Athlone Institute of Technology

The Effectiveness of Children's Residential Care - Student Views.

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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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Table of Contents

Abstract

This study sets out to explore current 4th year social care students perspectives on residential child care. The objectives of this study are: to explore these students' perspectives' on the effectiveness of the residential care system; To examine student's views on the possible challenges and opportunities of working in the residential care system and to identify recommendations that may contribute to improving outcomes for children in care.

This was a narrative study and the chosen method of data collection was the qualitative method. Interviewees were well suited to this study as they were in their 4th year of a social care degree. The participants were from Athlone Institute of Technology and Carlow Institute of Technology. The study consisted of 5 semi-structured interviews. The sampling method used for this study was a convenience sampling. The researcher was able to ensure they successfully accessed students with experience in the sector.

The main findings are as follows: students had a varied views of the current system, ranging from negative to very positive. Student's views were evidently shaped by past failings of the system reported in both the media and academic material. Concerns were raised about the lack of specialised services, especially mental health services for children in care. Students' highlighted the improvement over the years in relation to opportunities available for staff, however student's felt there was not enough support for children who were reaching 18 years of age. A consistent theme that emerged both in the literature review and in the findings centred on the importance of early intervention

The findings from this study have led to recommendations for future research. These include opportunities for further training and an increase in resources to include emotional support and supervision outside the agency There was a sense of optimism with regards to registration, participants' are looking forward to developments within the sector that they believe will improve outcomes for young people in care.

Section 1:

Introduction

Introduction to the study

Children's residential care has been subject to much discussion over the past decade. These discussions are often centred on a negative view of the system. Ferguson (2007) points to the fact that there is a "deficit view" of the system, in that everything written is based on a negative view. Gilligan (2014) further elaborated on this and stated that "the broad field of residential child care has taken a battering, reputationally, in many countries because of a succession of scandals and failings. This study provides a platform for students who have good insights into the system as result of their placement experience and academic studies, students views are not visible in recent research studies.

My research question has been shaped by my experience in children's residential care and my five years of study It is my view that everyone engaged in children's residential care (the students, the staff and children), all have a part to play in improving outcomes for children in care.

Purpose of Study

This study is a qualitative study which sets out to explore 4th year social care student's perspectives on children's residential care. The objectives of this study are: to explore these students' perspectives' on the effectiveness of the residential care system; To examine student's views on the possible challenges and opportunities of working in the residential care system; to identify recommendations that may contribute to improving outcomes for children in care.

This study consists of six different sections. The first section included the introduction and outlines the study. The second section includes relevant literature and a brief outline of children's residential care. The third section will cover methodology, participants and the rational for the study. Section four will outline the results whilst section five looks at the discussion. Finally, section six will cover the conclusion and any recommendations.

Section 2:

Literature Review

Introduction

This chapter will provide a critical analysis of the literature. This section will cover an overview of children's residential care; a brief history of the sector; policies and legislation; challenges and opportunities and the changing role of the residential social care worker.

Overview of Children's Residential Care

Recent and past inquiry reports have changed the social care landscape and it is still changing today. This is evident in policies and procedure with the implementation of the Children's First Guidance (2011) and the National Standards for Children's Residential Centres (2001). The child protection system determines which children will be placed in residential care. At the moment there are only two models of care for children and young people in Ireland, mainstream residential care and special care units (KilKelly, 2007; Darmody et al 2015; Jakobsen, 2010). The number of children being placed into residential care has reduced dramatically since the development of foster care as a placement option. According to Tusla's Monthly Management Data Activity, the total number of children in general residential care in February 2018 was 4,041 and 1,661 in foster care (Brines &McHigh, 2005; Tusla, 2018; The Report of the Task Force, 1999;)

Mainstream residential care houses children who need support but who are also fairly independent. This type of residential care will house the majority of children in care who haven't gone into foster care (Department of children & youth affairs, 2014; Tusla, 2014). Mainstream residential homes resemble houses that one would see in estates or within the town. The purpose of this is to create normality for the children. Children in these homes would attend local schools and also take part in the community (Tusla, 2014; Department of children & youth affairs).

Special care has been defined as "a type of care that is given to children and young people who are in need of special care and protection" (Children's Act Advisory Board 2007; Tusla 2014; Health Service Executive 2008). These units are purpose built secure locked facilities, managed by the HSE and the units have a higher staff to child ratio compared to other residential units in Ireland and children are placed there via the use of a high court order with a minimum stay of 3 months and maximum stay of 6 months (Children's Act Advisory Board 2007; Health service Executive 2008; KilKelly 2007). The units provide the child or young person with a model of care and appropriate interventions, which are based on relationships, containment and positive reinforcements (Tusla 2014 & HSE 2008). These units have an onsite school as part of the model of care. If we look at

other jurisdictions like the United States of America or the United Kingdom or Australia, their move from the residential care model is evident. There is a focus on improving the status of this model and also an emphasis on the positivity of residential care (Kiraly 2001).

Children are placed in residential care for a variety of reasons. They may be placed into residential care in order to assess their needs and to provide specialist supports or intensive interventions (DCYA, 2015). Currently children are admitted into residential care due to the parent's inability to cope and provide a caring and nurturing environment. These children may exhibit challenging behaviour; they may be engaging in behaviour that poses a risk to themselves or to others; they may have been subjected to abuse (neglect, sexual abuse, physical abuse and emotional abuse); and they may have witnessed domestic violence or some other type of assault that would further affect their development (HSE, 2010; Department of Children and Youth Affairs, 2010). The Children Acts Advisory Board's 2010 study gave an in depth description of children placed into residential care. There are currently over 5000 children in care, with over 10% of those children in foster care leaving 90% in mainstream residential care. This study highlighted that evaluation is not currently a feature of the care system, and as a result, there is no way to ascertain how effective the care system is in providing positive outcomes for children in care (CAAB, 2010). However, to truly understand residential care, one must firstly understand the history of the sector.

Brief History of Residential care

Over the past 20 years Ireland's policy has made a shift in both ideologies and discourse, this is evident in our development of the current system .Irish society began with institutionalisation were children were separated from parents, along with the development of industrial schools (Gilligan, 2009; Hutchinson, 2001). Then as the shift occurred we saw the publication of the Tuarim report (1966) and the Kennedy report (1970), however none of these publications covered abuse allegations or the harsh regime that children had to endure.

Nonetheless the Kennedy Report (1970) and the Task Force Report (2012), along with international developments we saw the implementation of trained and qualified workers. Industrial schools were demolished and replaced with small group home (Kennedy Report, 1970; Task Force Report, 2012; Walsh, 2005)**.** The Task Force Report (2012) outlined a vision for a quality Irish Childhood and how to implement that vision. This was said to be achievable through a high level of governance along with policy goals in establishing said agency, the Child and Family agency (The Task Force Report, 2012). The Task force emphasised that this new agency must have a broader focus than current children and family services within the Health and Safety Executive. Early identification of needs or risks must be a priority and this can only be beneficial if it leads to appropriate interventions and better outcomes for children and families (The Task Force, 2012).   International developments influenced change in Ireland, with the ratification of the United Nations Conventions on the Rights of the child. This meant that Ireland would now have to be more accountable and have specialised secure care. The writings of Bowlby and Pringle (1980) also had an effect on how Irish society dealt with children.

The Roscommon report (2010) highlighted the importance of hearing the child's voice, which brought about the implementation of Tusla and Heath Information and Quality Authority (Howard, 2009). Services were to be reviewed regularly and inspected as outlined in the Ryan report (2009). Children's residential care "has taken a battering, reputationally, in many countries because of a succession of scandals and failings" (Gilligan, 2014; cited in Whittaker et al, 2014). Ireland has faced criticism from other jurisdictions and a striking criticism was reflected in the Stockholm declaration on children and residential care (2003), which argued for a residual role for residential provision. The history of residential care has impacted how and why policy and legislation is implemented within Ireland.

Policies and legislation

Children's residential care is governed by a variety of policies and legislation. Firstly, we have the Child Care Act 1908, as amended in 1991. This act was also amended by the Child and Family agency act 2013, which gives Tusla the statutory duty to promote the welfare of children. The majority of children's residential care homes are run by this agency, whilst there are a few which are run by private organisations, however both of which are inspected by the HSE (Department of Children & Youth Affairs, 2014; Tusla, 2014). The Children Act 2001 also governs special care units, along with the Health Act 2007.

The National Standards for Residential and Special Care Units 2001 prepared by the Department of Health and Children must be followed in all centres. These standards set out qualifications relevant to all settings and that there should be supports in place for staff (Department of Children & Youth Affairs, 2001) and in 2012 we saw the addition of the National Standards for the Protection and Welfare of Children which were published by HIQA and inspections would be against these standards. However, recent studies and HIQA reports have shown that these standards were not upheld and service user expectations were negative when it came to child protection or welfare teams (Buckley, et al 2010; HIQA report 2009).

The Children's First Guidelines were established in 2011 and are to be followed when working with children (Children's First National Guidance, 2011). They set out guidelines for those who work closely with children and they also outline steps to take if one is concerned about a child's safety or welfare (HIQA, 2012). It is mandatory that everyone working in children's residential facilities be trained in Children's First Guidelines and most centres have adopted the better outcomes better future framework. The Health Information and Quality Authority (HIQA, 2012) report, found that vital training had not been provided, this was evident in 39% of centres identified in the report. However, overall Irish legislation and guidelines have improved significantly, and show motivation and focus on children (National Guidelines for the Protection & Welfare of Children, 2008; Shannon 2009; Health Quality and Information Authority, 2014)

Internationally, the United Nations Convention on the Rights of the Child, ratified in 1992, forced Ireland to create more policy documents. This convention allowed Ireland to see the child as a rights bearing individual (KilKelly et al 2012). However, it could be said that Ireland is a country where

progress has been made in legislative terms, but the implementation in everyday life is still not clearly evident (Lundy et al., 2013). With regards to children in special care, the European Court of Human Rights (ECHR) has stated that higher standards of care must be upheld for those who are detained in solitary confinement 'No one shall be subjected to torture or to inhuman or degrading treatment or punishment'.

Other deficits in the area of policy and provision have been documented. For example, regulations and standards state that each child should have a care plan that is reviewed regularly. However, figures have shown that this is not being met, as hundreds of children do not have such care plans in place. Similarly, while each child placed into the HSE's care is meant to be allocated a social worker, research has shown that some children do not have one. Social workers are over worked and understaffed. The Ombudsman for Children has also acknowledged the lack of social workers and faults in care planning, and a lack of specialised services with regards to mental health services, are among the most frequently examined complaints brought by the public and children in care to the Ombudsman (Darmody et al., 2013). Aftercare is also another pressing issue facing children in care who are about to turn 18. The 1991 act states that the HSE 'may' provide aftercare services, including completing education and contributing towards maintenance whilst that young person does so. Unfortunately, there are no obligatory acts available, resulting in variations of aftercare across the country. The national standards for foster care and children's residential services state that "young people reaching school leaving age should be actively and strongly encouraged to participate in third level education, but this is not the case. Such deficits and changes in policy have highly impacted and added to the challenges faced by social care workers.

Challenges and opportunities in children's residential care

The findings from this study have led to recommendations for future research. These include opportunities for further training and an increase in resources to include emotional support and supervision outside the agency. This supervision will help the staff speak freely about any issues that may concern them. There was a sense of optimism with regards to registration, participants are looking forward to developments within the sector that they believe will improve outcomes for young people in care.

Research has shown that early intervention and prevention is crucial in children's residential care system and research has also highlighted the many challenges and difficulties (Ainsworth 2005; Collings & Davies, 2010) and that social care workers in Ireland are in a precarious position (Howard 2009; Ryan, 2009). One of the main challenges in children's residential care is societal pre-occupation with past failings (Carr, 2014; Kennedy Report, 1970; Ryan Report, 2009). Past inquiry reports have shed light on years of abuse, that the shame and guilt of that still lingers amongst social care workers, social workers and policy makers alike (McGregor, C, 2014; Howard, N, 2009). As a result of this children are viewed through a lens of what their impact would be on us, rather than what they are worth as individuals (Collings & Davies, 2009; Smith, 2007). A thematic analysis of Irish literature on children in detention and out of home care in Ireland (2010) by the Children Acts Advisory Board, identified over 250 pieces of research largely driven by academia, with a small contribution commissioned by the statutory sector. This study found the care system remains fragmented and has weak preventative and re-integrative components (CAAB, 2010). These abuse revelations have also "cast a veil of suspicion over the entire social care sector and those who work in it" (Smith, 2009). Over the year's children's services have been driven by scandals, were the omission was by the children's services provider, a lack of multidisciplinary co-ordination and just a simple failure to notice the abuse taking place (Little, Jodrell and Karakut, 2012; cited in Davies, 2012). The Irish public have been offended and disgusted by the death and maltreatment of children, and at times the public have fallen more strongly on those providing the service rather than those who committed the heinous and hideous crimes. This has also brought along with it accountability and responsibility in the form of multiple pieces of daily paperwork, because somehow "ticked boxes and paperwork, reflect the care that children are getting" (Collings &Davies, 2010; Buckley et al 2010; Burns & McCarthy 2009; Smith, 2009).

Another challenge that occurs in children's residential care is the high levels of staff turnovers and available training, in both public and private sectors, (Burns & McCarthy, 2012; CAAB, 2010; Garrett, 2009; Howarth & Morrison, 1999; Howard, 2009; Mulkeen, 2016). Due to this many children are constantly meeting new faces and unable to build rapport (Burns & McCarthy 2012; Garett, 2009; Mulkeen 2016). In a study on service user engagement or participation, many felt they were not being listened to, whilst others felt as though they were constantly "walking on eggshells" in front of the professionals (Buckley & Nolan ,2013; CAAB, 2010; Buckley et al., 2010). High caseloads were impacting on the care that service users received (Buckley et al., 2010 and Shannon & Gibbons 2012). Another study on children in detention and out of home care found that meaningful participation by young people was scarce, and highlighted the importance of involving young people in care planning or decision making, which ultimately cannot happen if these young people are constantly "walking on eggshells".

A UK study provided insight into the nature of children's residential homes and the characteristics of the young people who live in them. This study looked at 16 residential care homes in 2010 and found that children expressed loneliness and missing family life. They were missing normality in their routine, like being able to "hang out in peer's rooms" (Berridge et al, 2010). The significance of meaningful relationships for young people in residential care is well documented (Gallagher & Green, 2012; MacDonald et al., 2010), however a barrier has been put in place over the years, that has replaced meaningful relationships with fear. A study by Brown, Winter & Carr (2018) found that among 26 residential childcare workers revealed that their culture fear in relationship based practise stemmed from the environment and social structures. This study also showed how interviewees felt there was limited understanding of the residential worker by society. Interviewees revealed some of the ways "in which fear has been institutionalised in daily processes, practises and procedures" (Brown, Winter & Carr, 2018). Relationships between management were described as "distant…battered" and interviewees acknowledged that past failings in the system, even after the establishment of governing bodies like Tusla, social care workers still live in the shadow of fear associated with those failings (Brown, Winter & Carr, 2018).

Challenges can manifest in the form of violence, property damage, absconding and partaking in risky behaviour, drug and substance abuse (Howard 2009; Keogh & Byrne 2016). Violence is seen as a common practise in the social care field, particularly in children's residential, because most children are admitted into care after years of neglect and or sexual, physical and emotional abuse, which at times manifests as behavioural difficulty (McElvaney & Golden, 2015; McEvoy & Smith, 2011). Social care workers may have to employ therapeutic crisis interventions (restraints) to help the young

person and ensure everyone involved in the restraints is safe. A restraint is a practise that limits or impedes an individual's movement or activity, or forces an individual to practise in a behaviour that they would not practise freely (HIQA, 2016). Physical or mechanical restraints are where staff would restrict the individual's movement for their safety or the safety of others. A chemical restraint is the use of medication to sedate or calm an individual whereby their safety or the safety of others is at risk.

Challenges were noted for children particularly in relation to good quality placements decisions. Emphasis was placed on management in decision making and ensuring the best fit with the needs of the child (CAAB, 2010). Along with the 'shocking' waits for mental health services availability (CAAB, 2010; Independent, 2018; Irish Examiner, 2010). Children have to wait long periods of time to see mental health professionals mainly due to the lack of mental health professionals. The president of the college of psychiatrists of Ireland, Dr John Hillery, addressed the Joint Oireachtas Committee on the future of Mental health care on the issue of recruitment and retention of psychiatrists (CAAB, 2010; Independent, 2018; Irish Examiner, 2010). The Task Force Report (2012) recommended that the Child and Adolescent Mental Health Services (CAMHS) be directly provided the Child and Family Agency, as opposed to the HSE (The Task Force Report, 2012). In September 2011, there were over 460 whole time professionals working in 56 community CAMHS teams. The 2010-2011 annual report identified psychiatry as the largest professional group in CAMHS at 31.2% followed by consultants at 14.9% and doctors in training at 16.3%. other professionals included social work at 17.5%, child care at 4% and a variety of others (The Task Force Report, 2012).

Research has highlighted the improvements in residential care centres. Most centres are meeting standard's and compliance (HIQA, 2017; HIQA, 2016; HIQA; 2015). HIQA reports in recent years has revealed how centres has significantly improved with regards to child centred services and to children's rights. Inspectors found that staff teams promoted a culture of respects whereby the expectation in the centre was that there was mutual respect between children and staff. Children and young people were provided with information on EPIC (empowering young people in care), and some children attended events ran by EPIC (HIQA, 2017; EPIC, 2017). Improvements were also made in relation to individual crisis management plans, and provided staff with good guidance around how to manage children's behaviour. Centres had completed a process of implementing placement plans, however whilst some placement plans provided timeframes for actions, some did not. Some children's centres complaints system was ineffective, and inspectors noted that some complaints were actually child protection concerns (HIQA, 2016). This same centre was found to

have institutional practise that impacted on children's rights to privacy and bodily integrity (HIQA, 2016).

Researchers have begun identifying opportunities for children and social care workers in residential care. An exploratory study on children in care in Ireland by Darmody et al., (2013) highlighted and recognised the importance of education and how it was inextricably linked when striving to achieve a sense of stability for children. The National Children in Care Inspection Report, 2009 documents the findings of a series of nationwide inspections of 38 care settings for children carried out by HIQA in October 2008. HIQA found that the majority of children in residential care centres attended school regularly, were provided with additional tutorial support as needed and received help and encouragement with their education from staff members in the centres. However, no clear picture is available to show the extent to which the standards on education as set out in the National Standards for Foster Care and for Children's Residential Centres are being met (Darmody et al., 2013). This seems to be the case in many countries; children in care appear to be disadvantaged with regards to educational outcomes and equal opportunities. Darmody et al., (2013) highlighted this through their case studies of different jurisdictions (Australia, Canada, Northern Ireland and Scotland). Barriers such as a lack of or lengthy delays in assessments; poor communication and interactions between social care workers and teachers; and the schools' commitment to support vulnerable individuals from care background all contribute to why children in care may not receive the same level of education as their counterparts. Such challenges and opportunities have impacted on the changing role of the social care worker.

The role of the social care worker

Over the years the residential care worker's role has changed significantly and it is still growing, with worker's carrying out the roles of other professionals. The administrative duties have also increased; more paperwork has been introduced in the last few years along with various new policies and procedures (Williams & Lalor, 2001). These consist of; daily logs, risk assessment logs, contact logs, medication administration logs, observation logs and many more. How does one effectively carry out their job if they have ten more jobs to carry out? Today it could be cooking another day it could be searching for an absconded child or answering questions from the Gardaí (Finnerty, 2016).

Social care workers are still waiting for the opportunity to register as professionals. This is a challenge being delayed by CORU the multi-professional regulator. Their role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the Health and Social Care Professionals Act 2005 (as amended). It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in the Act. Minister for health deputy James Reilly stated that "establishing all 12 registration boards has been slower than expected". To date the registered professionals, consist of; occupational therapists; speech and language therapists; dieticians; and physiotherapists; social workers and radiographers (CORU, 2010; Social care worker's registration board, 2017).

This delayed approach to registration can also be a contributor to the lack of understanding about the residential care sector and another obstacle to the professionalization of residential care. Berridge and Brodie's 1998 study of children's homes reported that there is an inferior status associated with the post.

Conclusion

To conclude, the residential care system has come a long way, from the abuse scandals that shook the nation, to the developments within our policies and legislation (Collings and Davies, 2010; Buckley et al 2010 and Burns and McCarthy 2009 and PA Report, 2009). Due to recent legislative enactments and amendments, public policy makers have been required to respond to the many scandals that have occurred within the system. More children are identified as being at risk, and interventions are available for that child. Awareness for our future generations has increased dramatically in comparison to 50 years ago. The product of this history has led to effective work; many children are now protected from emotional abuse, neglect, physical abuse and sexual abuse.

Unfortunately, recent HIQA reports have highlighted the challenges that can occur in residential care and are still occurring in the sector today. There is limited research on children's residential care. There are no statistics or evidence that shows the effectiveness of residential care, from the views of those about to enter the field. It's important to prepare the workforce adequately, regardless of what the future employment may be. Listening to these students can bring about valuable recommendations, which could result in better prepared social care workers and a quality service for children in care. Hence, the aim of this research study is to explore 4th year social care student's views on the effectiveness of children's residential services. The objectives of the study are:

• To explore these students' perspectives' on the effectiveness of the residential care system.

• To examine student's views on the possible challenges and opportunities of working in the residential care system.

• To identify recommendations that may contribute to improving outcomes for children in care.

Section 3

Methodology

Introduction

In this section the author will outline the primary research methodology and attempt to justify the chosen path undertaken for this study. The author will examine theoretical considerations and the process will be outlined under the following headings: research design, materials used, participants' profile, procedure followed, ethics and reliability and validity.

Due to the nature of the study a narrative approach was selected, and a qualitative method was the best choice. The data must satisfy the aims and objectives, which will be effective with the use of interviews, as a deeper insight and understanding is what is needed to answer the research question.

The research question

This study aims to explore 4th year social care students' perspectives' on children's residential care. The objectives of this study are:

- To explore these students' perspectives' on the effectiveness of the residential care system.
- To examine student's views on the possible challenges and opportunities of working in the residential care system.
- And to identify recommendations that may contribute to improving outcomes for children in care.

Research Design

The justification for this research study begins with the authors own postgraduate degree and experience of working within the sector. Due to personal experiences and personal thoughts on the sector, the author became interested in exploring the views of 4th year social care students on children's residential services. Challenges in the system also had the researcher interested in establishing the views of other students who have worked in this area. Gathering student's perceptions of the area will contribute to the body of knowledge and can also bring about recommendations to further prepare future generations of workers.

Upon deciding the appropriate primary research method to utilise, both quantitative and qualitative methods were considered. The advantages and disadvantages of both were weighed. Qualitative research places 'emphasis on words rather than quantification in the collection and analysis of the data' (Bryman, 2007: 697). Martyn Denscombe stated that quantitative data takes the form of numbers and is associated mainly with strategies like surveys and research methods such as questionnaires (Denscombe, 2010). Qualitative research is carried out by conducting interviews. Quantitative research is carried out in the form of questionnaires.

Qualitative research in comparison to quantitative research is a more efficient way of collecting data (Hoffman, 2007). Qualitative research provides the researcher with rich and detailed information from the interviewees perspective and offers a clear understanding of the topic in the form of verbal communication (Hoffman, 2007). The rationale behind choosing a qualitative approach for this study was due to the objectives requiring a high quantity of detailed information and qualitative research was the best way to so.

Qualitative research also allows interviewees to tell their narrative of experience, therefore the type of qualitative method chosen was a qualitative one. A narrative is a means by which we systematically gather, analyse, and represent people's stories as told by them, which challenges traditional and modernist views of truth, reality, knowledge and personhood (Clandinin and Connelly, 2000). A narrative method will allow the researcher to obtain one's thoughts, however one must emphasise the importance of subjectivity, these thoughts are only views of the participants in the study.

Furthermore, Reissman (2008) provided four main methodological approaches which cut across different types of narrative research: Thematic analysis; Structural analysis; Dialogic analysis; and visual narrative analysis (Reissman, 2008). For this research method a thematic analysis approach will be utilised, as it was deemed the most appropriate.

After much consideration, the research methods were selected. Semi structured interviews were chosen, as they allow the interviewee flexibility (Jackson, 2017). Structured interviews which are standardised questions in a fixed order. These typically provide yes/no responses. Semi-structured interviews which have no fixed order and allow for greater information. And in depth interviews are conversational ones, almost confessional (Jackson, A 2017, Bloom, D, B & Crabtree, F, B 2006). Semi structured interviews will elicit rich date and allow space for a conversation type approach.

Participant's profile and Materials Used

This research project consisted of 4th year Social Care Students, who were either studying the Bachelor's degree or the applied degree in social care practise. Participants could either have/are working in residential care. Participants could also have no experience of working in the sector. Convenience sampling was used for this project. 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 for the researcher to recruit participants, that were conveniently available to the researcher.

Participant 1	Female, age 22
Participant 2	Female, age 23
Participant 3	Female, age 25
Participant 4	Male, age 26
Participant 5	Male, age 22

The materials used in this research project included a consent sheet (see appendix 1). A digital Dictaphone was used to record the interviews in order to accurately record the data. A list of questions were also asked (see appendix 2).

Procedure

In order to gain an insight into the views of students, interviews were facilitated by the researcher. The interviews were semi-structure, face to face interviews and took place in the month of March 2018. Participants were required to sign a consent form prior to beginning interview. The participants were informed that the information recorded would only be transcribed by the researcher and transcripts will be kept in a locked drawer. Additionally, participants were also informed that all information will be treated confidentially and that if needed the interview can be stopped at any time.

The interviews were conducted in Athlone Institute of Technology as this proved to be the most convenient place for participants. The participants chose the time and dates. Each interview was carried out in the private library rooms that had been booked by the researcher. This ensured there would be no distractions once the interview began. The interviews were semi-structured and the length varied between participants'. The interviews lasted from 30 minutes to 45 minutes long. The interviews included 8 questions (see appendix 2). Participants were also offered a copy of typed transcripts, however each denied same.

Data Analysis

The transcripts were typed out and read repeatedly to find any emerging themes in the data. Initial coding was found from reading the transcripts (Hoffman, 2007). A narrative analysis was utilised to analyse the views of these 4th year students'. Thematic analysis was used- by analysing each answer from each participant's side by side to identify common feature or any reoccurring themes.

Ethics

Ethics must be given due consideration as they set standards of how research studies' must be carried out. History has demonstrated unacceptable and unethical ways of some research from the Tuskegee syphilis study and Stanford Prison experiments (University of Glasgow, 2016). There are 6 key principles for ethical research, these are: Research should aim to maximise benefit for individuals and society and minimise risk and harm; The rights and dignity of individuals and groups should be respected; Wherever possible, participation should be voluntary and appropriately informed; Research should be conducted with integrity and transparency; Lines of responsibility and accountability should be clearly defined; Independence of research should be maintained and where conflicts of interest cannot be avoided they should be made explicit (Bell, 2005).

This research project was required to be approved by the ethics committee at Athlone Institute of Technology. The approval was given in February 2018. In order to comply with this committee, the researcher provided the participants with consent forms (see appendix 1). Participants were also advised if they were to disclose any information that suggested they may harm themselves or anyone else, the researcher would notify their supervisor.

Reliability and Validity

Reliability is the degree to which measures are free from error and therefore yield consistent results (i.e. the consistency of a measurement procedure). Whilst, Validity has been defined by "the extent to which [a test] measures what it claims to measure" (Gregory, 1992, p.117). Qualitative find it difficult to measure reliability and validity. This research project does not feature any external reliability and cannot be replicated. Furthermore, this project was a relatively small one, hence the

results cannot be generalised beyond specific research context. The researcher further ensured these aspects by maintaining a transparent data analysis process. The topic of reflexivity was also important. Reflexivity is the awareness of the influence the researcher has on the people or topic being studied, while recognising how the research experience is affecting the researcher (Probst, 2015 and Cunliffe, 2006). As this was the researcher's second research project, the researcher practised reflexivity throughout, mainly as the topic was very close to the researcher. This was done through regular supervision and diary entries of any important decisions made through-out.

Conclusion

In conclusion, this section described the methodology that was applied to the gathering and analysis of the primary research data. The research design and participant's profiles were listed, the materials that were used were outlined and the procedure and data analysis were described. Ethical considerations followed along with the reliability and validity. In the next section the findings of the research and the themes that emerged from the interviews are discussed.

Section 4

Results

Introduction

The aim of the study was to explore 4th year social care students' perspectives' on children's residential care. The objectives of this study were as follows; to explore these students' perspectives' on the effectiveness of the residential care system; to examine student's views on the possible challenges and opportunities of working in the residential care system and to identify recommendations that may contribute to improving outcomes for children in care. The re-occurring themes that were identified from the semi-structured interview questions are outlined below:

1. The student's view and understanding of children's residential care.

2. Student's thoughts on the effectiveness of the service.

3. Student's perceptions of the challenges that workers and children experienced.

4. The potential opportunities for staff and the children in children's residential services.

5. Recommendations

Results

The student's view and understanding of children's residential care.

The students were asked for their understanding of children's residential care. A similar theme emerged from all the participants. The students had varied views of children's residential service, however, many of their understanding appeared to be based on the word care, with a continuum of care control. Participant 1 stated; *'My main understanding of it is, that you're looking after children who are coming from different situations, ...they all have a separate plan in place for each one of them. And yeah just that you're looking after them every day making sure that they are cared for.'* Participant 2 emphasised children being placed into state care *'My understanding is that when for whatever reason parents can't look after their child, the state will provide care for children in loco parentis. Where they act as parents to the children, where their parents cannot. There is also foster care where the child gets a placement with the foster family.'*

A similar point was made by participant 4, '*My understanding is that it's a family type ethos. It's one where they group live with care staff, with inputs from multi disciplinarians, and other networks and job opportunities. There's other networks for further education all working in a multidisciplinary route to care for the young person. It's kind of a family feel to it. For me it's mainly positive.*' Whilst participant 3 described their understanding as '*For the staff I would say it's a very challenging environment, trying to find a balance between a home and therapeutic environment at the same time. However, I believe that with the staff as well it's the resources... For the children I feel there can be a lot of gaps within the system, in relation to their aftercare. Also with the kind of supports and developmental needs, and opportunities that are available to them whilst they're in residential, can be very limited depending themselves and complex neds in general*". Participant 5 further emphasised stating "*For the families then, yeah I think it depends on each individual service. I mean with Tusla, the family is very much tuned in, I feel that the families can have, it's in our standards with Tusla, to get the family involved. And it also keeps in contact with the families.*' All the students received their information from college or through placement.

Student's thoughts on the effectiveness of the service.

When asked about the effectiveness of the services participants, a dominant theme emerged. Students found that the services were effective overall but some gaps need to be addressed. Some felt children were placed into residential too soon, that other avenues should be explored first. Participants thoughts on the effectiveness of the system, seemed to be informed by the past. Participant 1 stated '*I think that there is not a lot of services in the sense that you know before children's residential so, I think things get way too far in the sense that kids are taken into children's residential where there could have been different things that were put in place before it.*' Participant 2 was in agreement, but focused more time needed for staff to create useful rapport with the children, stating '*From my experience on placement, I think they're working well to a certain extent, I think that there is a lot of time spent on paperwork and less with the child. I think maybe a little more staff and client connection is needed.*'

Participant 3 stated, '*There not one unique service out there that would cater for the individuals needs of one child. You see a big difference between the private and public sector. I have seen myself peers of mine, who've worked in the private sector. So that, they're very understaffed and the pressure is there. A lot of these services are losing staff weekly so there a lot of burn out.*' Finally, participant 4 and 5 replied with, '*Positively the mainstream, yeah it does. my experience of the public sector, the hse mainstream erm they would have worked well*'. And *'There were lots of networks*

and other ties if they didn't work, they could be moved to another more suitable are. And by large it was a positive one, overall. Although I don't have any private experience, I wouldn't have a positive view of it.'

Another dominant theme that emerged was the clear acknowledgement and recognition that the service has vastly improved over the years. Participant 1 stated that *"Well when it was introduced in Ireland it came in as institutions and the church. And we saw the huge deficiencies within that. So, I mean when they started children's residential, it started off with industrial schools. And definitely we could see from all the abuse scandals that it wasn't working well, but with the aftermath that happened in years to follow, there were inquires and I think we have learnt a lot from these inquires. There is also HIQA now and they're the ones coming in to make sure the kids are looked after and that the staff are doing everything that they can and everything that they need to do. So I think that there's been a lot of things that have been implemented that are very positive.* Participant 2 agreed and stated *"I think it's come on massively from where it was. In a sense is a safer place for children."*

Student's perceptions of the challenges that workers and children experienced.

A re-occurring theme that emerged from this section was challenging behaviour. Participant 1 stated that *'challenging behaviour is a huge one, I think because of the introduction of a lot of video games and that children become very desensitized and a lot of the children who are coming into children's residential units have been subjected to some sort of abuse, either physical mental sexual or you know there is neglect in a lot of case. And it desensitizes them a lot and causes challenging behaviour within the unit. And I mean I think the only way to combat that is having a good relationship with the kid.'* This further reinstated by participant 3 who replied with *'we also have challenging behaviour as well. With residential not all are equipped to deal with high levels of challenging behaviour and it's not always safe to use TCI. So staff are put to the limits.'* Participant 4 emphasised the struggles that staff face when dealing with a variety of challenging behaviours. He stated that *'I've witnessed challenging behaviour. No such things as a bad child, there's bad behaviour. If you look deeper you can find it. I've experienced all sorts of behaviours, spitting, fire starting, self-injurious which is quite difficult.'* Participant 5 stated that *'it difficult is when the young person is displaced where the behaviour is quiet violent, so its staff dealing with open doors, where there's no protection. and this leads to overuse of Gardaí. How do you manage it on the side of the street or in an estate? It has a huge impact.'*

Another re-occurring theme is burn out, a lack of resources, and the lack of inter-disciplinary support. Participant 1 stated, *'One of the primary things is how emotionally draining it is to work in children in such tough situations. I know that it can lead to burn out very easily. Also you've got the constant worry with assault in there, it's a real problem for those working in tougher services. And as well the increased paperwork and staff having to worry about that as well as individualised care.'* Participant 3 agreed with this and stated, *'burnout would be number 1. As you know yourself, in the public service you have the standards, your staff care, and health benefits. But for the professionals involved in it, it has a lot to do with the resources.'* Participant 4 state that *'Other supports don't work enough and things' can take a while, like the social workers. Young person can implode and loose the side of goals.'* Participant 5 simply stated *'Burnout is a big factor, it influences a lot'.*

Participant 2 and 4, focused more on the misplacement of a child and the lack of mental health services for these young people. Participant 4 stated that *', I suppose the fit, does the young person fit the service, or the service fit the young person. Or the dynamic of the group, too many boys or girls. The wrong fit could have detrimental effects. Possibly if young person has run over in stay, where it could have been 8 months, that could have been shortened to 5, when the young person is ready to move.'* Participant 2 stated that *'there is a mental health crisis in Ireland, and I don't think that the staff are getting the adequate training for that. so, I think that staff need to be a lot more up to date and trained and sent on courses to deal with this. And it's an ever changing society, so I mean everything changes, so at the minute what is affecting us hugely is social media. We can't keep an eye on social media 24/7, and obviously the child has a rights to privacy so their social media accounts can be private.'*

The potential opportunities for staff and children in children's residential services.

Another re-occurring theme by the participants was opportunities available for the child in these facilities. Students emphasised a sense of pride for staff when working with children, as they feel they have contributed to that young person's life. Participant 1 stated *"I would think just a sense of coming out with pride, that you're changing some else's life, and you're also having a positive effect on their lives. I would always be honest with the kid's is I possibly could be."* Participant 2 said something similar, *"Well personally I think its great experience to get working with, or trying to work with the children on an individual level, you know any kind of individualised care or service, I think you can get great experience out of it. It's also a rewarding experience because you're giving care to the child."*

Participant 3 touched on one to one interaction with the young person stating, *"I think if it's always been what you wanted, working with young people and having that one to one interaction, being there with them in the moment, getting involved and engaging with them. You have the benefit of increasing their individual living skill."* Participant 4 agreed, *"If you want to teach, we are social educators. And most of the time no two kids are the same. We have a lot to learn from the young people. So these kids that come in have seen it all and heard it and don't want to listen, so it's about waiting for the moment.… Seeing them move on, there a lot of solace to take from that."* Participant 5 was in agreement stating *'it's all about getting to know the kids, learning and growing with them'*.

The student's also emphasised the importance of staff development and professional development. Participants noted the difference in opportunities by sector, the public sector appears to offer more training opportunities. Participant 1 stated, *" And a lot of it will be training as well for the staff."* Participant 2 further emphasised this theme and stated, *"There are always opportunities for continuing your development and training. I know in the residential that I did placement, they link you up with any training in case you want to develop your career."* Participant 3 was in agreement stating,*" Another opportunity, is the training depending on where you work. There is a wide range of training available within the public sector. There's also CBT training to increase your professional development. The opportunities are there especially in the public sector, there is less in the private sector."*

Student's recommendations

When asked what they would change if they were the minister of children, student's had different recommendations. Participant 1 and 3 emphasised change for the children. Participant 1 stated *"So I think at the minute we have very good services in Ireland. I just think we don't have enough of them and we don't have early intervention. So we things like, I don't know if you've ever heard of extern, which would be family support and one to one support for children. That, I saw huge benefits in that program. Yet there are only 7 to 8 extern workers within the Kildare, Dublin area. And each of them can only have 4 to 5 cases, they would have huge numbers of cases coming in and referral, and there's just not enough people. There are not enough social care workers on the ground. Like you literally just need that early intervention.",* whilst Participant 3 stated *"I would say aftercare at the moment is a big gap. Like fair enough the young person might not be engaging. But that doesn't mean they've hit a brick wall. I mean why is it that they're not engaging, it's almost a reason not to consider them for that aftercare programme. I mean you have 16 and 17-year-old dealing with complex needs, until they reach the magic number and it's like oh I am an adult now let's get on with*

this. So I'm thinking there should be more opportunities there for them, not just to be told that you're 18 its you're a number now, good luck." Participant 2, 4 and 5, emphasised changes for the staff. Participant 2 state *that "For the staff I would emphasise self-care to stop burn out. For the child I would say better individualised care and more staff, so it's not just riding on the back of one staff member."* And participant 4 stated, *"I would bring in registration, straight away. I do believe were not recognised, and history has told us we are confused with carers and care staff and there no real definitive, once we pay a fee and moneys involved we become more powerful. Until then were just carers."* Participant 5 also stated '*of course registration is what needs to change, we need to remove this one last barrier to professionalising social care work'*. Participant's had limited understanding of residential care, however they appeared optimistic about the future of residential care and its effectiveness.

Section 5:

Discussion

Introduction

Section four presented the main findings of this 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 explore 4th year social care students' perspectives' on children's residential care. The objectives of this study were as follows.

•   To explore these students' perspectives' on the effectiveness of the residential care system.

•   To examine student's views on the possible challenges and opportunities of working in the residential care system.

•   To identify recommendations that may contribute to improving outcomes for children in care.

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 explored 4th year social care student's views on children's residential care. The first theme that became apparent during the analysis stage of this study was the similarities in the views and understanding of the student's experiences of the service. Participants felt they did not have

enough knowledge on the system yet their answers demonstrated that they understood the system more than they realised. Their background knowledge was shaped by academic experience, along with 3 placements, so they lacked experiences on day to day practice.

Participant's understanding and views were also shaped by the history of childcare and also by the Kennedy report and all the reports, such as the Task Force Report that followed. These feelings are reflected within the literature, where society has become encompassed by past failings that mistakes made years ago still linger today, and this feeling is being passed on future generations (Little, et al 2012; cited in Davies 2012; Carr, 2014; Kennedy Report, 1970; Ryan Report, 2009; and The Task Force, 2012). Smith (2009) described this as a "veil of suspicion over the entire social care sector and those who work in it". This was further re-affirmed by Gilligan (2014) who stated that children's residential care "has taken a battering, reputationally".

The participant's understanding of children's residential care was described as "looking after children" and one that has "family type ethos". These findings are reflected in the literature (Finnerty, 2016; Williams and Lalor, 2001; Collings and Davies, 2010) where there is an emphasis on increased responsibility, such as cleaning, cooking, backlog of paperwork, among other things. Additionally, it is also important to note that all participants were from different colleges and also carried out their placements in different sectors. This implies that their lack of knowledge and feelings toward children's residential care is not based solely on just one university or one residential facility. Furthermore, all the students had some knowledge on the topic in the form of theories and academia; however they lacked the "on the floor" experience.

When asked about the effectiveness of the service, the participant's views were positive. One could argue, perhaps it could be due to the fact that these participant's were on placement and perhaps were sheltered to a certain extent. However, they felt that social care workers were perhaps too pre-occupied with paperwork instead of child centred work. The participant's also felt this could contribute into the children and young people feeling as though they are not listened to. This was conveyed in the literature, in a study by Buckley, Carr and Whelan, (2010), service users felt they were constantly "walking on eggshells". Individualised care and one to one care are slowly diminishing, further creating a divide between social care workers and children in residential care. Children are experiencing loneliness and routine (Berridge et al, 2010). The literature also notes that children's residential care workers in Ireland are in a precarious position (Howard 2012 and Ryan, 2009). Many of the children in care have emotional, social and challenging behaviour, and have also faced traumatic life events, for instance, any form of abuse, serious neglect, separation and loss

(Collings and Davies, 2008; Ainsworth 2005). This study found that the participant's were aware of these challenges and some students had also experienced and witnessed some of these. They also noted that staff were not receiving adequate training to deal with such matter, particularly in the private sector. Similarly, the findings 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 in 2018. Further training is required and an increase in resources to include emotional support and supervision outside the agency.

Challenges were also identified for the child. The participant's felt there was a lack of mental health services for children in care. One participant stated that *there is a mental health crisis in Ireland, and I don't think that the staff are getting the adequate training for that."* This was reflected in the literature by a study by McNicholas et al, (2010) on long term care, frequent placement changes and residential settings that found, that these children were significantly related with poorer outcomes and increased mental health contact (McNicholas et al, 2010). An international study further criticised Ireland for its lack of mental health reform in 2018 and the national director of mental health highlighted the dire need for more mental health services "The problem is that CAMHS takes everybody because there is nothing else there," (O, Conner, 2017, cited in McDonagh, 2017; McGarry, 2018). In September 2011, there were over 460 whole time professionals working in 56 community CAMHS teams. The 2010-2011 annual report identified psychiatry as the largest professional group in CAMHS at 31.2% followed by consultants at 14.9% and doctors in training at 16.3%. other professionals included social work at 17.5%, child care at 4% and a variety of others (The Task Force Report, 2012).   Furthermore, the Ombudsman for Children acknowledged the lack of specialised services with regards to mental health services and also stated that this is among the most frequently examined complaint brought by the public. The Task force emphasised that the Child and Family Agency must have a broader focus and the importance of early identification of needs or risks must be a priority (The Task Force, 2012).

Staff development and training was another theme mentioned by students. The participant's noted that training and professional development was lacking, particularly in private sectors. The National Standards (2001) for Children's Residential Centres states, there should be effective on-going staff development and training programmes for the care and education of staff in every child's residential centre (Department of Health and Children, 2013). As recognised in the findings of this study, it was revealed by four participants that staff are not receiving the necessary training. These findings have

implications on staff, because when staff do not receive adequate training, they find it difficult to deal with challenging behaviours when it arises or with everyday challenges within the centre. Therefore, when staff are struggling with the everyday challenges of the centre, one could argue, are children receiving the best quality care? The findings also concur with the Health Information and Quality Authority (HIQA, 2012) report that found that vital training had not been 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 would they change if they were minister of children. Participant's emphasised staff development and bringing in recognition. This was conveyed in the literature by Williams and Lalor (2001), who found that the lack of training and also the lack of registration was unappealing to potential children's residential care workers. Other HIQA reports in 2016 and 2017, found that although improvements were made in relation to individual crisis management plans, some centres failed to comply with complete placement plans for children (HIQA, 2016; HIQA, 2017). One could argue that if more training was made mandatory for staff, in both private and residential centres, perhaps staff would be more equipped for dealing with the everyday challenges in residential care.

The partiipant's expressed that workers have received limited support from social workers. This lack of resources can cause frustration among workers. However, one has to be cognisant of the fact that social workers do have heavy caseloads and possibly do not have time as they are focusing on more serious child protection and welfare matters. This has been highlighted in Burns and McCarthy (2012), 'social workers should not have such high caseloads, it is the children that are suffering, and they are not getting the attention they need when workers can't give them the time of day'. Burns and McCarthy (2012) further elaborated on this and stated that caseloads are rising, so therefore the need for social workers is also rising. Due to this rise, children in residential care are not receiving high quality care and attention from their social workers (Burns and McCarthy, 2012; KilKelly 2012). This deficit was also noted by the Ombudsman for Children stating that not only do some children not have social workers but some children don't even have care plans (Darmody et al., 2013). The implications of social workers not supporting staff can result in negative outcomes for both staff and children, because, if staff are feeling unsupported, it is plausible to assume that the children are also feeling unsupported. Children's residential care is expected to provide a supportive and nurturing environment to children, as these children have already faced numerous challenges throughout their lives. 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 in 2018.

Another recognised challenge that was noted was the increase in paperwork on a daily basis and the lack of external services for children. Students noted that there was loss of one to one interaction for the child because staff have to give their time to completing paperwork. One participant stated that *"extern, which would be family support and one to one support for children. That, I saw huge benefits in that program. Yet there are only 7 to 8 extern workers within the Kildare, Dublin area. And each of them can only have 4 to 5 cases, they would have huge numbers of cases coming in and referral, and there are just not enough people. There are not enough social care workers on the ground."* This was further elaborated on by the Ombudsman for Children in the literature. The Ombudsman also acknowledged the lack in services, particularly aftercare and mental health services (Darmody et al., 2013).

The results from this study found that support is not always available. This lack of support can also lead to burnout of workers. The participant'ss also mentioned staff burnout within these services and a lack of support to staff. The national standards (2001) state that there should be support mechanisms in place for staff at all times (Department of Health and Children, 2001). One participant stated that *"For the workers, well burnout would be number 1. As you know yourself, in the public service you have the standards, your staff care, and health benefits. But for the professionals involved in it, it has a lot to do with the resources and support"*. This challenge is also evident in the literature, where researchers have emphasised the detrimental effects that burn-out can have (Lloyd, et al 2009). Lloyd et al, emphasised that supervision and team support were crucial in order to avoid burnout. Another participant stated that *"...available training, but burnout definitely is"*.

Conversely, it was recognised by the students that since the National Standards (2001) for children in residential care was adopted, along with other pieces of legislation, there has been more opportunities made available for staff to develop. Students in this study emphasised that they had seen workers offered the opportunity to develop and train, more so in the public sector in comparison to the private sector. This was reflected in the literature through the limited supports offered in work (Burns and McCarthy, 2012; and Howard, 2009). Interestingly, none of the student's mentioned the lack of education affecting children in care.

Conclusion

The findings from this study revealed that the participant's had both a positive and a negative view of children's residential care. They also had different recommendations on things to change in order to further its effectiveness for the children in care. This study showed that students had witnessed

highly committed and experienced staff, who unfortunately experienced burnout, did not receive the adequate resources or training. These challenges were also highlighted in recent HIQA reports (2008; 2009; 2012). Students understood challenging behaviour as young people's needs not being met and coming into the care system too late. There was a great emphasis on early prevention and intervention.

The participant's had similar views to the literature in that they saw the challenges, however they were optimistic in that residential care can be more effective and further improve opportunities for residential care workers and children in care. They also stressed that this can only be achieved with more early prevention services and family involvement, with an emphasis on more mental health facilities. More supports need to be put in place to help children gain access to the services they may need.

The participant's understanding of residential care appeared to be based on the word care, with a continuum of care control. This further re-affirms the fact that social care workers are still seen as 'glorified babysitters'. Research has emphasised that there was limited understanding of the residential care worker and this was reflected within this study. The participants stated that until registration is brought into play, social care workers are not recognised as professionals. The topic of registration came into play in 2010. There was a sense of optimism with regards to registration, participants' are looking forward to developments within the sector that they believe will improve outcomes for young people in care. Perhaps if social care workers were registered, multidisciplinary communication would be more effective and efficient. The participant's that until registration is in play society will continue to view social care workers as care staff.

An unexpected finding from this study recognised that another reason why employees may stay within this job is not because of their salaries, but it is because how they feel when they directly help a young person. The participant's felt a sense of happiness when they had helped a child or young person. Social care has always been a profession led by helping others to better their situation or themselves. This could also indicate that the participants are at the early stage of their career. Research has highlighted the occurrence of burnout among social care workers, after spending some time working in the profession.

Another challenge shared by the participant's and reflected in the literature was that staff were not receiving the necessary training and were experiencing a lack of support from other professionals. When staff are under pressure, this may lead to frustration. Quite a lot of training is now mandatory; however, it is more available in the public sector. The participant's were all aware of this fact and all

voiced it. Staff turnover was another issue, especially within the private sector. The poor rates of pay and lack of resources increased the level of staff turnover (Mulkeen, 2016). The additional challenges that emerged from this research were consistent with the literate; no new barriers emerged from the data that are not already indicated within the literature. Another interesting finding was that although participant's understood the challenges involved in residential care, some of them still considered it as a career choice.

Social care has been overshadowed by past abuse scandals and enquiry reports, where children were failed repeatedly by the government. The evidence from this study shows that effectiveness of residential services appeared to be informed by comparing the present to the past. So, realistically, if social care practise students have to look at the past first to judge the progress that has been made, then it can be concluded that the public will do the same. The prticipant's views about the effectiveness of the sector and its ability to improve was described with great optimism for the future. This study has looked at current student's views on the effectiveness of residential care and by giving a voice to theses student's they've contributed to the body of research through a different lens- a lens of optimism.

Evaluation of method and limitations of the study

Like previously stated research is of crucial importance within the social care field, in order to improve the quality of service. By researching the views of students, the researcher can provide a clear insight into their thoughts on the effectiveness of the service. The qualitative study on the views of future residential care workers is relatively small. To deliver a more concise and complete overview, a larger study would be required.

This narrative qualitative study was comprised of semi- structured interviews which allowed for an in-depth analysis of research questions. This was possible by using a set of core questions, in conjunction with other probing questions. This then allowed the researcher to also ask additional questions relating to the answers given by the students. This allowed for a clearer and deeper understanding of their thoughts and opinions. The researcher is aware of limitations pertaining to qualitative research, however to ensure said limitations were kept to a minimum, the researcher employed pilot interviewees prior to undertaking the study. Additional guidance was also sought from the researcher's supervisor, which helped to ensure the objectives were achiever.

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 4th year social care students on children's residential care. However, there has been limited research conducted on student's views in children's residential care. It is hoped that this research will add to the body of knowledge. The inclusion of student views could lead to better informed practice in the children's residential care system. This study was a small scale study and hence has limited scope. Therefore, this study concludes that more research must be done in order to fully ascertain views from 4th year students, that can help further improve the effectiveness of the service.

Recommendations

Despite the years that social care has been practised and implemented in Ireland, there is no sign of registration opening for social care workers. There is subsequently limited research on the effectiveness of the service, and how to further improve it. To improve staff morale, incentives like

the opportunity to register should be put into place, so workers don't feel like 'just carers', after spending 4 years undertaking a bachelor's degree. Registration could also publicly make social care a profession and remove the barrier to professionalising social care work.

A consistent theme that emerged both in the literature review and in the findings centred on the importance of early intervention. More resources need to be put in place to ensure the staff and children are receiving adequate support. Staff are not receiving adequate training and are experiencing a lack of support from other professionals. A multidisciplinary approach needs to be implemented in order for cohesion to occur. Children in care need more extern officers to be employed, students have greatly emphasised this fact and have witnessed the implications of the lack of these services on children. Due to the lack of same, some children do not get an advocate. Children in care also need an allocated social worker and a care plan as per the regulations and standards.

The mental health services that are available seem to take every young person, mainly due to the fact that there are no other services available for them. Spaces are limited and children and young people are forced to wait enormous period of time to see anybody. More services need to be developed so the services can cater to all the children.

Aftercare is still a growing issue, supports and resources need to be placed in this sector. Many young people are moving out of care and straight into homelessness. The 1991 Act states that the HSE 'may' provide after services, including completion of education and contributing towards maintenance if that young person does continue with their education. However, it is up to the States discretion whether it will supply that young person with maintenance or aftercare. Research has been developing over the last 5 years on the topic of education, especially for those in care or about to leave care. Perhaps the 1991 Act needs to be amended in order to facilitate same for all the young people involved, in order to give them the best chance and start in their adult lives.

The rate of burn out and staff turnover is rapidly increasing. Social care workers need more information on self-care and how to avoid burnout. The increase in daily paperwork, along with other duties have effects on the durability and longevity of social care workers, in children's residential services.

The findings from this study have led to recommendations for future research. These include opportunities for further training; an increase in resources to include emotional support and supervision outside the agency; early intervention and preventative services; more mental health services; and more incentives for social care workers. There was a sense of optimism with regards to registration, participants are looking forward to developments within the sector that they believe will improve outcomes for young people in care.

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Appendices

Appendix 1- Informative email

Dear Student,

I am completing a research project as part of my Master's degree in Child and Youth Studies 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, you will be asked questions pertaining to your opinions and view about the sector. You will be asked about any challenges and opportunities that you feel are available in the sector, for both staff and children. Finally, you will also be asked questions pertaining to recommendations for change in order to further improve the effectiveness of the service.

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 and you do not have to answer any questions that make you feel uncomfortable. The information you share in the interview will be confidential and will only be used for my study. If you disclose anything to me that causes me to worry about your safety or the safety of others, I will talk to my supervisor about it in order to ensure your safety.

If you would like to take part, please email me on A00169712@student.ait.ie or meeknessmuss@yahoo.com or you can also call me (Meekness Musasa) on 0899838098. Thank you.

Kind Regards,

Meekness Musasa

Appendix 2- Consent Form

• I……………………………………… voluntarily agree to participate in this research study.

• I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.

• I have had the purpose and nature of the study explained to and I have had the opportunity to ask questions about the study.

• I agree to my interview being audio-recorded.

• I understand that all information I provide for this study will be treated confidentially.

• I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal

• I understand that signed consent forms and original audio recordings will be retained in a locked locker in AIT until September 2018.

 • I understand that a transcript of my interview in which all identifying information has been removed will be retained for 8 months.

• I understand that I am free to contact any of the people involved in the research to seek further clarification and information. Meekness Musasa, MA Student, 0899838098, meeknessmusasa@yahoo.com

Participant Signature   _____

Date   _____

Researcher Signature _____

Appendix 3- Pilot Questions

1.   What is your understanding of children's residential care?

2.   Have you had any placement experience in children's residential services? If yes, how long?

3. How do you feel about the use of special care in Ireland?

4. What are your thoughts on the effectiveness of special care, as a model of care for young people?

5. What barriers or challenges, in your opinion, could one face whilst working in special care?

6. Do you think there is adequate training for social care students to effectively contribute to children's residential care?

Appendix 4- Revised interview questions

1. Tell me about your understanding of children's residential care? For the families and for the children?

2. Where did you get that information about residential care?

3. Who are these services for? Who is benefiting the most?

4. Do you think children's residential services work well or are effective?

5. Do you think children's residential services have ever worked well or been effective?

6. If yes, who has it worked well for? And if no, who has it failed?

7. What do you think are the challenges of working in children's residential care?

8. What do you think the gains/opportunities are of working in children's residential care?

9. Would you consider children's residential care as a career path or would you consider working there?

10. If you were the minister for children, what would you change about children's residential care?