (O' Sullivan, 2010). O' Sullivan (2010) argued that this report failed to tackle many of the crucial difficulties in the industrial schools. The *Commission to Inquire into Child Abuse Report* was then established in 2000 with the view to examine the abuse of children that were in state run institutions (Ryan, 2009). This report is commonly known as the Ryan report (Ryan, 2009).

Kilkelly (2012), affirms the Ryan report focused on; determining causes and the extent to which the abuse occurred, establishing the institutions in which such instances took place, the systems and regulations that were in place in such institutions, and finally the persons or bodies with responsibility that contributed to the existence of the abuse. Reported by Milotte (2011), the report estimated that 30,000 children in catholic religion run industrial schools, were tortured and abused. This report was limited, it only explored the abuses that were preformed against children by priest and nuns (Milotte, 2011). The voices of 1090 people were heard throughout the Ryan report which confirmed that they were abused in homes between 1914 and 2000 (Kilkelly, 2012).

As a result of the Ryan report (2009) it was noticed that social care workers came under scrutiny when the settings they worked in were inspected (Howard, 2012). The report recommended that all settings are required to be regularly reviewed and independently inspected (Barnardos,2010). According to ISSI (2000) inspections in child residential care settings are required to be carried out once every two years. In 2008, HIQA (2008) reported that a total of 38 inspections were conducted, there was 161 centres in operation that year. Tulsa (2012) state, in 2012 there were 153 residential care settings, 33 inspections were carried out that year. Howard (2012) states, social workers have limited time to carry out inspections. Smith (2009, p. 46; cited in, Howard 2012) notes, "*there is little evidence that their existence has brought about service improvement*". Burns and MacCarthy (2012) recognise that caseloads are rising, therefore, the demand for social workers is also increasing. Due to this rise, some children in residential care settings are not receiving high quality care and attention from their social workers, this is a challenge for social workers (Burns and MacCarthy, 2012).

Current issues facing Residential Childcare

It has been noted by many that the residential care system is facing challenges (Ainsworth, 2005; Burns & MacCarthy, 2012; Collings & Davies, 2008; Davidson, 2010). Residential care is now trying to escape the perceptions it has previously endured (Davidson, 2010). After the investigation the Ryan report outlined many recommendations, one of which states that; *'childcare policy should be child-centred'* and *'the needs of the child should be paramount'* (Ryan, 2009, para. 7.06). Due to the report's recommendations and new legislation, young people's experiences and opinions are being heard and invited (Davidson, 2010). Davidson (2010), regards this as a positive outcome for children. There are also negative outcomes for staff that are working in residential care to date; people now have perceptions of residential care based on past reports (Howarth, 2000). Since abuse allegations have been made, there is a growing fearfulness of false allegations (Howarth, 2000). According to Howarth (2000:pg.188) a study undertaken in England, *'Child care services are operating in a climate of fear. Staff are uncertain about what to do, because they are worried that whatever action they take, their employer will not back them up....they are too scared to care for children in an appropriate way'*. McElwee (2000) notes that residential care is only put in the spotlight when there is crisis and this blurs the true value of residential care.

The status of residential care workers has been viewed negatively in a study undertaken in England by Berridge and Brodie (1998 cited in; Williams & Lalor, 2001). The study found residential care workers are perceived as being 'babysitters' or 'social workers in slippers' (Berridge and Brodie, 1998, cited in; Williams & Lalor, 2001). It was noted from the study that this left staff feeling overwhelmed, as they consistently had a lower status compared to their social work colleagues. Similarly in Ireland, Norton (1999) carried out a study on the working relationship between social workers and care workers. Nortons (1999) study consisted of 39 care workers and 21 social care workers, 79% of the care workers and 85% of the social care workers felt that social workers had a higher status than care workers (Norton 1999, cited in; Williams & Lalor 2001). Overall the participants felt that this was due to the lack of understanding of the social care role. Howarth (2000) notes that, unfortunately, these are challenges that the staff in today's society have to be aware of and learn to overcome.

Poor perceptions of a profession can also lead to low morale and unsatisfied job satisfaction (Colton and Roberts 2004; cited in, Lalor & Williams, 2001). Kendrick (2003), recognises that job satisfaction and staff morale are closely linked. Job satisfaction focuses on one individual. Staff morale concentrates on the workplace. A study carried out in Scotland found; 74% of staff were either satisfied or very satisfied with their job (Kendrick, 2003). In relation to staff morale the Scottish study established that 66% of residential care workers stated that staff morale in the workplace was okay or high (Kendrick, 2003). In a study carried out in England, it was found that 53% of staff were satisfied with their jobs, the remaining 47% of the staff indicated that they were dissatisfied or very dissatisfied with their jobs (Mainey, 2003). The staff morale in the study detailed that 15% of staff acknowledged staff morale was high, 59% of staff stated it was ok, and the remaining 26% of staff pointed out staff morale was low (Mainey, 2003). Limited support has been identified by Mainey (2003) as a contributing factor in job satisfaction and staff morale. It is vital that any factors are dealt with immediately to provide the best care possible for the children; these children have already faced enough of challenges in their life's (Horwath, 2000).

The children that are placed in residential care have often missed out on some vital aspect of a healthy upbringing (Social Services Inspectorate (SSI), 2006). Of these children many of them may have faced traumatic life events; any form of abuse, serious neglect, separation and loss (SSI, 2006). SSI (2006) note that it is clear that such events could have a long lasting effect on their lives. Commonly, a child's past may leave the child with psychological issues and challenging behaviour (Collings and Davies, 2008). This behaviour is not always manageable in mainstream residential care, therefore the child may be placed in special or high support residential care (SSI,2006). A report published by the Irish Social Care Institute for excellence (2006), found many challenges that staff have to cope with in terms of a child's behaviour. Amongst these challenges there is; violence towards residents and staff, general non-compliance, theft and damage, school refusal, absconding, regular alcohol or drug misuse, self-harm, and depressive or eating disorders (Kilpatrick, Berridge, Sinclair, Larkin, Lucas, Kelly, and Geragthy, 2008).

A study undertaken in England on 14 residential care homes found that violence towards staff and residents was a frequent issue. The survey asked both staff and children did they often

witness or be involved in fights. The responses from staff were that 28% said 'Yes', 62% commented 'sometimes' and 10% responded 'No' (Kilpatrick, et al, 2008). Residents answers were; 37% said Yes, 10% responded no and 62% answered 'sometimes' (Kilpatrick, et al, 2008). The study also questioned staff on the general non-compliance of children. The study found that this issue was generally manageable. It was concluded in this study that the majority of children in residential care do not display unmanageable behavioural problems towards staff. Additionally, the bulk of these residential homes are not undergoing constant disruption (Kilpatrick, et al, 2008).

To manage challenging behaviour relationships need to be formed (Clarke and Eustece, 2010). When staff form relationships with children these relationships need to be consistent (Clarke and Eustace, 2010). Every child is unique and the discourse of every child needs to be understood (Mainey, 2003). Every child has different educational, social, emotional, behavioural and health requirements which need to be identified (Lalor and Share, 2013). Staff need to communicate and work with the children on a regular and consistent basis (Mainey, 2003). This support should not end when children make the transition into aftercare (HIQA, 2008). If staff are constantly leaving their jobs, relationships cannot be formed (Colton and Roberts, 2006). In 2000, 12.3% of 63 settings experienced no staff turnover in Ireland (McElwee, 2000). In 2001, turnover rates were recorded at 15% in England (Colton and Roberts, 2006).

Positive Developments of Residential Childcare

Centres with Qualified staff are less likely to have high turnover rates (Colton and Roberts, 2006). In recent years there has been positive developments for residential childcare (Barnardos, 2010; Department of Health and children, 2001; Elsley, 2008; HIQA, 2012; Horwath, 2000). In previous years it was not recommended that residential care workers were to be qualified (Williams and Lalor, 2001). In 2001, the *National standards for children's residential centres* (2001) recommended that all manager staff must be professionally qualified. Since these standards came into effect in 2001 one personnel is required to be fully qualified on each shift (DoHC, 2001). The Resident Managers Association points out that a degree in Applied Social Studies in Social Care or in Child Care should be the basic minimum qualification for all staff working in child residential care (McElwee, 2000). The National Care Workers' Vocational Group Report (1998; cited in Williams and

Lalor, 2001) claims that to deal with the new changes the 1991 Child Care Act brought about, new skills, knowledge and qualifications are vital. In Scotland, from 2001 onwards legislation was enacted which now requires an approved qualification in either childcare or social care to be received before any worker can commence their career (Lindsay 2002, cited in; Knorth, Van den Bergh & Verheij, 2002).

Kreuger (1994; cited in, Lalor & Williams, 2001) states qualifications and training are key factors in not only improving the status of child care as a profession, but also to ensure the child receives the best possible care. An Irish Social Services Inspectorate report was published in 2000 on staff qualifications (ISSI, 2000). This report stated that in twelve residential centres only 41% of full time staff had a recognised qualification in residential child care (Irish Social Services Inspectorate Report (ISSI, 2000). A larger survey of 63 residential care managers whom are based in both the voluntary and statutory sector, found that 13.9% of staff had no social or child care qualification (ISSI, 2000). In 2006, ISSI published a report on high support units, it was found that only 64% of the staff were qualified in the social care or related area.

For staff to be supported in their duties ongoing training is vital (Department of Health (DoHC, 2013). Training should be provided for all residential staff (DoHC, 2014). According to *National Standards for Children's Residential Centres*, there should be effective ongoing staff development and training programme for care and education for staff in every child residential centre (Department of Health and Children (DoHC), 2014). Health Information and Quality Authority (HIQA, 2012) report found that vital training had not been undertaken or provided, this was evident in 39% of centres. The report found that staff participated in crisis management training but no training was undertaken on managing challenging behaviour (HIQA, 2012). The Scottish Institute for Residential Care carried out an audit on the training of residential care staff in 2003 (Kendrick, 2003). Of the residential care staff, 77% of them perceived training in a positive way. The majority (87%) wanted to update their skills and 21% of the respondents felt they had not received the sufficient training (Kendrick, 2003). It is recognised by Elsley (2008) if staff are not receiving ongoing training, they may not be equipped to deal with challenging behaviour.

Conclusion

To conclude, the historical and current challenges that have encountered in residential care have been discussed. Residential care has come a long way since the abuse scandals; developments in legislation and procedures endeavour to provide a safer environment for staff and children. However recent Inquiry reports such as HIQA reports (2008; 2009; 2012; 2013) demonstrate that residential care system continues to encounter challenges in the day to day practice of care. Nevertheless, there is limited research on the residential care system, particularly on residential workers views. If we want to make improvements and support children in care, an insight from people at the coalface has to be obtained. This is the timing for this research now that we have recently moved into a new governance relationship with Tulsa- Child and Family Agency.

It is time to make changes and recognise positive developments. Therefore, this current study hopes to add to the existing body of knowledge. The aim of the research study is to explore staff's views of the residential childcare system. The specific objectives of the study are:

- To explore staff views on their experience working in the residential childcare system.
- To identify the challenges that workers experienced while working in residential childcare.
- To examine the potential opportunities in the residential childcare system for both workers and children.

Section 3: Methodology

Introduction

This section will outline the primary research methodology that was employed in this study. It will attempt to justify the path taken in this study. The section will examine the theoretical considerations in the selection of the research method. This process will be illustrated in the following subsections: research design, materials used, participants profile, procedure followed, ethical considerations and finally, reliability and validity.

A narrative study was chosen. A qualitative research method approach was then adopted. This method enabled participants to provide the researcher with in-depth interviews about their views of the residential care system. It also allowed participants to reflect back and give their perceptions of the residential care system after leaving the system.

The research question

The research question aims to explore staff's views of the residential care system.

Specifically the objectives of this study are to;

- To explore staff views on their experience working in the residential childcare system.
- To identify the challenges that workers experienced while working in residential childcare.

- To examine the potential opportunities in the residential childcare system for both workers and children.

Research Design

The justification for this research stems from studies in my postgraduate course; where a keen interest was developed for the residential care system. Due to the challenges in the residential care system, the researcher became interested in establishing the views of staff that have worked in this type of alternative care. In order to contribute to the knowledge in this area and improve sustainability, the views of workers need to be investigated, in order to recommend change for the future.

When deciding the appropriate primary research method to use for the research project, both quantitative and qualitative approaches were considered. The advantages and limitations of both methods were examined. Qualitative research places '*emphasis on words rather than quantification in the collection and analysis of the data*' (Bryman, 2007: 697) . Qualitative research is carried out by conducting interviews. Quantitative research '*emphasises quantification in the collection and analysis of data*' (Bryman, 2007: 697). Quantitative research is carried out in the form of questionnaires.

Compared to qualitative research, quantitative research is a more efficient way of collecting data (Mukherji, 2010). However, qualitative research provides the researcher with rich and detailed information from the interviewees perspective. It offers a clear understanding of the topic in the form of verbal communication (Mukherji, 2010). The rationale behind choosing a qualitative approach for this study was due to the objectives requiring a high quantity of detailed information. The best possible way to obtain detailed information was to conduct interviews. Additionally, the study required the views of people, questionnaires would not have been the right research tool in getting the information in this area.

Moreover, qualitative research provides interviewees with the opportunity to tell their narrative of experiences and perceptions (Mason, 2002). Therefore, the type of qualitative method that was chosen was a narrative method, this was due to the fact that the researcher was interested in participants views. A narrative is the '*depiction of a sequence of past events as they appear in the present time to the narrator, subsequent to being processed, analysed and constructed into stories*' (Matthews & Ross, 2010:p. 265). A

narrative method allows the researcher to obtain ones subjective thoughts, however, it is essential to note that these views are subjective and are only the views of the participants that partake in the study. A narrative method was deemed to be the most appropriate method as the participants views were of concern.

Reissman (2008) argues there are four analytic approaches to narrative analysis: thematic analysis, structural analysis, dialogic analysis and visual analysis. Thematic analysis permits the researcher to sort accounts or aspects of accounts that have been told to them (Reissman, 2008). Structural analysis is interested in the ways in which the narratives are structured (Reissman, 2008). Dialogic analysis emphasises on how difficult it is to analyse accounts that are constructed (Reissman, 2008). Finally, visual analysis concentrates on the analysis of visual media (Reissman, 2008). A thematic analysis was chosen as it was deemed the most appropriate method that would suit the objectives.

Finally, after much deliberation the research methods were chosen. Semi structured interviews were chosen as this gave the interviewee the opportunity to speak openly about their views. Semi structured interviews gives the interviewer and interviewee flexibility and freedom of expression in interviews (Bryman, 2004). Semi-structured interviews depend on a limited set of open questions, therefore a set of questions were devised. These set of questions aim to guide the researcher (Bowling, 2009). Additionally, to elicit rich data on participants views semi-structured questions were decided upon to generate more room for conversation to hear their opinions. Moreover, as the interviews were semi-structured participants were given the opportunity to see the questions in advance, this allowed the interviewee time to reflect back on their views prior to the interview.

Participants

For this research project, there were minimum requirements for each participant. Each participant was required to have a minimum of 5 years' experience in residential care, this ensured that each participant would have an extensive picture of the residential care system. All participants had to have a degree in the area. Finally due to ethical reasons each participant must not be working in residential care at present. For this research project two types of sampling was used. Convenience sampling and snowball sampling.

Convenience sampling is using people who volunteer or people who are easily available to the researcher (Johnson & Christensen, 2012). Convenience sampling was used as it was a convenient way of recruiting participants that were conveniently available for participation. This was achieved by asking acquaintances. Snowball sampling was also used through contacts. Snowballing refers to ‘the process of accumulation as each located subject suggests other subjects’ (Rubin & Babbie, 2010: p.148). Through contacts in the residential care system, an information sheet on the study was distributed, this was then passed to potential participants. All of the participants were female. The participant’s occupations will now be outlined.

Participant 1:	Agency worker
Participant 2:	Irish wheelchair association
Participant 3:	Primary school teacher
Participant 4:	Social worker
Participant 5	Social worker

Materials:

In this subsection the materials used in the process of the study will be referred to. A questionnaire was designed to gain information about staff’s experience in residential care. The questionnaire focused on the views that staff members had while working in residential care (See appendix 4). Each participant was given an information sheet to inform them of exactly what the study entailed (See appendix 1). Consent from the participants was also required (See appendix 2). Every interview was audio recorded. A digital dictaphone was used to record the interviews to guarantee accurate information was obtained to assist with the process of analysing the data. The interviews were then transcribed and the relevant data was extracted.

Procedure

To gain information on the views of staff that had worked in residential care, it was established that a narrative method had to be chosen and interviews had to be conducted.

Five interviews were facilitated by the researcher. Each of the participants were staff that had left residential care. The rationale for selecting participants that had left residential care was mainly for accessibility and ethical purposes. Selecting staff that are presently working in the residential care system would pose greater ethical difficulties in terms of obtaining consent from the Health Service Executive to carry out the study.

The interviews were semi-structured, face to face interviews. These interviews took place during the month of April. At the start of each interview the participants were required to sign a consent form for the interview to be recorded. The participants were then informed that the information that would be recorded would only be transcribed by the researcher, and that the transcripts would be kept locked in a filing cabinet. The information that was typed would be protected by a password protected file on the computer. Additionally, the participants were notified that all information would be confidential and any notes taken would be solely used for the purpose of the study. The participants were aware they could withdraw from the study at any time.

The interviews were conducted in a location that was convenient for the participants. It was deemed convenient by all interviewees that Athlone Institute of Technology was a suitable place for all interviews to be conducted. The participants informed me of a time and date that was convenient for them. All of the interviews were conducted in a classroom that had been previously booked by the researcher, this ensured that there would be no distractions. As the interviews were semi-structured the length of the interviews varied. They were approximately 30 minutes long. The interview was comprised of eight core questions that were decided upon with approval from my supervisor (refer to appendix 4). Each of the participants were offered a copy of the transcripts when they were typed, however, each participant declined.

Data Analysis

Subsequent to typing up the transcripts, the transcripts were repeatedly read through to find emerging themes and to get familiar with the data. From reading the transcripts, an initial coding of the data was soon established. Charmaz (2001, cited in; Saldana 2013:p.3) 'describes coding as the 'critical link' between data collection and their explanation of

meaning'. On the printed transcripts the coding was preliminarily carried out by hand, until a range of themes were recognised.

A narrative analysis was conducted to analyse the views that the residential care staff discussed. Thematic analysis was then used. The answers for each question by each participant were analysed alongside each other to identify what the important and recurring themes were. Thematic analysis is a model of narrative analysis that emphasises on what is said rather than how it is said (Riessman, 2004).

Ethical consideration

Codes of ethics must be given consideration, they set out standards of how the research study must be conducted. Research is required to be conducted in such a manner that protects the welfare and dignity of each participant (O'Leary, 2001). The researcher was mindful of this throughout the study. For this research project, the research proposal was required to be approved by the ethics committee at Athlone Institute of Technology. It was approved in March 2014. To comply with the code of ethics at Athlone Institute of Technology each of the participants were given voluntary consent forms (appendix 2) and information sheets (appendix 1). These forms outlined information on the study and outlined any possible risks. It also specified that each participant could terminate the interview at any time. Finally each participant was guaranteed confidentiality and anonymity by assuring them that no identifying information would be included in the research project.

Reliability and Validity

In qualitative research it is common for researchers to get diverged in their approach to reliability and validity (Silverman, 1993). Qualitative researchers find it difficult to measure reliability and validity. Reliability can be defined as the 'replicability or stability of research findings' (Elliott, 2005: p.22). Validity refers to 'the ability of research to reflect an external reality or to measure concepts of interest'(Elliott, 2005: p.22). The study does not have external reliability therefore the study cannot be replicated. Furthermore, it is evident that this research project was small in its scale, therefore, the findings and the results cannot be generalised beyond the specific research context. The researcher also ensured reliability and validity by ensuring process data analysis was transparent. In addition 'reflectivity' was an

important part. Reflectivity can be defined as a heightened awareness of the self, acting in the social world (Elliott, 2005: p.20). As the researcher was a first time researcher nerves were evident. However, through role playing with my supervisor the researcher developed the confidence on my ability to undertake the interviews.

Conclusion

To conclude, this section detailed the methodology that was applied to the gathering and analysis of the primary research data. The research design and the materials that were used were described, the participants profiles were outlined and the procedure followed was drawn. Next the ethical considerations were discussed. Finally, the reliability and validity was examined. In the next section the findings of the research and the themes that emerged from the interviews are discussed.

Section 4: Results

Introduction

This section presents the findings of the qualitative study which explored the views of residential care staff. It reveals the findings based on the research question and objectives. A thematic approach was used to analyse the findings by identifying the re-occurring themes that emerged from the data collection. The results are displayed under main headings, using illustrated narratives. When presenting the results fictitious names will be used by the researcher to protect the identity of the five participants.

The aim of the study was to explore staff's views of the residential childcare system. The objectives of this study were as follows. Firstly, to explore staff views on their experience working in the residential childcare system. Secondly, to identify the challenges that workers experienced while working in residential childcare. Finally, to examine the potential opportunities in the residential childcare system for both workers and children. The re-occurring themes that were identified from the semi-structured interview questions are outlined below:

1. The residential carers experience in residential childcare.
2. The challenges that staff experienced.

3. Workers perceptions of the challenges that children experienced.
4. The potential opportunities for staff in residential care.
5. Workers perceptions of the potential opportunities available for the child in residential childcare.

The residential carers experience in Residential Childcare

The participants were asked for their views on their experience in residential care. A similar theme emerged from each of the participants. The residential care workers had varied views of the residential care system, however each participant had both positive and negative experiences. This is illustrated in the following quotes below.

Mary stated 'my experience in residential care would be very up and down, quite challenging at times rewarding on one end. If I was to describe it overall I would say it is a very good experience to get, however I would properly feel nine years is too long to work in it, it can be a very challenging job. Joanne talked about becoming overwhelmed by it all 'My experience was both positive and negative whilst working in Residential care. It was extremely daunting to walk into a house that you see as a job and that young people see as their home. That was a huge boundary that was at times difficult to overcome. It was rewarding to help these children but I became too overwhelmed in the end'. Shelia stated that the lack of support became too much for her 'Ok... my experience in residential care was rewarding but also emotionally draining. I loved working with the children but the support systems weren't there.

Ann made a very similar point to Shelia. She stated *'Very mixed mostly good some bad. Some settings that I have worked in were not very personal centred. I found this quite upsetting...but on the other hand helping children on a daily basis feels satisfying but there comes a time when it all gets too much. Finally, Bernie recommended not to stay in residential care too long 'My experience in residential care was both positive and negative. I faced an enormous amount of challenges. However, working in residential care can be extremely rewarding. The children count on you and when you see the benefits of your hard work it feels amazing. However, I would not recommend working in residential care for too long.'*

The challenges that staff experienced

A dominant theme that emerged from the interviews was that staff found it difficult to deal with challenging behaviour from the children. Four of the participants revealed this. Overall the participants felt that this was a big challenge for staff. One participant talked about the unpredictability of the challenging behaviour. Shelia said *'the unpredictability of the young people was something you could never get ahead of. Everything could be calm one minute and then in seconds, you're restraining a service user who is attacking you. This was very difficult for me personally as I would be quite sensitive'*. Another participant explained why she thought the children displayed challenging behaviour. Mary stated *'there are challenges in terms of dealing with challenging behaviour because you are dealing with varying young people, varying children with different backgrounds, it's never a black and white day'*. The remaining two participants stated that the challenging behaviour was the biggest challenge they had to deal with in residential care. Ann revealed *'the biggest challenge for me was dealing with the challenging behaviour on a daily basis as I am quite a sensitive person'*. Joanne noted *'dealing with challenging behaviour in my opinion is the biggest challenge staff have to face in residential care'*.

Lack of training also deemed to be a challenge for staff in residential care. Four of the participants talked about this. One participant stated that not all of the staff had received the relevant training. Shelia explained *'some staff had not received the relevant training'*. Another participant said that there was more opportunity for training in previous years. Ann stated *'When I started nine years ago there was more opportunity for training. Since the recession and budget cuts, training has been less frequent in the last few years, obviously that influenced my opportunities to develop and climb up the ladder. So there was less training, less opportunity to develop your skills and to develop personally. I only did first aid training in the last year of my nine years'*. Two of the other participants stated they did not receive as much training as they would have liked. Bernie revealed *'I did not receive as much training as I would like'*. Mary noted *'residential care is such a challenging job and I feel there should have been a lot more essential training'*.

The participants were then asked what advice would they give to people that are going to work in residential care. Three of the participants talked about training. Ann stated *'I would say to take as much training as possible that's available to you, as you will use it all in many*

different circumstances, even if it seems insignificant at the time. Also, the training is great for your C.V.'. Joanne revealed that training refreshes staff 'I would like to see more opportunities for training made available for staff, this would help keep staff refreshed and motivated'. Shelia recommended more mandatory training in residential care 'residential care is a very challenging job, more mandatory training needs to be made available for staff. Staff are dealing with challenging behaviour on a daily basis, they need ongoing training to be able to manage this effectively'.

Another challenge that was revealed was the effects of the public inquiries. Three of the participants recognised this. The main effect of the reports was the fear it placed in staff. Joanne stated *'since that Ryan report and the amount of media attention it received I feel that there is a fear of false allegations and this is reflected in the policies. There are times when I need to be able to comfort a child and the allegations have placed a fear in me and I'm not able to do that'*. Another participant talked about the effects this could have on the children. Mary stated *'there is fear of false allegations within residential care since the report. Particularly for male staff. The other big issue I had and still have in residential care is showing a child affection. Since the abuse allegations, children are being denied affection. I had a big problem with that because children crave affection. I know it has to be appropriate but children crave affection, and if you completely remove that it will stunt their emotional development in my opinion'*. Ann explained that there needs to be a balance *'there has to be a balance, you need to be able to show children affection'*.

Another theme that participants repeatedly talked about was the minimal support they received from social workers. Three participants expressed their concerns on this. Bernie blamed the social workers for lack of support *'social workers sometimes disagree with what you say, this was frustrating for me because half the time they didn't even know what was right for the young person because they didn't know them enough because they are too busy to be able get to know them'*. Mary also made a similar point *'the social workers would and could cancel appointments with little notice, or important meetings would not go ahead for whatever reason and there you are left with the young person, who could be crying or angry or violent, all because something more important came up. That was very frustrating for the staff in the house as we were left to pick up the pieces with the young people and try and come up with something positive for them to focus on. Do not get me wrong, not all social*

workers are unreliable but some can be which is very frustrating. The reason why they can be unreliable is because they have too much of a workload'. Ann recognised that social workers are given to many cases 'social workers should not have such high caseloads, it is the children that are suffering, they are not getting the attention they need when workers can't give them the time of day'.

When participants were asked what changes they would make to residential care, all of the participants stated that they would put more supports in place for staff. Joanne recognised that in residential care you are dealing with people's lives and therefore supports need to be in place *'residential care is very emotionally driven, dealing with people's lives, more supports need to be but in place'*. Bernie stated for staff to be strong they need to be supported by others *'when you work in residential care you need to be mentally and physically strong. In my opinion to be mentally and physically strong at all times, you need to have strong supports around you. Therefore, I would ensure these supports were in place all the time'*. The remaining three participants stated *'there needs to be more supports in place'*.

It was recognised that minimal support had negative effects on staff members. Three of the participants talked about it. They recognised that when there is minimal support staff become frustrated and dissatisfied with their job. Bernie revealed that when decisions are made without consulting frontline staff, staff feel unsupported *'the fact that decisions would be made away from the front line staff and then would impact on our work without any consultation with us around service user requirements or service user needs. When decisions are made and staff are not consulted, it leaves me feeling very unsupported and unhappy'*. Joanne made a similar point *'residential care is very emotionally driven; dealing with people's lives, when you do not have support of the people above you it becomes even more difficult. It leaves you feeling frustrated with the system and dissatisfied with your job'*. Shelia blamed social workers for being unsatisfied with their job *'social workers come in and make big decisions about children in the centre. These social workers may not have even spent a lot of time with these children but yet they get to overrule staffs opinion, even though the staff would have spent a lot more time with these children. This was very discouraging as it made me feel unsupported and like my opinions didn't matter'*. All of the participants felt dissatisfied with their job at times.

HIQA inspections deemed to be another topic of interest during the interviews. Professionals stated that limited inspections were being carried out. During the interviews four of the participants mentioned how many times they were involved in a HIQA inspection. Mary stated *'I have worked in residential care for nine years now and worked in three different centres. My last centre I worked in for five of them years and it was only inspected once'*. Ann stated that more inspections should be carried out *'in six years the centre I worked in was only inspected twice. I do not feel that centres are inspected regularly enough'*. Shelia noted that she was unsure if inspections have improved services *'I really do not know if the social services inspectorate has improved services. They come in and out in a day, they do not get to see the big picture. The setting where I worked was only inspected once in five years'*. However Joanne disagreed with Shelia's point *'I worked in two different settings over an eight year period. I was five years in one setting and three years in the other. Both of these settings only got inspected once. If social services inspected more often I think that they would bring about more service improvement'*.

Another dominant theme that occurred during the interview process was high turnover rates. When the participants were asked what advice would they give to someone who is going to work in residential care, all of the participants said be aware how long you work in residential care as it is not deemed a lifelong job. Shelia noted the importance of the job but stated residential care has a shelf life *'the advice I would give to someone, which I have gave in the past, is that residential care on paper is a social care worker, it is a very interesting area and a very useful and necessary service. As a staff member it is worth getting experience in it, however be aware of the length of time you do it. I think residential care has a shelf life and I feel to get the best for your own personal development look outside the box'*. Joanne recognised how draining residential care can be *'residential care is an emotionally draining job. I do not know anyone who has stayed in residential care for more than ten years'*. Bernie made a similar point to Shelia, *'I would advise to do residential care but not for too long'*. Ann stated staff do not stay in residential care due to all of the challenges within it *'residential care has a lot of challenges, the job becomes quite frustrating at times, this is why I left residential care, I do not think anyone stays in it for too long'*. Mary revealed that her colleagues have also left residential care *'residential care has its ups and downs. Overall it is quite a stressful job, I worked in residential care for six years*

and I felt this was too long. None of my colleagues are left in the centre I worked in,.... they have all left too'.

Limited staff in residential care was another emerging theme amongst interviewees. Four of the participants stated that not having enough staff on duty was a challenge for them. All of these participants stated in their recommendations that there should be more staff members on during each shift. Shelia stated *'more staff members should be on shift, if there are three young people in a house, there should be four staff members. No staff should ever feel threatened, uncomfortable or without a lack of support in their working environment'*. Bernie recognised when there is limited staff, staff become frustrated *'when there is not enough staff on shift, things become more frustrating and intense'*. Ann believes that if there were more staff, staff would not become as frustrated *'there needs to be more staff on duty in residential care settings, I think this would eliminate a lot of the problems'*. Mary reveals for children to receive adequate attention ratios need to increase *'to ensure that each child is receiving the proper support and attention, staff: child ratios need to increase'*.

Workers perceptions of the challenges that children experienced

A re-occurring challenge that emerged from this section was that children find the transition into residential care difficult. All of the participants stated this was the biggest challenge for children. Joanne stated *'the biggest challenge for the children was trying to settle into an environment without their parents. These children had to become used to living with other teenagers. This was sometimes in a community that they were unfamiliar with. The children had to try and come to terms with living in this house and also trying to build relationships with staff. This deemed to be very challenging for most kids, as most children felt that we were trying to replace their own family'*. Mary recognised that the children find the transition difficult because of troubled pasts they may have had *'the challenges they face it to try and adapt to the norms of the centre and adapt to the routines when these kids are sixteen, seventeen, some of them are after having a very hard life full of different sort of challenging situations. Then having to come into a situation having to live with three other young people as well and having to adapt to the routines of the house, changing location, moving away from their communities, and their families. Most children found it really difficult living away from their families'*. Bernie stated that children do not like staff trying to replace their family, and this is why children prefer residential care to foster care *'the older*

children will commonly prefer living in residential care as opposed to foster care as they feel like they are betraying their own family if they live with a foster family’.

Another dominant theme was the transition into aftercare. Of all of the five participants four of them stated that when children have to leave care it is an enormous challenge for them. Shelia stated children leaving residential care have a fear of being alone when they leave residential care *‘Another big difficulty and challenge that was experienced by the young people was the fear of leaving care and moving into their own accommodation. Sounds strange but having spent most of their lives in care, with massive support and different staff members always around and key workers ect, they are so used to this, the fear of being alone is so isolating to them’.* Ann recognised that some children are ready for the transition at eighteen but this is not the case for all children *‘the children have a lot of support while they are in residential care, some children are ready to leave when they turn eighteen and some are not. It’s very daunting for some children’.* Mary revealed that most children want to make the step into aftercare but it doesn’t mean that is it easy for them *‘even though it is what they want and a positive step into the future and there is still a support network for them, it can be scary and daunting for young people’.* Bernie believes that children reoffend when they lack support from others *‘it is hugely important to help children with the transition into aftercare and ensure this support is sustained. I personally think one of the reasons young people re-offend is due to a fear of isolation’.*

When the participants were asked what recommendations they would make for residential care, four of the participants said they would put more support in place for aftercare for the children. Ann recognises that children are not always able to ask for help *‘every child needs support, however not all children are able to ask. A stronger support system needs to be put in place to support children with the transition into aftercare’.* Mary states that the children are used to having a lot of support *‘these children are used to having support whilst living in residential care homes, this support needs to continue when they leave residential care, and in my opinion it is not there at the moment’.* Shelia makes a similar comment *‘I have seen first-hand how much these children crave attention and support, this needs to be continued into their aftercare’.* Bernie is frustrated that sometimes the support ends at a particular age *‘these children receive a lot of support in the house this can’t be stopped just because they reach a certain age, they need continued ongoing support’.*

Potential opportunities for staff in Residential Childcare

Another re-occurring theme by three participants was the personal development in residential care. Three of the participants mentioned that they felt there was no opportunities to professionally develop in the sector. Bernie revealed *'I felt stuck in my job'*. Shelia felt there was limited opportunities in residential care....*'a challenge that I faced was the personal development within the job, I had four years completed in college, when you are working in residential care, you are a care worker and I remained a care worker after my nine years working there. So in my own professional development, I felt it was challenging because there wasn't opportunities there to develop'*. Furthermore, Ann had a similar opinion to Shelia... *'to be honest, I do not think there is a huge amount of opportunities in Residential Care for staff. If you're a Child Care Worker in a Residential Unit, then that's your job. Obviously, you can choose to move up the ladder and become a Supervisor or Manager but that comes with years of experience'*.

The remaining two participants stated that since the *National standards* for children in residential care centres 2001 was adopted, there has been more opportunities made available for staff to develop. These standards recommend that all managerial staff are to be qualified. Joanne stated that the standards have encouraged staff to become qualified *'since the National Standards in 2001 recommend that staff should be qualified to become a manager.....it pushed staff to become qualified'*. Bernie made a very similar point *'there needs to be at least one qualified person on shift at all times since the National standards 2001 came into action, in my opinion this prompted staff to get qualified'*.

Workers perceptions of the potential opportunities available for the child in Residential Childcare

When the participants were asked about the opportunities for children in care each of them stated that there are always opportunities available for children in care. Bernie responded *'The opportunities for children in care are endless. The main aim for a residential care worker is to make sure that each of the children's needs are met, so educationally, physically, emotionally, spiritually, so whatever it is you have to make sure that their individual plan ticks all of the boxes. Whether that be offering them placements, trying to encourage them to do self-care skills. I have never worked anywhere that hasn't pushed 100 percent to give*

kids every opportunity. If they accepted, it was another issue however the offer and opportunity is there to meet the children's basic needs at all times'.

Moreover, three of the other participants stated that since the reports of abuse staff have been more determined to listen to children to ensure the best opportunities are being made available for each particular child. Shelia stated this is because a sense of fear has been put into staff members *'since the report I think staff are working harder to ensure children are receiving the best opportunities because there has been a sense of fear placed in staff members'*. Ann made a similar point *'from my experience since the reports of abuse staff are listening to children more, what they want is being taking into account and then staff members are trying to provide the best opportunities for them with their views taken into account.....of course this is within reason'*. Joanne revealed that this generation of staff are more supportive *'this generation of staff are listening to children more by supporting, assisting, helping and showing them every possible avenue open to them'*.

Conclusion

From using qualitative research the dominant themes were illustrated by comparing the findings of the data collected from five interviews. This study found that the participants views of residential care were both positive and negative. Helping children through difficult times was very rewarding for participants, however, the experiences that staff faced whilst doing so were quite negative. Participants faced an enormous amount of challenges. This left the participants unsatisfied and frustrated in their roles, which resulted in high turnover rates. Participants felt that there was not enough training provided for them. They stated that residential care was a very demanding job and ongoing training needed to be a priority, especially to help be equipped for dealing with challenging behaviour.

Another emerging theme was that participants found it hard to deal with the impact the public inquiry reports had on people's perceptions. Staff stated that due to the reports they worked in fear of false allegations. Children need to be shown affection and since the reports they felt they couldn't do so in the fear that they may be accused of otherwise. Additionally, staff felt that they did not have a strong support system when working in this sector. They felt that they were always being overruled by higher professionals. Moreover,

staff stated that staff: child ratios were insufficient. It was recommended by staff that there should be more staff on duty at all times.

Another dominant theme that emerged was that there was limited opportunities available for staff in residential care. The majority of staff felt that if they wanted to professionally develop they had to leave residential care. However two participants stated that since the *National standards 2001*, opportunities for staff are improving as the standards recommend that staff should be qualified. Nevertheless, participants stated that the opportunities for children in residential care are endless. All of the participants acknowledge that in each centre they have worked in, staff always work hard to provide the best opportunities that are available to children. However it was noted that children do not always avail of these opportunities. The following section will discuss in more detail the themes that emerged in this study.

Section 5: Discussion

Introduction

Section four presented the main findings of the study. This section considers these in relation to the relevant literature. Conclusions and recommendations will then be drawn from the discussion. Finally, an evaluation and the limitations of the study will be discussed. The findings are discussed in relation to the objectives of this study.

This study has attempted to gain an insight into the views of staff who have previously worked in residential care. In order to achieve this, the research focused on the following objectives:

- To explore staff views on their experience working in the residential childcare system.
- To identify the challenges that workers experienced while working in residential childcare.

- To examine the potential opportunities in the residential childcare system for both workers and children.

It is essential to recognise that this research study focused very much on the individual views of participants; which are subjective in nature.

Discussion of findings

This study examined the views of staff in residential care. The first theme that became apparent during the analysis stage of this research project was the similarities in the views of the professionals experiences in the system. The results of this study found that professionals had both positive and negative experiences. There was a sense that staff accepted the work was challenging and acknowledged the positive and rewarding aspect of the job. However, it was their negative experience that impacted on them most, there was a general sense of frustration and disappointment that the residential care system had let them down. Due to the challenges within the system all interviewees experienced burnout. Interestingly, all of the participants focused primarily on the negative issues that they still have not yet worked through. This finding reflects studies undertaken in Uk (2000, cited in; Mainey 2003) the majority of staff in residential care find it satisfying, however they gradually become frustrated by the challenges in the sector. It was also recognised by Winchester (2000, cited in; Mainey 2003) in her study in 2000. A study undertaken over fifteen years ago, revealed that staff working in residential care come under tremendous pressure, and eventually experience burnout. In this study, participants views were not necessarily surprising, as they reflect recent HIQA reports (2008; 2012) that highlighted stress staff were experiencing. Additionally, it is also important to note that all of these participants worked in different centres and they had various geographical locations. This implies that the challenges that staff face were not due to one specific centre or location. Furthermore, all of the professionals still faced challenges even though they were qualified in the sector for over five years, therefore this indicates that staff not being qualified or lacking experience are not necessarily the reasons why staff could not overcome the challenges in residential care.

The literature particularly notes Residential care workers in Ireland are in a precarious position (Howard 2012, Ryan, 2009). Many of the children in care have emotional, social and

challenging behaviour (Collings and Davies, 2008). Many of these children may have faced traumatic life events, for instance, any form of abuse, serious neglect, separation and loss (SSI, 2006). Commonly, a child's past may leave the child with psychological issues and challenging behaviour (Collings and Davies, 2008). This study found that professionals were not receiving adequate training. This left staff feeling unsupported in their duties. Two of the participants stated that a child's challenging behaviour was their biggest challenge that they have to overcome on a daily basis. Similarly, the finding from this study corresponds with a report published by the Irish Social Care Institute for excellence (2006), they found that one of the many challenges that staff have to cope with is a child's challenging behaviour. The report by the Irish Social Care Institute for excellence was published in 2006, and yet this challenge is still arising years later.

Training was a theme that was frequently mentioned in the interviews, workers felt completely disempowered. According to *National Standards (2001) for Children's Residential Centres*, there should be effective ongoing staff development and training programmes for the care and education of staff in every child residential centre (Department of Health and Children (DoHC), 2013). As recognised in the findings of this study, it was revealed by four participants that staff are not receiving necessary training. These findings have implications on staff, when staff are not receiving adequate training, they find it difficult to deal with the everyday challenges of the centre. Therefore, when staff are struggling with the everyday challenges of the centre, it raises the question, are children receiving the best quality care? The findings concur with the Health Information and Quality Authority (HIQA, 2012) report, this report found that vital training had not been undertaken or provided, this was evident in 39% of centres identified in the report. The value and importance of training was highlighted when the participants were asked what advice they would give to residential care workers, three of the participants stated that they would recommend to up skilling when opportunity was available. The type of training participants referred to centred primarily on management of children behaviour. It could be implied, that if more training was made mandatory for staff, perhaps staff would be more equipped for dealing with the everyday challenges in residential care.

Another recognised challenge for staff was the publicity from the public inquiry reports. In Ireland, residential child care came under examination in recent years due to a long chain of

inquiries and official reports into failings and abuse in the system (Mainey,2003). This deemed to be a challenge for three participants. However, it is vital to note that these three participants were working in residential care at the time of the public inquiries. The remaining two participants who did not mention the reports were not working in residential care at the time. Therefore, the public inquiry only affected staff that was working in residential care at the time of the report. The implications of inquiries has had some negative outcomes for staff. Staff stated that this is because the reports have evoked a sense of fear amongst workers. A negative consequence of these reports is that staff are afraid to show children affection due fear of to the false allegation being made against them. Staff recognise that this is a difficult challenge to overcome, one participant stated 'children crave affection'. It is recognised by Howarth (2000), since the abuse allegations have been made, there is a growing fearfulness of false allegations. Although, Howarths (2000) study was undertaken fifteen years ago, it is important to note that this is still recognised by workers. The study undertaken by Horwath (2000:pg.188) in the UK found, '*Child care services are operating in a climate of fear. Staff are uncertain about what to do, because they are worried that whatever action they take, their employer will not back them up....they are too scared to care for children in an appropriate way*' there is evidence that *fear of touch is part of practice*. However, it is debatable whether these findings only arise for staff that have worked in residential care at the time of the inquiries.

The *National Standards (2001)* state that there should be support mechanisms in place for staff at all times (DoHC, 2001). The results from this study found that support is not always available. Participants have received limited support from social workers. Lack of resources and time were areas where three participants felt frustrated. However, one has to be cognisant of the fact that social workers have heavy caseloads and possibly do not have time as they are focusing on more serious child protection matters. This has been heightened in Burns and MaCarthy (2012); Kilkelly (2012) '*social workers should not have such high caseloads, it is the children that are suffering, they are not getting the attention they need when workers can't give them the time of day*'. Burns and MacCarthy (2012), offer an explanation, he states that caseloads are rising, therefore, the demand for social workers is increasing. Due to this rise, some children in residential care settings are not receiving high quality care and attention from their social workers (Burns and MacCarthy, 2012). The

relationship between social workers and children in residential care play an important role in the child's life. The implications of social workers not supporting staff can result in negative outcomes for both staff and children. If staff are feeling unsupported, it is plausible to assume that the children are too. Residential care is expected to provide a supportive environment to children as these children have already faced numerous challenges throughout their life's. However, limited support was a recognised challenge by Ainsworth in 2005, it is important to note that this is still the case many years later.

Mainey (2003); Ainsworth (2005), reveal that limited support has been identified as a contributing factor in job satisfaction and staff morale. When staff feel unsupported in their profession it is likely that they are feeling dissatisfied with their job. This can also lead to low staff morale. The findings in this study are similar to Mainey (2003). The study conducted by Mainey (2003) was carried out in the UK, it has shown that lack of support leads to low morale. In the study it was found that 53% of staff were satisfied with their jobs, the remaining 47% of the staff indicated that they were dissatisfied or very dissatisfied with their job (Mainey, 2003). The staff morale in the study detailed that 15% of staff acknowledged staff morale was high, 59% of staff stated it was ok, and the remaining 26% of staff pointed out staff morale was low (Mainey, 2003). However, as noted in the results section, findings from this study found that each of the participants felt dissatisfied with their job, resulting in low staff morale. Nevertheless, it is important to note that these participants were not dissatisfied with their job because of limited support. However, it can be implied that it is a contributing factor. Low morale in this study however is not a consistent find in other regions. In a study conducted in Scotland, it was indicated that staff have high staff morale. The Scottish study found 74% of staff were either satisfied or very satisfied with their job (Kendrick, 2003). In relation to staff morale the study established that 66% of residential care workers stated that staff morale in the workplace was okay or high (Kendrick, 2003). Therefore, this raises the question, are there more effective supports in place in Scotland? It could be implied that if Ireland put more supports in place for staff, job satisfaction and staff morale could be considerably higher.

If more inspections were carried out would staff feel more supported? SSI (2000) state that inspections are required to be carried out once every two years. However, the question should be raised, is once every two years often enough for inspections to be carried out? It

could be argued that if regular inspections were being carried out, limited support and additional challenges within the centre would be addressed. This study found that inspections were not being carried out according to SSI (2000). Four of the participants specified that inspections were not being carried out once every two years. This deemed to be a challenge for participants as they felt they felt unsupported. One participant expressed *'I have worked in residential care for nine years now and worked in three different centres. My last centre I worked in for five of them years and it was only inspected once'*. These findings also concur with the HIQA reports in 2008 and 2009. In 2008, HIQA (2008) reported that a total of 38 inspections were conducted, there was 161 centres in operation that year. Tulsa (2012) state, in 2012 there were 153 residential care settings, only 33 inspections were carried out that year. Therefore, it is important to note that limited inspections were being carried out in 2008, and this is still the case many years later. These statistics are alarming and yet they are not decreasing. The implications of irregular inspections can not only result in staff feeling unsupported but it can also result in children not receiving high quality care. If residential care homes are not being regularly inspected, how can it be ensured that children are receiving the appropriate care and attention they need.

Inspections also need to be carried out to ensure positive relationships are being formed. In residential care positive relationships between with staff and children are essential. It is recognised by Clarke and Eustace (2010), that when staff form relationships with children these relationships need to be consistent. However, relationships cannot be consistent if there are high turnover rates. This is recognised by Colton and Roberts (2006), he states that if staff are constantly leaving their jobs, relationships cannot be formed. This study found that high turnover rates are an issue in residential care. All of the participants left residential care due to the challenges in it. One participant stated *'residential care has a lot of challenges, the job becomes quite frustrating at times, this is why I left residential care, I do not think anyone stays in it for too long'*. Another participant stated *'none of my colleagues are still in the centre I worked in'*. It is important to note that not only the participants that participated in this study have left residential care but also their colleagues too. This corresponds with two studies from the secondary literature. In 2000, only 12.3% of 63 settings experienced no staff turnover in Ireland (McElwee, 2000). In 2001, turnover rates were recorded at 15% in England (Colton and Roberts, 2006). These statistics are alarming

and it is vital to note that these statistics were recorded over 15 years ago, yet it is still the case in Ireland to date. The evidence from this study suggests that due to the challenges in the job and lack of support, staff are leaving residential care. Unfortunately, it is the children that are suffering the lasting effects of staff leaving residential care.

Children also face challenges in residential care. Children can find it immensely challenging to live in an environment that is not their own. Residential care workers expressed that the biggest challenge that children have to face is the transition period into residential care. Children find it difficult to settle into an environment that is not their own and feel that residential staff are trying to replace their own family. Participants revealed that children do not like anyone trying to replace their family, and this is why children prefer residential care to foster care. One participant stated *'the older children will commonly prefer living in residential care as opposed to foster care as they feel like they are betraying their own family if they live with a foster family'*. The findings from this study correlate with many others. Kilkelly (2007) states in reality, residential care is more suitable for some children. This is evident in the Health Information and Quality Authority (HIQA) report (2012), that many children prior to being placed in residential care experienced many foster placements. Kiraly (2001) states children find it difficult to settle into residential care but when children are given a choice they often state they prefer residential care to living with a family that is not their own. This study can conclude that children find it difficult to settle into an environment that is not their own. However, if staff feel unsupported in the environment, children are also likely too, therefore this may result in them exhibiting challenging behaviours.

The transition from residential care into aftercare can also be extremely daunting for children. Children have to leave behind the environment that they may have took so long to settle into. As noted in the results section, many of the professionals mentioned the transition into aftercare. Four out of five participants stated that leaving residential care is an enormous challenge for the children. One participant expressed; *'another big difficulty and challenge that was experienced by the young people was the fear of leaving care and moving into their own accommodation....it is hugely important to help with the transition into Aftercare with the young person'*. Participants recognised that the supports are not there for children who are making the transition from residential care to aftercare. It is

important to note that each of these participants were key workers, therefore they worked with the children closely on a daily basis. HIQA (2008), state that support should not end when children make the transition into aftercare. The *National Standards (2001)* state preparation for aftercare is essential and should commence two years before they leave care system. However, the *National Standards (2001)* are purely aspirational rather than regulatory legislation. There is no legal obligation that these standards would be carried out. As a result of this, it is the children who are enduring the consequences of these standards not being legally binding.

The *National Standards (2001)* have had different effects on staff. Some staff have stated that the standards have provided limited opportunities for staff. As noted in the results section, residential care staff felt that there are limited amount of opportunities available for residential care workers. Three of the participants stated that they felt there was no opportunities for continuous professional development within the sector. Participants stated 'I felt stuck in my job'. This was an unexpected finding. However, it became the pinnacle consequence of the study. In the researchers opinion, the lack of opportunities available to staff in residential care, expedites residential staff to stop working in residential care. Additionally, as mentioned above, if staff are unhappy in their profession, this is likely to have unhealthy consequences for the children.

Conversely, it was recognised by the two remaining participants that since the *National Standards (2001)* for children in residential care was adopted in 2001, there has been more opportunities made available for staff to develop. The *National Standards for children's residential centres (2001)* recommended that all manager staff must be professionally qualified. Since these *National Standards* came into effect in 2001 one personnel is required to be fully qualified on each shift (DoHC, 2001). The Resident Managers Association points out that a degree in Applied Social Studies in Social Care or Child Care should be the basic minimum qualification for all staff working in child residential care (McElwee, 2000). The findings from this study found that since these standards have been brought into effect it is encouraging some staff members to develop. However, it is important to note here that the participants that stated there was opportunity to develop were not qualified when the standards came into effect, whereas the other three participants were already qualified. Therefore it could be concluded that the remaining two professionals would also feel that

there were limited opportunities if they were already qualified when the standards were introduced.

The *National Standards (2001)* state that children in care should have opportunities made available for them by staff. Every child has different needs that need to be supported by staff (Lalor and Share, 2013). In residential care it is essential that staff provide opportunities for children. These opportunities must meet their physical, emotional, educational, spiritual and social needs (Lolor and Share, 2013). The findings from this study concur with the *National Standards (2001)* stated above. Each of the professionals in the study state that staff always make opportunities available for children. An interesting finding was that one of the professionals recognised that all staff members in each centre she worked always gave children the best opportunities *'I have never worked anywhere that hasn't pushed 100percent to give kids every opportunity'*. This is an important finding in this study as this participant has worked in three different centres, and it recognises that not only the participants in this study push to provide the best opportunities for children, but other professionals also. However it was acknowledged by professionals that children do not always accept the support *'weather they accepted it was another issue however the offer and opportunity is there to meet the children's basic needs at all times'*.

More opportunities have been made available for children since the public inquiries. Davidson (2010) states due to the report's recommendations and new legislation, young people's experiences and opinions are being heard and invited (Davidson, 2010). It has been identified that since public inquiries staff are more determined to listen to children, therefore providing the best opportunities to suit their needs. Listening to young people and taking their views seriously stimulates trust and endorses participation in decision making. Findings from this study correspond with Davidson (2010). Three of the participants recognised that since the public inquiries staff are listening to children more *'from my experience since the reports of abuse staff are listening to children more, what they want is been taking into account and then staff members are trying to provide the best opportunities for them with their views taken into account.....of course this is within reason'*. However, the three participants that recognised this were working in residential care at the time of the reports, the remaining two participants were not. Additionally, it is important to note that the public inquiries can be viewed as a positive development in residential care, as the

reports were publicised many years ago, and yet staff are still driven by the reports to provide opportunities to children. However, it must be recognised that it should not have taken public inquiries to place fear amongst staff, for staff to recognise that children should be listened to. The focus on listening children should be cognisant at all times.

Conclusion

Residential care participants had both positive and negative views of their experiences in the residential care system. Working with children in residential care was rewarding for staff, however the challenges in the sector gradually frustrated the professionals. This study showed that staff were highly committed to their job but eventually they experienced burnout. Significantly, findings from this study identified that staff are still trying to overcome the same challenges that have been recognised in previous research studies. These challenges have also been recognised in recent HIQA reports (2008;2009;2012;2013). The key finding from this study was that staff faced many challenges in residential care. There was limited resources and support available in residential care which resulted in high turnover rates. These high turnover rates impact on the opportunities made available for both staff and children.

An unexpected finding from this study recognised that another contributing factor as to why staff leave residential care is due to the limited amount of opportunities within the job. Staff feel that there are no opportunities in the sector to professionally develop. Therefore, to reduce the number of staff leaving residential care due to limited opportunities in the sector more incentives need to be put in place for staff to professionally develop. The additional challenges that emerged from this research were consistent with the literature; no new barriers emerged from the data that are not already indicated in the literature. Another finding from this study was that staff were not receiving sufficient training to be equipped to dealing with the everyday challenges of the job. When staff are unable to cope it leaves staff feeling frustrated. To ensure the necessary training is being received for each staff member, all training needs to be extended and made mandatory. If the *National Standards 2001* were made legally binding, this is likely to ensure that staff would receive regular training. This study found that the impact of minimal training increases the risk of staff leaving their professions.

Another common issue that is yet to be addressed in residential care is high turnover rates in residential care. Each of the participants stated that residential care has a 'shelf life' and it is very uncommon for staff to stay in residential care for any longer than ten years. High turnover rates effect children receiving high quality care. If staff are constantly leaving, relationships with the children will be inconsistent. It is recommended to improve turnover rates, staff in residential care need to feel more supported by higher professionals. Staff need to be listened to and have their views taken into account. Front line staff should be liaised with to address these challenges in residential care. More procedures need to be put in place to ensure this is being achieved.

Staff in residential care criticised public inquiries as they stated since the reports they are afraid to show children affection. It is important to note that only staff that worked in residential care at the time of the report, mentioned that not being able to show children affection is a challenge for them. However, these participants went on to state that since the public reports children are being listened to more and this is resulting in more opportunities for children. Therefore, it can be concluded that the inquiry reports have resulted in positive outcomes for children. However, this does not mean children in care do not face challenges. Children in residential care face enormous challenges in terms of the transition into and from care. Children in care have to come to terms with living in an environment without their parents. The children form bonds with staff members and this is disrupted when they reach the age of eighteen. This study demonstrated that the supports were not there for the children. Aftercare is meant to be a way of ensuring young people receive the support they need. It provides them with access to services to support them. These children have spent so many years in residential care with support if this support ends when these children leave care, all of the years of support must seem irrelevant. More procedures need to be put in place to ensure children have support in aftercare.

Children in care have a right to high quality care, to be provided by professionals who have adequate training and appropriate skills which are supported and developed through a continual process of assessment and review. It is vital that residential care workers are seen as valuable resources as it is necessary that they provide this service for children who cannot live at home. Residential care workers need to be appreciated for performing a demanding role and need to be made feel supported to cope with the everyday challenges

residential care centres bring. Retention of existing residential care workers is a necessity if improvements and standards are to be maintained in residential care. The question is can the residential childcare system be changed so that there are more resources available for staff and children? This could result in staff feeling more supported and therefore turnover rates could be reduced.

Evaluation of Method and Limitations of the study

To improve the quality of a service, research is of crucial importance. By researching the views of residential care workers, the researcher can also provide a distinctive insight into the issues of the child in residential care. To improve the quality of life for children in residential care consistent evaluation and examination of the delivery of the service is vital. This qualitative study on the views of residential care professionals is relatively small. To deliver a complete overview, a large qualitative study would be required to be carried out. However, Yin (1989) argues that small research studies can be acceptable, as long as it meets the objectives of the study.

This narrative qualitative study was comprised of semi-structured interviews which allowed for an in-depth analysis of the research question. This was established by using a set of core questions in conjunction with probing questions, this permitted the researcher to ask additional questions relating to the interviewees answers in order to obtain a clearer and deeper understanding. The researcher is aware of some of the limitations in qualitative research – for example poor interview questions. However, to ensure limitations were kept to a minimum the researcher carried out several pilot interviewees in order to establish any weaknesses. Additional guidance was sought from my supervisor which helped to achieve the objectives that were set out.

Limitations in research study can commonly stem from ethical considerations. The researcher wanted to get the views of the children as well as staff views in residential care. However, ethical reasons were of concern and it was proved unwieldy in the timeframe in which the research had to be undertaken.

Section Six: Conclusion and Recommendations

Conclusion

In this section the overall conclusion and recommendations of the study will be drawn. The purpose of this study was to explore the views of staff in residential childcare. However, there has been limited research conducted on staff views in residential childcare. It is hoped that this research will add to the body of knowledge. The inclusion of staff views could lead to better informed practice in the residential care system. The views from staff illustrated that there are various reasons why residential care staff face challenging experiences in the sector.

This study was a small scale study and therefore limited in scope. Therefore, this study concludes that more research needs to be conducted to attain views from professionals that can educate us and provide us with more valuable information to improve the practice in the residential care system. Hence, when practice is improved in the system it is likely to result in reduced turnover rates.

Recommendations

Despite the high turnover rates for staff working in residential care in Ireland, no major research study regarding turnover rates has been undertaken. Subsequently there is a limited amount of knowledge regarding the area. From conducting primary and secondary research, the researcher accepts that it is essential that there is research carried out in Ireland to establish why turnover rates are so high so these rates can be improved.

To improve turnover rates more incentives need to be introduced to ensure staff don't feel 'stuck' in their job. Introducing regulations stating that a minimum qualification would have to be obtained to work in residential care would encourage staff to go back to education and professionally develop.

More resources need to be put in place to ensure the staff and the children are receiving the adequate support.

Procedures need to be put in place in residential care to introduce more mandatory training so staff can feel more equipped to deal with the everyday challenges in residential care. The *National Standards* (2001) need to be made legally binding for these challenges to be addressed.

More social workers need to be hired in order for residential care staff to feel supported. More social workers would also increase the opportunity for children to receive high quality aftercare.

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Appendices

Appendix 1 – Information Letter



Working in Residential Care. Residential workers views -A Narrative Study

A study on staff views of Residential Childcare

I am completing a research project as part of my Master's degree in Child and Youth Care in Athlone Institute of Technology, and I would like to know if you would be willing to partake. My aim is to establish your views of the residential care system.

If you agree to participate, I will ask you about your own personal views of your experience working in the residential care system. You will be asked about the challenges you experienced while working in residential care. Finally, you will be asked to examine the potential opportunities in the residential childcare system for both workers and children. The interview will last for no more than 40 minutes and will take place in AIT or a setting that is convenient for you. I will not ask about other things besides the challenges and opportunities in residential care.

During the interview, I would like to audio tape the conversation. If you are uncomfortable with the interview being audio taped, then it will not be. Instead, I will take notes. At your request the interview can be stopped at any time. If you do not wish to answer particular questions, that is ok.

During the interview, I want you to feel relaxed and comfortable. What you say in the interview is between you and me. The things you say in the interview will only be used for the purpose of my report. If you disclose something that causes me to worry about your safety I will talk to you about that. To ensure your safety, we may talk to another adult about it.

Your name and any other name will not be in the report. The name of any residential care setting will not be in the report. I might write down some exact words you say, but I will not write your name.

If you would like to take part, please read the consent form below and sign your name. If you have any questions you can contact me (Fiona Donohue) at 0871272913.

Appendix 2 – Consent Form



Working in Residential Care. Residential workers views -A Narrative Study

A study on staff views of Residential Childcare

Consent Form

I (students name) agree to take part in the study on staffs views in Residential Childcare. I am taking part as long as I will not be named in the report and the residential care setting where I worked will not be named. I know I can change my mind and drop out of the study if I wish to.

Signed _____ Date _____

Is it OK with you to have the session taped? YES ____ NO ____

Signed _____ Date _____

Appendix 3 - Pilot Questions

The interview will be categorised into three main sections.

- General information
- Challenges

- Opportunities

General Information:

1. Tell me about yourself?
 - Male/Female?
 - For how long did you work in residential care?
 - Was residential care your first job?

Professionals views:

2. Why did you decide to work in residential care?
3. What were the challenges that staff had to face?
 - What were the challenges children had to overcome?
4. Since the report Inquiry reports and new legislation, do you think children's views and opinions are being heard? Explain your answer.
5. What opportunities are there in residential care for staff?
 - What opportunities are there in residential care for children.
6. The *National Standards* were adopted in 2001, was the setting you were working in meeting all of the standards.?
7. In relation to staff qualifications, was there always at least one member of staff that was qualified working at all times?
8. If you could make any changes in residential care what would they be?

Appendix 4 – Revised Interview Guide

General Information:

1. Tell me about yourself?
 - Where did you get qualified?

- How many centres did you work in?
- Was residential care your first job?

Core Questions – Professionals Views:

2. Why did you decide to work in residential care?
3. Describe your experience in residential care?
4. What were the challenges that staff had to face?
 - What were the challenges children had to overcome?
5. What opportunities are there in residential care for staff?
 - What opportunities are there in residential care for children.
6. If you could make any changes in residential care what would they be?
7. What advice would you give to someone that is going to work in residential care?