Staff Experiences of Applying a Social Pedagogical Intervention within a Residential Childcare Setting in Ireland

Emma Breen
B.A., MSc.

Supervisor: Dr. Patrick Ryan
Director of Doctoral Programme in Clinical Psychology
BA (Hons.), D.Clin.Psych, Reg.PsSI.

Thesis submitted to the University of Limerick in fulfilment of the requirements for the Doctoral Programme in Clinical Psychology (Ph.D.) 2017
Declaration

This thesis is submitted in partial fulfilment of the requirements for the Doctorate in Clinical Psychology (Ph.D.) at the University of Limerick. This thesis has not been submitted previously to any other academic institution.

Signed: _________________________

Emma Breen
Acknowledgements

I would like to thank my supervisor, Dr. Patrick Ryan, for all his advice, support and guidance throughout the process of completing this research. Your expertise and input was really appreciated. I would also like to extend my gratitude to Dr. Barry Coughlan who provided research teaching input throughout the duration of the course and answered any queries which arose.

A sincere thank you to all of the participants who partook in the research and gave so generously of your time. You were accommodating, enthusiastic and open about sharing your experiences. This research would not have been possible without your input.

I’d like to acknowledge Aoife De Brún who provided really helpful feedback and practical advice throughout this journey. You were incredibly generous with your time and knowledge and I really appreciate it.

Thank you to my friends and fellow classmates who have made the past three years an enjoyable and memorable experience.

A special thank you goes to my family, particularly my parents, Brendan and Doris, for all their continued support throughout the past three years and beyond. Your unwavering support and encouragement has played a pivotal role in my being where I am today. A sincere thank you to my sisters, Rachel and Sinéad for all your help, especially for proofreading this thesis but also for listening to me complain and protest throughout the entire process.

Finally, I would like to thank Darran for all his patience, endless support, understanding and encouragement. You have been my rock, thank you!
Abstract

**Introduction:** Social pedagogy is a discipline underpinning direct work with young people and families across Europe. The concept of social pedagogy is ambiguous and diverse. Due to its complexity, it is difficult to generalise about this framework. Social pedagogy is expressed in various national traditions formed by country-specific social, political, economic and cultural conditions. A significant interest in the concept has arisen in residential childcare settings in the United Kingdom (UK) of late and more recently within Ireland. There is a noticeable dearth of research focusing on how social pedagogy has been adapted and experienced by staff working within children’s residential settings in the Irish context.

**Method:** Using a qualitative lens, eleven residential staff members from one organisation, based within the mid-west region of Ireland, were interviewed. The research aimed to illuminate staff experiences and the nuances of these experiences.

**Results:** A thematic analysis approach was employed and a number of themes and sub-themes emerged from the data collected. The main themes identified included; ‘Understanding Social Pedagogy’, ‘Emotional Impact of the Role’, ‘Organisational Features’ and ‘Challenges related to Implementation of the Model’.

**Discussion:** Findings are discussed in relation to the literature reviewed and also implications for future practice, research and policy.
<table>
<thead>
<tr>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER 1: RESEARCH INTRODUCTION ................................................................. 1</td>
</tr>
<tr>
<td>1.1 Overview .............................................................................................................. 1</td>
</tr>
<tr>
<td>1.2 Thesis Structure ............................................................................................... 1</td>
</tr>
<tr>
<td>1.2.1 Chapter 2: Literature Review .................................................................... 1</td>
</tr>
<tr>
<td>1.2.2 Chapter 3: Methodology ............................................................................. 1</td>
</tr>
<tr>
<td>1.2.3 Chapter 4: Results ....................................................................................... 2</td>
</tr>
<tr>
<td>1.2.4 Chapter 5: Discussion ................................................................................ 2</td>
</tr>
<tr>
<td>CHAPTER 2: LITERATURE REVIEW ........................................................................... 3</td>
</tr>
<tr>
<td>2.1 Chapter Introduction .......................................................................................... 3</td>
</tr>
<tr>
<td>2.2 Rationale for Introducing Social Pedagogy .................................................... 3</td>
</tr>
<tr>
<td>2.3 Social Pedagogy ............................................................................................... 4</td>
</tr>
<tr>
<td>2.4 Definition of Social Pedagogy .......................................................................... 5</td>
</tr>
<tr>
<td>2.4.1 Aims and Principles of Social Pedagogic Practice .................................. 6</td>
</tr>
<tr>
<td>2.4.2 Haltung ......................................................................................................... 6</td>
</tr>
<tr>
<td>2.4.3 Relationships and Life-Space ..................................................................... 7</td>
</tr>
<tr>
<td>2.4.4 The Professional, Personal and Private Pedagogue (3Ps) and Reflective Practice . 8</td>
</tr>
<tr>
<td>2.4.5 The Common Third .................................................................................... 9</td>
</tr>
<tr>
<td>2.4.6 Summary of Main Principles ...................................................................... 9</td>
</tr>
<tr>
<td>2.5 Social Pedagogy: Perspective rather than Method ......................................... 10</td>
</tr>
<tr>
<td>2.6 Social Pedagogues ......................................................................................... 10</td>
</tr>
<tr>
<td>2.7 Social Pedagogy in the UK .............................................................................. 11</td>
</tr>
<tr>
<td>2.8 Training ............................................................................................................ 14</td>
</tr>
<tr>
<td>2.9 Social Pedagogy: Perspectives from Residential Homes ............................. 16</td>
</tr>
<tr>
<td>2.10 Residential Care in Ireland .......................................................................... 19</td>
</tr>
<tr>
<td>2.11 Current Research .......................................................................................... 20</td>
</tr>
<tr>
<td>2.12 Research Question and Objectives ............................................................... 21</td>
</tr>
<tr>
<td>2.13 Summary ........................................................................................................ 22</td>
</tr>
<tr>
<td>CHAPTER 3: RESEARCH APPROACH AND METHODOLOGICAL CONSIDERATIONS ................................................................. 23</td>
</tr>
<tr>
<td>3.1 Introduction ..................................................................................................... 23</td>
</tr>
<tr>
<td>3.2 Overall Goal and Research Aims ................................................................... 23</td>
</tr>
<tr>
<td>3.3 Research Philosophy ....................................................................................... 24</td>
</tr>
<tr>
<td>3.4 Qualitative versus Quantitative ...................................................................... 24</td>
</tr>
<tr>
<td>3.5 Axiology .......................................................................................................... 25</td>
</tr>
<tr>
<td>3.6 Rationale for Methodology ............................................................................. 25</td>
</tr>
<tr>
<td>3.7 Rationale for using Thematic Analysis .......................................................... 25</td>
</tr>
</tbody>
</table>
3.8 Participants .......................................................................................................................... 26
3.8.1 Compass Child and Family Services (Compass CFS) .............................................. 27
3.8.2 Staff Training and Induction related to Social Pedagogy ........................................ 27
3.8.3 Recruitment Process ....................................................................................................... 28
3.8.4 Inclusion Criteria ............................................................................................................ 28
3.9 Qualitative Data Collection ................................................................................................. 29
3.9.1 Semi-structured Interview ............................................................................................ 29
3.9.2 Interview Schedule ......................................................................................................... 29
3.10 Focus Group ....................................................................................................................... 31
3.11 Ethical Issues ..................................................................................................................... 33
3.11.1 Informed Consent ........................................................................................................ 33
3.11.2 Anonymity and Confidentiality .................................................................................... 33
3.11.3 Ethical Safeguarding ................................................................................................... 33
3.12 Analytical Approach ......................................................................................................... 34
3.12.1 Thematic Analysis ....................................................................................................... 34
3.12.2 Computer-Assisted Coding in Qualitative Analysis ................................................... 35
3.12.3 NVivo ............................................................................................................................. 36
3.13 Rigor in Qualitative Research: Considering Reliability and Validity ......................... 36
3.13.1 Rigor ............................................................................................................................. 37
3.13.2 Transparency ............................................................................................................... 37
3.13.3 Reflexive Statement ..................................................................................................... 38
3.14 Summary ........................................................................................................................... 38

CHAPTER 4: RESULTS .............................................................................................................. 40
4.1 Chapter Overview ............................................................................................................... 40
4.2 Overview of Main Themes ................................................................................................. 40
4.3 The Data Set ....................................................................................................................... 41
4.4 Understanding Social Pedagogy ....................................................................................... 42
4.4.1 Normal Household ....................................................................................................... 44
4.4.2 Comparisons between Practices ............................................................................... 45
4.5 Emotional Impact of the Role ............................................................................................ 47
4.5.1 Positives ........................................................................................................................ 47
4.5.1.1 Natural/Homely Environment ............................................................................... 47
4.5.1.2 Authentic Relationships ....................................................................................... 49
4.5.1.3 Outcomes ............................................................................................................... 52
4.5.1.4 Organisational Context ....................................................................................... 53
4.5.2 Negatives ....................................................................................................................... 54
4.5.2.1 Contextual Difficulties ....................................................................................... 54
List of Tables

Table 3.1 Research Objectives and Interview Questions..................................................30
Table 3.2 Initial Impressions of Data................................................................................32
Table 4.1 Summary of Main Themes and Sub-Themes.......................................................41
Table 4.2 Participant Descriptive Information...................................................................42

List of Figures

Figure 3.1 Diagrammatic Representation of the Stages Undertaken to Code the Data (Braun & Clarke, 2006)........................................................................................................35
Figure 5.1 Model of Social Pedagogy Tree (Eichsteller & Holthoff, 2012)......................72
CHAPTER 1: RESEARCH INTRODUCTION

1.1 Overview
This research aims to explore the experiences of social pedagogy among residential staff in a children’s residential setting in Ireland. This was completed utilising a qualitative methodology, involving semi-structured interviews. Data collected was subsequently analysed using a thematic analysis approach. The findings of the research have implications for theory, training, practice and future research.

1.2 Thesis Structure
This thesis is organised as follows. Chapter 2 presents the literature review, while the research philosophy and methodology is delineated in Chapter 3. The results from the current study are presented in Chapter 4 and discussed in the context of existing literature in Chapter 5. The strengths and limitations of the current study, suggestions for future research, and possible implications are also portrayed in Chapter 5. More detailed chapter summaries are illustrated below.

1.2.1 Chapter 2: Literature Review
This chapter describes social pedagogy and the conceptualisation of a social pedagogical approach. The introduction of social pedagogy into the United Kingdom (UK) is examined and relevant literature conducted within residential settings for young people is reviewed. Important findings related to the manner in which the UK has familiarised itself and introduced social pedagogy is highlighted. The development of social pedagogy within an Irish context is considered and the dearth of research conducted on this topic in Ireland is noted. The research question and objectives are presented at the end of the chapter.

1.2.2 Chapter 3: Methodology
This chapter introduces the research philosophy and the qualitative approach adopted. Justification for the employment of a qualitative approach to answer the research question is presented. Furthermore, the use of Thematic Analysis (TA) is discussed with reference to Braun and Clarke’s (2006) good practice guidelines. A detailed outline of the procedure involved with both data collection and analysis is portrayed. Considerations relevant to the
research are reflected upon, along with an outline of the overarching aim and specific objectives of the study.

1.2.3 Chapter 4: Results
The results chapter presents the findings from the thematic analysis of the eleven interviews. Four main themes were identified, ‘Understanding Social Pedagogy’, ‘Emotional Impact of the Role’, ‘Organisational Features’, and ‘Challenges Related to the Model’. A number of sub-themes were recognised within each of the four main themes. Themes and sub-themes are described and represented by relevant participant quotes throughout this chapter.

1.2.4 Chapter 5: Discussion
The final chapter discusses the findings in more depth and in the context of relevant literature. The strengths and limitations of the current study are deliberated as well as suggestions for future research. The implications for theory, policy and practice are considered. The chapter concludes with a summary of the study and some reflections on the research project.
CHAPTER 2: LITERATURE REVIEW

2.1 Chapter Introduction
To begin, a brief overview regarding the rationale for introducing Social Pedagogical intervention in Ireland and also some of the key regulations and standards regarding children in care. This chapter then provides a general overview of social pedagogy along with the principles and key concepts underpinning a social pedagogical approach. The crucial relational component inherent in the approach is also highlighted to underscore the impactful role of social pedagogues. The introduction of social pedagogy into the United Kingdom (UK) framework is explored and a rationale for focusing on the UK context is provided. Evidence from pilot research conducted within the UK which suggests potential for social pedagogy exploration and development within an Irish context is also considered. The recent introduction of social pedagogy in Ireland merely emphasises that research on this topic is limited. The aims and purpose of the current research reflect cognisance of the major gaps in the current literature and have been developed and undertaken with these in mind.

2.2 Rationale for Introducing Social Pedagogy
Social Pedagogy has been demonstrated to deliver better outcomes for children in care across Continental Europe. The UK’s escalation of interest regarding social pedagogy can be linked to the increased consideration of quality of life and outcomes for ‘looked after children’ (Berridge, 2013). In 2007, a policy paper, Care Matters, specified the UK government’s thinking that social pedagogy might be appropriate for addressing long-standing difficulties for children in residential care (Department for Education and Skills, 2007). Research published primarily from the Institute of Education at the University of London, has informed the UK Governments recent recommendation of the introduction of social pedagogical practices across existing care structures. The evidence base on the impact of social pedagogy on children’s services in the UK remains in its infancy.

Regulations regarding children in care in Ireland underpin the Child Care Act, 1991 and are monitored and implemented by The Department of Children and Youth Affairs. Furthermore, The Department of Health and Children (DOHC) organise the National Standards for children in care (‘National Standards for Children’s Residential Centres (2001) DOHC’) and are inspected by The Health Information and Quality Authority (HIQA). In line with Irish policies,
Compass Child and Family Services (Compass CFS) established in 2012, was intent to explore the applicability and effectiveness of social pedagogy in the Irish context. The core of the programme, informed by international best practice initiatives, had a clear focus on the development of secure attachment relationships and also providing opportunities for young people to develop psychosocial and practical skills necessary to make a successful transition into adulthood (Compass CFS, 2017).

2.3 Social Pedagogy
The emergence of social pedagogy in many European countries occurred as an educational response to specific social problems, such as lessening the impact of inequalities in society. A range of social philosophers, educational thinkers, and practitioners, have therefore shaped social pedagogy and its ethical orientation since the eighteenth century (Eichsteller & Holthoff, 2011). The key historical thinkers in social pedagogy originally aimed to attain pedagogical solutions which drew on human potential and encouraged development of a sense of community and responsibility for others. Intrinsic to social pedagogy is the belief that social circumstances can be influenced through education, and through it a more equal and just society can be created (Eichsteller & Holthoff, 2011). This philosophy has left its traces on the welfare state systems of many European countries, including Germany and Denmark.

Social pedagogy is a discipline which underpins direct work with children, family, and adult services across Europe (Cameron, 2004; Petrie, 2013). It has been noted while certain countries, such as Germany, use social pedagogy as the foundation of professional practice, this has not fully generalised throughout Europe (Eriksson, 2014). However, the concept has begun to disseminate more widely of late and, as will be discussed further in this chapter, social pedagogy has recently been introduced into the UK and Irish context.

It should be noted however, that while similar theories of social pedagogy are drawn upon, and certain commonalities discerned, it is clear that no single or unified understanding of social pedagogy exists. It is not homogenous throughout Europe and has instead been adapted across various contexts and settings (Kornbeck, 2002; Smith, 2010). For instance, in France a social pedagogue is known as an ‘éduateur’, with different types of éducateurs performing slightly different roles (Smith, 2010). Such diverse interpretations of social pedagogy across different European countries are compounded by the broad range of social settings in which pedagogues
work with a wide range of the populace, including children and young people, disadvantaged adults, and older people (Holthoff & Eichsteller 2011). However, the shared goal of promoting social welfare through socio-educational strategies remains evident in each manifestation of a social pedagogue and thus provides a framework for the consideration of the individual in society (Smith, 2010). For the purposes of this particular research, social pedagogy will be referred to in relation to residential settings with children and young people. The following section will elucidate the meaning of social pedagogy.

2.4 Definition of Social Pedagogy

The literature to date has consistently described social pedagogy as confusing and disparate (Eriksson, 2014; Hämäläinen, 2015). This could be due to the nature of its development in different countries. Gustavsson, Hermansson, & Hämäläinen (2003) claim there is, “a multitude of traditions of social pedagogy having different philosophical starting points and practical aims. Interpretations of the concept vary from country to country. At large social pedagogy is understood as a multi-disciplinary field linked first of all to Education and Social Work (as cited in Coussée, Bradt, Roose, & Bouverne-De Bie, 2010, p797).

While it is widely acknowledged that there is no accepted single definition (Coussée et al., 2010; Kemp, 2011), Kyriacou, Ellingsen, Stephens, and Sundaram (2009) describe social pedagogy as referring to the theory and practice underpinning the work of those professionals involved in supporting the personal development, social education and overall welfare and care of the whole child.

Yet other definitions have focused on the areas of practice which social pedagogy represents. Eichsteller and Holthoff (2011) state that social pedagogy refers to a holistic way of working with people across the life course by means of enhancing their wellbeing, supporting their learning, including them in a social network, and assisting them to actively participate in society. This configuration is grounded in a profound respect for human dignity and the view that all human beings are inherently rich in potential, competence, and skills.

Social pedagogy can also be defined as “education in the broadest sense of the word”, in that it adopts an holistic view of young people and focuses on all aspects of a young person's life-skills (Petrie, Boddy, & Cameron, 2006).
One particularly apposite definition for use within the context of working with young people has been expressed by Kemp (2011). She maintains that social pedagogical practice comprises “a sense of ethical purpose, authenticity and congruence, of using everyday situations to develop power-sharing relationships and learning opportunities, and of using theory and self-knowledge to continually improve relationships with children and with children’s other social relationships” (p. 202).

It is clear that while social pedagogy can be understood in a variety of ways, in all cases it is a system of theory, practice, and training, intended to support the overall development of the individual.

2.4.1 Aims and Principles of Social Pedagogic Practice
Social pedagogy broadly relates to the relationship of the individual to society, while a working pedagogic method or approach is concerned with how to best achieve the integration of disadvantaged young people into the wider society in which they reside (Cameron, 2004). As previously discussed, the meaning of social pedagogy in practice is largely contingent upon setting and context. However, the foundation of social pedagogy is underpinned by a number of common aims and principles which are set out below (Bird & Eichsteller, 2011; Eichsteller & Holthoff, 2011).

Eichsteller and Holthoff (2011) devised the ‘diamond model’ to illustrate the core aims of social pedagogy. In this model, the four overarching aims of social pedagogy aim to:

- enhance well-being and happiness at an individual and collective level
- offer holistic learning opportunities and positive experiences throughout the life course
- develop strong, caring and authentic relationships so that people experience themselves as interconnected, as supported by and responsible for others
- enable individuals and communities to empower themselves, taking responsibility for and control over their own lives (p. 178).

2.4.2 Haltung
Holthoff and Harbo (2011) draw attention to key concepts in social pedagogy, one of which is the fundamental concept of ‘Haltung’. This is a German term, which broadly translates as ‘stance’, ‘ethos’ or ‘mindset’, and indicates the degree to which individual actions are
congruent with values and fundamental beliefs (Eichsteller, 2010) This is therefore the moral and ethical position taken by professionals, which may be observed through their personal and professional life, and is always apparent in their actions and opinions (Holthoff & Harbo, 2011). Haltung necessarily influences interactions with others, as the way we consider others and our relationships with them, ultimately determines the manner with which we engage with them (Eichsteller, 2010). The concept of Haltung is fundamental to social pedagogy because it emphasises the importance of the professional authenticity (Eichsteller, 2010). It is epitomised by Carl Roger’s core conditions of congruence, empathic understanding, and unconditional positive regard (Rogers, 1951). Through this process an authentic relationship which is built on trust can be nurtured to form the foundation for social pedagogic practice (Eichsteller, 2010).

2.4.3 Relationships and Life-Space
Social pedagogy is fundamentally about being. It concerns the formation of relationships and initiating and seizing opportunities to nurture learning processes. It engages with being authentic and genuine and encourages being there in a supportive and empowering manner (Bird & Eichsteller, 2011). Shared experiences are vital in creating the foundations upon which the relationship can explore the many issues facing young people (Bird & Eichsteller, 2011). Thus, the simple chore of washing-up can be a valuable learning opportunity wherein communication is essential to gaining a deeper understanding of the young people and their inner worlds (Bird & Eichsteller, 2011; Kemp, 2011).

Life-space describes the physical, social, and psychological space, shared by children and those who work with them (Petrie et al., 2006). Kemp (2011) describes how an abundance of opportunities arise for relational work through everyday encounters and tasks, such as cooking and cleaning, which enables pedagogues to get to know children, promotes a sense of belonging, and facilitates a sense of ownership for the life-space, as well as developing independence skills. The life-space is a mini-society where people learn to interact, build relationships, and feel included. The social pedagogue’s task is to arrange the opportunities provided within a life-space context to promote social inclusion, growth, and learning (Smith, 2010).
Sharing the life-space means creating opportunities to build mutual interests which are meaningful and illustrative of the everyday knowledge, dynamics, and routines, of the young person or family (Cameron, 2013). Sharing the life-space also provides opportunities to empathise with the young person, just through being together. A further opportunity which sharing the life-space provides is the reconstruction of the daily life template with predictable and normative routines which are modelled by the pedagogues and learned by the young person (Cameron, 2013).

2.4.4 The Professional, Personal and Private Pedagogue (3Ps) and Reflective Practice

The professional, personal and private pedagogue (3Ps) concept facilitates practitioners in utilising a structured approach to self-reflection and practice development. Social pedagogy conceptualises three ‘selves’: the professional social pedagogue, the personal social pedagogue, and the private social pedagogue. The professional perspective is guided by professional judgement which is underpinned by the values of the organisation and bespoke to individual situations. This perspective observes situations, reflects on relationships between invested parties, and considers the young people’s background. The personal perspective recognises the significance of the relationship between the social pedagogue and the young person. Open and genuine relationships may be nurtured if the social pedagogue presents an authentic and personal level of interaction (Holthoff & Harbo, 2011). Without this level of interaction, a social pedagogue’s role would merely be at a supervisory or monitoring level and subsequently far less relational. The private perspective is absent when working with young people. However, awareness and reflection of the social pedagogue’s private perspective on professional practice can be acknowledged with colleagues and within teams.

The 3Ps offer a structured framework which encourages frequent reflection on various work-related actions and responses (Bird & Eichsteller, 2011). A fundamental component of the work of the pedagogue includes working within a professional team which supports and reflects upon practice (Cameron, 2013). Reflection is a consistent element of social pedagogic practice whereby social pedagogues reflect both individually and with colleagues in team meetings and in supervision. The concept of the 3Ps assists reflective processes in understanding and planning for the impact of events and nurturing empowering relationships (Kemp, 2011).
2.4.5 The Common Third
When professionally and actively engaging with young people, a pertinent social pedagogy tool is ‘the common third’. The common third emphasises the joint active focus on something of shared interest, for instance, playing soccer, cooking, or going for a walk (Holthoff & Harbo, 2011). The common third elucidates how engaging in an activity together provides opportunities to get to know each other and develop a strong relationship. Interactions linked with the common third should promote a sense of equality between participating parties, whereby professional hierarchies are dissipated through the joint involvement in an activity and where expert and novice roles might be reversed or less pronounced (Smith, 2010).

Social pedagogues also apply the concept of ‘head, heart, and hands’ in their practice. This connotes a combination of intellectual, emotional, and practical qualities. The social pedagogue uses the head to theorise, understand, and reflect on relationships. By using the heart, the pedagogue enables trust, hope, and authenticity to be nurtured within relationships with young people. The social pedagogue is the tool of social pedagogy in practice, using the hands to generate activities and creating opportunities to help build relationships with young people (Bengtsson, Chamberlain, Crimmens, & Stanley, 2008). All of these elements form the foundation upon which further development and relationship-building can arise (Holthoff & Eichsteller, 2011).

2.4.6 Summary of Main Principles
To reiterate; the core of social pedagogic practice is the conscious use of relationships between the social pedagogue and young people in which young people can develop their life skills safely. Drawing upon research in a range of European countries, Petrie et al. (2009) summarised the main principles of social pedagogic practice as follows:

1. A focus on the child as a whole person and support for the child’s overall development
2. The practitioner seeing herself/himself as a person, in relationship with the child or young person
3. Children and staff seen as inhabiting the same life-space, not as existing in separate hierarchical domains
4. As professionals, pedagogues are encouraged constantly to reflect on their practice and to apply both theoretical understandings and self-knowledge to the sometimes-challenging demands with which they are confronted
5. Pedagogues are also practical, so their training prepares them to share in many aspects of children’s daily lives and activities

6. In group settings, children’s associative life is viewed as an important resource: workers should foster and make use of the group

7. Pedagogy builds on an understanding of children’s rights that is not limited to procedural matters or legislated requirements

8. There is an emphasis on team work and on valuing the contributions of others in 'bringing' up children: other professionals, members of the local community, and especially parents

9. The centrality of relationship; the importance of listening and communicating

2.5 Social Pedagogy: Perspective rather than Method

Cousséé et al. (2010) emphasised that social pedagogy is not a method but rather a perspective. Creating opportunities for learning is at the heart of social pedagogy, and as such, it is a process which cannot be achieved through the application of technical methods in an unreflected way (Eichsteller & Holthoff, 2011). They purport that social pedagogy should be understood as an educational orientation in which the world, people, society, social problems, and social work, are all viewed through a social pedagogical lens. Furthermore, social pedagogy is expressed through the professionals’ Haltung (attitude or mindset). This perspective ensures that social pedagogy is dynamic, creative, and process-orientated, as opposed to mechanical, procedural and automated (Eichsteller & Holthoff, 2012). Berridge, Biehal, Lutman, Henry, and Palomares (2011) also contend that social pedagogy is not a profession or a set of techniques but rather a perspective which permeates all areas of practice.

2.6 Social Pedagogues

Social pedagogy practice is holistically engaged with individual persons, and to this end, the social pedagogue is urged to bring the head, heart, and hands of their whole person to the role (Petrie, 2013). A significant feature of social pedagogy is that it eschews hierarchical relationships and promotes equality between adults and young people. This is augmented by an emphasis on practical activities, a reflexive approach to work, the application of theory and self-knowledge, and an emphasis on the relationship, particularly in terms of listening and
communication skills (Petrie et al., 2006). This underscores the crucial role which social pedagogues play in delivering effective care within the framework of social pedagogy.

The relational component of social pedagogic practice acknowledges that every young person brings their unique personhood to the relationship and that, in consequence, every day may bring new and unforeseen occurrences (Eichsteller & Holthoff, 2011). Social pedagogy aims to empower professionals to trust their own judgement and abilities and to develop the confidence needed to address each new encounter. Considerations regarding the ethics of care are strongly linked to social pedagogy and demonstrate how social pedagogues’ responsibilities include applying moral judgements and making ethical decisions without reliance on predetermined answers or convenient solutions (Eichsteller & Holthoff, 2011).

2.7 Social Pedagogy in the UK
The child-protection orientation of residential care evident in the context of UK care services closely corresponds to the Irish approach to care provision for young people. This orientation is at odds with several social pedagogic continental European countries which are explicitly orientated towards child and family welfare (Kemp, 2011). For this reason, a review and consideration of research conducted within the UK is particularly pertinent and relatable to the Irish context.

Petrie (2013) has queried why the UK, unlike many of its European partners, took a limited interest in social pedagogy. In fact, it is only within the last decade that interest in the subject of social pedagogy from practitioners, policy-makers, and academics, has become apparent. Certainly, the subject has gathered momentum since the late 1990s, when initial interest arose from the British government growing concerns following repeated allegations of child abuse within the residential childcare system. Bunting (2006) stressed that the direction of UK policy over the last two decades has subsequently been driven by an aversion to risk.

Growing concern regarding the impact of risk-based approaches to social work practice in the UK has been widely documented (Parton, 2006) and it is apparent that the management of risk by means of detailed procedures and guidelines has been the predominant response by UK social welfare organisations. This inevitably nurtures fear among practitioners who become preoccupied with self-protection and remaining procedure-driven (Milligan, 2011). Munro
(2011) argued that the significance of relationships for quality child practice had become impeded by organisationally imposed technical approaches to social work. The priorities of practice have come to include the completion of forms and processes which have taken precedence over developing nurturing, trusting, and genuine relationships (Kemp, 2015). This deficit-focused model deprives young people of opportunities to be helped through the formation of genuine and caring relationships (Kemp, 2015) and has steered the management of behaviour to the forefront of the work. Kemp (2015) argues that such behaviour modification orientations maintain power at the hub of relationships between adults and young people in residential care and subsequently weaken the prospect of developing authentic and empathic relationships.

Concern regarding the quality of care and poor outcomes for children in care in the UK has been expressed (Berridge, 2013). More care and less control is the aspiration for future social care policy (Kemp, 2015). Kemp (2015) delineates how the present structure for children’s social care in the UK does not teach practitioners about the ‘centrality of relationships’ (Petrie et al., 2006). Cameron (2013) contended that learning from the continental European countries that better facilitate quality relationships may address deficiencies within the UK child welfare system.

While social pedagogy is not yet an embedded profession or body of theory and practice in the UK or Ireland, there has nevertheless been persistent interest in the potential contribution it could make to the quality of professional practice with young people in UK care placements (Cameron, 2016). Evidence indicates that positive experiences and outcomes for children in public care are enhanced by positive relationships with those with whom they come into contact (Cameron, 2013). Generally, this relational responsibility falls to foster carers and residential workers, with no formal model or theory informing relational practice. While there is a consistent presumption that work with children is underpinned by relationships, there is little guidance explaining how relationships contribute to positive experiences and subsequent positive outcomes or how they are developed and nurtured (Cameron, 2013). The 2009 House of Commons Select Committee Report on Children in Care identified relationships as being responsible for the lack of positive outcomes for children, stating that, “the failure of the care system to replicate or compensate for the stable relationships that most children have with their parents is one of its most serious and long-standing deficiencies…it is the quality of the
relationships that will determine whether a child in care feels cared about on a day-to-day basis” (House of Commons, 2009, p.27).

In response to such concerns, piloting social pedagogy in children’s residential homes in the UK was proposed (Kemp, 2015). The 2007 policy paper, Care Matters, reflects the UK government’s desire to resolve enduring issues for children in residential care. It proposed that social pedagogy may be a suitable solution as it offered a ‘theoretical and practical framework for understanding children’s upbringing. It has a particular focus on building relationships through practical engagement with children and young people using skills such as art and music or outdoor activities. ... It brings a particular expertise in working with groups and using the group as a support’ (Department for Education and Skills, 2007, p. 58).

The introduction of social pedagogy into residential childcare in the UK generated a predominantly new philosophical and theoretical framework or orientation to direct care practice with young people. This translates into an emphasis on workers’ responsibility, not only for child protection, but also for child development within the framework. Social pedagogy endeavours to recognise the ‘diamond’ in everyone and exhorts practitioners to develop genuine relationships (Kemp, 2015). It offers a foundation and framework based on each child’s individual needs and rights, and encourages pedagogues to consider their responsibility for the development of the child. In consequence, and due to consistent reflection on the worker’s relationships with the child, the relational rather than procedural practice is enhanced (Milligan, 2011).

Eichsteller and Holthoff (2009) elucidate how taking risks is important for children’s well-being, as it enhances their resilience, fosters learning and development, impacts their perception of themselves and their self-esteem, and also provides opportunities for pleasure and excitement. The pedagogic notion of ‘risk competence’ is based on the central concept of the ‘rich child’. This views all children as competent and resourceful and of possessing an abundance of abilities, knowledge, and skills. Children can become risk competent when allowed the opportunity to do so and when their own expertise and self-understanding is trusted. The learning-zone model describes how learning is about leaving our comfort-zone without entering a panic-zone where fear impedes learning. The learning-zone model hypothesises that risk is linked with development (Eichsteller & Holthoff, 2009).
A pedagogic conceptualisation of risk originates from the child’s rather than the adult’s perspective. A pedagogic action requires reflection on the situation and consideration of the benefits and risks based on the relationship between pedagogue and child. Acquiring risk competence is a process. Recording the child’s development of ‘risk competence’ offers a framework to reflect on the process, in addition to outlining the considerations and actions selected to empower the child to understand the risks involved (Eichsteller & Holthoff, 2009). By drawing on social pedagogy concepts, such as risk competence, a shift in expectations, norms, and procedures, can assist in the provision of worthwhile opportunities which enhance relationships and the care experience for young people (Bird & Eichsteller, 2011).

2.8 Training

Across continental Europe, social pedagogy is a distinct discipline with its own educational qualifications. Distinctions are evident regarding the approach to training between European and UK models (Smith, 2010). A pedagogic approach underpins the training of staff and the practice within residential care-homes in Denmark and Germany. Training typically takes between three and a half to seven years and is offered in universities, colleges of higher education, and tertiary colleges. Social pedagogues typically study a combination of theoretical, practical/recreational, and professional subjects and skills to degree level, and undertake relevant practice placements (Petrie, 2013; Smith, 2010). One important component includes focus on the development of reflective capacities which enable social pedagogues to respond to diverse practice situations (Smith, 2010). Denmark, Germany and Belgium have instantiated specific occupational ‘social pedagogue’ models for staff who work with young people in care in residential settings and employment criteria usually requires residential care workers to hold qualifications in social pedagogy (Cameron, 2004). However, in the UK and Ireland, staff working with young people need only hold what has been broadly termed as a ‘relevant’ qualification which is not necessarily specific to the particular workplace or age group. As such, the grounding for working with young people lacks the specific knowledge of social pedagogy considered fundamental elsewhere in Europe.

In 1998 a UK study by Brown, Bullock, Hobson & Little (as cited in Cameron 2004) found that lack of training did not necessarily correlate with poor quality care, and that more significant to elevating the quality of care was a mutual understanding of societal, formal, and belief goals, held by professionals and young people regarding the purpose and values of a
residential home. This was seen as a potential strength of a pedagogic method due to training which promoted shared assumptions and values on how to approach working with young people based on theoretical and practical knowledge in combination with skills in communication and reflection (Cameron 2004). It is possible for many professionals to relate to social pedagogy within their practice, regardless of the people they work with or qualifications they might hold, due to its ethical foundations (Eichsteller & Holthoff, 2011).

Milligan (2011) refers to the contribution of training in social pedagogy undertaken by a number of residential staff in Scotland and elsewhere in the UK. While the evidence is qualitative as opposed to systematic, it consistently demonstrated that those who received training in the principles of social pedagogy reported enhanced professional confidence and a willingness to engage in activities they would have previously avoided (Milligan, 2011).

Cameron (2016) synthesises findings from ten evaluation studies which investigated social pedagogic intervention in the form of training to the development of a ‘UK social pedagogy’. Ten evaluations which occurred in Scotland, Northern Ireland and England between 2007 and 2015 were included in her paper. One focus of this study involved examining social pedagogy in the form of training and its impact on trainees. These evaluations documented the perspectives and experiences of trainees and produced certain recurring themes. Most evident within the evaluations was the sense of common purpose or togetherness which social pedagogy training helped participants to attain. Social pedagogic training also helped practitioners gain confidence in their relational and communicative practice (McDermid et al., 2016). Through theoretical knowledge and experiential learning, participants felt encouraged to develop more authentic relationships via the ‘personal’ self in their interactions with young people. Social pedagogy training encouraged practitioners to reframe the meaning of the activities they complete with young people. Reports from practitioners indicated the development of a more positive environment in which young people were thriving. The evaluation studies presented within Cameron’s paper present a clear image of increasing staff confidence and competence and a re-energised relational practice. In addition, ‘care’ was re-conceptualised as education in a broad sense, wherein young people were encouraged to communicate, reflect, engage, create, and live alongside others (Cameron, 2016).

Development of social pedagogy as an occupation or profession has not been instantiated in the UK and queries regarding its compatibility with British social policies and services have
arisen. Petrie (2013) contended that a social pedagogy authentic to the UK needs to develop and emerge as opposed to importing practice and theory from other societies which have their own distinct traditions, histories and concerns. Petrie (2013) concluded that theory needs to be given equivalent prominence to practice, along with education and qualifications, in order to form a solid basis for social pedagogy within the UK.

2.9 Social Pedagogy: Perspectives from Residential Homes

A research programme was commissioned at the University of London’s Institute of Education, to explore what might be learned from social pedagogy practices in Europe. To this end, a pilot scheme was undertaken which introduced social pedagogy into children’s residential homes by placing two European social pedagogues into eighteen homes (Cameron, 2011). Social pedagogy is predominantly a bottom-up phenomenon (Petrie, 2013). As such, the focus of the pilot scheme aimed to empower residential practitioners to rethink the theoretical basis for their work and develop their practice based on social pedagogic principles. One objective of introducing social pedagogy in this manner was to explore what social pedagogy might mean in an English context and how it might challenge and build on existing professional thinking and practices (Boyce, 2010). Through a better understanding of social pedagogy, extant thinking and practice regarding concepts of risk have been questioned. In this project, social pedagogic notions of risk competence (Eichsteller & Holthoff, 2009) assisted reconsiderations of the concept of risk and empowered residential practitioners to challenge former customs and make changes to practice (Boyce, 2010). A shift in residential practitioner views from a predominant concern with risk to a focus on the potential gains from activities was observed.

Eichsteller and Holthoff (2012) outline several important insights regarding the systematic introduction of social pedagogy into a large-scale residential service in the UK. Social pedagogy was described as having a transformative effect on care practice, as it offered encouragement for other organisations to develop social pedagogy within their context. Social pedagogy was characterised as resonating successfully within teams in that it provided a language and understanding of relationships which enabled a focus on dialogue and interaction with young people. The value of reflection was noted by teams, and the wealth of team learning opportunities and reflective dialogue with colleagues were also embraced to assist the identification of development areas. Through the introduction of the social pedagogy concept of the 3Ps, practitioners were given a framework to be more consciously human and to use
their own personality to nurture the development of authentic, strong, interpersonal relationships. The common third was strongly emphasised in the homes which facilitated a positive and creative space for relationships to thrive and teams also appreciated the importance of creating a more homely and shared environment. It was evident that teams were actively engaging young people in purposeful activities and using the life-space as a nurturing environment. A further significant effect observed within the homes was the sense of empowerment amongst residential care workers, both individually and as a team.

The findings of the Eichsteller and Holthoff (2012) article demonstrate how social pedagogy has affected, inspired, and empowered practitioners. The researchers reported that it had provided residential workers with a rich and revived focus on relationships by providing a framework to conceptualise and reflect upon how personal and professional elements could be incorporated whilst having the best interests of the child at heart. Social pedagogic concepts such as the 3Ps, the common third, and the life-space, facilitated the re-appraisal of what they had to offer as persons and also attributed increased value to relationship work. Each home had a distinctive social pedagogic journey owing to the unique cultures and personalities therein, but was nonetheless supported to embrace social pedagogic concepts and principles to their specific context. While Eichsteller and Holthoff (2012) acknowledge the subjectivity of such reflections they argue that they are no less valid from a scientific point of view as such narratives accurately capture the meaning-making processes of individuals. The project of implementing social pedagogic principles to real-life practice was described as having a profoundly positive impact on many lives.

In a case study which focused on the integration of social pedagogy in young people’s services in Derbyshire, Chavaudra, Moore, Marriott, and Jakhara (2014) reported that the outcomes for individuals are improved where social pedagogy underpins the activities offered to young people in residential care settings. As such, they recommended that social pedagogical principles and concepts be embedded within the existing roles of practitioners working with young people. This chimes with the growing body of evidence from research with children’s services which argues for the development and application of social pedagogy to improve the experiences of young people in the UK (Chavaudra et al., 2014).

Cameron (2013) aimed to contribute to the development of understanding professional relationships with young people in public care by evaluating data from three continental
European countries. This research aimed to address the deficit focused child welfare system in the UK through facilitating high quality relationships by learning from continental European practice. Four practical indicators for social pedagogic professional-child relationships were identified. These included; being present and future orientated; founded on practical actions; require an awareness of how the worker uses their ‘self’ and a supportive organisational environment.

Bird and Eichsteller (2011) delineate how, when supported by theory and experience, social pedagogy nurtures confidence in optimally caring for young people regarding their learning and development. The framework which social pedagogy provides was characterised as complementing established best practice as opposed to replacing it. Bird and Eichsteller (2011) suggest that this is vital to its success, and assert that individual homes and individual practitioners could adapt and progress its approach by employing whichever key elements were most suited to the current culture and the dynamics of an environment.

Cameron emphasised that social pedagogy does not suit typical evaluation models as it is not a discrete intervention, but rather a philosophy of practice. Evaluating social pedagogy is confounded due to its varied evolution in different cultural and value contexts (Petrie, 2013). Social pedagogy is thus context-specific and is related to the integration of individuals into society and the fulfilment of human potential. The core aims of social pedagogy are dependent on the values brought to the pedagogic-relational encounter. Furthermore, Cameron (2016) acknowledges that the success of social pedagogic aims is contingent on the professional context in which they are established.

Prior to the implementation of social pedagogy, residential care was considered ‘risk-obsessed’ and therefore controlled by risk assessment factors. However, a shift towards enhanced confidence regarding decision-making and in querying practice and procedures with the purpose of improving learning opportunities and development of young people in residential care has recently been observed. Bird and Eichsteller (2011) report a professional eagerness to further explore, evolve and improve the role of caring for young people and meeting their needs.

There is ongoing academic debate regarding the importation of ‘continental’ social pedagogy as it continues to be perceived as an elusive and difficult topic to define, and appears in a
diversity of forms in different countries (Eriksson, 2014). Social pedagogic traditions are indeed often specific to the country in which they are practiced and research has shown that there may therefore be cultural limits to their exportability ((Hämäläinen, 2003; Kornbeck, 2002). Berridge (2013) identified significant several relevant challenges of importing social pedagogy to the UK which included:

1) Social pedagogy is not a homogenous entity and takes different forms across Europe
2) Social pedagogy is stressed to be a philosophy as opposed to a method, and is therefore something that is lived not learned
3) Social pedagogy is interconnected with other policies, institutions, services, and wider social attitudes towards young people and responses to their social problems

Berridge (2013) reflected on the barriers to widespread implementation of social pedagogy in the UK, particularly as they relate to the varying social, professional and political contexts of children’s residential services across different countries. He emphasised that social pedagogy is a very broad and diverse concept which embraces an academic discipline, specific values systems, occupational groups, and linked forms of professional intervention. On such a basis, it is difficult to ascertain precisely what is being transferred. Relationships are at the core of quality residential care and Berridge (2013) suggests that this may be one way to facilitate attaining effective care. As such, a review of how particular strengths of social pedagogy in continental Europe may be replicated in an UK social work framework is merited.

2.10 Residential Care in Ireland

Gilligan (2009) asserts that 9% of children within the child welfare system in Ireland are in residential care. A children’s residential care centre is defined as any home or organisation providing residential care under the auspices of health boards for children who are not otherwise receiving adequate care and protection (TUSLA, 2017). Residential centres within the Irish child welfare system typically cater for four to five children and are usually located in ordinary domestic houses in local neighbourhoods (Gilligan, 2009).

In line with Ireland’s laws and systems, the emphasis of residential care is on protecting children from harm and may thus be described as having a child-protection orientation. This is similar to the UK context and contrasts with some social pedagogic continental European
countries which advocate for a child and family welfare orientation (Kemp, 2011). Current care approaches in Ireland, are similar to the UK and can consequently be considered virtually 'risk-obsessed' and having a 'cotton wool' approach (Bird & Eichsteller, 2011). For instance, young people may only be allowed to engage in certain activities after completion of an extensive risk assessment which may result in a very limited and artificial experience for the young person (Bird & Eichsteller, 2011).

Social pedagogy could potentially inspire a paradigm shift in Ireland with regard to conceptualising risk. It is clear that through challenging practice and procedures young people may become better equipped to manage in today’s society as opposed to being over-constrained by unduly strict risk assessment factors (Bird & Eichsteller, 2011). To reiterate, social pedagogy hypothesises that risk is fundamental to human development and, with this in mind professionals should support young people in acquiring risk competence. Evaluations of social pedagogy projects based within the UK illustrate that it can assist professionals in becoming more competent and empowered to take risks in ways that benefit young people.

2.11 Current Research

Research in the field of social pedagogy in the Irish context is limited. While social pedagogy has recently begun to be used as a framework in residential care for young people in Ireland, much of the research is based on understandings from northern European and UK perspectives. As previously stated, European perspectives are diverse, and have been especially adapted for their local contexts. It is therefore unclear whether these interpretations could be successfully transposed into the Irish context. Research related to the introduction of social pedagogy in the UK has been more insightful owing to the similarities to Ireland in terms of embedded welfare orientation.

A number of significant insights and components from reports and journal articles on social pedagogy conducted in Northern Europe, the UK and Australia, can further assist an understanding of the paradigm. Numerous articles on social pedagogy produced in the UK provide comparative data from projects undertaken which indicate several ways in which a pedagogical approach may also have applications and relevance to residential care for young people in Ireland. By and large, social pedagogy has complemented the established UK approach to practice and is therefore an adaptable framework (Bird & Eichsteller, 2011).
Transposing a theoretical framework and approach from one culture to another can pose challenges, creating a need for more thorough knowledge with which to contribute to the understanding and practice of social pedagogy within an Irish context.

The current research addressed the issue of the practice of social pedagogy within an Irish context from staff perspectives in one organisation in the mid-west region of Ireland. The main philosophy of the service provider is guided by principles of the continental European model of social pedagogy. It is one of the first services to adopt the framework of social pedagogy in Ireland and has been in use for 4 years. The overall aim of this research is to explore social pedagogy within an Irish context and to reflect the perspectives and experiences of staff working within this approach. There is limited extant research regarding staff experiences of this framework and therefore this research will contribute to the literature in providing insight in relation to experiences of this relatively new approach in an Irish residential setting.

Conducting research on social pedagogy from staff perspectives offers the opportunity to describe and analyse practice within a residential setting in Ireland. Collated data will illustrate how ‘care’ is conceptualised through a pedagogic framework in the specific context of this residential service. This will facilitate a full description of the work of the carer/pedagogue and will provide insight into practice and views about practice. It will highlight how social pedagogy has been transposed into an Irish context and will aim to ascertain the challenges and additional ways of translating social pedagogic approaches into meaningful practices in Irish residential childcare settings.

2.12 Research Question and Objectives

Research Question:
What are the experiences of social pedagogy among residential staff in a children’s residential setting in Ireland?

Research Objectives:
i. To collate and analyse staff perspectives/experiences regarding the social pedagogical model of care
ii. To collate and analyse staff perspectives on the positives/advantages of this model of care
iii. To collate and analyse staff perspectives on the negatives/disadvantages/challenges of this model of care
iv. To explore the needs of staff and any suggestions for change they may have

2.13 Summary
This chapter has provided an overview of social pedagogy by identifying the main principles and concepts underpinning this framework. The significance of the relational component was emphasised, and thus how the role which social pedagogues possess is crucial within this approach. Recent interest in this framework by the UK was contextualised and its potential relevance to an Irish context was discussed. Results and outcomes from pilot and additional research conducted within the UK was also outlined, signifying the possible benefit to Irish residential care centres. The evidence reviewed confirms that the exploration and development of social pedagogy is worth undertaking. The very recent introduction of social pedagogy in Ireland means that research on this topic is limited. The aims and purpose of the current research have been developed to address the major gaps which exist in the literature at this time.

Chapter 3 will introduce the research philosophy and the qualitative approach adopted. The specific methods implemented and considerations relevant to the research will be considered, along with an outline of the overarching aim and specific objectives of the study.
CHAPTER 3: RESEARCH APPROACH AND METHODOLOGICAL CONSIDERATIONS

3.1 Introduction
This chapter introduces the research philosophy and the qualitative approach adopted to guide the study, along with the research question and objectives. Prior to introducing the specific methods adopted and considerations relevant to the research, the overarching aim and specific objectives of the thesis are first outlined.

3.2 Overall Goal and Research Aims
The overall aim of this thesis is to explore social pedagogy within an Irish context and to understand the perspectives and experiences of staff in particular. This research is concerned with how social pedagogical approaches have been adopted in a residential setting based in the mid-west region of Ireland. Drawing data from staff members will assist in creating a picture of how ‘care’ is conceptualised through a pedagogic framework within the context of this residential service. This study seeks to provide a description of the work of the carer/pedagogue and to provide insights and views into current practice. This research will highlight how social pedagogy has been translated and adapted for the Irish context and will investigate the advantages and disadvantages, as well as barriers or challenges encountered.

**Research Question:**
What are the experiences of social pedagogy among residential staff in a children’s residential setting?

**Research Objectives:**
 i) To collate and analyse staff perspectives/experiences regarding the social pedagogical model of care
 ii) To collate and analyse staff perspectives on the positives/advantages of this model of care
 iii) To collate and analyse staff perspectives on the negatives/disadvantages/challenges of this model of care
 iv) To explore the needs of staff and consider their suggestions for change
3.3 Research Philosophy

Research philosophy is linked to the development of knowledge and the nature of that knowledge. The research philosophy adopted is comprised of assumptions which support the research strategy and the methods chosen as part of that strategy (Bahari, 2010; Chamberlain, 2015). Failure to consider philosophical issues in research can impact the quality of the research conducted (Bahari, 2010; Holden & Lynch, 2004).

The epistemology of a research project concerns what constitutes knowledge in a field of study (Saunders, Lewis, & Thornhill, 2009). Fundamentally, epistemology is the philosophy of knowledge or how we come to know (Holden & Lynch, 2004; Krauss, 2005). Epistemology is linked to ontology and methodology. Ontology involves the philosophy of reality, while epistemology addresses how we come to know that reality. Methodology identifies the specific practices used to attain knowledge of reality (Krauss, 2005).

3.4 Qualitative versus Quantitative

Qualitative and quantitative research inhe different foci and purposes and may therefore result in different knowledge and claims (Braun & Clarke, 2013). Quantitative research assumes the positivist position to the development of knowledge whereas qualitative research assumes the constructivist/interpretivist perspective (Flick, 2009; Saunders et al., 2009). A straightforward association between the world and our perception is assumed in positivism. This requires a demonstration of reality through the objective collection of data (Braun & Clarke, 2013; Holden & Lynch, 2004). In this case, knowledge is attained through the application of established scientific methods. In contrast, alternative approaches query the notion that knowledge is an objective reflection of reality. Constructionism assumes that there is no singular underlying reality providing the basis for true knowledge but it is a non-foundational view of knowledge. Constructivists reason that reality is constructed in the mind of the individual, rather than it being an externally singular entity (Ponterotto, 2005).

Positivists maintain that there is one true reality which is identifiable and measurable. Constructivist–interpretivist philosophy asserts that rather than a single true reality, multiple constructed realities exist. This is known as the relativist position. According to the constructivist position, reality is subjective and influenced by the context of the situation, more
specifically, the individual’s experience and perceptions, the social environment, and the interaction between the individual and the researcher (Flick, 2009; Ponterotto, 2005).

3.5 Axiology

Axiology relates to the role of researcher values in the scientific process. Positivists contend that there is no place for values in the research process, whereas a constructivist–interpretivist approach maintains that the researcher’s values and lived experience cannot be separated from the research process (Ponterotto, 2005).

Methodology describes the process and procedures of the research. The research method emerges from the researcher position on ontology, epistemology, and axiology. Positivists utilise scientific methods and procedures wherein variables are carefully controlled or manipulated with the aim of explaining the relationships among variables. Constructivists, who acknowledge the centrality of researcher–participant interaction, embrace naturalistic designs (Lincoln & Guba, 1985) wherein the researcher is immersed in the day-to-day life of research participants. Naturalistic inquiry leads to qualitative research methods such as in-depth face-to-face interviewing and participant observation.

3.6 Rationale for Methodology

The exploratory nature of the research question regarding staff experiences of social pedagogy was best interrogated using a qualitative methodology. The meanings, views, perspectives, and experiences, of the participants were strongly linked to the research question and thus influenced the process of data collection and analysis. A qualitative methodology allowed for in-depth, rich, and detailed accounts of the area of interest to be attained through individual interviews with participants (Carr, 1994).

3.7 Rationale for using Thematic Analysis

Thematic analysis is described as “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006 p.79; Braun, Clarke, & Terry, 2015). The aim of thematic analysis is to analytically examine narrative materials from life stories/experiences by breaking the text into small units of content and collating them in a descriptive manner (Vaismoradi, Turunen, & Bondas, 2013). It therefore involves the search for and identification
of common threads which extend across an entire interview or set of interviews. An advantage of thematic analysis is that it is unwedded to any pre-existing theoretical framework, and can therefore be used within a variety of theoretical frameworks. Furthermore, it is a flexible and useful research tool, which provides a rich and detailed account of the data (Braun & Clarke, 2006). Thematic analysis also aids the straightforward dissemination of findings generated. As this research aims to be practice-relevant and have implications for the organisation in which the research was conducted, this feature was also deemed a valuable characteristic. Overall, a ‘goodness of fit’ was deemed to exist between the methodology and subsequent analytic approach.

Content analysis was also considered as a potential analytical framework as it is possible to analyse data qualitatively, and quantify the data at the same time (Vaismoradi et al., 2013). Content analysis uses a descriptive approach in both coding of the data and subsequent interpretation of quantitative counts of the codes. However, thematic analysis provides a purely qualitative, detailed, and nuanced account of data, which was considered more fitting for the current research question and objectives (Braun & Clarke, 2006).

The qualitative approach of Interpretative Phenomenological Analysis (IPA) (J. A. Smith, Flowers, & Larkin, 2009) was also considered. Rather than focusing on patterns of responses which are apparent across broad data sets, this approach is concerned with the voice of the individual and the ways in which they ‘make meaning’ of their experience. However, the current research was interested in the wider group perspective and did not aim to provide an in-depth exploration of individual client’s experience.

Grounded Theory was also contemplated as a potential framework for investigating staff’s experiences of social pedagogy. Given that its focus is on theory development however, which was not relevant to the aims of the current research, it was therefore discounted.

3.8 Participants
Purposive sampling was employed in this research as individuals were invited to participate to explore the phenomenon of interest (Patton, 2002). The target sample consisted of staff working in a specific organisation in the mid-west region in Ireland which provides residential
care for young people (aged under eighteen) and the implementation of a social pedagogy framework.

3.8.1 Compass Child and Family Services (Compass CFS)
Compass CFS provide ‘Out of Home Care Services’ and currently operate three "Shared Living Space” houses, two of which are located in Co. Tipperary and one in Co. Kerry. TUSLA Child and Family Agency are the primary source of referrals for placements. During the referral process all relevant people involved in a young persons' life, as well as the young person and their own view, are involved in the decision making in relation to moving into the shared living space setting. Each of the three houses cater for both males and females. The young people are aged between 13 to 17 years of age and living in these houses is considered for medium to long term duration.

The social pedagogical framework for providing care and development of young people includes several core concepts which are incorporated in working and living with young people in Compass CFS. Compass CFS aim to provide an environment for young people which closely resembles a family home situation in so far as it is possible. Young people live in the home with professionals who also live there, ‘House Pedagogues’. The shared living space provides an immediate and real environment for both young people and the House Pedagogues. Other professionals form part of the wider community. Each young person has an activity pedagogue assigned to them, who has a primary role in developing and maintaining activities and routines with the young person in accordance with their individual placement plan (see appendix A for more detailed information about the service).

3.8.2 Staff Training and Induction related to Social Pedagogy
All staff members attend and complete Management of Actual and Potential Aggression (MAPA), Children First Training: National Guidance for the Protection and Welfare of Children (2011) as well as fire training and first aid training (see appendix B for Induction Checklist). In relation to specific social pedagogy training, an annual two-day social pedagogy training is attended by all employees. Furthermore, an annual two day ‘leadership in social pedagogy’ is presented to lead pedagogues and management. Social pedagogy is also discussed in every team meeting which occur fortnightly. The core concepts and theories of social
pedagogy are further explored within these meetings to develop understanding and also within individual supervision sessions with staff which occur every four to six weeks.

3.8.3 Recruitment Process
At the time of recruitment, twelve staff members worked between two of the residential units of the organisation. The sample of staff can be divided into two categories: house pedagogues (n=6), who live in the residential units implementing the social pedagogical model, and activity pedagogues (n=6), who assist in the coordination and planning of the young people's activity schedules.

Contact was made with the manager of the service and an appropriate recruitment process was agreed. Information sheets and consent forms (see Appendix C) addressed to each staff member were posted to the manager of the organisation for appropriate distribution. One month later the manager organised a meeting between the researcher and interested participants on the organisation’s premises. This gave participants a period of four weeks to consider the content of the materials (information sheet and consent form) prior to meeting the researcher. The purpose of this meeting was to discuss the study aims and procedures and to respond to any queries or concerns. Eight of the twelve individuals invited attended the research meeting. Three individuals who could not attend the research meeting but were willing to take part provided consent forms to colleagues to bring to the meeting. A total of eleven consent forms were obtained at this meeting. Participants provided contact details (organisation email address) for the purpose of scheduling a suitable date and time to conduct the individual interviews.

3.8.4 Inclusion Criteria
The one inclusion criterion required for participants to be selected for the study was a minimum of six months’ experience working within the organisation. The primary aim of the inclusion criterion was to ensure that each participant had sufficient experience of working within a social pedagogical framework to draw upon during the interview. During the course of the research process there was a turnover of staff and two staff members who had expressed interest in participating in the research at a later stage failed to reach the required length of time working within the organisation and therefore were not invited to interview.
3.9 Qualitative Data Collection
The exploration of staff experiences was based on an in-depth semi-structured interview conducted with participants on organisation premises. The researcher met with staff at this location at a time convenient for them. Interviews ranged in duration from 30 minutes to 1 hour and 20 minutes, with an average interview time of 44-45 minutes.

3.9.1 Semi-structured Interview
Reliable, comparable qualitative data was sought through the use of semi-structured interviews. The format used was developed to allow participants sufficient freedom to express their views. To a certain extent, the semi-structured interviews allowed the participant to control and guide the interview, with the researcher taking on the role of “managing” the process. Semi-structured interviews also allowed the researcher to probe more deeply into any interesting or salient areas which arose during the course of the interview, and gave the participant a sense of being an “active agent” in shaping the interview topics and direction (Kvale, 1996).

3.9.2 Interview Schedule
The interview schedule was devised by the researcher to explore participant experiences of the social pedagogical model (see Appendix D). A pilot interview was completed and subsequently transcribed. The purpose of the pilot interview was to assess the appropriateness of the venue, interview schedule items, and obtain an estimate of the interview length for future participants. Following the pilot interview, the interview schedule was reviewed through discussions with the research supervisor to ensure that all questions were adequately addressing the research question. Based on this pilot phase, no major changes were made and the schedule was finalised.

The opening questions were intended to elicit general information regarding the participants’ role; broadly speaking, what the work involved, and the nature of their experiences to date. Participants were asked to describe any advantages/positives of the model as well as any challenges/disadvantages. Interviewees were also asked about any aspects they would like to change and to comment on the support and training they received.

During the interviews, staff were encouraged to talk spontaneously and openly about their experiences. The interviewer posed follow-up questions (i.e., probes) where appropriate.
These were aimed at attaining an in-depth understanding of the experiences (such as “can you give me an example of what you mean?”). A question was also included to establish whether there was anything else they wished to add or thought important for the researcher to know in order to get a true sense of their experience. Following each interview, the interviewer's role, preconceptions and behaviour during the interview was reflected upon in field notes (see Appendix E) (Kvale, 1996).

All interviews were conducted in a quiet room in the main offices of the organisation. They varied in duration from between thirty to eighty minutes and were audio recorded with the permission of the participants. Following the interviews, the audio recordings were uploaded onto a password-protected computer and deleted from the Dictaphone. The interviews were then transcribed verbatim and checked against the audio recordings. Once the researcher was confident of the accuracy of the content, the transcripts were anonymised and the audio recordings were securely deleted. The transcriptions from the audio recordings were then stored on a password-protected computer.

Following data collection and transcription of the initial three interviews, the interview schedule was yet further scrutinised to ensure the questions were generating in-depth data. No further amendments were made at this stage and the remaining interviews were conducted. Table 3.1 below illustrates how the questions used in the interview guide mapped onto the research objectives to capture relevant data to address the research question:

<table>
<thead>
<tr>
<th>Research Objectives</th>
<th>Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To collate and analyse staff perspectives/experiences regarding the social pedagogical model of care.</td>
<td>Tell me what your experience of working in [organisation] has been like?</td>
</tr>
<tr>
<td></td>
<td>Tell me about your understanding/experience of the Social Pedagogy Model?</td>
</tr>
<tr>
<td></td>
<td>What kind of training did you receive in this model of care?</td>
</tr>
<tr>
<td></td>
<td>How supported do you feel in implementing this approach?</td>
</tr>
</tbody>
</table>
2. To collate and analyse staff perspectives on the positives/advantages of this model of care.

Tell me about the positives/advantages of this model?

What works well?

What are the benefits of this approach?

3. To collate and analyse staff perspectives on the negatives/disadvantages/challenges of this model of care.

Tell me about any challenges/obstacles of implementing the model?

Tell me about the disadvantages of this model?

4. To explore the needs of staff and any changes or suggestions they may have.

Have you any suggestions regarding changes that could be made?

3.10 Focus Group

Four months subsequent to the initial data collection, the participants who were originally recruited were invited to partake in another phase of the research (see Appendix F). The intention of this phase was to feed back the researcher’s initial impressions of the data collected, provide an opportunity for participant comments, and to stimulate further discussions on any relevant aspect. This ‘member-checking’ process was used as a confirmability process and aimed to promote the quality and transparency of this research (Creswell & Miller, 2000; Roulston, 2010).

Due to the high turnover of staff which occurred throughout the research period, of the eleven participants interviewed, only four remained working in the organisation at this time. The remaining four participants were invited and consented to take part in a focus group. However, due to unforeseen circumstances, one participant was unable to attend on the day of the focus group meeting.

The focus group (n=3) was held within the organisation’s main office. Three participants attended the 1 hour and 30-minute session. Participants were each given a page with some
initial impressions of the data, along with one or two examples as shown in Table 3.2 below (for complete focus group schedule, see Appendix G). Participants were encouraged to; 1) verify whether initial impressions were representative of their experiences, 2) comment on the researcher’s initial impressions of the data collected, and 3) further discuss any topic as necessary:

Table 3.2 Initial Impressions of Data

<table>
<thead>
<tr>
<th>Initial Reflections</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of Social Pedagogy</td>
<td>Centred on relationships</td>
</tr>
<tr>
<td></td>
<td>Creating normal environment</td>
</tr>
<tr>
<td></td>
<td>Shared living space</td>
</tr>
<tr>
<td></td>
<td>Modelling appropriate social behaviour and communication</td>
</tr>
<tr>
<td></td>
<td>Empowering the young people</td>
</tr>
<tr>
<td></td>
<td>Less boundaried/professional-more personal</td>
</tr>
<tr>
<td>2. Advantages of Social Pedagogy</td>
<td>Stability and consistency for young person</td>
</tr>
<tr>
<td></td>
<td>Relaxed/normal environment</td>
</tr>
<tr>
<td></td>
<td>Close interactions between staff and wider team</td>
</tr>
<tr>
<td></td>
<td>Positive changes and growth of young people observed</td>
</tr>
<tr>
<td></td>
<td>Forming healthy/appropriate relationships</td>
</tr>
<tr>
<td></td>
<td>Preparing young people for when they leave care system</td>
</tr>
<tr>
<td>3. Challenges of Social Pedagogy</td>
<td>Intensity/draining</td>
</tr>
<tr>
<td></td>
<td>Organising leave</td>
</tr>
<tr>
<td></td>
<td>Double life at times/feeling very removed from own life/getting a balance</td>
</tr>
<tr>
<td></td>
<td>between both</td>
</tr>
<tr>
<td></td>
<td>Limited by external policies and procedures (risk assessment)</td>
</tr>
<tr>
<td></td>
<td>Lack of knowledge in wider professional field of what it is.</td>
</tr>
<tr>
<td></td>
<td>Differences between here and implementation in parts of Europe</td>
</tr>
<tr>
<td></td>
<td>Not a sustainable role</td>
</tr>
</tbody>
</table>
This additional procedural phase facilitated discussions regarding the researcher’s initial impressions and provided the researcher with assurances that the initial impressions of the data were accurate and themes could thus be formalised following further in-depth analysis. This stage also reinforced researcher confidence that the resulting patterns observed accurately portrayed participant experiences. Appendix H provides full details of reflections on the data gathered during this member-checking phase.

3.11 Ethical Issues

This study was conducted in accordance with the ethical guidelines specified by the Psychological Society of Ireland (PSI). Ethical approval was also sought and obtained by the Research Ethics Committee at the Faculty of Education and Health Sciences in University of Limerick (2015_06_32_EHS, see Appendix I).

3.11.1 Informed Consent

Participants were informed of the nature and detail of the research before being invited to take part in the study. Written consent was obtained prior to participant involvement and permission was also sought to record the interview. Participants were informed of their right to terminate the interview at any point and withdraw from the study at any ensuing time. All participants were afforded the opportunity to raise any queries or questions prior to the commencement of the interviews.

3.11.2 Anonymity and Confidentiality

Participants were assured of the complete confidentiality of all data obtained and that their anonymity would be respected at all times. Access to research data was limited to the author and the academic supervisor. The research interviews were transcribed to omit any potentially identifying information. They have been stored securely on a password-protected computer where they will be kept for a period of ten years. They will then be completely destroyed in accordance with Data Protection legislation and the conditions of ethical approval.

3.11.3 Ethical Safeguarding

The questions posed within the semi-structured interview were not of a sensitive or personal nature but the answers may have been so. For this reason, contact details of the researcher and
a supervisory contact in University of Limerick were provided in an effort to accommodate participants who sought support or further information at any stage during the study.

3.12 Analytical Approach

3.12.1 Thematic Analysis

The data analysis approach employed in this study was based on the principles of thematic analysis (Braun & Clarke, 2006). This is a process utilised to identify, analyse, and report patterns/themes within a data set. A theme captures something significant in relation to the content of the data set. It is an accessible and theoretically flexible approach which facilitates the provision of a rich and detailed account of the data. Clarity on the process and practice of this method will be outlined in this section.

The current research adopted an inductive or ‘bottom-up’ approach to coding and thematic analysis wherein the themes identified are strongly linked to the data (Patton, 2002). Inductive analysis describes a process of coding which does not attempt to fit data into a pre-existing coding frame or the researchers’ analytic preconceptions (Braun & Clarke, 2006). Braun and Clarke (2006) good practice guidelines steered the inductive approach in conducting a thematic analysis. Figure 3.1 summarises this process:
### Phase 1: The data was read several times to become familiar with the content and initial ideas were noted.

### Phase 2: Initial codes were generated capturing interesting features of the data.

### Phase 3: Codes were collated into potential themes and all data relevant to each theme were combined.

### Phase 4: This phase involved reviewing and refining themes and ensuring coded extracts related to and supported each theme.

### Phase 5: Themes were further refined and clear definitions and names for each theme were generated.

### Phase 6: A report of the analysis was commenced comprising of representative extract examples of the analysis to the research question and literature.

---

**Figure 3.1 Diagrammatic Representation of the Stages Undertaken to Code the Data (Braun & Clarke, 2006)**

### 3.12.2 Computer-Assisted Coding in Qualitative Analysis

There has been much debate surrounding the use of computers in qualitative data analysis with some concerns regarding how certain software may lead researchers in a particular direction or distance the researcher from the data (Welsh, 2002). However, supporters of computer-assisted coding in qualitative analysis contend that it enables the complex organisation and retrieval of data, and assists in facilitating an accurate and transparent data analysis process which subsequently provides a reliable picture of the data and adds rigor to qualitative research
(Bergin, 2011; Welsh, 2002). It is important to emphasise that it is not the computer that actually interprets data, but the researcher (Gibbs, 2004).

3.12.3 NVivo

QSR International’s NVivo11 is a qualitative analysis software tool which was employed in the current research. NVivo supported the analysis of the qualitative data by sorting, organising, coding the data, and managing ideas. It also ensured the chosen method was rigorously adhered to (Bazeley, 2007, 2009). A number of screenshots are presented within the appendices to demonstrate that the coding process remained consistent with the phases involved in thematic analysis (see Appendix J). More details regarding best practice in qualitative research is provided below.

3.13 Rigor in Qualitative Research: Considering Reliability and Validity

Reliability and validity are ways of both demonstrating and communicating the rigor of research processes and the trustworthiness of research findings (Roberts, Priest, & Traynor, 2006). Considerations of reliability and validity in relation to qualitative research are vital from the outset. A number of such principles considered throughout this study will be highlighted in this section.

Qualitative researchers have offered important recommendations regarding best research practices and have devised an array of procedures for demonstrating validity and reliability (Seale, 1999; Stenbacka, 2001; Winter, 2000). Although reliability and validity are treated separately in quantitative studies, these terms are not viewed separately in qualitative research. Terminology which encompasses both reliability and validity, such as credibility, confirmability, consistency or dependability, transferability, and trustworthiness, are often used within qualitative research (Golafshani, 2003; V. Lincoln & E. Guba, 1985; Shenton, 2004).

The concept of validity is described by a wide range of terms in qualitative studies as quality, rigor and trustworthiness (Golafshani, 2003). Each criterion of quality can be approached in a variety of ways depending on the specific researcher, context, theoretical affiliation, and study (Tracy, 2010). Criteria are often more flexible and contextually situated in comparison to rigid
3.13.1 Rigor
Rigor in qualitative research can be evidenced through the care and diligent practice of data collection and analysis. In relation to data collection, demonstrations of rigor include the number and length of interviews, the appropriateness and breadth of the interview sample given the goals of the study, the types of questions asked, the level of transcription detail, and the practices taken to ensure transcript accuracy (Roulston, 2010; Tracy, 2010). Rigor in data analysis may be maximised by providing a transparent account of the progression regarding the process of sorting, choosing, and organising the data into the research report. A significant issue to consider is whether the data will provide for and substantiate meaningful and significant claims.

3.13.2 Transparency
Transparency relates to researcher biases, goals, and foibles (self-reflexivity) and is thus considered throughout this study. It essentially refers to the trustworthiness of the research process. Seale (1999) states that transparency is akin to a research auditing process and asserts that researchers should provide “a methodologically self-critical account of how the research was done” (p. 468). To this end, all research decisions and activities are clearly documented throughout this thesis and augmented by the appendices provided.

Member-checking is an important technique for establishing credibility (Lincoln & Guba, 1985). This ensues throughout the inquiry, and is a process in which collected data is ‘played back’ to the participant to assess for perceived accuracy and reactions (Cho & Trent, 2006). In the current research, a number of actions were taken to ensure a transparent account of the research process including member-checking. Member reflections were sought after formal data collection. Each participant was offered the opportunity to read through their resulting transcripts to ensure they were satisfied that the transcripts accurately reflected their experiences (see Appendix K).

A further procedural step was conducted to enhance the trustworthiness of the findings and was completed during the data analysis phase of the research. A focus group facilitated “member
reflections” regarding the initial research impressions and provided opportunities for questions, critique, feedback, affirmation, and collaboration (Tracy, 2010). Through this reflection process, participants were provided a platform to react, agree, or find problems with the research. Providing the space and option for member reflections created opportunities for additional data collection and analytical refinement which enhanced the credibility of the emerging analysis.

To achieve credibility the researcher adopted a self-critical stance to the study whereby the researcher strove to validate the data through the member-checking processes described above. Validation of the data provided an opportunity for clarification and for the researchers prejudices to be recognised. Reflexivity is an important consideration as it demonstrates that the researcher’s interpretation is an accurate account of the data and enhances objectivity (Shaw, 2010).

3.13.3 Reflexive Statement
The current research was conducted by the author, who is a Psychologist in Clinical Training. In line with best practice guidelines for conducting qualitative research, I reflected on any potential preconceptions I had about the research topic. As I had no prior knowledge of social pedagogy I experienced both apprehension and curiosity in broaching this research. I approached this research with enthusiasm and genuine interest about the experiences of social pedagogy. I consider the lack of prior knowledge I had on the topic as an advantage as I advanced through the research process with a freshness and inquisitiveness to reveal whatever the findings would be. During the research process, I regularly reflected upon how to ensure that the findings generated were representative of participants responses and not filtered or impeded by any particular philosophical, psychological or personal stance that this researcher possesses. Through the use of supervision and utilising a number of methods for ensuring rigor within qualitative research I consistently maintained an awareness of my position in the research.

3.14 Summary
This chapter presented the research goals and the overarching research framework of this thesis. To set the scene for the research approach taken, the constructivist epistemological stance emphasised the value of a qualitative approach in addressing the research question. The
‘goodness of fit’ between the methodology and analytic approach was highlighted. The subsequent details described the procedural stages of the research, including participant recruitment, data collection, consideration of ethical issues, data analysis methods, and a rationale for utilising a qualitative analysis software tool. Finally, the method utilised was outlined with considerations relevant to reliability and validity in qualitative research. The next chapter will describe the results of the research which employed an inductive thematic analysis on the data set to explore staff’s experiences of social pedagogy, and will report on the trends and patterns which emerged.
CHAPTER 4: RESULTS

4.1 Chapter Overview
This chapter will provide a detailed outline of the findings from the current study which aimed to explore the experiences of social pedagogy among residential staff in a children’s residential setting in Ireland. The primary objectives of the study included:

i. collation and analysis of staff perspectives/experiences regarding the social pedagogical model of care
ii. collation and analysis of staff perspectives of the positives/advantages of this model of care
iii. collation and analysis of staff perspectives of the negative aspects, disadvantages, and/or challenges of this model of care
iv. exploration of the needs of staff and any suggestions for change they may have

Four themes emerged from the eleven interviews undertaken through the process of thematic analysis. This chapter presents these themes and sub-themes, summarises the findings and provides extracts to illustrate the results. Please note that the use of three dot ellipses either before or after participant citation indicates the removal of some text. This was done to enhance the clarity of the point being expressed by the respective participant. In addition, to protect their identity the gender-neutral pronoun ‘they’ was substituted into the text when references were made to specific young people.

4.2 Overview of Main Themes
Table 4.1 presents the main themes and sub-themes which emerged from the data. The first main theme of ‘Understanding Social Pedagogy’ illustrates findings within the data which are linked to participant comprehension of the principles associated with this model and how that translated into implementation. ‘Understanding Social Pedagogy’ is a central organising concept for a number of sub-themes, including acknowledgment of the variations which are apparent between social pedagogy as introduced and practiced within an Irish context in comparison to that established in other European countries. Furthermore, observations regarding the evident distinctions between typical care practice in Ireland and social pedagogy were cited. From the data, it was apparent that participants had varying levels and depth of comprehension of the model.
The second theme of ‘Emotional Impact of the Role’ captures staff reflections of both the positive and negative aspects of their experiences within the role. Positive reflections included the constructive impact of implementing the principles of the model. Negative reflections related to the role were also captured within the data, such as, the intensity of the work, and difficulties switching off, along with contextual issues.

The third identified theme of ‘Organisational Features’ reflects participant experiences of working within the organisation. The data presents descriptions of what this role entails, the extent of training and support received, and finally, recommendations which could potentially improve the experiences of staff.

The fourth theme concerns challenges related to the model implementation which highlight that this approach may not suit all young people in care. Also addressed are the difficulties associated with promoting typical experiences that conflict with an apparently embedded culture of preoccupation with risk assessment:

<table>
<thead>
<tr>
<th>Table 4.1 Summary of Main Themes and Sub-Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Theme</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Understanding Social Pedagogy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Emotional Impact of the Role</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Organisational Features</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Challenges Related to the Model</td>
</tr>
</tbody>
</table>

4.3 The Data Set

The findings discussed in this chapter are derived from semi-structured individual interviews which were conducted with eleven participants. Participants were also requested to complete a brief demographic questionnaire. Table 4.2 provides a summary of significant information attained, including gender, role within the organisation, whether they had previously held
another position in the service, and the average length of service time within the organisation. Acknowledgement of this information was deemed important as it could impact on the extent to which they could reflect upon the questions posed and draw upon their experiences of social pedagogy within this residential setting:

Table 4.2 Participant Descriptive Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender:</strong></td>
<td>3 males and 8 females</td>
</tr>
<tr>
<td><strong>Position:</strong></td>
<td>5 house pedagogues and 6 activity pedagogues*</td>
</tr>
<tr>
<td><strong>Previous Position within the Organisation:</strong></td>
<td>7 participants</td>
</tr>
<tr>
<td><strong>Average Length of Time within the Organisation:</strong></td>
<td>12.9 months</td>
</tr>
<tr>
<td><strong>Range of Time within the Organisation:</strong></td>
<td>6-24 months</td>
</tr>
<tr>
<td><strong>Education:</strong></td>
<td>11 participants possessed third level education within Social Care.</td>
</tr>
<tr>
<td><strong>Previous Knowledge/Experience of Social Pedagogy:</strong></td>
<td>1 participant.</td>
</tr>
<tr>
<td><strong>Experience working within Residential Childcare:</strong></td>
<td>9 participants</td>
</tr>
</tbody>
</table>

*1 participant had moved into a managerial role by the time of interview so data relating to their previous position as an activity pedagogue was applied.

4.4 Understanding Social Pedagogy

It was apparent that participant understanding of the social pedagogical model varied and that certain descriptions were more ambiguous than others. Some participants recognised that the understanding of the concept differed between individuals:

“I think everyone has a different interpretation of it.” (P10)

“...social pedagogy is so vast” (P11).

A number of participants relied on broader language to describe the concept, in contrast to others who articulated their understanding utilising terminology closely linked to the principles of the model and the underlying philosophy of social pedagogy:

“The idea of the common third, just finding something meaningful that both of you enjoy... something I looked at straight away, that made sense to me: the personal, the private, and the professional” (P11).
“One of my biggest understandings of social pedagogy is the empowerment of the client...that one word empowerment... people don't work in isolation, they work as part of a wider community. Whether that's their family community or the community they live in, to work with the client and the people involved in their lives and to empower them to actually help themselves ...it works with the whole person as a physical entity and emotionally” (P8).

“child-centred comes out the most for me and relationships and home and more homely environment, stability, and being more normalising for the child” (P2).

Furthermore, two participants admitted that they had not completely grasped the concept and that it was not at the forefront of their minds when providing care on a daily basis:

“I still don't understand, like, the whole ethos or understanding behind it” (P1).

“It's not engrained in you that you're working from this model. We know that we're Social Pedagogues and Activity Pedagogues, but for me it's not something I'm aware of all the time” (P10).

The importance of the focus on relationships was specified as one significant component of the model and several participants identified this feature as the foundation of their comprehension of the concept:

“I suppose the main thing for me would just be the relationships. It's really all about relationships and making them, and it's all about the relationships in the house [that] we the adults have with each other and the kids” (P7).

“I suppose it's more a relationship-based model. There's less boundaries. You give yourself more” (P6).

“My interpretation of it is that it's very much relationship-based. There's boundaries in place but it's about giving a little bit more of yourself to the child...here are things you might not know about me, it's a very personal model...It's very easy to forget that
you’re at work in ways, because you really get to know each other very well…it’s about being authentic with the children” (P10).

4.4.1 Normal Household
The concept of a ‘normal household’ formed a strong basis of participant perception of the model. The term was frequently used by participants to convey what they felt to be another significant component of their practice. It was clear that participants strove to create an environment which was no different to any other home:

“It’s a normal house there’s nothing locked away. If they get up in the middle of the night to go to the toilet, there’s no one getting up and following them. There’s no one checking on them 24/7. It’s way more relaxed; it’s like a normal house” (P1).

“…[by] providing a more normalised setting for the young people instead of everything being so restricted and risk assessed, we give them more space to grow and develop and learn new things” (P3).

Features of such a ‘normal household’ were described by participants and served to illustrate their understanding of the ethos of social pedagogy. Three participants referred to their position being akin to a parental role, in that, “you kind of just facilitate the role of a mum or dad” (P1). This provides an insight into how they approached working within the role and conceptualised the care required for the young person. Just as in any other household, participants explained that activities depended on good behaviour. This suggests that participants were aware of the importance of creating realistic experiences for the young people and often drew on their own childhood experiences as a reference point:

“...just like you would in a normal household. We all remember being a child, and if you didn’t go to school, it didn’t mean you got to go out the whole evening and have fun with your mates” (P1).

One participant stressed that the assumption of parental roles within the house engendered a more consistent and structured environment for the young people, similar to a typical family household:
“The house pedagogue...lives there Monday to Friday, consistently every week with the kids. She is the one person that is there all the time, and I suppose that added a little bit more structure to the house which you have naturally, in any home, with either your mum or your dad” (P8).

4.4.2 Comparisons between Practices

Whilst there were clear differences in the understanding of the model between participants in the sample, there was also recognition of the differences inherent in the implementation of the model in Ireland in comparison to other European countries. As the local interpretation was not considered the ideal, such differences were regarded as having a potentially negative impact within the Irish context. Participants perceived that although it is always preferable for the pedagogues to live with the young people on a full-time basis, this level of consistency was lacking in the Irish implementation of the model:

“I don’t think social pedagogy works in this country for the simple reason that in order for it to work, you need a family, a couple. Doesn’t have to be a man and woman, it could be two men or two women, but who would be prepared to give up their lives seven days a week” (P1).

“...what we’re doing here is very different to what they’re doing in Europe. In Europe, you’d have two people living in full-time; you wouldn’t have people coming and going” (P4).

Many participants discussed the differences between working within a social pedagogical framework and typical residential care practice. One favourable distinction frequently alluded to was that social pedagogy actively encourages the development of more authentic interactions with the young people rather than the maintenance of a more formal or professional facade:

“The main difference would be the boundaries. There still are boundaries obviously, but the main thing is you can be yourself a lot more. You can really bring yourself to the job, whereas you’re a lot more closed off in other environments. I think that’s the biggest difference really, and I think that really helps the young people, because it’s real life; there’s no fakeness to it” (P7).
These more authentic settings and interactions were observed to be in stark contrast to typical residential care environments. Another participant suggested that typical Irish residential care settings are impractical and not genuine, and concern was expressed that such a contrived environment may instil a false or misleading impression of regular life:

“It’s so different to other models. I have experience doing relief work in residential settings and they're so institutionalised, even though they are homes...it’s not authentic to day-to-day living. It sets the kids up to this unrealistic way of being” (P8).

This participant further emphasised the importance of creating realistic environments for the young people and the way in which effective learning opportunities can arise from everyday situations:

“I'm a big believer in creating realistic environments, and learning within an environment which is real, and making mistakes. One of the things I saw working in Special Care...you're trying to teach coping mechanisms in this really false environment, with no way for these kids to practice that in real life situations... one of the kids [in this organisation] when they get excited or anxious...they've no awareness of what their body is doing, and being able in that moment to go, ‘Ok, this is what you're doing, and this how we're going to move forward now’ and I can do that with you...” (P8).

An additional notable comparison identified by one participant included the influence on staff empowerment when working within the model. The atmosphere when working within the social pedagogical context was described as ‘encouraging and supportive’, as it enabled staff to make decisions and judgements. This is in contrast to other more conventional settings, wherein a hierarchical culture was predominant and where staff were expected to seek permission and approval before decisions were made:

“We’re all so close, and it’s like a family unit, so that’s how it’s different. In the residential setting I worked in previously, it was the manager telling you what to do, and you had to go to the manager and ask them. We’ve a lot of responsibility here; we’re making the calls on the ground as it happens, and we know that unless we
majorly mess up, we know that they’ll support us and they trust us. Whereas with [another organisation, it’s] ‘Come to me before you make any decisions’” (P10).

4.5 Emotional Impact of the Role
The emotional impact of the role on staff members was another dominant theme to emerge from the data, and included participant reflections on both the positive and negative impacts. Features of the role which provoked positive experiences included the creation of a homely/natural environment and the authentic relationships developed between colleagues and the young people. Additionally, participants described the positive outcomes of working within this model in relation to their own experience of the work. Participants also outlined negative aspects of the role which consisted of issues relating to the sustainability of the role for participants, contextualisation difficulties, and behavioural challenges encountered.

4.5.1 Positives
An awareness of both advantages and disadvantages of working within this model was apparent, and partiality towards working within the social pedagogical model was evident:

“I think in some ways it is a lot more challenging than other social care settings and in some ways a lot less. I think the pros and cons balance out really. It is a much nicer job but it’s much more consuming. I don’t think I’d go back to a lot of the places I have worked in after being here, so that’s probably a good thing about here” (P4).

4.5.1.1 Natural/Homely Environment
All eleven participants welcomed the benefits associated with the creation of a homely and natural environment. One participant emphasised that while social care environments were often unlikely and unrealistic, this organisation’s setting endeavoured to be more akin to a family situation. This finding resonates with the theme of ‘understanding social pedagogy’, as participants had described this as a prominent feature of their knowledge of the model. It is related to the theme of ‘emotional impact of the role, as participants regarded this as an appealing aspect of the role:
“...it’s more natural, more like a family situation. It’s still different, it’s not a family situation, but at the same time it’s more natural. Working in a social care environment, sometimes it can be so false...it’s so institutionalised...I don’t like being part of working for services where the young people are saying these words, and you’re like, how do you even know what that means? You’re twelve and you’re talking about your cognitive development. It’s ridiculous, you know? Whereas that doesn’t happen here, and I like that” (P4).

Another participant observed that alternative care services can create an institutional type of environment, whereas in this organisation, the young people have a lot of freedom which can assist in creating a relaxed atmosphere. Young people have been observed to respond better to this type of environment:

“...they’ve their own room, no lock on the door, and they can come and go as they please. And it’s a lot more relaxed, and I think the young people respond to that” (P1).

As well as being a pleasant and comfortable environment for the young people, one participant reflected on the effect it had in terms of staff attitudes to their own role:

“It seems to be a very genuine, comfortable home; to come into work, you don’t feel like you’re actually going to work, you’re just going to your other home” (P6).

It was proposed that creating a natural environment in which to provide care could ultimately facilitate the successful transition of the young person out of care at the appropriate time. It was suggested that the difference between leaving a secure environment and entering a real-world environment would be a more difficult adjustment:

“I prefer the model here, the social pedagogy. It’s much more normal for the young people and for moving on afterwards...It’s harder after being in special care to move onto everyday life. It’s extremely hard but here it would be much more normal” (P7).
Several participants expressed the opinion that being able to be more personal and relatable with the young people contributed to the creation of the natural homely environment. Participants emphasised that they enjoyed being encouraged to bring their individual personality traits into the role:

“One of the things with the kids, obviously, there’s the personal and professional, but how you’re able to give a little bit more of yourself ... I go into the house and the kids will be, like, ‘how are the cats?’ ... I can show them pictures of my nephew ... I can bring that aspect of myself into my job ... you don’t have to be so robotic anymore, you can just be you” (P8).

“...when you’re in there you don’t feel like you’re at work. You just feel really relaxed and chilled out. You’re still doing your job, but you could take off your professional face 90% of the time, so it’s nice that way” (P7).

“...I did feel at home when I was there. If I stayed for a couple of nights I would treat it as my home, and that’s comfortable for them ... to see you acting like you’re comfortable in the setting ... it’s your place to chill out... rather than seeing someone walking around with keys, always watching ... not being able to relax like you would in a mainstream residential” (P9).

4.5.1.2 Authentic Relationships

It was evident that participants viewed the development of authentic relationships as a core feature which distinguishes this model of care from others. Several participants stressed that the more limited number of individuals involved in providing care assisted in promoting depth and quality in their relationships with the young people. It was inferred that increased numbers of care staff could dilute the quality of the relationship:

“The positives are the fact that this is a relationship-based model and that because the numbers of people the young people come into contact with are reduced, ultimately the relationships are going to be better, stronger” (P1).
Many participants expressed the opinion that the relationship between the social pedagogue and the young person is the primary means of teaching and providing care. It was perceived that a stable, consistent relationship is essential for successful navigation through any difficult periods:

“...it is about how you build a relationship, because if they’re at a bad stage all you have is yourself and your relationship with them to get them through things. To talk them through things, if they’re heightened, if they’re aggressive, that’s all you have really is yourself and your relationship, and other staff members of course. I wouldn’t see how it would work without that” (P2).

“...you couldn’t do this without relationships...everything you do with the young people, it’s down to your relationship with them” (P4).

The development of authentic relationships with the young people was deemed to assist in modelling how appropriate relationships are formed and maintained. One participant asserted that although the benefits of this may not be obvious until later in the young person’s life, it is nevertheless an essential foundation to foster. In addition, the consequence of cultivating a sincere relationship with the young person is that they are increasingly likely to seek help and guidance as opposed to attempting to manage and cope with difficult experiences:

“I suppose a lot of the stuff, you won’t see the results of it ... when they’re older the stuff that we’ve taught them now will help them in how they form an appropriate and healthy relationship, but we don’t necessarily get to see that...where you have a really positive relationship with a young person you’ll see the difference...they’ll come to you if they have an issue...you can obviously help them get through it in an appropriate way” (P4).

Several participants acknowledged that relating with the young people on a personal basis and revealing aspects of their own personalities plays a crucial part in nurturing the rapport and models the reciprocity involved in relationships. This also demonstrates an emotional investment in the relationship as opposed to the detached supervisory professionalism which merely reinforces the young peoples’ awareness that it is a work environment for staff:
“...it’s about them understanding that you have a life outside of the house, but at the same time when you’re in the house you’re fully committed to being in the house. You’re not just there to pick up a paycheque at the end of the week. I think by giving a bit of yourself to the young people in the house, like saying, you know, my dog is sick ... you’re not just a worker that’s coming in totally blocked off...I’m just here to supervise you for the week. I think that’s what the social pedagogy model is about; being open and transparent and building a trust with the young person” (P5).

It was observed that the social pedagogy model promotes genuine interpersonal interactions as opposed to other care approaches. It was also suggested that the genuine nature of this relationship has a profound effect on the young people:

“...if you’re coming in doing shift work you can completely shut off for twelve hours of the day and come in and have a professional hat on, leave everything at the door. Just come in [and] supervise ...I don’t think the young person would be able to build a good relationship with you, ... I think that’s what the pedagogy model gives them more so than in other residential mainstream settings ... It’s the relationships that mean the most, and that’s what the pedagogy model gets out of the work with the young people” (P5).

One participant reflected how the shared living space epitomises the sincerity of participants and underscores their choice to live there with the young person. Another participant described how the depth of the relationship experienced was assisted by the model. They discussed their willingness to express how much they cared for the young person and how valuable and meaningful such an experience could be:

“I think the relationships you form with the kids are so much better. You get to know each other really well and not just you getting to know the child. The child is getting to know you as well...it helps them to learn how to form real relationships...you’re choosing to work here... you’re choosing to spend this number of hours with these people...it’s more real for them” (P6).

“I never could have seen myself telling anyone that I love them and I can say through this model and working this way, I really love and care for X...I heard a
speaker give a talk on the use of the word ‘love’ in social care... You really keep yourself back from saying it ... I know it’s something that really meant a lot to them ... let’s not forget about these children. They’ve been through so much and it’s lovely to hear from someone ‘I love you’ because maybe they don’t have anyone to tell them” (P10).

4.5.1.3 Outcomes

Participants articulated some of the positive outcomes observed for both staff and young people. It was clear that the impact of working within a social pedagogical model resulted in an improved sense of empowerment and increased job satisfaction for staff. As described in the earlier theme of ‘comparisons between practices’, participants experience of autonomy within the house which enables them to make decisions, meant they had confidence in their skills and felt trusted to provide the necessary care:

“There's a lot more autonomy on the adults in the house which I find quite empowering ... I have the autonomy to make decisions and to work with the kids in the way I work with kids. I was taken on for my skills and my experience, and I'm allowed to use those and I'm trusted with that” (P8).

Participants appreciated that they could be creative and innovative in devising new ideas and ways of doing things. It was seen to be advocated and supported within the organisation:

“...with [organisation] it's very much involving and if you come up with a new idea, they’ll take it on board. They trust you to carry out the work. Where I’ve been previously, it was very much, this is what we’re doing; then we’re doing it” (P10).

“I think the ethos of [organisation], there's opportunity for you to be; I have this cool idea... it's a little bit out there...and they're like ‘Yeah, let's do that, let's try stuff out’” (P8).

One participant was enthusiastic about the rewarding nature of the role, and emphasised that simple interactions and experiences can be viewed as therapeutic for the young person. Another
remarked that the attachments formed and the positive changes observed in the young person are the ultimate reward for staff:

“I think it is a role that you have to do to really understand … it can be the best job in the world. You could come in and be gone off with the young person for the weekend and have such a great time…role modelling to that young person the whole weekend, it’s a therapeutic environment where everything you do is helping that young person, and you get so much benefit from it, you’re so rewarded in that” (P4).

“The biggest positive is you get so attached to the kids, like they’re mine… I’ve seen one of the kids, within six months I’ve seen them grow into this little person” (P8).

“...there’s advantages of seeing the work you’re doing with this child and what it can do in someone’s life” (10).

4.5.1.4 Organisational Context
A number of participants described how the organisational context positively influenced their experiences of the work. One identified the potential to progress to different roles within the organisation as appealing. Others acknowledged that the overall ethos and culture of the organisation created an environment which was particularly gratifying to work within:

“I think that’s always really open to everybody, that you can move or change roles…a couple of people have changed house to activity pedagogue or vice versa to suit their needs, and I think that’s really a huge bonus for the company” (P2).

“I suppose one of the reasons I sought out [organisation] was because of the environment it creates and the way it works. I’ve really enjoyed that aspect of it” (P8).

“It’s the best job I’ve ever had as an adult by far. A lot of that has to do with the way it is; there’s a culture there, such an open culture” (P10).
The approachability of the management team was described positively and seen to help create a relaxed atmosphere. Furthermore, the collaborative management style was perceived to encourage open communication between everyone involved in the care of the young person and as demonstrating an openness and receptiveness to suggestions:

“...they’re all very approachable ...They’re very relaxed about things; they don’t lose the head.” (P10).

“...it was a very linear management style or structure or culture in the organisation ... everyone was speaking to everyone ... I found [organisation], in general, very open to any ideas or anything you want to do” (P11).

Several participants referred to the concept of the team as a beneficial feature embedded within the role. One participant asserted that it is important that team members are supportive and helpful of each other. Other participants reflected on the advantages of being part of a small team and the real opportunities for learning made available through the live-in roles:

“it’s really good when everybody is on the same page ... just to help each other out because it could be you then, when you have so many other things to do” (P3).

“...the relationships you get to make, it’s a small team as well, so it’s really good for the young people... we’re all a small little family in a house” (P7).

“...the smaller staff team, the live-in roles and things like that, you’ve a great opportunity to put some learning, put some normality into it” (P11).

4.5.2 Negatives
4.5.2.1 Contextual Difficulties
All eleven participants commented on some of the contextual difficulties which have impacted their experience of the role. One common challenge cited was the size of the team supporting the young people in each of the houses. One participant reflected that requesting time off can be difficult due to awareness of the pressures this can cause colleagues covering leave. Another participant re-iterated this point and described feeling a sense of letting down the team on such occasions:
“The fewer number of people puts an extreme strain on those people regarding supporting time off. I don’t think there’s enough people so that’s a negative.” (P1).

“The disadvantages are it’s such a small staff team that at times, when say, you’re sick or you have to try and get your annual leave, it feels in a way, that you’re letting down your team ... you take one person out of that six, there’s only five then. If you’re off for a week, that falls on them then.” (P5).

From the perspective of those covering leave, one participant reported that it can feel like they are constantly in the house. Another indicated how there was uncertainty whether leave would be granted due to difficulties regarding overlapping with another staff member’s leave or others’ availability to cover leave:

“...it did get tough at times when you’re covering more hours, and you’re doing loads of hours. Sometimes you can feel like you’re never out of there” (P7).

“...it was really difficult to organise annual leave. No two people could take it at the same time... there’s a possibility that you might not get your annual leave because there’s nobody there available to cover, so that’s difficult” (P3).

It was also noted that there may be a perceived trade-off between having a larger team to facilitate staff cover and the possibility of adversely influencing the quality of relationships:

“...suppose if you put more people into it, then you’re not really getting the one-on-one relationships that you’re going to build with the young people. It just doesn’t add up. That’s definitely the most difficult” (P5).

Team dynamics also featured as a challenging element of the work, as such close working proximity inevitably generates occasional episodes of tension between colleagues. It was reported that compromise is essential to resolve staff disagreements and it was perceived as very important to be mindful of difficult dynamics in the presence of the young people. As disharmony between staff members could create a negative atmosphere in the house and a difficult work environment, effective methods of conflict resolution were seen as crucial:
“...it’s a small team ...so you are going to go through times where you all want to strangle each other” (P6).

“You know yourself; if you’re living with your partner you’re going to kill each other from time to time over little things. So I think living with someone that you mightn’t see eye-to-eye with all the time is a challenge ... you have to keep that relationship up or the kids will pick up on it ... you have to get by compromising on a professional and a personal level because you’re sharing a living space” (P2).

“...if there’s conflict on the team it needs to be resolved, as otherwise it can get really intense and really difficult for everybody” (P3).

It was clear that participants were mindful that a rapid turnover of staff conflicted with the ethos of the model and threatened the consistency and stability which they strived to create. Such changes accentuated the fact that staff are indeed paid employees and can create an atmosphere of upheaval and an unsettled period for the young people:

“...if someone leaves it reminds everyone that it’s not a real household. It’s still a job and it reminds the kids ... that can make them resist against you...it can take a few days to settle down again, because I suppose, they just get angry when they are reminded of this, and its normal” (P6).

“when I started then there was a lot of change happening... there was new people coming, there was existing staff that were leaving, so there was a lot of transition going on” (P1).

These issues did not just impact on the young people. Due to the anticipation of potential distress that leaving could cause to a young person, feelings of guilt were also said to be experienced by staff considering resigning from the role. It was clear that breaking the attachment would be particularly difficult:

“...then I’ll be leaving them again, so that whole attachment that I’ve made with the child then falls apart when I leave. That really eats at me sometimes, when I think of moving on” (P2).
4.5.2.2 Sustainability

It was all too evident that participants realised that the sustainability of the role is limited. It was also acknowledged that while staff may initially embrace their role energetically and enthusiastically, after approximately one year they become exhausted and fatigued. This implies that there may be a finite lifespan to maintaining the role due to the toll taken on staff members:

“...there’s a lifespan in this role. One hundred per cent, no matter. Even people I see as really good, really dedicated, and accept it as part of their life; after a year those people are wrecked” (P1).

One participant alluded to the many variables which may affect how long someone remains in the role. These included getting married, having children, age or stage of life, or length of time available to commit to the role:

“my external factors were impacting on my role too much or my role was impacting on my external factors too much ... it depends on the individual, where they’re at in their life...how long they can commit to doing this, how kind of mentally and physically strong are they to sustain it ...I think it’s all reflective on the individual” (P1).

This point was further emphasised by another participant who agreed that it would be difficult to remain in the position should their personal circumstances alter:

“I’m not sure how many years sustainable it is for the role I’m in at the moment, the whole living-in, because I can’t imagine if I had my own children that I’d be able to do this” (P2).

For some participants who live a significant distance from the house, an additional downside of the role was being unable to see friends or family throughout the working week:

“The hardest thing about it is not getting to talk or see family. It might be different for other people who live in the area ... that would be the hardest part about it” (P5).
On the other hand, it was also evident that while there are benefits to living and working close by in terms of friends and family being accessible, it can also make switching off from work increasingly tough. Furthermore, challenging episodes within the house can spill over into participants’ personal lives:

“I would have my family close by ... on a good day if the children are in school I could always nip for an hour or have a coffee ... on my days off if I just wanted to switch off, this is still like, where I’ll be.... at the back of my mind if I wanted to go for a drink, I don’t want any of the children passing by and seeing me in the pub” (P2).

“...one to two nights a week I’m the on-call person, so either house can ring me for support... there was a phase where I went to the gym and I carried my phone...because we were in crisis. When you go through phases like that it does impact on your personal life...When I came home from work...after being there for twelve days ...next thing it would ring and I’d be gone again” (P8).

In contrast, others described feeling a distinct divide between their work life and personal life, and a number portrayed the role as somewhat like living in a bubble and feeling removed from their own lives:

“with the live-in role, I was doing seven days on and seven days off ... you kind of lose yourself in the seven days when you’re just in the house, living that life so your own life is kind of put aside for those days” (P6).

“That’s the main difficulty with the role. When I’m here I’m so far removed from my own life. I can contact people, I can take time off during the day if I need to, but I suppose for me, I live two hours away, so I can’t just fly out and meet someone for coffee...” (P4).

“...you’re living in this bubble; I suppose it’s like a big brother house, when you’re living in this environment” (P1).
The intensity of the role was emphasised by the majority of the participants. Aspects which contributed to this awareness included the length of time spent in the house, missing out on events occurring in participants’ personal lives, being contactable outside of work, and also continuing to undertake work-related tasks during personal break-times throughout the day:

“I think it’s the whole length of time you have to spend in the role” (P1).

“I think sometimes the amount of hours you can do over one period can be quite long...you just get very drained from being there constantly... I was spending an awful lot of time down there, so I was missing out on things in my life” (P6).

4.5.2.3 Switching Off
The inability to switch off from the role was a common strain indicated. One participant commented that despite having periods where the young people are not in the house, it was difficult to relax or unwind due to constantly thinking about what needed to be done. This feeling persisted until being officially off work. Even when officially off duty, this difficulty could be exacerbated by receiving daily emails or contact from other team members:

“Yeah, it’s tiring and because this is not a normal work environment, people don’t normally live where they work, so it is very, very energy consuming... it’s very hard to switch off, even when there’s no young people around ... in the back of your mind you’ve got to go back to the house or you’ve got to do something...from Sunday evening to the Friday morning, you never really switch off until you leave on a Friday” (P1).

“...sometimes it’s really hard to get away from the place... you might be thinking about it the whole time ... you’re always getting an email every day ...you might get a call or a text from somebody in the house, and you’re trying to get away from that when you’re on your time off. It’s really difficult” (P3).

4.5.2.4 Behavioural Challenges
Participants reported that a trying aspect of their role can be managing difficult behaviour. One participant described an initial ‘us and them’ atmosphere in the house that needed to be broken
down over time. Another described how new people entering the house could impact by changing established dynamics:

“... they weren’t going to school, they would go to bed when they wanted to, get up when they wanted, they’d have very minimal interaction between the adults... seen as “us and them” and it took probably the best part of about three months to break that, to have some equilibrium” (P1).

“...if you get new children in, that changes the whole dynamics of things. There’s always challenges that come up... a lot of them might test the placement” (P2).

Difficulty developing a relationship with the young person was noted by a number of participants, who reasoned that this may have been the result of frequent staff changes:

“...it was difficult in the initial stages getting to know them and build a relationship with them because they had so many people coming in and out of the house from the start. They were kind of sick of getting to know people so that was hard ...” (P9).

“You’re told to f**k off a number of times, you’re told you’re no-one to me, you’re new here, we’ve had this before, we don’t want things to change...there was a lot of turmoil, a lot of conflict. It was very mentally tough” (P1).

4.6 Organisational Features
4.6.1 Description of the Role
Many references to how the role has evolved since it was first implemented, and how it continues to evolve in response to staff needs, were observed:

“...the model has changed and evolved in the last year ...I started off in a role where I was living in and sleeping six overnights and then I’d have one night off ... then the model changed a small bit so I became the Monday-Friday person. So I had Saturdays and Sundays, and then I’d be back Sunday evening. Since Christmas that changed to I have Friday until Monday morning off, so I’m there Monday straight through to Friday” (P1).
“In the initial stages ... they had people living there all the time, but it just didn’t work. People didn’t feel like they were getting away. They were living where their job was all the time and it just didn’t work” (P9).

Participants described the duties linked to the remits of house pedagogue and activity pedagogue. Significant overlap between the roles was apparent; the primary difference being the amount of time spent actually living in the house. In short, P1 stated, “you kind of just facilitate the role of a mum or dad”. Responsibilities described included the ordinary tasks typical of any household, but also comprised more formal components, including the completion of any necessary paperwork:

“...we’re just going to do what normally would happen in any other household, so that’s pretty much a typical day, it’s just maintaining their lives...it’s very normal run of the mill day-to-day things. As I said, when they’re at school, it’s when I do the more formal aspect of my job, which is the paperwork and reports ... but when the kids are there, it’s more creating a homely environment” (P8).

One primary aspect of the activity pedagogue’s role includes supporting the house pedagogue and providing respite. Furthermore, in accordance with the ‘Head, Heart and Hands’ principle, activity pedagogues assist in engaging the young people in various activities within the community:

“my role is to support the house pedagogues ... the main bit is helping them be able to maintain their position as live-in people in the houses...I’ll take the kids out ... which will allow the adults who are living in the house to go out for a while, have their own time... I would work mainly on the hand aspect with regards getting them into physical activity ... trying to encourage them to go out into the community, engage with people in the community, make friends” (P8).

It was stressed that this position involves more than linking the young person to activities. Rather, it includes integrating into the young person’s life and supporting them in all aspects of their day:
“...everyone has a different interpretation of what they do .... A lot of people think it’s me doing activities, but it’s much more than that. I would be really involved in the house with the house pedagogues...It is doing activities and organising their days...but it’s much more than that ... you’re very involved in the child’s life...you’re there to support the young person to meet all their needs as best you can...there is a large emotional aspect to the role, because it’s like being in a family” (P10).

It was emphasised that there may not be activities or events scheduled throughout every day or week as this would be consistent with any typical home environment. A further crucial aspect of the role was remaining attuned to the needs of the young person when they were going through difficult periods:

“In normal families, there isn’t always activities and fun things to do. It’s mam going home and cooking the dinner...If the child is in crisis, it’s very different. You’re just staying in tune with the child... and managing that” (P10).

Completing everyday household tasks, supporting the young people within their daily routine, and providing emotional support, are the essential components highlighted in the role of house pedagogue. In addition to supporting the young people with their day-to-day lives and facilitating any events in their lives, attending team meetings and individual supervision are also necessary aspects of the position:

“I take care of the kids’ basic needs ... follow up on the paper work, filling out daily notes, handovers. If there’s significant events there’s a lot of writing, report writing, so that all comes into the role of the house pedagogue...You become a counsellor in a way; to some extent you are there helping them through all sorts, supporting them” (P2).

“...while the young people are in school I usually do most of my paper work ... we’ll have team supervision or my own supervision...So once they’re home, then it’s getting dinner on for them... helping with homework ...if there’s any activities in the evening, then I’d facilitate those ... I finish off my paperwork” (P4).
As some of the participants had experience of being both a house and an activity pedagogue, they could evaluate the pros and cons of each. One feature of the activity pedagogue role which was perceived as particularly valuable was the freedom to go home at the end of the shift. Another participant observed that being a house pedagogue provided more time to complete the requirements of the role:

“I think the activity role is easier as in you get to go home which is a massive, massive factor. Because no matter how bad a day you’ve had, or if you have an argument with a young person or disagreement, or there’s a difficult message that’s had to be delivered, you go home at the end of your shift … You also have a better relationship, I found, in the activity role than the house role, because as I said, you’re coming in and out; you’re not there living every day of the week” (P1).

“I actually prefer now the house pedagogue role because as the supporting one … you don’t get much time to do any of your paper work or anything like that. So then during the week when they’re at school, you kind of have more time to do that” (P3).

4.6.2 Support
Participants itemised the varying types of support they receive, including individual supervision, team supervision, team meetings, on-call support, and support from colleagues, both within houses, and across houses:

“Very supported...we have different supervision. You have your own supervision with one of the managers...clinical supervision, and the other is team supervision... It’s good to bring the team altogether then, and see what’s going on for everyone. You’re always supported by the people you’re working with as well, so you’re never alone in anything you do” (P5).

“...if we ever needed them they’d be over, and if they ever needed us we’d always be there as well. It’s a really close-knit team, even though we’re in different houses” (P3).
It was also apparent that staff are supported by the organisation in relation to continued learning and professional development and are also encouraged to develop new ideas or ways of working:

“...they give us the opportunity to look up things ourselves, what we might be interested in, and they facilitate us being able to go to the conferences and talks” (P2).

“...you might say: ‘I think this might work differently’. You’re always listened to, and they might say: ‘Right, I’ll take that to a management meeting and get back to you’. If they think it’s outrageous and out there, they’ll tell you: ‘No, I don’t think that will work’. They're very open to new ideas from my experience with them” (P10).

Ample support from management in relation to resolving conflict within the house between staff members or supporting staff through difficult periods with the young people was evident throughout participant accounts:

“From the minute that behaviour kicked in we were supported at all times...management literally coming to the house and giving us extra bodies...they were right there at the end of the phone...they were there without you even having to ask a lot of the time... There's a lot of support, it's quite tight-knit ... we have the house across the road...It's kind of like having another family across the road. The kids know all of the adults, and the adults know the kids. It's quite tight-knit, so it's nice” (P8).

However, participants also related occasions of feeling less than adequately supported. Such instances primarily related to maintaining regular supervision and ensuring that proper debriefing occurs after challenging episodes:

“...during the time when everything was gone mad in the house for a couple of months, I think the managers had a lot on, and my supervision didn’t happen for ages - so kind of when you needed it the most. You still had the clinical supervision, and the other supervision. But then if I picked the phone up to ring the managers to
say I needed it, or I wanted it, then I would have gotten it. I think it got lost in the madness of what was going on during that time” (P5).

“...debriefing...I’ve seen that really lax at very important times...We had some serious issues in the house with one particular child. There was no debriefing...there should always be one, no matter if it’s really challenging behaviour or not. It’s the groups’ chance to catch their breath...it’s how you learn for the next time. So I would say they’re lax on that, in the last while” (P10).

4.6.3 Training

Participants reflected on the training they received to educate them in the principles of social pedagogy. They reported receiving one day of training on the model. Some indicated that this improved their understanding as it clarified the aims and method in which to work. Another viewpoint illustrated how learning occurred through observing others and was further modelled during the training day. Training was reported to occur on a yearly basis, in order to refresh staff knowledge, but also to accommodate the high staff turnover:

“...we had a training day on social pedagogy ... it gives you a much better understanding of what’s going on, what the aim of [organisation], what they’re trying to achieve. I suppose you had seen it, but it’s just putting words on it then, made it that bit clearer what you’re trying to achieve” (P5).

“at first I was just trying to figure it out for myself and watch the other workers but then when I got the training it did bring to light an awful lot of things that I wouldn’t have even thought about ... they’re going to keep going as a yearly thing... it’s a high turnover job because it’s very intense, so they kind of need to do it on a yearly basis” (P3).

Another perspective was more critical, perceiving that there was nothing innovative in the training which did not appear to add to existing participant knowledge and was not explicitly about social pedagogy. The participant additionally observed that simultaneous cognisance of the model and care provision was not part of the daily reality of being in the house with the young people:
“I wouldn’t have said that there was anything in that training that I haven’t either seen in LIT or in other training you might do...I didn’t see it as specifically about social pedagogy. I attended it again this year... There wasn’t intensive training about the model really. There’s booklets in the house that you read, or you hear about it from time to time in team meetings ...when I’m in the house with the children it’s not in your head” (P10).

4.6.4 Suggestions
Numerous ideas were suggested by participants relating to ways in which their experiences could be improved. One such idea, which was independently expressed by several participants, included increasing the number of people on the team to assist with respite and leave cover, to reduce the rate of staff turnover:

“See, you get away from social pedagogy and relationship model by increasing people, but at the same time, I think you can have too few and too many, but I think there’s a happy medium that probably needs to be found...I mean you can have ten people and the young people will still strike up a relationship with those ten people as opposed to five or six. All it means is that with ten, you’re going to get more breaks” (P1).

Emphasising the importance of self-care was another issue noted. Given the work has been characterised as an intense experience for staff, ensuring that staff properly look after themselves was considered vital, as this, in turn, can impact on the quality of care provision to the young people in their charge:

“I think self-care is hugely important and I think a lot of people maybe forget about that when you’re in it because you’re so focused on someone else’s needs all the time that you lose yourself in it ... I think that needs to be even more highlighted for us, even to be reminded of it ... you need to go away now and do whatever you need to do, because at the end of the day, if you’re coming in here not taking care of yourself properly, how can you take care of someone else? And I think we all lose that at times, and [need] to be reminded of it maybe” (P2).
It was clear that participants found staying twenty-four hours a day for a prolonged period particularly challenging. One participant suggested that one night off per week would make a meaningful difference in rejuvenating staff. Another participant recommended that overnight duties should be evenly divided among the six house and activity pedagogue members of the team:

“...we get a day off during the week, twelve hours from 9-9, but I think if it was a day and an overnight to come back in then the next morning, I think that would be so much better ... it just makes a big difference” (P3).

“...we have six adults in the house. We have three activity pedagogues and three house pedagogues. Maybe if the role is spread more evenly between overnights...” (P4).

A further participant proposed a change in relation to how new staff members are introduced to the role:

“... when I was first brought into the house ... I just got told everything you need to know is in that filing cabinet... Obviously there’s a lot of reading to it that you have to read in the files, but there’s so much more that you need to learn that you can’t learn from just reading ... I found it very difficult when I first came ... I didn’t know this area at all ...I think it would be very helpful to bring people around on a tour, as well just to show them the places you’d be going to” (P3).

Additional suggestions related to more systemic issues, such as the screening process to identify those who would be suited to this model of care. A broader highlighted issue related to the difficulties of ensuring a proper balance between providing normative experiences and safeguarding vulnerable young people:

“I think referrals from foster care...those children already have that freedom and they know what it’s like, they’re suited to the model, more so than someone that’s coming from secure care...you can’t always judge a child off the notes you’re given... something that’s happened six months ago might never happen again ... I’d
say it’s not as easy as just picking out children that you think are suitable. I think definitely, a better screening process would help” (P5).

“…with all the cases throughout the 80s and the 90s, the child abuse cases, especially in care homes, ... you don’t have the freedom to blow your nose...while one side of that is great, the other side is that it’s just so unrealistic and not meaningful for the young person...It doesn’t set them up for long term life at all. We need to get that balance” (P11).

4.7 Challenges Related to the Model
It was clear that a lack of understanding and knowledge of social pedagogy posed difficulties, and it was acknowledged that there is an element of faith on the social worker’s part in trusting new approaches to providing care. One participant observed how staff tended to be more involved with social workers within the social pedagogy model with regard to decision-making, and that ensuring that all those involved in the care of the young person are aware of the principles underpinning the approach is important:

“... social workers don’t really know what it is... they have to give so much faith if they’re placing a young person in something new and different... if I wanted to do something with a young person that they’d never done before or they were looking to go out with their friends and do something, it’s a case of me ringing the social worker...whereas in another service its more on the social worker to make those decisions ... so I think social workers have to put a lot more faith into this service than they would with mainstream... I find even introducing myself ... nobody knows what a social pedagogue is... just trying to help people to understand what the service is, I suppose, is the main difficulty” (P4).

Social pedagogy challenges the established risk-oriented approach by encouraging and creating age-appropriate opportunities and experiences for the young people. In order for this to occur, discussion around the rationale, aims, and principles, need to be prioritised to increase understanding:
“It’s alien to the Irish context ... you’re trying to explain this to people who have never heard of it, or people who are more concerned about keeping the kids in bubble-wrap ... then you’re coming in with something that almost goes against that in certain ways. That’s quite scary ... and there’s a huge reluctance to engage with what we’re doing and the process. That’s where the responsibility falls on us, understanding that fear ... that we acknowledge it and ... have those dialogues and those narratives ... We’ve invested ourselves in this; we’re in this because we believe in the model, and that is our personal responsibility to explain what we do” (P8).

There was a lack of clarity around social pedagogy among different professionals and guardians, who each had a separate perspective on what social pedagogy actually entailed. This resonates with the first theme discussed, wherein varied degrees of conceptual understanding was apparent even amongst staff:

“I suppose for people to have an understanding of it, and that includes our own staff, but certainly professionals outside of [organisation], social workers and guardians... Our first professionals meeting, we sat around a table... four different people tried to explain what it was; the social worker had a go, and then the guardian, and then one of the staff team... they all kind of had an overview, with different kind of details of what it was...” (P11).

A number of the policies and procedures were regarded as quite restrictive. For instance, the ways in which typical teenage experiences becomes an arduous risk assessing task were explained:

“...when you’re working with young people in the care of the HSE you’re limited so much by external policies and procedures ... Like when you’ve a seventeen-year-old, and they want to go out with their friends ... you have to risk assess everything, and you have to contact social workers, and you have to have plans put in place, and it has to be so clear” (P4).

A further challenge related to this care approach was that it was perceived as not suited to all young people. It was suggested that young people with more complex and challenging behaviours may need clearer boundaries and restrictions in order to ensure their safety:
“...it doesn’t fit every young person, so I think if you took a young person out of a residential unit who was very violent, very disruptive, done a lot of property damage, and assaults ... then I don’t think this is the environment for them because you haven’t the security that they need ... when they go into crises and trauma. So I think it suits some people, but I don’t think it suits others” (P1).

“The biggest challenge is not all young people are suited to the model. I think some children need something more set in stone, more boundaries... this model won’t suit children that can’t settle ... it’s about building a space where you can both live and can provide care for the young people there. But if you’re up until five o clock every night ... you’re going to get burnt out, you’re going to be wrecked, you’re not going to be the best self you can be” (P5).

4.8 Overview

In this chapter, the findings of the current research have been outlined. Themes have been described, and represented with illustrative quotations. In the next chapter, these findings will be discussed in more depth with consideration of the current literature base.
CHAPTER 5: DISCUSSION

5.1 Introduction
This chapter will discuss the findings from the research. Firstly, the rationale for conducting this research will be explained and the key concepts of social pedagogy will be reviewed. An overview of the main themes which emerged will then be presented and considered. The relevant literature presented in Chapter Two will be interpreted in conjunction with the research findings. The limitations and strengths of the study will be delineated along with the potential theory, policy and practice implications, and future research directions. Finally, the chapter will conclude with a summary of the study, and reflections on the overall undertaking, and lessons learnt from the research.

5.2 Rationale for Conducting this Research
Clinical psychologists are scientist-practitioners who undertake professional practice with individuals, groups, organisations and systems. As such they possess numerous core competencies including assessment, formulation, intervention, audit and evaluation, research, personal and professional skills, communication and teaching, and service delivery skills. The interaction of theory, research, and practice is fundamental within clinical psychology. In relation to the current study, the cruciality of evidence-based practice informing the care provided for young people, who may possess a significant trauma history, indicates that clinical psychologists have a particularly valuable role.

Formulation involves the summation and integration of knowledge which is acquired through assessments which may be comprised of psychological, biological and/or systemic factors. Through investigating the application of social pedagogy, formulation of difficulties can be enhanced allowing alternatives to standard traditional interventions to be assessed. Integrative models of formulation acknowledges that various aspects of care may be applied and considers how diverse models can be used together and assist in clarifying practice (Johnstone & Dallos, 2013). Clinical psychologists possess the skills to understand integrative formulation models in order to best facilitate the identification of valuable psychosocial interventions. The most effective of these tend to be those which are multi-modal, interdisciplinary, and conducted in the environment in which the client lives, connects, and builds social networks.
Evaluation is a key and integral component to the role, signifying that all interventions must be evaluated to properly assess their effectiveness. Through testing new interventions, such as social pedagogy put forth in this study, significant contributions to health and social care can be achieved. Considering the complex histories of young people who enter residential care, it is essential that interventions effectively address their multi-faceted needs. In order to establish this, assessment, formulation and evaluation are required, all of which illustrate the relevance of clinical psychology within this context. It is widely agreed that research competence and critical evaluations of research activities are skills sought after by health and social care commissioners and organisation providers (British Psychological Society [BPS], 2010).

5.3 Review of Key Concepts of Social Pedagogy

Figure 5.1 Model of Social Pedagogy Tree (Eichsteller & Holthoff, 2012)

The model of Social Pedagogy Tree epitomizes how social pedagogy has grown and developed out of societal conditions. The different roots represent the varying influences on the development of social pedagogy, including theories from related disciplines and influential key thinkers. The core/trunk represents the key ethos of social pedagogy: the holistic approach to education, the centrality of relationships, and the use of observation and reflection. The
branches highlight the fundamentals of social pedagogy. The tree model emphasises how growth occurs in opposite directions, reflecting how social pedagogy interacts between society and the individual. The objective of Social Pedagogy is to provide nurturing conditions that facilitate children’s growth both towards independence and interdependence. The vital relationship between social pedagogy and society means social pedagogy cannot simply be transplanted. It flourishes best when embedded into the culture and existing practice, and subsequently takes time and care to grow (Thempra, 2017).

5.4 Summary of Findings
In brief reiteration: the present study revealed four main themes in relation to residential staff’s experiences of social pedagogy in a children’s residential setting. These were: (i) the understanding of social pedagogy, (ii) the emotional impact of the role, (iii) organisational features of the setting, and (iv) challenges related to the social pedagogy model.

The theme of ‘Understanding Social Pedagogy’ demonstrated that participants had varying interpretations and understandings of the social pedagogy framework and the aims and principles underpinning the approach. Participants acknowledged the differences between care models utilised in Ireland and also the distinctions between continental European implementations of social pedagogy. This variance in understanding may have implications for their experiences of working within the model and this will be further considered below.

The theme of ‘Emotional Impact of the Role’ revealed both the positive and negative effects of working as pedagogues. Positive reflections related to the authentic and genuine relationships formed with the young people, along with the comfortable, appealing environment in which they worked. Other positive perceptions were linked to the participants’ sense of empowerment within the role, and their ability to work autonomously, which contributed to overall job satisfaction. Further contextual features which promoted positive reflections included the culture within the team and the small size of the teams which fostered a closeness and intimacy amongst staff. Aspects of the role which elicited negative comments included the intensity of the work, the difficulties experienced switching off, and also the challenges related to maintaining the position in tandem with their own personal lives. The sustainability of the role emerged as an issue. The negative aspects meant many participants expressed concerns that the role was not a long-term option. For this reason, the organisation
experienced high staff turnover which was perceived to impact negatively on staff members and young people alike. Also, conflicting with some of the positive reflections, was the acknowledgement that the smaller staff team could also contribute to the challenging dynamics within the house, and exacerbate practical difficulties, such as covering colleagues’ leave arrangements.

The theme of ‘Organisational Features’ illustrated the extent of support available to staff from various members of the organisation, and included reflections on specific training on social pedagogy received. Additionally, some potential avenues for change were recommended by staff members, including how to facilitate increased respite for staff.

The final theme of, ‘Challenges Related to the Model’, revealed the challenges staff perceived in relation to implementing the social pedagogy model. These predominantly focused on the suitability of this approach to more challenging presentations by young people, and also the conflict between the philosophy of social pedagogy and the current risk/deficit model of care guiding practice in Ireland.

5.5 Findings in the Context of Previous Literature
The main findings of this research will now be discussed in the context of existing literature.

5.5.1 Understanding Social Pedagogy
The variation in the interpretation of what social pedagogy means amongst those interviewed was apparent within the data. This echoes the literature in that the term is considered difficult to define and pinpoint to a consensus definition (Kornbeck & Jensen, 2009; Lorenz, 2008; Petrie et al., 2006). Each individual participant in the current study described their understanding of the concept in relation to different features, confirming that it is an elusive phenomenon with multiple identities and interpretations. A number of participants admitted to not fully comprehending the framework and stated that it did not entirely guide their day-to-day practice. This suggests that additional training to ensure that staff are sufficiently familiar with the framework underpinning their work with young people may be warranted.

In a study conducted in Northern Europe, Eriksson (2014) examined the understanding of social pedagogy among nine social pedagogical researchers. These results are consistent with
previous research which characterised social pedagogy as confusing (Coussé et al., 2010; Eriksson, 2014; Hämäläinen, 2015; Kemp, 2011). The data elicited two distinct discourses centred on the participants’ understanding of social pedagogy: universalistic and particularistic. Universalistic discourse describes ideas and thoughts related to concepts relevant to social pedagogy, while particularistic discourse is based on social pedagogy as practice and activities. Eriksson (2014) constructed three models designed to provide a broader understanding of social pedagogy from Northern European perspectives. The models illustrate the complexity of the concept. Furthermore, understandings of social pedagogy are likely to be influenced by personal experience, the educational programme to which participants were linked, and the development of society. It therefore follows that one universal approach to social pedagogy is not likely to exist. Within the current study, participants’ statements contained various interpretations and descriptions of social pedagogy with some related to particularistic aspects, such as the common third and the 3Ps, while others linked to universalistic concepts, such as empowerment. Establishing how social pedagogy exists within an Irish context is axiomatic to an awareness of the factors likely to influence understanding.

5.5.1.1 Relationships
Smith (2010) proposed a paradigm shift from a preoccupation with the completion of administrative tasks and duties to more focus on the relational and holistic nature of care. Eichstetter and Holthoff (2012) argue that social pedagogy is primarily concerned with being, and more fundamentally, about forming relationships. It was emphasised that this is best accomplished by consciously being authentic and genuine, and by empowering and supporting others. Participants in the current study clearly portrayed their understanding of this motivation to establish meaningful relationships with the young people. Eichstetter and Holthoff (2012) stated that all teams within their study also confirmed the importance of being genuine and authentic and noted how it facilitated a more natural and real interaction for the young people as opposed to merely being paid carers. Such findings underline the importance of this aspect of the model to those working within it, and may be an aspect that most distinguishes social pedagogy from other models.

Hämäläinen (2003) states that social pedagogy is not a specific technique or set of methods. Rather, the essence of social pedagogy lies in creating learning opportunities which are continually unique. While participants within this study did not ascribe to one systematic approach to implementing social pedagogy, there was a clear emphasis on the Haltung in their
ways of relating with the young people, the creation of a nurturing, shared living environment, and utilisation of everyday events as learning platforms. The ethos and philosophical underpinnings of social pedagogy were clearly apparent within the current study, indicating that participants had assimilated them.

The theme of ‘Understanding Social Pedagogy’ has been presented and discussed in order to convey the context within which subsequent themes may have been impacted and developed. It was evident that participants had varying levels and depth of comprehension of the social pedagogical model and this may, in turn, have implications regarding their insights and their experience of working within the model.

5.5.2 Emotional Impact of the Role
Evaluations in the UK indicate the potential impact to frontline practice and organisational culture (Eichsteller, 2016). Several improvements noted by staff members have included increased motivation, improved well-being, and enhanced relationships with young people and colleagues as a result of increased confidence and encouragement to be themselves. Higher levels of trust and autonomy and an augmented ability to reflect are additional positive improvements observed within staff.

5.5.2.1 Natural/Homely Environment
Teams within the Eichsteller and Holthoff (2012) study recognised the benefit of the shared living space and how it facilitated the creation of a family-like atmosphere. In fact, it was observed that the most significant changes occurred within the atmosphere and the ethos of the home. Similarly, within the current study, participants reflected how sharing the living space amplified the message that staff wanted to be there, and were not just there in a supervisory role. It was clear that this impacted positively on the relationships formed. Furthermore, staff confirmed that the more relaxed atmosphere impacted on their enjoyment of the role and how they often perceived it as their second home.

5.5.2.2 Authentic Relationships
Most of the social pedagogy concepts introduce ways to enable the development of strong, positive relationships and possess developmental and dynamic aspects (Holthoff & Harbo, 2011). Participants in this study recognised that developing strong relationships with the young
people is a key feature of their practice. Professional deployment of the self is acknowledged as a crucial aspect of relational practice (Cameron, 2013). Participants in both this study and previous research (Eichsteller & Holthoff, 2012) appreciated that social pedagogy framework supported practice which encouraged them to bring a personal component to their role. Within the 3Ps of the professional, private and personal self, it was noted that the personal self is often underdeveloped in UK residential practice, but is nonetheless essential for fostering authentic relationships (Cameron, 2013). Participants in the current study expressed the importance of bringing their own personalities to the role. They referenced the term ‘boundaries’ several times, and explained that social pedagogy helped to break down traditional boundaries to engender a more relaxed, personable approach and mode of interacting with young people. Bengtsson et al. (2008) illustrated how “the ‘personal’ instantiated a new, safe perspective about how to bring themselves back into the relationship, thus making the contact more authentic for both themselves and the young person involved” (pp.14-15).

5.5.2.3 Outcomes

Eichsteller and Holthoff (2012) stated that social pedagogy resonated within teams because it reaffirmed their practice whilst providing a language and understanding of relationships which empowered them to concentrate on the interaction with the young people. Participants in this study expressed a familiarity with the ethos of social pedagogy and readily and enthusiastically embraced it in their practice. Participants also affirmed that the social pedagogic framework permitted them to work in a way which was congruent with their beliefs.

Several teams within homes in one UK setting asserted that more meaningful relationships resulted in fewer incidents. This was underscored by one care worker there, who explained, ‘When you’re having a difficult time, it’s the relationship that holds it’. Indeed, the use of the relationship as the primary tool to manage difficult episodes was corroborated by the findings of this research. Eichsteller and Holthoff (2011) assert that while it is not possible to devise guidelines which cover the complexity and boundless possibilities embedded within each relationship, social pedagogy does afford professionals the confidence to trust their own abilities for each new encounter. It directs them on their individual journey in developing their practice and realising the aspirational aims of social pedagogy.
5.5.2.4 Organisational Context

Eichsteller (2016) also drew attention to the improvements apparent within teams from evaluations undertaken in the UK. These comprised of a more positive, non-judgemental culture within the home, improved communication and multi-agency working, and a reduction in staff turnover. The development of the concepts introduced within social pedagogy aims to provide practitioners with clear tools which can facilitate autonomy whilst still working within a team context, and within the values and norms of the organisation and wider community (Holthoff & Harbo, 2011).

Successfully applying social pedagogy to residential practice for children’s homes in one UK setting necessitated consideration of the wider systemic aspects and direct work with practitioners and teams through training seminars and team development days (Eichsteller & Holthoff, 2012). The researchers claimed that in order for social pedagogy to successfully develop in practice, it is essential that it is reflected throughout the entire organisation. Training courses and team development were observed to empower practitioners to incorporate social pedagogy into their practice. It was evident from the Eichsteller and Holthoff (2012) research that social pedagogy challenged existing organisational thinking and practices, such as cultures of distrust, and risk aversion.

Given that the philosophical underpinnings of social pedagogy are centred upon developing human potential through relationships, this ideal should be embedded within the organisational culture. The development of a genuine relationship does not occur in a vacuum, but within an institutional or family context, and more often ensues within a dynamic group setting of multiple relationships (Cameron, 2013). Thus, the conditions which nurture a trusting relationship encompass not just individual professionals, but also employers, and arguably the wider society. Participants in the current study emphasised that the management style in this organisation was one of empowerment, encouragement, and trust, and it was apparent that participants valued the ethos and philosophy guiding the organisation. One product of this was that staff reported appreciating the environment and working conditions. They felt empowered and encouraged to work autonomously and to be innovative within their roles. Eichsteller and Holthoff (2012) described how participants possessed increased responsibility regarding decision-making and were assured that errors or misjudgements were regarded as opportunities for reflection and learning. Participants in the current study also acknowledged feeling
empowered within their roles and stated that as long as their decisions could be justified, they felt confident making them.

Along with the organisational culture, another significant component featured within the Eichsteller and Holthoff (2012) study was team empowerment. This was evident in relation to individual residential care workers, but also within the team dynamic. This was also emulated within this study, as participants reflected feeling well supported by their colleagues within the house and referred to the close nature of their professional relationships.

Eichsteller and Holthoff (2012) averred that the increase in empowerment and confidence observed amongst staff has helped to diminish the blame culture and contributed to the creation of a relaxed atmosphere where mistakes are perceived as a vital part of the learning curve. The current research confirmed that staff were not operating within their roles from a place of fear. Bird and Eichsteller (2011) reported how practitioners professed increased confidence regarding their own judgements and also in querying and challenging existing practices and procedures with the intention of providing more normalised experiences and equipping young people for society. Thorough knowledge of social pedagogy concepts, such as risk competence, have resulted in an increase in worthwhile opportunities which subsequently enhance relationships and the overall care experience.

5.5.2.5 Negatives

The life-space approach has predominantly been portrayed in a positive light in both the literature reviewed and also the current study. However, participants involved in this research have also referred to a drawback in this approach in relation to the impact it has on their own work experiences. The frequency of negative remarks apparent in the findings included complaints of the role being too intense, difficulty with switching-off, and a feeling of being separated from their own lives. Whilst some of the key components which distinguish this care model from traditional practices in Ireland enhance experiences of staff, it is clear that they may further problematise certain difficult aspects of the role. However, it is also worth noting that the challenges this particular staff group have encountered are possibly related to how the organisation has implemented the social pedagogical framework. This is an area which merits further research. It is important to note that the focus of research conducted to date may have been predominantly on the advantages and potential of the social pedagogical model, or
alternatively focusing on the impact on the lives of the young people, rather than on the impact of the role on practitioners.

While a high staff turnover and burn-out is not uncommon within residential childcare settings (Colton & Roberts, 2007) it would be interesting to explore these issues in relation to the current context and to properly quantify the contributing factors. Within the relatively short time-frame of conducting this research numerous staff changes were observed. As the findings demonstrate, it is evident that the participants found it particularly challenging to maintain a work-life balance. This was compounded by the problems of accommodating changing familial commitments with inflexible work patterns.

Bird and Eichsteller (2011) subscribe to the view of the social pedagogy framework as complementing established best practice, rather than replacing it. They claim that the evolution of methods and adaptations of key elements which are suited to the culture and dynamics of a particular environment are imperative to its success. This assertion could be revisited in light of concerns expressed by several study participants as to how key elements embedded within the framework could be adapted to the Irish childcare context.

5.5.3 Organisational Features

Several references to the way the role has evolved since social pedagogy was first implemented, and how it continues to evolve in response to staff needs, were observed. These changes may, in turn, have implications for participants’ understanding of social pedagogy.

The data clearly demonstrated that participants felt well supported within their roles and had ample avenues and forums within which support was provided. As will be further discussed in relation to potential implications and applications, there was a somewhat mixed response as to whether the training received was adequate to meet staff needs.

Numerous ideas were expressed by participants regarding ways in which their experiences could be improved. One suggestion offered by several individuals proposed increasing the number of people on the team to help alleviate the stress of staff respite and time-off periods and ultimately reduce the rate of turnover. On the other hand, perceptions of any potential trade-off between the number of people on the team and the quality of relationships between
the staff and young people was regarded as a matter for concern, and an issue which may merit further exploration.

5.5.4 Challenges Related to the Model

Participants within this study expressed the opinion that typical care models in Ireland are proceduralised to the extent of creating unrealistic experiences. Milligan (2011) highlighted that in recent years care practice has become entwined with similar guidelines and procedures to those which have stalled social care in the UK. This subsequently impacts on the quality of care provided due to the extensive risk assessment paperwork which must be completed. Staff are impeded in providing a natural homely environment as result.

There are many obstacles which could impede the adoption of social pedagogy in an Irish context. Social pedagogical thinking explicitly challenges assumptions and practices which are deeply embedded in a UK context. One clear challenge it poses is to the predominance of risk perspectives in current practice. The learning zone model offers an understanding of the importance of embracing new and unknown experiences for continuous further development (Holthoff & Harbo, 2011). This model relates to social pedagogues as well as young people. The comfort zone is hypothesised to be at the centre of the learning model and represents the area in which actions and behaviours are comfortable and safe. Adhering to policy guidelines and procedures is arguably a comfort zone area for practitioners as it provides assurance in relation to safeguarding. However, the comfort zone delimits learning and development which can only be accomplished through stepping out of the comfortable/safe area. Entering the unknown elicits interactions with unfamiliar situations and ultimately extends diversity of actions and knowledge. Within social pedagogy, the 3Ps assist assessments of whether the learning zone is being accessed as opposed to overstepping into panic. Social pedagogy requires a rebalance of current predominant concern for concepts of risk and protection to take greater account of ideas of rights, growth, and opportunity (Smith, 2010). It was clear from this study that whilst those within the organisation are readily focusing on the rights and development of the young people, some challenges have been encountered when working with professionals in the wider support context. This infers that it is critical to establish a common language and shared ethos among all professionals involved in the young person’s care. Increasing understanding and disseminating knowledge around social pedagogy is a matter that
requires the utmost consideration if successful social pedagogy is to develop within the Ireland childcare system.

5.6 Limitations of the Study
It should be noted that the method utilised in relation to data collection, may have impacted on participant responses to questions. As data collection occurred within the organisation’s main office, participants may have been reluctant to be overly critical or present the organisation or the social pedagogy framework in an overly negative light. However, the data illustrated that negative aspects related to the role and the organisation did emerge. It is difficult to determine whether participants censored or mitigated negative views/responses for this reason.

The culture and practice of social pedagogy develops at different paces. This suggests that experiences cannot be generalised across all homes. Eichsteller and Holthoff (2012) confirm that such variations in environmental conditions between homes can occur. Participants in this study were from the one organisation and utilised as a collective in providing data but were actually working in two discrete houses. It may be construed as a research limitation that it was not ascertained whether the various experiences pertained to a specific house environment.

5.7 Strengths of the Study
This research addresses a gap in our understanding of how social pedagogy has been adapted and experienced by staff working in the Irish context. Using a qualitative lens, the research provided a rich data set to illuminate and interrogate staff experiences and the nuances of these experiences. Various methods were employed to ensure rigor and to enhance the validity of this research. Respondent validation or ‘member-checking’ enabled participants to review transcripts of the interviews, enabling them to be actively involved throughout the research process. Furthermore, a focus group was organised with the purpose of comparing the researcher’s initial impressions of the data with participants to ensure their views were accurately represented in the initial stage of analysis. Participant reactions to the analyses were used to inform further in-depth analyses of the results. This additional stage advanced clarification of emerging patterns and increased researcher confidence that the analysis was indeed reflective of participant views. Wherever evident, attention to negative or ‘deviant’ cases was highlighted in the results to increase the transparency of the study (Mays & Pope, 2000).
A further strength of the research concerns the concentration on staff perceptions and experiences. This focus on staff views and perspectives endeavoured to directly portray the realities of implementing social pedagogy during the initial developmental stages; a period which is crucial as it provides a basis from which future learning and improvement can occur. In endorsing the potential of social pedagogy in care practice, this research may provide encouragement and motivation for similar organisations to implement this care model.

5.8 Future Research
Seven of the eleven participants in this study had experience of alternate related roles and may therefore have had particular experiences pertinent to a specific role. As this was not fully ascertained within the interviews it may be an interesting future study to distinguish between experiences of particular roles, such as, for instance, a direct comparison of the experiences of House Pedagogues and Activity Pedagogues. Numerous other perspectives could be the focus of other research projects. Gathering the perspectives of managers could highlight how social pedagogy is embedded within their leadership style and ultimately how social pedagogy is woven into the fabric of the organisation. Exploring the experience of social pedagogy from a range of perspectives would provide a more comprehensive picture of the ways in which it has been introduced into an Irish context. Furthermore, to shed more light on how this approach is received it may be fruitful to engage with the young people themselves and hear what they think is helpful and meaningful for them. Another worthwhile research suggestion expressed by a participant in the study included exploring whether this framework is beneficial to all presentations, such as for example, whether it is the best approach for young people who pose more challenging presentations. The perception that a certain type of individual is more suited to this model than others merits additional focus and analysis. Future research plans could also involve evaluating the effectiveness of the European-style social pedagogy in residential care. The new findings described above, which related to the more challenging experiences of the model, are also avenues for future research both in Ireland and other countries.

5.9 Implications and Applications of the Research
Social pedagogy is more a way of thinking than a set of practices. It is also what Petrie et al. (2006 p.2) identify as an organic system, consisting of ‘policy and practice, theory and research, and the training and education of the workforce, with each component feeding into, and drawing on, the others’. The final report of the social pedagogy pilot in England conveyed
the long-term nature of developing the educational, organisational, and policy conditions, preceding widespread introduction of social pedagogy in England. Petrie (2013) demonstrated that while there is motivation to improve pedagogic practice there is limited focus on theory. It was argued that policy, theory, and practice dynamically relate to each other, and that parallel development of these will assist social pedagogy in establishing a solid base in the UK. Berridge (2013) considered policy transfer and its implications by reflecting on an empirical example and using this literature in order to inform policy developments in children’s services in England. With this in mind, it is necessary to consider how policy, theory, and practice, can develop synonymously within an Irish context. As Petrie (2013) has emphasised, focusing on developing practice in isolation will not facilitate a strong foundation of the framework. Developments within the UK in relation to policy, theory, education, training and research, may prove informative and important to consider within Ireland.

5.9.1 Training
The findings of this research indicate there may be scope for improvement in relation to training on the social pedagogical model. Theoretical underpinning is a crucial element within children’s residential care with overarching principles understood and implemented by staff. Staffing has been acknowledged as a key element in delivering effective programmes, illustrating that in human services ‘the practitioner is the intervention’ (Berridge, 2013). Thus, implications for training are significant in assuring that practitioners fully understand the philosophy of social pedagogy and its principles for practice.

The research of Chavaudra et al. (2014) reflected on various options for the provision of social pedagogy training and development and reported on the outcomes of this research in relation to policy and aspiration. Their results found that twelve of the eighty study participants found the term social pedagogy difficult to understand despite recognising some of the key concepts. As it is essential that professionals base their practice upon a proper comprehension of accepted theory and concepts, the use of unfamiliar or jargonistic language may not facilitate the development and incorporation of a new approach across the full range of stakeholders. This suggests that the term ‘social pedagogy’ should be carefully considered when developing any future strategy. The implication of the findings of the current study suggest that understanding social pedagogy and the conceptualisation of this approach needs to be developed and expanded, not only amongst care staff but across all professionals involved in young people’s care.
5.9.2 Education
Social pedagogy is a professional field which combines academic training with the progression of personal and practical skills (Cameron, 2004). Cameron (2004) observed that the majority of staff within Denmark and Germany hold qualifications in pedagogy, while commensurate practitioners within the UK may lack the specific contribution of social pedagogy and coherence of training which exists in the residential care contexts of these countries. Coussé et al. (2010) recommends that the principles of social pedagogy be incorporated and developed by the government on a national level, which could be underpinned by a national qualification framework for residential staff. There is similar potential for enhanced educative possibilities in the Irish context.

Eriksson (2014) study revealed implications for how education in the field is constructed and implemented. It was apparent that different teachers and educational institutions can disseminate contradictory views of what comprises social pedagogy. Eriksson (2014) illustrated that it is possible to construct a shared understanding of social pedagogy between countries and contexts. Chavaudra et al. (2014) describe how the experiences of social pedagogy have been a learning journey since 2010, and how, stemming from these insights, an accredited programme is being developed which will be offered to a hundred practitioners across the workforce. The impact of the training and development strategy will be researched, monitoring practitioner behaviour, and also outcomes for children. This will contribute to the increasing advocacy for the progression and application of social pedagogy in improving the experiences of children and young people.

Social pedagogy in Ireland is currently a bottom-up phenomenon. The development of an authentic social pedagogy in Ireland is required as opposed to importing practices and theories which have evolved from the diversity of traditions, histories, and needs of specific societies. Social pedagogic theory will ideally be informed by both European and UK thought but must also take account of the particular pedagogic institutions and policies of the Irish social context. Although this is where such theories could ultimately be best explored and developed, as yet, social pedagogy has received little attention from Irish universities.

5.9.3 Policy and Practice
It is apparent from an increasing body of knowledge and practice of social pedagogy within the UK that the transposition of policies from one country to another is problematised by the
varying social, cultural, and economic contexts. Within UK settings, there is an evident, desire to create a workforce which consists not of social pedagogues, but of social pedagogy practitioners who have an understanding of the principles, are aware of the link between theory and practice, and are motivated to continue learning and reflecting on its application in practice. Smeeton (2011) stressed the need for further research and exploration in terms of the potential for social pedagogy to inform policy and practice in the UK. Development of a model of social pedagogy which corresponds to the UK context will require input from researchers, academics, practitioners, and social pedagogues. Learning from the approach highlighted within the Chavaudra et al. (2014) research can support and inform the UK social pedagogy knowledge base. Similarly, the current research can assist in illustrating the emerging understandings of how social pedagogy is being deployed in Ireland at present.

Coussée et al. (2010) reflect on the progress of the importation of social pedagogy into the UK and draw attention to a number of implications for the UK variant of social pedagogy. Several scholars assert that as social pedagogy has no fixed identity it enables the concept to be used in a creative agency for reflecting on existing practice and developing adapted concepts of social pedagogy (Coussée et al., 2010). The current research contributes to paving the identity of social pedagogy as applied within an Irish context. Petrie (2013) argued that social pedagogy policy, practice, and theory are intertwined and develop from a specific national context. This claim underscores the importance of the research being conducted within the Irish context which may better facilitate the development of all aspects of social pedagogy. The development of theory specifically established in the Irish context is essential, along with improved education opportunities and professional/academic qualifications in the subject. This is critical if social pedagogy is to expand and develop within Ireland.

5.10 Recommendations for Future Implementation of Social Pedagogy

1) Social Pedagogy Training: Stemming from this research, it is recommended that social pedagogy training includes specific concepts and practices in their training strategy, including the notions of ‘learning zones’, the ‘diamond model’ and other key concepts (Thempra, 2015). It is important that succeeding training, professionals have a clear understanding of both the ethos of Social Pedagogy and also the fundamental components it comprises. Input from professionals on how best to meet their training
needs would be valuable in structuring training provided and considering how to evaluate the impact of training offered.

2) **Positive Relationships:** It is clear from this research that the social pedagogy framework supported practice by encouraging staff to bring a personal component to their role. Findings reflected the benefit of this in terms of developing in-depth relationships with young people and also the subsequent management of difficult situations.

3) **Reflective Practice, Communication and Team Work:** All important aspects of social pedagogy and the findings indicated that staff valued the learning attained through reflective practice and the development of good team dynamics through open communication. Team work was identified as an invaluable source of support and impacted staff’s experiences within the role.

4) **Organisational Culture:** This research demonstrated the positive impact of management style reflecting the philosophical underpinnings of Social Pedagogy on staff. Feeling empowered to work autonomously, trusted in decision-making and valued in terms of new ideas and contributions were some of the benefits noted.

5) **Shared Living Space:** The benefits of the shared living space on the development of authentic relationships and the creation of a more typical home environment was apparent in this research. However, consideration of staff burnout and the intensity of the role is important and is an area which merits further research to address high staff turnover.

6) **Reconceptualisation of Risk:** The findings indicated that as traditional care approaches in Ireland typically adopt a risk averse approach to care and this contrasts with the fundamental essence of Social Pedagogy this is an area which merits consideration in relation to future implementation of Social Pedagogy.

5.11 Reflection on the Research Process

Overall, the research ensued without notable difficulty. The interviews conducted varied in relation to depth of data generated and this was reflected upon throughout the research process so as to rectify any component which may have been impacted by the researcher. It was apparent that the procedure in place and interview schedule devised were appropriate so variations observed were most likely a result of individual differences amongst participants. The researcher was consistently mindful about ensuring findings generated were representative
of the responses participants gave. To help maintain an objectivity within the study numerous member-checking procedures were employed. This helped to accurately represent the responses of participants.

From a personal perspective, this was a particularly interesting topic to research. Initially, I had reservations as I had no prior knowledge of the subject before undertaking this project so it was a learning journey in multiple ways. As I investigated the subject it became increasingly apparent that there was a definite need for research in this area to be expanded and also how a clinical psychology perspective had a valuable part to play in this area. As a result, I have developed new insights regarding the relevance of research in understanding and improving clinical practice, and also the value of having qualitative skills to address important clinical research questions. I possess an appreciation of how even individuals working within the same model can have alternative interpretations/understandings of a model, and how that can have important implications for practice. I have gained a greater personal insight into the experiences of staff and this elucidated the necessity of exploring practices of those implementing an intervention. The research conducted is a good starting point for further enquiry and I am appreciative to have played a small part in what will hopefully be developed and expanded upon.

5.12 Conclusion
It is clear that social pedagogy has no fixed identity. It has been maintained that social pedagogy is not a mere method to be imported, but which rather requires an understanding of the historical and cultural context within which it has developed. As such, it stimulates critical reflection on the role pedagogical institutions enact in our society. While social pedagogic ideas and developments are rooted in specific contexts reflecting social, historical, philosophical, and political characteristics, a wider influence and relevance is evident which demonstrates how powerful ideas can be and how much agency principles, values, and ethos, can have.

Social pedagogy offers a different way of thinking about and working with people. It was argued within Coussé et al. (2010) study that the openness of the concept offers an opportunity for creative applications which reflect upon existing practice and develop an adapted or reconfigured matrices of social pedagogy. Kemp (2011) observes that a number of aspects of the social pedagogical approach may appear similar to UK practice. For instance, reflection is
a core component in social pedagogy. While it is also recognised as a core feature of practice in the UK, practice could be further enhanced by taking a social pedagogical approach which encourages a holistic and fulsome consideration of all professional relationships. Furthermore, the concept of ‘care’ inheres many aspects from perceptions of responsibility and/or supervision to notions of relationship and a desire to nurture well-being (Cameron, 2004). However, using a pedagogic approach the concept of care may extend from mere responsibility and provision of safeguarding and promoting welfare of young people to a more challenging perspective of safeguarding rights and equal citizenship (Cameron, 2004).

The overall aim of this study was to explore the experiences of staff applying a social pedagogic intervention within the context of this specific residential setting. The findings revealed that social pedagogy has affected, motivated, and empowered professionals. Social pedagogy has provided staff with a clear focus on relationships which has had a profound impact on the cultures within these homes and teams. There are also some difficulties associated with this intervention which were highlighted and are important to consider.

While the findings of this research may represent subjective responses, they nonetheless illuminate the kind of data that cannot be quantified or expressed in numbers. It is hoped that the current research has accurately portrayed how professionals have experienced social pedagogy within their organisation and that this may prompt further development of their practice with an emphasis on social pedagogic theories and principles. It is clear from the research conducted that social pedagogy is an adaptable framework and complementary to existing practice, and that further exploration of the experiences of the model could very well assist in developing and improving the role of those caring for young people in the Irish residential childcare system but also in meeting the needs and improving the experiences of young people. Embedding the values of social pedagogy within Ireland is likely to take some time owing to its child protection orientation to child welfare services. The model of the social pedagogy tree (Figure 5.1 above) illustrates that social pedagogy needs to grow within teams over time and within a specific own environment. This entails regular attention and cultivation.
REFERENCES


APPENDICES
APPENDIX A: SERVICE INFORMATION

Shannonview House

Young Person’s Booklet
### Contents:

- Welcome to Shannonview House .......................................................... 1
- Who will I be living with? ................................................................. 2
- What part do we ask from you ........................................................... 3
- My Care Plan .................................................................................. 4
- Rights & Responsibilities ................................................................. 5
- Personal Items ................................................................................ 6
- Health and Wellbeing .................................................................... 7
- Family & Friends .......................................................................... 8
- House Meetings / Your Bedroom .................................................... 9
- How to make a complaint? .............................................................. 10
- Important Contacts ....................................................................... 11
**What is Shannonview House?**

Shannonview House is an 'out of home' care setting which tries to offer you a home which is as close as possible to a family setting. We know that every child and young person has their own family of origin and we will not try to replace your family. We will be there to support your relationships with your family, friends and the wider community.

You will be cared for by Adults who are excited about getting to know you and sharing the living space with you. We understand that it can be a difficult time moving into a new home and we will do our best to make you feel welcome and answer all of your questions.

**Where is Shannonview House?**

Shannonview House is set in the twin towns of Ballina Co. Tipperary and Killaloe Co. Clare. Only a bridge separates the two towns making Ballina/Killaloe a very unique community. Shannonview House is located on the Ballina side of the bridge.
Who are you living with?

House Pedagogues

Each house has house pedagogues who have chosen to live with you and share your living space with you. There will always be two adults staying overnight and there to care for you every day that you live in this house. They will be there to help you with whatever you need and if they are unable to give you what is needed, they will guide you to the person who can help you. The House Pedagogues are the people you will see when you wake up in the morning and the last people you will see at night before you go to bed. They will be there to help with all of the daily tasks and needs such as meals, chores, hygiene, homework, and other such things. They will also be a shoulder to lean on or a person to laugh with.

Activity Pedagogues

There is also an activity pedagogue who will come to see you and will spend time with you in the home and in the community. The activity pedagogue will listen to what help and support is needed from both the house pedagogues and you. The activity Pedagogue is there to support your learning and developmental growth. They will also support you to maintain your connections in the community by helping you to get to visits, sports practice, events or meeting with friends. This person will have the task of helping you and the house pedagogues in reaching goals you have set and agreements that have been made by you and others who are involved in your care.

Keyworker

All young people have two keyworkers who are responsible for helping you to fulfil your needs; they will be your link in the house for getting things done and will accompany you to meetings. You will be required to do key working sessions; this could just be a chat over a cup of tea to see how you are doing.

Manager

There will also be a manager that will make sure that you are cared for and that all the goals you set with your social worker, family, activity pedagogue and house pedagogues is on track. The manager is there to make sure everyone is working together and that everyone is safe. They do not live in the house but will visit you regularly in the house.
What part do we ask from you?

We ask that you allow yourself to begin to trust that the people around you are there to help and support you. It may be very difficult to do at first and will take time. Once you have been at the house for a couple of days you may start with little things such as asking for certain foods you like or maybe taking time to ask questions about the people around you so you can start to get to know them. You will be in charge of when and how much you are willing to share. The people around you will be patient with you and will be with you in a way you feel comfortable with. Here are some things that will help us get to know you!

My Favourite Breakfast Is?

My Favourite Dinner is?

My Favourite Drink Is?

Food I Hate

'Respect'

“Treat people the way you want to be treated. Talk to people the way you want to be talked to”

In Shannonview we will ensure that you are respected and that your voice will be heard. We also understand that you will have individual needs, that different things make you happy or sad and that you will have different wants such as food or sport or hobbies. We will strive to ensure your individuality is not compromised and that you can express yourself in your own way. We would hope that you will treat the other adults and young people with the same respect. There will be up’s and down’s and good times and bad times but once we respect each other we will all be able to live and learn together in a positive way.

'No Violence'

In Shannonview we have a 'no violence' policy. We are all here to ensure you, the other young people and the adults are kept safe at all times.
My Care Plan

What is a care Plan?

It is your social workers responsibility to ensure that you have an up to date care plan.

My Social Worker is:

Your Care Plan

Includes:

• The aims & objectives of your stay in Shannonview House
• How often you will see family, friends or significant people in your life
• Your educational and health needs
• The plans that have been made with you about your future
• Your wishes and feelings
• The length of time you may be staying for

Child In Care Review

The Child in Care Review is a meeting held for you to discuss how you are getting on in your new home and what plans need to be made for the future.

Your Keyworkers will help you prepare for these meetings. A family member/guardian might attend this meeting along with your keyworker, social worker, Social work team leader, the manager and other relevant professionals that might be involved in your care for example your GAL (Guardian Ad Litem) or Aftercare worker may also attend these meetings.

You will also be encouraged to fill out a care plan review form. If you do not want to fill out the form, you can write a letter to be read out at the meeting. You can also say what you want to at the meeting or ask someone to say what you want for you. It is completely up to you!

My Guardian Ad Litem is:
Rights and Responsibilities

A right is something you are entitled to and a responsibility is something you are expected to do.

You have the right to:
- Not to be ill-treated by anyone
- Not to be put at risk by other people
- To have your personal belongings respected
- To be cared for
- To clothes, food and warmth
- To live free from bullying and intimidation
- To be respected as an individual
- To be involved in helping to make a decision about yourself
- To privacy
- To take part in house rules and meetings

You have Responsibilities to:
- Not to ill-treat anyone
- To care about other peoples possessions
- To care for other people
- To respect others rights to physical comfort
- Not to put yourself or others at risk
- Not to bully or intimidate other people
- To respect other people as individuals
- To think about your life and take part in making decisions
- To respect other people’s privacy
- To keep to house rules and attend house meetings.

We take bullying very seriously, if you feel you are being bullied by another young person or adult in any way, you should tell an adult that you trust. They will help and support you through the situation. We also take bullying of staff members.
Personal Items

While living in Shannonview House it is important that your basic needs and human rights are met. You are entitled to purchase clothes, get your haircut, purchase toiletries and receive some money so that you can save or buy things that you might want for yourself. You will also be supported in participating in sport and leisure activities and encouraged to have some fun. To help with this money will be made available for you. The adults can help you plan activities and help get you involved in any clubs or hobbies that interest you.

Toiletries – Toiletries for example shampoo, shower gel, tooth paste, make up remover, sanitary towels, deodorant etc. will be bought for you in the weekly shop. The house pedagogues will provide you with these items when required. If you need anything just ask. Of course you can request your favourite products from the adults which they will try to facilitate for you.

Clothing – If you need new clothes, shoes, uniform for school etc. just ask any of the adults in Shannonview and they will be happy to help you.

Hair – You are entitled to get your hair cut on a regular basis. If you wish to get your hair done just ask one of the adults in the house to help make you an appointment.

Activities – If you have any hobbies or interests such as sports, horse-riding, cinema, bowling, surfing, art etc. the adults in the house are there to help facilitate these activities for you. They will also help ensure you have the equipment required to support your hobby and make money available for this purpose.
Health and Wellbeing

Doctor, Dentist and other relevant health professionals

Your health is a very important part of your life and there may be occasions when you will have to see a health professional doctor or a dentist. You may already have your own doctor, Dentist or other health professional prior to moving into Shannonview. We respect that you may want to keep these professionals’ in your life and we will make every effort to do this for you if possible.

If you do not have a doctor or a dentist we can introduce you to our local doctor and dentist. We want you to feel comfortable with any health professional you see, so we would like you to let us know how you feel about them after your first visit. We will work together to make sure you feel properly cared for.

Mental Health

Your mind is a very important tool, remember to be kind to it and ask for help when you feel alone. Sometimes a listening ear is all you need. We in Shannonview are here to support you and your needs. No matter how big or small they are we will do our best to facilitate any help or support you may need.
**Family and Friends**

We realise that your family is very important to you and that you will miss them very much. We will do our best to organise visits and invite your family here, however arrangements for your visits will be decided by your social worker, family and us before you move in here. Your feelings and needs will be taken on board when making this decision.

We will help you keep in contact with friends that have been good to you in the past but we hope that you will be open to making friends in the area as well.

We understand that at times things can be tough and you may feel lonely but we want you to know that we are there for you and will support you in any way we can.

**Staying Safe**

It is our responsibility to care for you and keep you safe from harm. We take this responsibility very seriously. If there are times when we have to prevent you from doing things to keep you safe, please talk to us and we can sit together and understand the situation as well as support you in the process.
House Meetings

Each week a house meeting will take place. This is an opportunity for your voice to be heard regarding any wishes or concerns you may have about your home. Each week a time will be scheduled so you can prepare any topics that you may wish to discuss. Typically, a House Pedagogue will hold the meeting and make a list of any requests or decisions that come out of the meeting.

If you feel that you do not have anything you wish to be discussed it is still important that you attend house meetings so that you can be part of any decisions that are made as these may affect you in the future. House meetings are informal as it is important that you are comfortable to talk about whatever you wish to talk about. One topic will be discussed at a time and decisions are reached by consensus. Consensus means an opinion or position reached by a group as a whole. The point of House Meetings is to help make life easier and for the house to run more smoothly, so discuss whatever subjects you need to make this happen.

Your Bedroom

Your bedroom is your very own personal space and this will be respected by the people you live with at all times. You will be allocated your own clean and warm bedroom that you will not have to share with anyone, making it truly yours. If you have ideas of how you would like it to look for example the colour of the room or the layout of the furniture, these will be taken in to account to make you comfortable and happy in your personal space.

Your room will also be your responsibility and will need to be cleaned by you with the help of your House Pedagogue or Activity Pedagogue on a weekly basis. From time to time staff will need access to your room to make sure that all is as it should be. This is not to invade your personal space or privacy, it is more about safety and security which benefits you and all who share your home with you.
How to Make a Complaint?

We fully respect your right to make a complaint if you feel you need to. The complaints procedure will be explained to you in full by your keyworkers. If you have a concern or a complaint you can speak with any of the adults in the house that you feel comfortable with or you can request a complaints form, an adult can help you to fill this out if you wish.

People you can make a complaint to:  

<table>
<thead>
<tr>
<th>Contact Person &amp; Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Pedagogues</td>
</tr>
<tr>
<td>Activity Pedagogues</td>
</tr>
<tr>
<td>Deputy Residential Services Manager</td>
</tr>
<tr>
<td>Complaints Officer and Residential Services Manager</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Guardian Ad Litem</td>
</tr>
<tr>
<td>Monitor</td>
</tr>
<tr>
<td>EPIC</td>
</tr>
<tr>
<td>Ombudsman for Children</td>
</tr>
<tr>
<td>ChildLine</td>
</tr>
</tbody>
</table>
Important Contacts:

Monitor

The aim of a monitor is to support best practice and the provision of the highest standards of care, and at all times to ensure the rights and welfare of young people. The process of assessing standards of care in the house is undertaken by gathering information through interviews and meetings with the house management, staff members and young people, analyses of case files and centre records, and contact with guardians, social workers and other professionals deemed relevant by the monitor.

This process is nothing at all for you to be worried about and is there to ensure that you receive the best possible care. If there were any issues of concern the monitor may, in cases of serious concerns about some aspect of the care offered by the house, write a letter immediately following a monitoring visit highlighting these concerns to the house manager and line manager, and seek clarification as to how presenting issues may be resolved in compliance with regulations.

If you think you have been treated unfairly, you can make a complaint to the Ombudsman for Children's Office against a range of organizations and services funded by government. Complaints to the OCO can be made directly by anyone under the age of 18. Adults can also bring complaints on behalf of children and young people.

We have provided you with a copy of the 'Making a Complaint to the Ombudsman for Children's Office' booklet.
Child & Family Services

Whatever it takes...

Unit 8A, Convent Hill, Killaloe, Co. Clare, Ireland
info@compasscfs.ie
www.compasscfs.ie
# APPENDIX B: INDUCTION CHECKLIST

<table>
<thead>
<tr>
<th>Induction Element</th>
<th>Completed Date</th>
<th>Sign by: (Staff member giving induction)</th>
<th>Sign by: New Staff member, receiving induction</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introductions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tour of House</strong> –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV/ Computer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazards Cupboard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Spare Keys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fire Safety</strong> –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation Routes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Point</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Fire Safety Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Panel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Log</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Young Persons</strong> –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YP Main File</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Logs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YP Monies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YP Daily Routines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing Child in Care Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of Medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Compass CFS</strong> –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Safety Statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing Systems/Records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly Schedule/Appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On Call System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Meetings/Minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mail &amp; Phone Numbers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handover</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>House Duties</strong> –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grocery Money/Receipts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing Meals/Planning meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HACCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Cleaning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First Supervision Session</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision Contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Assisted Programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Handbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle policy/Mileage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Induction Completion Date: New Employee Sign: Supervisor Sign:
APPENDIX C: INFORMATION SHEET AND CONSENT FORM

Exploring Staffs Experiences of the Social Pedagogy Model.

Dear Staff,

We are inviting you to take part in a research study which is interested in hearing about your experiences of implementing the Social Pedagogy Model within [organisation]. The above study is being carried out under the sponsorship of [organisation] services and the University of Limerick Psychology Department. The purpose of this study is to explore people’s experiences of providing residential care to children using the Pedagogy Model in [organisation].

If you agree to be part of this study you will meet with one of the researchers who will conduct a semi-structured interview which will focus on your experiences of working in [organisation]. These questions will be voice recorded so that your experience of the social pedagogy model and working within [organisation] can be captured.

How much time will it take?

- The interview will take approximately 30 – 60 minutes and will be audio recorded.
- The interview will take place on [organisation’s] grounds.

Confidentiality:

- Any personal information that may identify you will be anonymised.
- The voice recordings will be transcribed but a false name will be given so that you can’t be recognised from it.
- The results of this study will be used in a research project as part of a doctoral programme in clinical psychology. This research may be reported in an article for publication in the future. However, all personal identifying information will be removed or edited so that you cannot be recognised from it.
- Any information that you do provide will be treated as fully confidential and will not be disclosed to any other person or agency. This is with the exception of any information that you provide that might be indicative of substantial risks to the physical or psychological safety and wellbeing of any person(s). If such information is provided by you to us, then it will be necessary to inform the Child and Family Agency and/or Gardaí as appropriate.
What are my rights if I agree to take part in this study?

- You can choose whether or not you want to be in this study, and you can change your mind and withdraw from the study at any time.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.
- Participation in the study will not impact your employment in [organisation] in any way.

Further Information

If the discussion causes you to feel upset, you are welcome to discontinue your participation at any time. The interviewer will be available to you if you wish to discuss the personal impact of participating in the interview either during or after the time that the interview is taking place. If you would like to discuss this research after the date of the interview, you are welcome to contact a member of the research team on the numbers below.

Who can I contact if I have questions about this study?

If you have any additional questions, please contact the Principal Investigator:
Dr. Patrick Ryan,
Head of Department, Department of Psychology, Main University Building, Room E1-025, University of Limerick.
Email: patrick.ryan@ul.ie
Telephone Number: 061 20 2539

If you have any concerns about this study and wish to contact someone independent, you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office, University of Limerick.
Email: ehsresearchethics@ul.ie
Telephone Number: 061 234101
CONSENT FORM FOR STAFF

I consent to participate in this research.

_____________________________  __________
Signature                         Date

_____________________________
Name of Staff Member (Block Letters)

In the presence of:

_____________________________  __________
Signature                         Date

_____________________________
Name of Witness (Block Letters)
APPENDIX D: SEMI-STRUCTURED INTERVIEW SCHEDULE

1. Tell me about your role in [organisation]?
2. Tell me about a typical work day?
3. Tell me what your experience of working in [organisation] has been like?
4. Tell me about your understanding/experience of the Social Pedagogy Model?
5. What kind of training did you receive on this model of care?
6. How supported do you feel in implementing this approach?
7. Tell me about any challenges/obstacles of implementing this approach?
8. Tell me about the positives/advantages of this model?
9. What do you think could change to improve your experiences?
10. Anything else to add that might not have been asked?
11. What was the experience of the interview like?
Interviewer: Emma Breen
Participant Number: P3

1. Describe the environment where the interview took place in as much detail as you can (e.g. time, space, lighting, sound).
   Organisation Office-usual office was locked but alternate office worked fine. No interruptions. Quiet environment.

2. Describe the participant in as much detail as you can (e.g. appearance, body language, tone of voice, comfort level).
   Friendly. Appeared nervous. Asked to have a look at interview questions before we started. Reassured that interviewer was just looking to hear what experience has been and it would be more a conversation/discussion than a formal interview.

3. Describe the interview process (e.g. flow, depth of participant responses, rapport between interviewer and participant, change over the course of the interview).
   Participant spoke at ease, was chatty and forthcoming.

4. Were there any unexpected interruptions that need to be explained to the transcriber? (e.g. loud noises, someone needing to take a phone call, the recorder being shut off for a period of time).
   Office was only available from 10-11 and participant was delayed 15 minutes. Interviewer was mindful of the time limit and explained this to the participant prior to commencing and mentioned that we would get through as much as possible within the time frame. Explored if participant would be agreeable to meet at another time if interview was not competed in time.

5. Think back over the interview. Were there any keywords or phrases used by the participant that struck you in some way? If so, list them here.

6. Summarise the key points from this interview in 2-3 paragraphs.
   Teamwork-importance of everyone getting on in the house. Challenges- Time off, providing cover for one another. Recommendations-other avenues for facilitating annual leave.

7. Consider your main interview question: What are the experiences of social pedagogy among residential staff in a children’s residential setting in Ireland? In what ways does this interview help you respond to that question?
As this is the third interview I've completed, my understanding of the role is increasing. I am aware of some of the factors which are important to staff working within this framework.

8. **Now think about the aims of your study. Describe how this interview connects to those aims.**

I have an idea of some of the challenges encountered, what the positives associated with the framework are. Some potential suggestions.

9. **Now turn your attention to your own experience of the interview itself. How did you respond throughout the session? Did you hear pretty much what you expected to hear? If so, explain. Did anything about the participant’s experience surprise you or make your feel uncomfortable? If so, explain.**

Participant was very open throughout the interview despite appearing nervous at the start. I was surprised to hear about negative dynamics between staff members. Feedback given by the participant included that the interview was therapeutic and how it was good to talk about these things. The participant also offered to answer any more questions at a later date if they arose or if the interviewer forgot to ask any.
APPENDIX F: INFORMATION SHEET AND CONSENT FORM FOR FOCUS GROUP

Exploring Staffs Experiences of the Social Pedagogy Model

Dear Staff,

We are inviting you to take part in an additional stage of the research study. This will involve a focus group which will comprise of other staff members who also consent to participate. The purpose of the focus group is to allow feedback of broad themes which have been found by the researcher in the individual interviews. This will allow a discussion on whether the themes found are representative and true to your experiences and will also facilitate further dialogue and exploration on what it is like for you as staff members. It is important to note that individuals will not be identifiable from the themes found.

The above study is being carried out with the support of [organisation] services and the University of Limerick Psychology Department. The purpose of this study is to explore staff’s experiences of providing residential care to children using the Social Pedagogy Model.

If you agree to be part of this part of the study you will meet with the researcher who will facilitate the focus group which will center on feeding back themes identified from the individual interviews and any further discussions regarding your experiences of working in [organisation]. The focus group will be voice recorded so that your feedback on the themes found and experiences of the social pedagogy model and working within [organisation] can be captured.

How much time will it take?

- The Focus Group will take approximately 45-90 minutes and will be audio recorded.
- The Focus Group will take place on [organisation]grounds.
- The Focus Group will be facilitated by the researcher.

Confidentiality:

- Any personal information that may identify you will be anonymised.
- The voice recordings will be transcribed but a false name will be given so that you can’t be recognised from it.
- The results of this study will be used in a research project as part of a Doctoral Programme in Clinical Psychology. This research may be reported in an article for publication in the future. However, all personal identifying information will be removed or edited so that you cannot be recognised from it.
- Any information that you do provide will be treated as fully confidential and will not be disclosed to any other person or agency. This is with the exception of any information that you provide that might be indicative of substantial risks to the physical or psychological safety and wellbeing of any person(s). If such information is provided by you to us then it will be necessary to inform the Child and Family Agency and/or Gardaí as appropriate.
What are my rights if I agree to take part in this study?

- You can choose whether or not you want to partake in this part of the research, and you can change your mind and withdraw from the research at any time.
- You may refuse to take part in the focus group but still participate in the individual research interview.
- You may contribute as much or as little as you feel comfortable within the Focus Group and refuse to answer any questions that you do not want to answer and still remain in the study.
- Participation in the study will not impact your employment in [organisation] in any way.

Further Information

If the discussion causes you to feel upset, you are welcome to discontinue your participation at any time. The interviewer will be available to you if you wish to discuss the personal impact of participating in the Focus Group either during or after the time that the Focus Group is taking place. If you would like to discuss this research after the date of the Focus Group, you are welcome to contact a member of the research team on the numbers below.

Who can I contact if I have questions about this study?

If you have any additional questions, please contact the Principal Investigator:
Dr. Patrick Ryan,
Head of Department, Department of Psychology, Main University Building, Room E1-025, University of Limerick.
Email: patrick.ryan@ul.ie
Telephone Number: 061 20 2539

If you have any concerns about this study and wish to contact someone independent, you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office, University of Limerick.
Email: ehsresearchethics@ul.ie
Telephone Number: 061 234101
CONSENT FORM

Exploring Staffs Experiences of the Social Pedagogy Model

I consent to participate in the Focus Group, (and understand that the information given will be treated in the strictest of confidence).

___________________________  ___________
Signature            Date

__________________________
Name of Staff (Block Letters)

In the presence of:

___________________________  ___________
Signature            Date

__________________________
Name of Witness (Block Letters)
APPENDIX G: FOCUS GROUP AGENDA

The purpose of this focus group is;
1) To verify if initial thoughts are representative of your experiences,
2) To give you the opportunity to comment on the researcher’s initial impressions of the data collected,
3) To stimulate further discussion.

<table>
<thead>
<tr>
<th></th>
<th>Initial Reflections</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Necessities of the role</td>
<td>Daily routine-household chores, paperwork, attending meetings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitating activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Typical home environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Role modelling to young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>House Pedagogue role/Activity Pedagogue role</td>
</tr>
<tr>
<td>2</td>
<td>Understanding of Social Pedagogy</td>
<td>Centred on relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Creating normal environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shared living space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modelling appropriate social behaviour and communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Empowering the young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less boundaried/professional-more personal</td>
</tr>
<tr>
<td>3</td>
<td>Advantages of Social Pedagogy</td>
<td>Stability and consistency for young person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relaxed/normal environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Close interactions between staff and wider team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positive changes and growth of young people observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forming healthy/appropriate relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparing young people for when they leave care system</td>
</tr>
<tr>
<td>4</td>
<td>Challenges of Social Pedagogy</td>
<td>Intensity/draining</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organising leave</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Double life at times/feeling very removed from own life/getting a balance between both</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited by external policies and procedures (risk assessment)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge in wider professional field of what it is.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Differences between here and how implemented in parts of Europe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not a sustainable role</td>
</tr>
<tr>
<td>5</td>
<td>Support</td>
<td>Organisational- Clinical supervision, group supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer support,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-care in the role, talking to others, time for self during the day</td>
</tr>
</tbody>
</table>
6. **Social Pedagogy Training**
   - Yearly one day training (theory behind approach)
   - Observations/shadowing initially
   - Learning from others

7. **Possible changes/suggestions for improvement**
   - Having an overnight off during the week
   - Another staff member on during the week
   - Annual leave being more accessible
   - Spreading overnights more evenly between everyone

8. **Reflections**
   - Life style
   - Difficult commitment to make
   - High turnover of staff
   - Difficult to switch off
   - Approach does not suit all young people
   - Difficult on young person when staff leave
   - More freedom within the role
   - Able to trust the young people-quality relationship
   - Management open to suggestions but difficult to think of any which would not impact on care of the young people
   - Very difficult when things going on outside of work
   - Extremes-best job at times and worst job at other times

1) The purpose of the research is to explore staff’s experiences of social pedagogy in a child residential setting. Do you think that this has been captured through both the individual interviews and discussion of initial reflections today?

2) Is there anything that might have been missed?

3) Is there anything that you came to say today that you didn’t get a chance to say?
APPENDIX H: REFLECTIONS ON FOCUS GROUP

The focus group in the current research was employed as a methodological tool. The researcher sought feedback from participants to validate the researchers understanding of the data after an initial phase of data analysis. Participants were requested to comment on the accuracy of the researcher’s understanding of the content and meaning.

A plan for analysis of the data gathered through the focus group was developed by the researcher. Understanding the macro data or consensus of the group was the goal and predominantly whether the researcher had achieved an unbiased, objective understanding of what participants had conveyed in their interviews. The main themes which emerged from the focus group are summarised below.

<table>
<thead>
<tr>
<th>Main Themes</th>
<th>Understanding of Social Pedagogy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive aspects</td>
<td></td>
</tr>
<tr>
<td>Challenging aspects</td>
<td></td>
</tr>
<tr>
<td>Suggestions</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Reflections on Monitor Inspection</td>
<td></td>
</tr>
</tbody>
</table>

It was considered whether additional, dissimilar data would be incorporated into the analysis of the overall results. Only one theme emerged which was a new pattern which did not feature within the main data gathered. This theme was ‘Reflections on Monitor Inspection’. It was decided that as only three participants were involved within the focus group that discussions generated related to this theme may not be representative of the current sample and therefore would be an inaccurate reflection of the data. It was also reasoned that the primary purpose of the focus group was to ensure the researcher was on the right track regarding highlighting accurate patterns of the data. The feedback provided by participants validated the researcher’s understanding of the content. If feedback had disconfirmed the accuracy of the researcher’s interpretation of the data, then this would have prompted re-analysing the data and consideration of the reasons which caused this inaccuracy. Ultimately the focus group served as an additional step to ensure rigor within the research.
Dear Patrick

Thank you for your amended Research Ethics application which was recently reviewed by the Education and Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

**Project Title:** 2015_06_32_EHS  Exploring service users, staff and stakeholders experiences of a residential childcare unit based on a social pedagogy model of care.

**Principal Investigator:** Patrick Ryan

**Other Investigators:** Emma Breen, Eve Markey.

**Recommendation:** Approved until April 2017.

Please note that as Principal Investigator of this project you are required to submit a Research Completion Report Form (attached) on completion of this research study.

Yours Sincerely

Anne O’Brien

Anne O’Brien
Administrator, Education & Health Sciences Research Ethics Committee
Ollscoil Luimnigh / University of Limerick
Guthán / Phone +353 61 234101
Facs / Fax +353 61 202561
Ríomhphost / Email: anne.obrien@ul.ie
Gréasán / Web: http://www.ehs.ul.ie
## APPENDIX J: SAMPLE SCREEN SHOT OF CODING PROCESS

### Generating Initial Codes

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differences between Care Models</td>
<td>Contains references to different care models.</td>
</tr>
<tr>
<td>Differences in implementation</td>
<td>Contains references to how the model varies between other European countries and Ireland.</td>
</tr>
<tr>
<td>Communication</td>
<td>Contains references regarding communication.</td>
</tr>
<tr>
<td>Staff Dynamics</td>
<td>Contains references related to staff dynamics.</td>
</tr>
<tr>
<td>Benefit of Experience</td>
<td>Contains references to how experience has been beneficial.</td>
</tr>
<tr>
<td>Changing Roles within Organisation</td>
<td>Contains references to staff changing positions within the organisation.</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Contains references by staff regarding the role being a lifestyle choice.</td>
</tr>
<tr>
<td>Training</td>
<td>Contains references by staff to training received.</td>
</tr>
<tr>
<td>Further Development</td>
<td>Contains references by staff regarding partaking in further professional development.</td>
</tr>
<tr>
<td>Feedback from Staff</td>
<td>Contains references from staff about giving feedback to management.</td>
</tr>
<tr>
<td>Reflection on Interview</td>
<td>Contains references of the experience of the interview process.</td>
</tr>
<tr>
<td>Bubble</td>
<td>Contains references of the experience of staff being sheltered or like a bubble.</td>
</tr>
<tr>
<td>Individual Experience</td>
<td>Contains references to how the experience is subjective.</td>
</tr>
<tr>
<td>Experience of the Role</td>
<td>Contains references of staff’s experience of the role.</td>
</tr>
<tr>
<td>Safety</td>
<td>Contains references to keeping the young people safe.</td>
</tr>
<tr>
<td>Generalisation</td>
<td>Contains references to whether the model suits all young people.</td>
</tr>
<tr>
<td>Evidence of Success</td>
<td>Contains references of the benefits of this approach.</td>
</tr>
<tr>
<td>New Model</td>
<td>Contains references to the introduction of social pedagogy in Ireland.</td>
</tr>
<tr>
<td>Research</td>
<td>Contains references to the current study.</td>
</tr>
<tr>
<td>Consequence of Making Changes</td>
<td>Contains references of the impact of making changes.</td>
</tr>
</tbody>
</table>
SAMPLE OF REFERENCES RELATED TO CODE

Reference 1 - 1.38% Coverage

I think it’s a lot more child centres than a lot of other models and it’s a lot more based on relationships that you have with the children, with other people and working on I can’t really put it into words how I feel about it but child-centre comes out the most for me because relationships and home and more homely environment, stability, more normalising for the child I think as well.

Reference 1 - 1.56% Coverage

It’s kind of like providing a normal situation for these young people who have come out of foster care or different care settings and trying to help them to grow and develop in a way that they’re going to become independent and they’re going to be able to do things for themselves. I think it differs from residential care services, and a lot of the secure services because they’ve been strict and like there’s a lot of limited access to different things whereas like this is in a house; it’s trying to make it as normal as possible for the young people where within like reason where you have to have guidelines and policies but I think like it’s a lot more relaxed than secure care.

Reference 1 - 0.52% Coverage

The positives are the fact that this is a relationship based model and that because the numbers of people the young people come into contact with are reduced ultimately the relationships are going to be better, stronger.

Reference 1 - 2.58% Coverage

I think it’s a really good model, the whole relationship and I think that’s what it’s about, you do build relationships with people, with staff members and children and they pick up that from staff and how you interact with each other and you can see bits of yourself; they pick up and how they behave and things and it is about how you build a relationship because if they’re at a bad stage all you have is yourself and your relationship with them to get them through things, to talk them through things, if they’re heightened, if they’re aggressive that’s all you have really is yourself and your relationship and other staff members of course, I wouldn’t see how it would work without that, so I think it works.

Reference 2 - 0.32% Coverage

It’s a lot more based on relationships that you have with the children, with other people
EXAMPLE OF MIND MAP
APPENDIX K: MEMBER-CHECKING

As part of this research, an opportunity to review the transcription of your interview is facilitated. You may like to avail of this opportunity for several reasons:

1) To review whether the interview captured what you wanted to convey and communicate in response to each of the questions posed.

2) To make changes where parts of the transcript do not represent what you wanted to say.

3) To add in any additional information that you may not have thought of on the day.

There are a few important points to remember if you choose to review the transcription of your interview. These include:

1) The interviews were transcribed verbatim so every word, pause, and filler will be included such as “Well, uh, I think at first I felt, sort of, you know, confused,”. Please do not dwell upon this as it is the information which is conveyed which is important.

2) It is expected that you may feel self-conscious or embarrassed or may want to completely re-answer certain questions. Please try to remember that you what you had to say was valuable and important. Unless parts of the interview contradict with what your experience was or was not what you wanted to say please try to resist making changes where unnecessary.

3) The interviews were conducted in a conversational style so will rarely consist of complete and grammatically correct sentences. Your contribution to this research is extremely worthy, valid and respected. If the information represents your personal experiences then this is what the essence of the research is about, not the accuracy of grammar.

- If you decide you would like to review your transcript please email me on this address 13026372@studentmail.ul.ie and I will email on a softcopy to you.

- If you could return the transcript with any changes/amendments/comments to me within a week I would greatly appreciate it.

- Alternatively, if you decide you would not like to avail of this option please confirm this by email also.