The Social Pedagogy Model in the Irish Childcare System:
Exploring stakeholders’ experience of the Compass Child and Family Service

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Abstract

The aim of this study is to explore stakeholders’ experiences of the Compass Service and their perception of the social pedagogy model in the Irish childcare system. This qualitative investigation addresses two research questions:

- What are stakeholders’ perceptions of the social pedagogy model applied to the Irish childcare system?
- What are stakeholders’ experiences of the Compass Service?

Participants were comprised of eleven professionals who were involved with the Compass Service. They each completed semi-structured qualitative interviews which were analysed according to the conventions of thematic analysis. The themes identified in the analysis can be categorised into two groups. In the first group; the themes relate to the social pedagogy model in the Irish childcare system, both in terms of where it fits, and challenges to implementing it in the system. The second group of themes relates to the key features of the Compass Service; encompassing the positive and negative aspects of the service. The findings are discussed in the context of current research and outlines implications of the current findings for clinical practice, theory, policy and research.
Declaration

This dissertation 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:

____________________

Eve Markey

Date: _____________________
Acknowledgements

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Chapter 1: Research Introduction

1.1 Thesis overview

The thesis is divided into five chapters:

- Chapter 1: Overview
- Chapter 2: Literature Review
- Chapter 3: Method
- Chapter 4: Results
- Chapter 5: Discussion

Chapter 1: Overview

The outcomes for children in care, particularly those placed in residential care, are poor. This fact, coupled with the recent childcare abuse scandals, has highlighted the need to improve the care system for children. Social pedagogy is a theoretical framework utilised in continental Europe for supporting vulnerable people, including children in care. Research has indicated that there are better outcomes for children in care in Continental Europe compared to children in the Irish childcare system. There is sparse research into residential care in Ireland, particularly with regard to stakeholders’ experiences of residential care. Moreover, no research has been completed exploring the implementation of the social pedagogy model within the Irish childcare system. The Compass Service is one of the first residential services in Ireland to provide a residential service for children in care based on the social pedagogy model.

This research aims to explore stakeholders’ experience of the Compass Service and the social pedagogy model in the Irish context. In order to explore the experience of this population, a qualitative methodology was adopted. This approach involved completing semi-structured interviews with stakeholders. These were subsequently
analysed using thematic analysis. The findings of this research have implications for practice, future research and policy.

**Chapter 2: Literature Review**

Chapter 2 reviews the relevant literature base in relation to children in care and the social pedagogy model. To this end, definitions and the principle components of the social pedagogy model will be outlined. The emerging literature on the social pedagogy model applied to the childcare system will then be considered. The chapter concludes with the rationale for the current study and the associated research questions.

**Chapter 3: Method**

Chapter 3 explains the rationale behind the use of the qualitative methodology, specifically the use of thematic analysis (TA) and outlines the epistemological and ontological underpinnings of the study. This chapter provides a detailed account of the procedures involved with both data collection and analysis, along with consideration of the ethical issues.

**Chapter 4: Results**

Chapter 4 comprises a detailed breakdown of results stemming from the analysis, and outlines the over-arching themes, along with related themes and sub-themes.

**Chapter 5: Discussion**

Chapter 5 integrates the findings of the current study with that of previous research and discusses the implications of the current findings for clinical and childcare practice, policy, and future research.
Chapter Two: Literature Review

2.1 Overview of chapter

This chapter reviews the current literature surrounding children in care and social pedagogy. The chapter will initially discuss the Irish childcare system and outcomes for children in care. The current literature on the social pedagogy model, with reference to the key terms and principles of the social pedagogy model and research on the applicability of social pedagogy in the UK childcare system, will then be discussed. To conclude, the rationale and aims of the current study will be outlined.

2.2 Literature search

An initial search for ‘Social Pedagogy’ and ‘Children in Care’ was undertaken in October 2016 utilising the PsychInfo, Social Sciences and Medline databases. As both ‘Social Pedagogy’ and ‘Children in Care’ are broad terms, the search was then refined using different combinations of search terms. Table 2.1 provides an overview of the search terms used and the number of corresponding peer reviewed articles yielded from each of the search terms:
Table 2.1

Summary of results from databases in October 2016

<table>
<thead>
<tr>
<th>Children In Care</th>
<th>60,281</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care and Children</td>
<td>4,845</td>
</tr>
<tr>
<td>Residential Care and Young People</td>
<td>423</td>
</tr>
<tr>
<td>Residential Care, Children, Ireland</td>
<td>201</td>
</tr>
<tr>
<td>Residential Care, Young People, Ireland</td>
<td>17</td>
</tr>
<tr>
<td>Looked After Children</td>
<td>376</td>
</tr>
<tr>
<td>Foster Care</td>
<td>7,911</td>
</tr>
<tr>
<td>Foster Care and Ireland</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Pedagogy</th>
<th>569</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Pedagogy and Children In Care</td>
<td>28</td>
</tr>
<tr>
<td>Looked After Children and Social Pedagogy</td>
<td>3</td>
</tr>
<tr>
<td>Social Pedagogy and Alternative Care</td>
<td>0</td>
</tr>
<tr>
<td>Social Pedagogy and Out Of Home Care</td>
<td>2</td>
</tr>
<tr>
<td>Social Pedagogy and Residential Care</td>
<td>13</td>
</tr>
<tr>
<td>Social Pedagogy and Foster Care</td>
<td>4</td>
</tr>
</tbody>
</table>

The above table illustrates the limited number of peer-reviewed articles relating to social pedagogy and children in care. The articles obtained from this literature search were combined with articles sourced from the Thempra website and the International Journal of Social Pedagogy. Thempra is a social pedagogical enterprise which supports the development of social pedagogy. The Thempra website has a literature section which combines the main books, research reports, and journal articles on the discipline. For further information please see the Thempra website at http://www.thempra.org.uk.

2.3 The Irish Care System

Internationally, a minority of children are taken out of their family home and placed in state care (Darmody, McMahon, Banks, & Gilligan, 2013). The primary aim of taking children into care is to provide children with a safe, secure, and stable environment which enables them to reach their full potential (Rushton & Minnis, 2002, as cited in Kilkenny, 2012). Children in care are a vulnerable group by virtue of their
early experiences and placement in care. In line with international developments in child protection policy and practice, Ireland has moved away from institutionalised residential-type service provision towards foster care placements (Clarke & Eustace, 2010; Munro & Gilligan, 2013).

2.3.1 Prevalence rates. The prevalence rate of children in care in Ireland has increased by 27% in the last decade (McNicholas, O'Connor & Bandyopadhyay, 2011). According to the latest figures, by the end of 2016 6,329 children were in the care of the state, which equates to approximately 55 children per 10,000 in the population of children aged 0-17 years (Tusla, 2016). The predominant mode of care for children requiring out of home care is foster care, and as such 93% (n=5,905) live in foster care. A very small proportion 5% (n =312) of children in care are supported in small to medium sized residential units. A further 3% live in high support units and 0.4% in special care (McElvaney & Tatlow-Golden, 2016; Tusla, 2016).

2.4 Residential care

The Irish care system considers the family environment the optimum environment for children to develop (Doran, & Berliner, 2001; Emond, 2014; Gilligan, 2009; Harder, Knorth, & Kalverboer, 2013; Tusla, 2016) and has one of the highest rates of family type placements internationally (Munro & Gilligan, 2013). Residential care aims to provide a safe and nurturing environment for children and young people who cannot live in a family type environment (Davidson, 2010). Residential care attempts to emulate a family environment whilst accommodating between four and eight children. Creating such an environment however, is inevitably hindered by highly proceduralised practices and the emphasis on documenting practice (Kemp, 2011;
Petrie, Boddy, & Cameron, 2006; Smith, 2003; Smith, 2009b). Research has identified that children in residential care seek as much normality in their daily lives as possible (Anglin, 2014); they want their experiences to be as similar to children who are raised in a family home (Ward, 2004, as cited in Kilkenny, 2012). Gilligan (2000) surmises that residential care should meet the physical and emotional needs of each child whilst providing protection to those children viewed as vulnerable and at risk. Unfortunately, residential care does not routinely meet these aims (Gilligan, 2000; James, 2011).

The benefits of residential care have not been clearly demonstrated (Dougherty, Strod, Fisher, Broderick, & Lieberman, 2014). Findings from previous research has indicated that young people in residential care are faring consistently worse, not only when compared to children in the general population, but also when compared to children in other forms of care (Gaskell, 2010; Vinnerljung & Sallnäs, 2008). Due to the historic abuse of children, inadequate practice, and evidence of poor outcomes, residential care has developed a poor reputation (Kendrick, 2013) and regarded as an alternative to be best avoided (Berridge, 2002, as cited in McPheat, Milligan, & Hunter, 2007). Thus, residential care is considered a placement of last resort (McPheat et al., 2007) and used for children with complex needs and serious difficulties (Bitton, & Rajpurkar, 2015; Forrester, 2008; James, 2011).

The negative view of residential care, coupled with the policy preference for foster care places an excessive burden on fostering services and devalues residential care (White, 2003, as cited in McPheat et al., 2007). The literature suggests that residential care should be considered a viable option for children with complex needs when foster care is not suitable (Bromfield & Osborn, 2007; Flynn, Ludowici, Scott, & Spence, 2005; Knorth, Harder, Zandberg, & Kendrick, 2008; McPheat et al., 2007; McPheat et al., 2007).
Osborn, Delfabbro & Barber, 2008). The delivery of quality residential childcare is a complex and multifaceted task (Williams & Lalor, 2001). The effectiveness of the care environment is largely dependent on the interplay of a number of factors, including staff configuration, characteristics of the children’s needs, and the organisational and policy setting in which the service functions (McLean, 2015). The current knowledge base concerning the efficacy of residential care is mainly based on studies with small non-representative samples and weak study designs, without control groups and standardized measures (Bettmann & Jasperson, 2009; Bean, White, Neagle, & Lake 2005; Hair, 2005). In order to improve service provision for children in care, the effectiveness and efficiency of residential care needs to be examined through research and service evaluations (Portwood, Boyd, & Murdock, 2016).

2.5 Outcomes for Children in Care

A key priority for policymakers both in Ireland and internationally is to achieve good outcomes for children and their families (Devaney, Reddy, Moran, & McGregor, 2016). Literature suggests that the opportunities for children in care to actively participate in society are hindered by placement instability and factors associated with early adverse experiences (Devaney et al., 2016). Children in care are likely to have multiple adverse childhood experiences, including multiple traumas (Deveney et al., 2016). This places them at a higher risk of various mental health difficulties (Baker, Kurland, Curtis, Alexander, & Papa-Lentini, 2007; Blower, Addo, Hodgson, Lamington, & Towlson, 2004; Hurlburt et al., 2004; McNicholas et al., 2011; Mount, Lister, & Bennun, 2004), physical health challenges (Bellis, Hughes, Leckenby, Hardcastle, Perkins, & Lowey 2014; McEwan, Waddell, & Barker, 2007; Ward, Jones, Lynch, & Skuse, 2002) and poorer economic prospects (Patterson et al, 2015 as cited in
Devaney et al., 2016). In a sample of English children aged 8 – 16, Rees et al. (2012) found that children in care experienced significantly lower well-being compared to the general population (Rees et al., 2012 as cited in Llosada-Gistau, Montserrat, & Casas, 2015).

2.5.1 Mental health difficulties. A large body of research exists highlighting the high prevalence rates of mental health difficulties among children in care (Chartier, Walker, & Naimark, 2009; Dregan, Brown, & Armstrong, 2011; Durka & Hacker, 2015; Holt & Kirwan, 2012; McSherry, Malet, & Weatherall, 2016; Stein & Dumaret, 2011; Townsend et al., 2010). It has been estimated that at least one in three children living in foster care and half of the children living in residential care exhibit clinically significant behavioural and emotional difficulties (Casaneuva et al, 2011 as cited in Baumann, Fluke, Dalgleish, & Kern, 2014). A national survey undertaken in the UK found that 45% of children in care experienced mental health difficulties. This represented a fourfold increase in risk compared to children in the general population (Meltzer, Gatward, Corbin, Goodman, & Ford, 2003). Marquis and Flynn (2009) compared the prevalence rates of children in care in Ontario to children in the general population. The study revealed higher levels of conduct difficulties, hyperactivity, peer difficulties, and anti-social behaviour difficulties among children in care (Marquis & Flynn, 2009).

The early adverse experiences of children in care renders them vulnerable to experiencing mental health difficulties. To compound this, children’s experience in long term care, particularly residential care can give rise to disjointed educational placements, lack of security, attachment difficulties, and limited access to services, and frequent placement breakdowns, which increases the likelihood of experiencing mental
health difficulties. The study of McNicholas et al. (2011) found that of the overall population of Irish children in out-of-home care, those in residential care were more likely to have contact with mental health services (83%) compared with those in foster care (47%) or relative foster care settings (44%). Half of the children in residential care experienced socialisation difficulties (50%) compared to 12% in foster care. Additionally, behavioural difficulties were significantly higher in residential care compared to foster care (90% of cases, in contrast to 53% in foster care) (McNicholas et al., 2011)

The cross sectional studies demonstrate that many children in care experience significant behavioural and emotional problems whilst longitudinal studies indicate that children in out of home care are at risk of enduring mental health problems into adulthood (Fernandez, 2009). The majority of studies examining the mental health and well-being of children in care utilise a cross sectional design which only provides a picture of the child’s well-being and mental health at one particular time. As mental health difficulties and well-being change over time, such ‘one point in time’ studies do not capture these changes and may skew the prevalence rates.

2.5.2 Educational outcomes. Children in care are at a higher risk of experiencing educational difficulties resulting in poor educational attainment when compared to children in the general population (Anderson, 2010, as cited in Darmody et al., 2013), yet very limited research has been conducted in Ireland to examine the educational outcomes of children in care. The few studies that have been undertaken indicate that children in care experience a number of disadvantages which impact on their educational progress and performance (Daly & Gilligan, 2010, as cited in Darmody et al., 2013; Daly & Gilligan, 2011), including multiple placements resulting in school
changes, and emotional and behavioural difficulties which impede engagement in school (Darmody et al., 2013). McNicholas et al. (2011) findings revealed that a high proportion of children in care experienced learning difficulties and that 8.7% were early school leavers. This study is in line with UK research which demonstrated that children in care have poorer academic achievement when compared with their peers (Mitic & Rimer, 2002, as cited in McNicholas et al., 2011). These educational difficulties, coupled with higher rates of antisocial behaviour and mental health difficulties delimit children’s life opportunities and their later quality of life in adulthood (Barnow, Buck, O’Brien, Pecora, Ellis, & Steiner, 2015; Berlin, Vinnerljung, & Hjern, 2011).

2.6 Social Support

Previous literature has drawn attention to the importance of social networks for children (McMahon & Curtin, 2013). Research has outlined that social networks contribute to a person’s identity formation and influences well-being (Matos & Sousa, 2004), by developing self-confidence and enhancing self-esteem (Kef, Hox, & Habekothe, 2000). International research on the social networks of children in care also emphasise that social networks are an important protective factor for children in care (Matos & Sousa, 2004). Children in care who achieve positive outcomes are those afforded the opportunity to draw on various reliable and enduring social supports within different contexts.

Due to factors such as placement instability and placement location, childcare services face difficulties facilitating the establishment and maintenance of social supports for children in care (Munro & Hardy, 2006; Gilligan, 2000). McMahon and Curtin (2013) completed a study in Ireland which examined the impact of foster care on
young people’s experience of their social network. This qualitative study captured the experiences of thirty-eight young people who had resided in long term foster care. Their findings indicate that foster care had negatively impacted on the young person’s social network in a number of ways, which included difficulties initiating and maintaining friendships, losing contact with extended family, and being prevented from maintaining contact with groups and activities which were important to the young person (McMahon & Curtin, 2013). This study stresses the significance of peer groups for young people in care, along with the advantages of limiting the number of school changes, engaging in community activities, and the integral role which carers play in encouraging young people to develop and maintain supportive social networks (McMahon & Curtin, 2013).

As this is the first study of its kind in Ireland, it provides unique insights into the social networks of young people who have direct experience of the Irish childcare system.

Irish research has demonstrated that there is a relationship between strong social networks and positive developmental outcomes for children in care (McMahon & Curtin, 2013; Daly & Gilligan, 2011). Children in foster care who had established strong social support networks through regular attendance at school and involvement in hobbies and activities outside the home were significantly more likely to have positive experiences of education than children who had not established social support networks in school (Daly & Gilligan, 2011).

2.7 Limitations of Outcome Studies

The methodology of the aforementioned studies on the outcomes for children in care are inherently flawed as they compare children in care to children in the general population. A number of authors suggest that when considering such outcomes, it would
be more beneficial to compare children in care with children from similar backgrounds (Gilligan, 2000; McSherry et al., 2016). Stein (2006) stipulates that the outcome measures for children in care are crude as they detach the child from their socioeconomic backgrounds (Stein 2006, as cited in Cousséé, Bradt, Roose, & Bouverne-De, 2010). Future research using longitudinal studies and differing comparison groups needs to be conducted to determine accurate outcomes for children in care.

A further difficulty which arises when assessing outcomes relates to the heterogeneous nature of the care population. Studies have shown that young people living in the care system are not a homogenous group (Dixon & Stein, 2005; Owusu-Bempah, 2010). Children’s early family experiences, length of time in care, quality of their care experience, and paths into the care system, vary between children in care (Gilligan 2000; Stein, Pinkerton, & Kelleher, 2000). There is a dearth of studies focusing on the impact of different types of placement such as residential care or foster care, on the child’s development (McPheat et al., 2007). For this reason, future studies should explore the different outcomes for children with differing experiences of care (Gilligan, 2000).

2.8 Stability

The main element that contributes to positive outcomes for children in care is stability. Stability in this sense refers not only to the stability of the placement setting, but also to positive and stable relationships with the professionals involved in their care (Dumaret, Guerry, & Crost, 2011; McLeod, 2010). A primary aim of child welfare services is to create stability in the child’s life in order to enable them to develop and
maintain long-lasting relationships with care-givers, family, and local communities (Biehal, 2007; McSherry et al., 2008).

The options for placements in the Irish childcare system are limited and placements are scarce; therefore placements are chosen based on availability rather than need (Biehal, 2007). Irish research has identified that placements break down as they are unable to meet the specific needs of the child (Raghallaigh, 2013; Stott & Gustavsson, 2010). Research has highlighted that crisis-driven placements increase the risk of breakdown and placement instability (Farmer, Lipscombe, & Moyers 2005; Sinclair et al., 2005 as cited in Munro & Hardy, 2006). In order to bolster placement stability and reduce the number of placement moves, Fernandez (2009) argues that services should identify children who need additional support and provide the appropriate services in a timely manner. This is in direct contrast to the Irish system where research has highlighted that children in care have difficulty accessing essential services when needed (McNicholas et al., 2011).

Research indicates that children who experience unstable or multiple placements are at risk of adverse developmental and well-being outcomes (Fernandez, 2009; Rubin, O'Reilly, Luan, & Localio, 2015). Instability and placement moves impact negatively on the child’s self-esteem and self-concept and can thereby increase the likelihood of emotional, social, and/or behavioural difficulties (Fernandez, 2009). Residential care is associated with a range of difficulties that impede placement stability (Hyde & Kammerer, 2009), including a high turnover of staff and coping with the unpredictable behaviours of other children in group settings (Devaney et al., 2016).
Children in care who experience multiple placement moves are denied opportunities to develop relationships with care-givers, build and maintain friendship networks, and access community services (Devaney et al., 2016). Ensuring that relationships with family, friends, and other significant people in the child’s life continue can help children in residential care experience an upbringing that most closely resembles their peers’ normative upbringing (McIntosh, 2001, as cited in Kilkenny, 2012). Unfortunately, a significant number of children in residential care do not experience continuity of relationships as they experience instability in their placements (Rutter, 2000, as cited in Kilkenny, 2012). Instability hinders a child’s ability to develop relationships.

Relationships are integral to a child’s overall development and are associated with positive outcomes for children in care. Due to their early negative experiences, most children who enter the childcare system have difficulty establishing relationships with caregivers. Attachment theory highlights the importance of relationships with care-givers for children’s overall development.

2.9 Attachment Theory and Relationships

Attachments form between care-givers and children in infancy from the child’s innate need for nurturance, comfort, and protection. Children in care may not have developed secure attachments with their primary care-givers and have experienced disruptions to their attachments. Failure to develop secure attachments can have an adverse effect on psychological functioning and behaviour in childhood (Goldberg, 2000, as cited in Kilkenny, 2012; Frey, Cushing, Freundlich, & Brenner, 2008). An
insecurely attached child has difficulty forming new relationships, depending on others for assistance, and coping with stressors (Kilkenny, 2012).

Children in care face many challenges to forming new attachments with care-givers due to their adverse experiences with previous care-givers. A number of studies indicate that children in care are unlikely to develop strong and lasting relationships with care-givers (Avery & Freundlich, 2010; Leathers, 2006; Samuels, 2008). The disruption of relationships due to frequent placement moves may make it difficult for children to build trusting relationships with new care-givers (Schofield, Beek, & Ward, 2012). The majority of children in care, particularly residential care, have not developed adaptive ways to connect with others and form relationships. Their behaviours are consequently aimed at keeping people at an emotional distance (Fahlberg, 1994 as cited in Kilkenny, 2012).

Foster carers and residential care workers are tasked with the responsibility of developing and maintaining relationships with children who find forming relationships extremely difficult (Cameron, 2013). The relationship between a child and their care-giver has long been recognised as integral to positively influencing the outcomes for children in care. Children are more likely to achieve positive outcomes when they encounter warm and emotionally-available carers with consistent parenting approaches and effective discipline strategies (De Boer & Coady, 2007; Cameron, 2013; Palareti & Berti, 2009; Scholte & Van der Ploeg, 2000; Tilbury & Osmond, 2006; Luke, & Coyne 2008). The establishment of trusting relationships is associated with educational attainment (Jackson et al., 2005 as cited in Cameron, 2013), resilience (Houston, 2010), stability (Dearden, 2004, as cited in Cameron, 2013), self-esteem (Ackerman & Dozier, 2005; Schofield & Beek, 2005), promotes engagement in cultural and sporting activities
(Gilligan, 2000), and reduces the risk of children absconding (Cameron, 2013). By accepting children and forming strong authentic relationships with care-givers, children are empowered to care for and about themselves, and to achieve independence in young adulthood (Kemp, 2011).

The capacity of the residential unit to provide opportunities for staff and young people to develop and maintain relationships is critical, not only to compensate for earlier damaged attachments, but also as vital building blocks for a child’s capacity for independent living (Holt & Kirwan, 2012). The residential services ability to develop relationships with children in their care is contingent on individual staff, the emotional atmosphere of the service, leadership style, and staff’s commitment to best practice (Forkby & Ho¨jer, 2011; Hicks, Gibbs, Weatherly, & Byford, 2009). The relationships developed in residential child care are complex, requiring practitioners to constantly engage in critical reflection.

Although there is strong empirical evidence which delineate the benefits of developing secure and consistent relationships with children in care, a number of barriers to developing relationships have been identified. These include the child’s previous negative experiences of relationships and the nature of the care system. Placement instability and placement moves prevent the development of relationships with care-givers. Common features of residential care settings such as high staff turnovers and difficulties with staff retention have a negative impact on the development of continuity, security, and trust which are essential ingredients for the development of positive relationships (Gaskell, 2010).
2.10 Contribution of Psychology to Intellectual Disability Residential Care Services

Children in care have complex needs with an increased risk of mental health, educational and behavioural difficulties. Children in care particularly residential care require psychological assessment and intervention to assist them manage their current difficulties and overcome their early adverse experiences. Alongside children in care benefitting from psychological support, staff working in residential care may also require support and training to assist them meet the complex needs of this cohort. Staff working in residential care may require psychological support to assist them process the impact of the work and to enhance their understanding of their own reactions to children in care. Despite the need for psychological support for both children and staff in residential services, residential childcare services typically do not have a psychologist employed directly by the service. Children in care access psychology services through community services including community psychology and child and adult mental health services. There are a number of similarities between residential services for people with intellectual disabilities (ID) and residential services for children in care. Namely, both services provide residential care to a vulnerable group with complex needs, they both employ staff to care for the client typically in community homes and both have to meet regulations and standards. Residential services for children in care could collaborate with residential services for people with ID in relation to the contribution of the psychologist within services.

In residential services for people with intellectual disabilities, psychologists are typically employed directly by the services. The psychological approach within disabilities services focuses on personal experience, emotions and behaviour, cognition, personal strengths and support needs (Carr, 2016). Through their role, psychologists
assist individuals manage mental health difficulties, develop and deliver group interventions; implement behavioural interventions to assist manage challenging behaviours and provide support and training to staff. Psychological interventions within ID services enhances service provision, improve service’s user’s quality of life and improves the living and working conditions of both service users and staff alike.

Similar to children in care, people with intellectual disabilities are vulnerable to experiencing mental health difficulties. Epidemiological studies show that people with intellectual disabilities (ID) are at a higher risk of developing mental health difficulties than their non-ID counterparts (Cooper et al., 2007; Hassiotis et al., 2013). Psychologists develop and deliver evidence based individual and group therapeutic support to adults with ID residing in both community and residential settings. Previous research has shown that psychological therapies namely CBT has proven efficacy in managing mental health difficulties in the ID population (Vereenooghe & Langdon, 2013; Hassiotis et al., 2013).

Similar to children in care, people with ID have emotional regulation difficulties and display challenging behaviour. Alongside mental health interventions, psychologists also provide individual and group interventions for common challenging behaviours such as aggressive behaviour, fire setting and sexual offending. A number of studies have demonstrated the efficacy of anger management treatment (Willner et al., 2013; Rose, Dodd, & Rose, 2008), fire-setting interventions (Taylor, Robertson, Thorne, Belshaw, & Watson, 2006), challenging behaviours (Brown, Brown, & Dibiasio, 2013) and alcohol and substance abuse (Lindsay et al., 2013) in both residential and community settings for people with ID. Dialectical behavioural therapy has also been adapted for people with ID. Previous studies found that the implementation of an
adapted DBT programme significantly reduced the incidences of challenging behaviour over a four year period within a population of adults with ID (Brown, Brown, & Dibiasio, 2013).

Psychologists in ID residential care services develop and deliver behavioural interventions based on the individual client’s needs, strengths and difficulties (Carr, 2016). Psychologists base behavioural interventions on principles of learning in order to increase adaptive behaviour and reduce challenging behaviours (Carr, 2016). Psychologists draw on evidence based practice and use best practice models to reduce challenging behaviours. Positive behaviour support (PBS) is a system based approach and a best practice model for challenging behaviour (Grey & McLean, 2007). In disability services, psychologists play an integral role in designing positive behavior support plans for people with ID, guiding the implementation of these support plans and training staff on the principles of positive behaviour support (McLean, Grey, & McCracken, 2007).

Positive behaviour support ascribes to a person centred approach and takes account of both individual factors and environmental factors to equip the client with more adaptive skills and reduce challenging behaviour (McLean, Grey & McCracken, 2007). Research has shown that the implementation of PBS can reduce challenging behaviour and achieve behaviour change for individuals (La Vigna and Willis, 2012; Grey and McLean, 2007). Research has demonstrated that training staff in the implementation of positive behavior support can have a positive impact on both people with ID and staff. Training staff on the principals of positive behaviour support enhances staff’s knowledge, emotional responding and attributions. For service users, the
implementation of positive behaviour support leads to a reduction in the frequency and intensity of challenging behavior (MacDonald & McGill, 2013).

Alongside interventions for mental health difficulties and behavioral support, psychologists are also involved in the development, implementation and evaluation of a broad range of psychosocial interventions which aim to enhance an individual’s engagement with their community through skills training, educational interventions and supported employment (Dunlap & Carr, 2007). For example, psychologists deliver communication (Sigafoos, O’Reilly, Lancioni, & Sutherland, 2014) and social skills (Walton & Ingersoll 2013; Carter & Hughes, 2005) interventions which are crucial adaptive skills required for community integration and employment.

Additionally, psychologists also work with staff to support them to prevent burnout and to enhance their practices through training (Howard, Rose and Levenson, 2009; Lambert, Bloom, Kunnavatana, Collins, & Clay, 2013). A number of psychological interventions have proven effective in reducing staff stress and consequently burnout. These psychological interventions include CBT (Gardner et al., 2005), Acceptance and Commitment Therapy (Noone & Hastings, 2011) and Mindfulness based approaches (Singh et al., 2009; Brooker et al., 2014). Psychologists in disability services routinely implement interventions to support staff through training and other psychological interventions to enhance practices and reduce burnout. Given the high rate of staff burnout and turnover in residential services for children in care, adapting some of the interventions in disability services to children in care services could prove beneficial in enhancing practices and reducing burnout and staff turnover.
In essence, psychologists in ID residential services draw on a number of theories and evidence based interventions to support people with ID manage their mental health difficulties, reduce challenging behavior, and increase adaptive skills alongside supporting and training staff to reduce burnout and ensure an optimal service is provided to people with ID. Similar to the ID population, the population of children in care are also a unique group with complex needs. Psychologists could focus on adapting evidenced based interventions to support children in care with mental health difficulties and challenging behaviours. Residential services for children in care could consider replicating disability residential services and directly employ psychologists to provide a psychological service for both children in care and residential childcare staff. The employment of psychologists within residential childcare services could enhance service provision and assist meet the complex needs of children in care.

2.11 Risk Averse Practice

The provision of residential care in Ireland following numerous abuse scandals has led to the introduction of risk and regulation policies (Horwarth, 2000; Milligan & Stevens, 2006). However, the risk averse ethos of the care system has actually prevented residential workers from providing the basic nurturing tasks which are essential for a child’s healthy development. Smith (2009b) asserts that although intended to best manage risk, in reality, the introduction and implementation of risk assessments have promoted a dynamic of fear with regard to childcare practices. This can lead to children in care spending their time in clinical, sanitised, environments, and being deprived of the authentic relationships they desperately need (Smith, 2009b). Milligan (2011) notes that residential workers have lost confidence in their ability to
make autonomous decisions about risk without reference to family, social workers, or external managers. This practice has led to residential care staff feeling disempowered. By ascribing to risk averse practices innovative practices and spontaneity in residential care are stifled, as staff may not feel comfortable trying new ways of working and taking risks (McPheat & Butler, 2014).

Advocates of social pedagogy have proposed the concept of developing ‘risk competence’ rather than ‘risk assessment’ (Eichsteller & Holthoff, 2009). The social pedagogy model focuses on assisting children learn to manage dangers in their environment. Risk competence is achieved by assisting a child manage the dangers in their environment rather than shielding them from all potential risks (Milligan, 2011). Studies exploring the application of social pedagogy in the UK found that the introduction of the social pedagogy model incited residential workers to challenge risk averse practice (Milligan, 2011).

2.12 The Irish Childcare System and Social Pedagogy

In Ireland, children are likely to remain in care for extended periods of time, experience multiple placement moves, have significant behavioural, psychological and educational difficulties, and experience problems maintaining social networks and contact with their family (Gavin et al, 2011 as cited in Devaney et al., 2016). Compared to children in the general population, children in care are also more likely to experience difficulty transitioning to adulthood and independent living, and to ultimately endure homelessness and poverty (Kelleher, Kelleher, & Corbett, 2000).

The increased vulnerability of children in care, compounded by the limitations of the childcare system, underlines the need for improvements throughout the childcare
system. Research findings contending that healthy relationships can improve outcomes for children in care lend support to the introduction of social pedagogy into the Irish context. Social pedagogy is a theoretical framework that emphasises relationships, holistic learning, development, and the overall well-being of children. Moreover, countries such as Denmark and Germany, in which social pedagogy underpins work with children in care, have demonstrated significantly better outcomes than traditional Irish childcare practices (Petrie, Boddy, & Cameron, 2006).

2.13 Conceptual Framework: Social Pedagogy

Social pedagogy is the conceptual framework underpinning this study. Children’s behaviour and responses can be difficult for staff to understand and manage, particularly without a conceptual framework to guide their interventions. Social pedagogy offers residential care a framework for childcare practice which is based on both formal knowledge of sociology, cultural studies, and psychology, and practical skills such as communication, creative, and relational skills (Cameron, Petrie, Wigfall, Kleipoedszus, & Jasper, 2011). Social pedagogy theories and practices are not new concepts in the UK or Ireland, the similarities between social pedagogy principles and existing care practices were highlighted in the UK studies introducing social pedagogy into the childcare sector (Cameron et al., 2011; Milligan, 2009). A number of approaches such as life-space, therapeutic care, and restorative justice, emphasise similar concepts as the social pedagogy model such as learning, well-being and relationships. As a result, the social pedagogy model makes sense and resonates with many professionals (Eichsteller, 2009). Although social pedagogy does not generate a new practice per se, it nonetheless provides a theoretical framework for working with
children in care that places explicit emphasis on relationships, holistic learning, and well-being.

The development of social pedagogy across Europe has followed different traditions making it a difficult concept to define (Kyriacou et al., 2009 as cited in Chavaudra, Moore, Marriott, & Jakhara, 2014). In continental Europe, social pedagogues possess a Bachelor’s degree which combines theory with practical skills. As such, social pedagogy is perceived as a highly valued career option and social pedagogues are afforded a high level of autonomy and exercise a wide range of responsibilities (Eichsteller & Holthoff, 2012). They work in a wide range of different areas, including children in care, and with people experiencing mental health difficulties (Eichsteller & Holthoff, 2012).

Social pedagogy refers to the promotion of the child’s personal development, social education, and general well-being by adults, either in tandem with, or in place of parents in various educational and social care settings (Moore, Jakara, Bowie, & Marriott, 2013). It has been described as ‘education in its broadest sense’ (Petrie et al., 2009). The social pedagogy model proposes that children should be understood holistically; taking account of their physical and mental health needs, their relationships, their living conditions, the school environment, the family situation and the society where the child lives (Storø, 2012). Social pedagogy is not a knowledge base or a set of techniques that can be acquired, but a perspective that encompasses all areas of practice relating to the welfare of children (Berridge, Biehal, Lutman, Henry, & Palomares, 2011; Cameron et al., 2011). The social pedagogy perspective is best explained through the principle of Haltung.
2.13.1 Haltung. Haltung refers to a person’s ethos, mind-set, or attitude. The haltung requires that practitioners bring all aspects of their being, including the rational, practical and emotional, into their professional relationships, and are mindful of how their beliefs influence their interactions with others (Ruch, Winter, Cree, Hallett, Morrison, & Hadfield, 2016). A social pedagogue’s haltung is characterised by Carl Roger’s three core conditions of unconditional positive regard, empathetic understanding, and congruence (Eichsteller, 2010).

Social pedagogy is described as a ‘function of society’. As such, it is a reflection of societal attitudes and provides information on societal views on children’s upbringing, the relationship between the individual and society, and the supports society provides to its disadvantaged members (Eichsteller & Holthoff, 2012). As it is contingent on a range of societal factors there is no single over-arching definition of social pedagogy. Nevertheless, a number of key underlying principles of the social pedagogy model which are particularly relevant to childcare practice have been identified and are illustrated through The Diamond Model (Eichsteller & Holthoff, 2010).

2.14 Social Pedagogy Principles

The diamond model is a metaphor used to describe the concept that a diamond exists within each child; the role of the social pedagogue is to help bring out and polish the inner diamond so it sparkles as brightly as it can (Cameron et al., 2011). Social pedagogy has four core principles that are closely linked: well-being and happiness, holistic learning, relationship and empowerment (Eichsteller & Holthoff, 2010). The
four principles of well-being, learning, relationships and empowerment are to some extent familiar and practised by both UK and Irish practitioners.

2.14.1 Wellbeing and happiness. The overall aim of social pedagogy is to engender well-being and happiness. This is not undertaken using a short-term needs-focused basis, but rather sustained through a rights based approach. In social pedagogy terms, well-being and happiness are viewed as two distinct concepts, wherein happiness refers to a present state, and well-being refers to an enduring sense of mental, physical, emotional, and social wellbeing. By taking account of both these constructs, a holistic perspective of a child’s well-being and happiness can be obtained. Well-being and happiness are subjective and unique to each child. In consequence, social pedagogy practice is contingent upon context and is cognisant of the individual needs of the child rather than adopting a one-size-fits-all approach (Eichsteller & Holthoff, 2012).

2.14.2 Holistic learning. Similar to well-being and happiness, holistic learning aims to enhance a child’s overall well-being. Holistic learning refers to the process of children realising their own potential for learning and growth and can occur in any situation that provides an opportunity for learning (Eichsteller & Holthoff, 2012).

2.14.3 Relationships. A central component to achieving well-being and learning is the relationship developed between the child and the social pedagogue. Social pedagogy foregrounds the significance of authenticity, the availability of the self in relationships with children, and emphasises the value of physical affection in such relationships (Eichsteller & Holthoff, 2012). By so doing, the social pedagogy model legitimises and values residential worker’s emotional involvement with children. Social pedagogues aim to build trust, security and self-esteem through their relationships (Moore et al.,
Through the supportive relationship with the social pedagogue, the child develops the fundamental social skills required to build strong positive relationships with others (Eichsteller, 2009).

2.14.4 Empowerment. Combined with a supportive authentic relationship, empowerment is fundamental to ensuring that a child experiences a sense of control over their life, is involved in decisions affecting them, and is enabled to make sense of their own life experiences (Eichsteller & Holthoff, 2012). In essence, social pedagogy supports the development of children’s independence, inter-dependence, and empowerment (Eichsteller & Holthoff, 2012).

2.14.5. Positive Experiences. All elements of the diamond model are interconnected and achieved through positive experiences. This increases a child’s self-confidence and feelings of self-worth, reinforcing their sense of well-being and learning, their ability to develop strong relationships and their feelings of empowerment. By strengthening the positive aspects of themselves, the negative ideas about themselves are reduced and their self-esteem is increased (Eichsteller & Holthoff, 2012). This is particularly relevant for children in care, as research has indicated that such children have a poor self-concept and low self-esteem (Ackerman & Dozier, 2005; Kim & Cicchetti, 2009, as cited in McSherry et al., 2016).

2.15 Social Pedagogy Concepts

The social pedagogy model not only underlines the importance of relationships but also provides a framework for developing and reflecting on these relationships. The significance of authentic relationships in the social pedagogy model is evident from the social pedagogy concepts of the life space, the common third, teamwork, and role
models. Additionally, the concepts of the 3Ps and the ‘head, heart and hands’ provide guidance on ways to successfully develop and maintain relationships.

2.15.1 **Reflection.** The social pedagogy model requires that pedagogues reflect frequently; they regularly utilize theories and solution-focused approaches to evaluate and learn from practice. As such, reflection is valued and viewed as empowering and improving practice (Kemp, 2011).

2.15.2 **The heart.** As emotional and moral beings, social pedagogues are encouraged to bring their hearts to work. Through an emphasis on reflective practice, they are mindful of their own emotional reactions and how these reactions can impact on their relationships and interactions with children and others (Cameron & Petrie, 2011).

2.15.3 **The hands.** Social pedagogues view their work as practical, and therefore relationships are created through everyday practical activities such as preparing food. These ordinary activities are not viewed as mundane, but rather viewed as the medium for the creation and maintenance of relationships (Moore et al., 2013).

2.15.4 **The head.** Social pedagogues draw on theories and research from such diverse fields as education, psychology, sociology, law, and the arts when working with children, and utilize both theory and self-knowledge to evaluate and guide their work to ensure it is in the best interest of the child (Moore et al., 2013).

2.15.5 **The 3Ps.** The 3Ps describe the three aspects that all social pedagogues possess; the professional, the personal, and the private. In their professional capacities, social pedagogues bring their professional knowledge, attitudes, and skills to their work. However, they also view themselves as human beings and freely discuss their lives,
express their feelings, and share humour and fun. Social pedagogues also decide which matters are private to them and would be inappropriate to share (Cameron et al., 2011).

In the UK and Irish childcare services, there is a tendency to acknowledge the first 2P’s of the private and professional. Milligan (2009) asserts that the concept of the ‘personal self’ is typically underdeveloped and underused in residential childcare practices. The additional dimension of the private in the 3Ps enables care workers to be authentic and to form trusting relationships with children (Kemp, 2011).

2.15.6. The life space. A principal component of the social pedagogy model is that children and staff inhabit the same life space rather than existing in separate hierarchical domains (Petrie et al., 2006). In the life space, a child develops a sense of trust and belonging by establishing authentic relationships with staff and peers (Cameron et al., 2011; Moore et al., 2013). Social pedagogues use opportunities provided within the life space to promote development, learning, and social inclusion (Kemp, 2011).

2.15.7 The common third. The common third refers to the concept of using an activity to strengthen the relationship between the social pedagogue and the child and to develop new skills (Moore et al., 2013; Cameron et al, 2011; Cameron & Petrie, 2011). The common third requires that the social pedagogue and child choose an activity that they are both genuinely interested in undertaking. The child is viewed as an equal in the activity and is involved in the project from beginning to the end. The common third is significant as it views the social pedagogue and child as learning and growing together as equals. The joint involvement in an activity where expert and novice roles are less pronounced and professional hierarchies are eliminated enhances equality and authenticity in relationships (Smith, 2012).
2.15.8 Teamwork. Social pedagogues value teamwork and the influence of other people in raising children. They strive to create good working relationships with parents, carers, ancillary professionals, and members of the community (Moore et al., 2013; Cameron et al., 2011; Cameron & Petrie, 2011).

2.15.9 Role models. Pedagogues are aware that they act as role models for the children and adults with whom they work. They are mindful of respecting others and displaying listening and supportive responses to other members of the group (Moore et al., 2013; Cameron et al., 2011).

2.16 Social Pedagogy Theories

Social pedagogy is interdisciplinary and draws on theories from sociology, education, psychology, and philosophy to inform its practice. Three theories relevant to childcare practices which social pedagogy draws upon are non-violent communication, the learning zone model, and the multiple intelligences theory.

2.16.1 Non-violent communication. Non-violent communication describes how staff can engage with people in a way that avoids judgements and conflicts through the expression of needs and feelings. The non-violent communication model assumes that all people share the same, basic, human needs, and that all actions are a strategy to satisfy one or more of these needs (The Center for Non-Violent Communication, 2017). Through non-violent communication, social pedagogues can empathise with children and others, and connect with them as equals by focusing on their commonalities as opposed to their differences (Thempra, 2017).

Non-violent communication is intended to achieve a number of aims which include enhancing children’s understanding of their own feelings and needs and how
these might influence their behaviour, de-escalating and resolving conflicts in ways that assists children’s understandings of other’s feelings, and showing children that they are cared for by empathising with their emotions and providing them with emotional support. These combined aims reinforce the relationship between the child and social pedagogue and facilitate significant learning processes for the child. Non-violent communication equips social pedagogues with a language to demonstrate to children how people can live together respectfully, take responsibility for their actions, and empathise with others (Thempra, 2017).

2.16.2 The learning zone model. Within the social pedagogy model, learning about relationships is considered a key competency for children to develop (Gharabaghi & Groskleg, 2010). Learning unfolds as a reflection of the child’s relationship with others. Social pedagogy draws on Vygotsky’s’ theory of ‘the Zone of Proximal Development. This theory outlines that learning occurs through interactions between the individual, culture, and nature. The theory distinguishes between situations that the child has mastered and situations that a child has the potential to master, but has yet to do. The area of potential things to master forms the zone of proximal development (Holthoff & Harbo, 2011).

The learning zone model emphasises the importance of approaching the zone of proximal development in order to learn and develop. The comfort zone is at the centre of the learning model and represents the area where a child feels comfortable and safe. This area includes situations which are easy to approach and manage and an environment where the child feels protected and secure. The child needs the comfort zone in order to reflect, consolidate information, and recover. However, the comfort zone does not provide opportunities for learning and development; this can only be
achieved by moving out of the comfort zone into the unknown learning zone. With every successful experience of leaving the comfort zone and exploring the learning zone, the child becomes more confident, resulting in the expansion of both zones. Both the comfort and learning zones are highly individual to each child, and learning typically takes place in settings where the facilitator and learner have established a positive relationship (Holthoff & Harbo, 2011).

The panic zone symbolises situations and environments which induce the feeling that the child has no resources to cope. In this zone, the child is focused on survival and cannot learn new information. On the contrary, the panic zone has a traumatising impact on the child and hinders future learning (Holthoff & Harbo, 2011). As each of the zones is unique to each individual, the child should be given autonomy over the pace of the learning process, and a learning setting needs to be created and maintained wherein the child feels comfortable to leave the security of their comfort zone to move into the learning zone (Holthoff & Harbo, 2011).

2.16.3 The multiple intelligence theory. The multiple intelligences theory delineates the various ways in which people learn, think, and understand. This theory hypothesises that intelligence takes many forms, and thus it follows that people are intelligent in different ways. The multiple intelligences theory identifies eight distinct intelligences; logical-mathematical, linguistic, spatial-visual, musical, bodily-kinaesthetic, intrapersonal, interpersonal, and naturalist (Thempra, 2017). In terms of children and learning, each child has a unique blend of multiple intelligences which impact on how they perceive the world and the way they learn. One implication of multiple intelligences is that children will learn better and more effectively when their strengths are employed rather than their weaknesses. By developing a child’s strengths,
they will be more responsive to learning experiences, which will in turn, assist them develop their weaknesses (Thempra, 2017). Social pedagogues must therefore ensure that learning opportunities reflect multiple intelligences and the various ways in which children learn, whilst also ensuring that a child has autonomy over when they move out of their comfort zone to engage in new learning.

2.17 Social Pedagogy and the UK

As with the Irish childcare system, the UK views a family environment as the optimal environment for children to grow and regards residential care as a last resort (Hart, La Valle, & Holmes, 2015). Furthermore, the UK residential childcare system has also been associated with abuse scandals, poor practice, and poor outcomes for children (Milligan, 2011; Hart, La Valle, & Holmes, 2015). In recent years the UK has begun to explore the potential contribution of social pedagogy to the childcare system. Based on the similarities between the Irish and UK childcare systems, and coupled with the recent developments of social pedagogy in the UK childcare system, research in the UK exploring the introduction of the social pedagogy model to the childcare system are highly pertinent to the current study.

The social pedagogy model has become an attractive approach in the UK which can be applied to residential care to improve outcomes for both children and staff. There is a belief that introducing social pedagogy will reform the UK childcare system to obtain better outcomes for children, create better working conditions for professionals, and build a holistic, child-centred care system (Coussée et al., 2010; Kemp, 2011). The Social Education Trust and The National Centre for Excellence in Residential Child Care have explored the contribution of the social pedagogy model to the UK residential
child-care sector. It concluded that social pedagogy offers a holistic child centred approach which has the potential to create meaningful change for children in care (Bengtsson, Chamberlain, Crimmens, & Stanley, 2008). A number of pilot projects exploring the introduction of the social pedagogy model in residential care in the UK have been undertaken (Bengtsson et al., 2008; Bird, Council, & Eichsteller, 2011; Cameron et al., 2011).

Previous research has alluded to the better outcomes for children in residential childcare in Denmark and Germany which utilise a social pedagogy approach (Petrie et al., 2006). This comparative study found that the variables contributing to positive outcomes were the characteristics of the staff team and their approach to practice (Petrie et al., 2006). However, the better outcomes of residential care in continental Europe cannot be directly linked to the social pedagogy model (Coussé et al., 2010). In European countries, residential care is the predominant placement for children in care, children enter residential care at a younger age, and are cared for by staff who are qualified to at least degree level. The length of stay in residential care enables social pedagogues to develop relationships with children over longer periods of time. This is in contrast to the UK and Irish approach to residential care which is used as a last resort for children, typically adolescents with complex difficulties, who are unsuited to foster care. For these reasons the better outcomes for children in continental Europe could arguably be attributed to other factors, such as child welfare approaches, rather than the social pedagogy model per se (Cameron & Boddy, 2007).

Nonetheless, due to the better outcomes of children in care in European countries, there has been a growing interest in applying social pedagogy into services for children in care in the UK. There has also been an interest in applying social
pedagogy in early intervention, family support services, youth offending, and services for people with disabilities. As this study is interested in exploring the influence of social pedagogy in residential childcare services, only studies applying social pedagogy into children in care services were included. Please see table 2 below for an overview of Social Pedagogy Studies in the UK.

Table 2.2  Summary of UK Social Pedagogy Studies

<table>
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<tr>
<th>Study</th>
<th>Sample</th>
<th>Method</th>
<th>Outcomes/ Conclusions</th>
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<tbody>
<tr>
<td>Berridge et al (2011) evaluated a programme conducted by the Department For Children, Schools and Families in England which introduced social pedagogy into 18 Homes. The study compared outcomes for children/staff in residential services that had employed Social Pedagogue’s compared to those that didn’t.</td>
<td>The sample comprised of four groups.</td>
<td>• Used Qualitative and Quantitative assessments of Behavioural and emotional factors</td>
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<td></td>
<td>Group 1 – 4 pre-employed Social Pedagogues</td>
<td>• Survey info completed by staff and young people directly after the programme and 7 months later.</td>
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<td></td>
<td>Group 2 – 8 full time SP’s</td>
<td>• In-depth study completed with 12 Homes – 9 with Social pedagogue’s and 3 Comparison homes - interviewed Social Pedagogue’s, Staff, social workers and young people – observed day to day running of the house.</td>
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<tr>
<td></td>
<td>Group 3 – 6 part time SP’s plus consultancy role</td>
<td>• Addressed antisocial behaviour</td>
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<td></td>
<td>Group 4 – 12 Comparison Homes</td>
<td>Quantitative: No significant differences found.</td>
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<tr>
<td></td>
<td>Young people sample: 114 at time 1 and 66 at follow up.</td>
<td>Qualitative: Residential workers and social pedagogue’s felt residential practices had benefitted from introduction of Social Pedagogy including:</td>
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<td></td>
<td></td>
<td>• More demonstrable of physical affection</td>
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<td>• Stronger interprofessional links</td>
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<td></td>
<td>• Addressed antisocial behaviour</td>
<td></td>
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<tr>
<td>Study</td>
<td>Sample</td>
<td>Method</td>
<td>Outcomes/Conclusions</td>
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</table>
| Moore et al (2013) explored the introduction of social pedagogy model through training programmes into Derbyshire County Council services. | 209 participants including foster carers, residential care workers and managers attended training programmes. | • Fact to Face interviews  
• Group/Telephone Interviews  
• Online survey | Reduction in sick leave  
Improved working and living conditions  
Improved outcomes for children in care – less absconding, less challenging behaviour. |
| Bengtsson et al (2008) evaluated a training programme introducing Social pedagogy into 9 residential homes | 18 residential care staff attended a training programme which consisted of 3 x 2 day training days and completion of research tasks. | Evaluated through interviews three months following the training programme. | 2/3rd of the residential workers felt confident to incorporate elements of the social pedagogy model into their practice  
Residential workers found it was hard to implement due to risk /regulations.  
Existing knowledge, skills teamwork was enhanced by SP approach |

**Social Pedagogy and Scotland**

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Method</th>
<th>Outcomes/Conclusions</th>
</tr>
</thead>
</table>
| Milligan 2009 explored the introduction of the Social Pedagogy Model into the sycamore services through a 5month training programme. | 16 staff employed by sycamore services attended 5 month training programme.  
Staff worked in foster care, education, family support and residential child care workers – most of the staff were residential care workers (9 out of 16). | Evaluated through survey questionnaires (16) and focus groups (13) with participants who had attended training programme. | Training was highly rated by participants - equipped staff with theory and practices that enhanced their practices. |
Vrouwenfelder, et al (2013) examined the introduction social pedagogy into Orkney Council Services. 18 staff including residential care staff, staff from fostering and adoption services, after are services, educational workers and social workers attended a 10 day social pedagogy training programme. Individual Interviews and Focus Groups with participants Improved practice and interagency working in line with principles of the social pedagogy model.

### Social Pedagogy And Northern Ireland

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Method</th>
<th>Outcomes/Conclusions</th>
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</thead>
</table>
| Macdonald et al (2015) examined the impact of 5 therapeutic approaches in 18 residential homes in Northern Ireland. | 18 Residential home managers, 38 staff and 29 young people. | • Interviews with home managers, staff and young people.  
• Online survey completed by 116 residential workers.  
• Analysis of administrative data | All 5 therapeutic approaches had improved practice in a significant way. Social pedagogy model did not yield better outcomes compared to alternative therapeutic approaches. |

### Social Pedagogy And Foster Care: Head Heart And Hands Programme

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Method</th>
<th>Outcomes/Conclusions</th>
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</table>
| McDermid, et al (2016) explored the introduction of the Social Pedagogy into Foster Care services in England and Scotland through training programmes and employment of social pedagogues to support foster carers. | 7 Demonstration Sites – 4 in England and Three in Scotland –40 foster carers and 8 staff in each group approximately. Case File data: file data were gathered on 332 children and 157 fostering households from five sites. | • Interviews with 76 Head Heart Hands Foster Carers  
• Interviews with 52 Children and Young People  
• Surveys completed by 169 foster carers | Quantitative results: indicated that the social pedagogy programme did not make any significant changes to foster carer practice or children’s outcomes. Qualitative Results: Small committed group made changes to their practice. |
2.18 Social Pedagogy and England

In England, a major pilot programme to introduce social pedagogy into residential care was established by the Department for Children, Schools and Families. This project employed social pedagogues from Germany and Denmark to work in eighteen English residential homes (Cameron et al., 2011). Cameron et al. (2011) concluded that ten of the eighteen piloted care homes had introduced aspects of the social pedagogy model into their practices. The study compared outcomes for children in residential care services which had employed social pedagogues compared to houses that had not. The research measured the outcomes of children in a variety of ways, including quantitative and qualitative assessments of behavioural and emotional factors, educational involvement, and family contact. The findings from this pilot study
indicated that there were no significant differences in children’s outcomes between the houses with social pedagogues and the comparison houses. Following the study, Berridge et al. (2011) concluded that examining the impact of the social pedagogy model was difficult due to time constraints, the high rate of turnover among residents, and the nature of the residents admitted to residential care. Attributing outcomes of children to the introduction of the social pedagogy model is further complicated by the number of competing influences in children’s lives, such as family, peers and community. In order to assess the impact of social pedagogy, longer exposure to social pedagogy where the social pedagogy model had been implemented in the wider system at an organisational level is therefore needed (Berridge et al., 2011).

Bengtsson et al. (2008) conducted a study evaluating a programme introducing social pedagogy in nine residential children’s homes. Following attendance at a training programme, the study suggested that two thirds of the residential workers felt confident to incorporate elements of the social pedagogy model into their practice. The participants reported that their existing knowledge, skills, and teamwork, were enhanced by implementing a social pedagogy approach into their everyday practice (Bengtsson et al., 2008).

In 2010, Derbyshire County council introduced the social pedagogy model into their residential children’s homes through training programmes. The project involved a range of research approaches, including a review of literature, face-to-face, group and telephone interviews, and an on-line survey. The sample consisted of 209 participants, including foster carers, residential care-workers, and managers (Moore et al., 2013). A number of positive changes were attributed to the social pedagogy training programmes,
including a reduction in sick leave, improved working and living conditions, and improved outcomes for children in residential care (Moore et al., 2013).

In 2008, Essex County Council introduced social pedagogy into twelve of its residential children’s homes through two different approaches. Firstly, social pedagogy was introduced into the homes by a social pedagogue working in three of the residential homes for twelve days. The second approach consisted of sixteen residential workers from nine residential services attending a social pedagogy training course. The project was evaluated by conducting interviews with workers who attended the training course. The evaluation found that the introduction of the social pedagogy model generated a range of positive practice developments including improved relationships with community members, enhanced team-working, and an increased range of activities being completed with young people (Eichsteller & Holthoff, 2012).

Cameron (2004) explored the experiences of Danish social pedagogy students on six month placements in England. The students worked alongside staff and were encouraged to challenge practice. The study suggested that the extent to which residential staff learned about social pedagogy was limited. This finding indicates that merely having social pedagogy students on a time-limited placement is insufficient for the successful permeation of social pedagogy into residential childcare practices (Cameron, 2004).

2.19 Social Pedagogy and Scotland

Smith (2012) proposed that social pedagogy could assist Scottish social welfare and educational services reach their goals and overcome some of their current difficulties. In 2008, the social pedagogy model was therefore introduced through a
training programme for a pilot group of sixteen staff employed by Sycamore Services. The staff worked across a range of services including foster-care, education, family support, and residential child-care services. The programme was evaluated through completion of a survey (n=16) questionnaire and focus groups (n=13). The evaluation indicated that the training programme was highly rated by participants as it equipped workers with theory and strategies to enhance their practices (Milligan, 2009).

2.19.1 Orkney council services. In 2011, eighteen multi-agency staff from Orkney Council Services participated in a ten-day social pedagogy training programme. The participants consisted of residential care staff, social workers, after-care services, educational workers, and staff from fostering and adoption services. An evaluation of the training programme was conducted through focus groups and individual interviews. The findings reported substantial evidence of improved practice and inter-agency working in line with the principles of the social pedagogy model (Vrouwenfelder, Milligan, & Merrell, 2013).

2.20 Social Pedagogy and Northern Ireland

Macdonald, Millen, McCann, Roscoe, & Ewart-Boyle (2015) examined the impact of five therapeutic approaches in eighteen residential homes in Northern Ireland, using the social pedagogy model as one of the approaches. The sample consisted of eighteen managers and thirty-eight residential workers. The data was collected through interviews with young people, an on-line survey completed by residential workers, and analysis of administrative data. The results from the analysis found that all five therapeutic approaches had improved practice in a significant way. The improvements included bringing about positive culture change in homes, improving staff morale,
increasing staff confidence, and changes to the ways in which staff perceive and respond to the children in their care. However, the analysis also indicated that social pedagogy did not yield better outcomes compared to alternative therapeutic approaches (Macdonald et al., 2015).

2.21 Social Pedagogy and Foster Care

Cameron & Petrie (2011) asserts that the support and training provided to foster carers should be grounded in the principles of social pedagogy. The Head, Heart, Hands project conducted a programme between 2012 and 2016 to introduce the social pedagogy model into foster care services in the UK. Seven demonstration sites (four in England, and three in Scotland) participated in the programme. The programme consisted of a number of activities including learning and development courses provided to forty foster carers and the employment of social pedagogues to offer support to foster carers. The study utilised a mixed method approach to evaluate the programme. This entailed interviews with foster carers and children, focus groups with social workers, surveys completed by foster carers, and analysis of case file data. The findings revealed that the programme enabled a small committed group of foster carers to make changes to their practices. It also provided foster carers with a language and a framework with which to conceptualize relationships. Analysis of the survey responses indicated that approximately a third of foster carers reported improved relationships with foster children. The quantitative analysis highlighted the heterogeneity of the sample of children placed with the Head, Heart, Hands carers. Such heterogeneity, problematized by the variable length of the placements, particularly the volume of short-term placements, resulted in difficulties assessing definitive outcomes of the
Head, Hearts and Hands programme (McDermid, Holmes, Ghat, Trivedi, Blackmore, & Baker, 2016).

2.22 Overview of Social Pedagogy in the UK

Evaluations undertaken in the UK found that social pedagogy has the potential to make a significant difference to care practices, organisational culture, and the wider childcare sector. The positive outcomes associated with social pedagogy in residential children’s homes can be categorised into improvements for children, for staff, and for the staff team. Those associated with children included improved engagement with education, improved relationships with staff and peers, and increased overall well-being and happiness resulting in a reduction in vandalism, absconding, aggression, and increased placement stability. The staff improvements included enhanced well-being and motivation, improved relationships with children, colleagues, and ancillary professionals, higher levels of trust and autonomy, feeling encouraged to be themselves, and bringing their own creativity and interests to their practice. The improvements for teams included a more positive non-judgemental culture in the homes, improved communication and multi-agency working, higher staff retention, and an increased sense of ownership for the home’s values (Petrie, 2013).

The introduction of social pedagogy in the UK through the training and employment of social pedagogues has been limited to employer-based commissions of studies, most typically in residential care and other child welfare services (Cameron, 2016). Such studies do not utilise rigorous standards of interventions and evaluation and elide proper comparison as they used a diverse range of mechanisms to introduce the social pedagogy model into childcare settings (i.e. training/employment of social
pedagogues), used varied sample types and sizes (residential workers, social workers, foster carers), and employed a number of different methodologies to evaluate the programmes (i.e. interviews, focus groups, surveys). As such, future research distinct from employer-based studies should be completed within the parameters of more rigorous research methodologies in order to properly explore the potential of the social pedagogy model in the childcare system.

Despite the limitations of such studies however, they present a coherent picture of the positive contribution that the social pedagogy model made to the UK childcare system. The introduction of the social pedagogy model into childcare settings led to a number of positive developments including an increase in staff confidence and competence, and a (re)engagement with relational practice (Cameron, 2016). Evidently, there are a number of positive outcomes associated with introducing the social pedagogy model in childcare services. However, the pilot programmes also identified a number of challenges to implementing the social pedagogy model in the UK.

2.23 Challenges to Implementing Social Pedagogy

As Milligan (2011) aptly summarizes, the introduction of the social pedagogy model into residential care in the UK is not a ‘magic wand’. One of the major challenges has been to incorporate and sustain social pedagogy principles into organisational structures (Boyce, 2010; Eichsteller & Holtoff, 2010; Cameron et al., 2011). Other challenges include a lack of awareness of the term (Hegstrup, 2003, as cited in Morgan, 2013; Boddy & Statham, 2009), the prohibitive costs of training, and the lack of extant academic literature on social pedagogy and childcare practices (Paget, Eagle, & Citarella, 2007). Petrie (2013) asserts that social pedagogy will only develop a
strong position in the UK when policy, theory, and practice develop together. The absence of a definitive social pedagogy theory and related policies serve as a major stumbling-block for the wide-scale implantation of social pedagogy in the UK.

Social pedagogy is contingent on the ways in which society thinks about children, their education, and upbringing (Eichsteller, 2009). As such, it is impossible to transfer social pedagogy from one society to another. Coussée et al. (2010) surmises that the UK’s interest in social pedagogy has evolved from an individualistic understanding and a desire to improve service provision for children in difficult circumstances. Little attention has been paid to the ‘social’ aspect of social pedagogy in the UK with the focus rather on the individual child and their pedagogy (Petrie, 2013). The views of children in society are manifest in the welfare orientation which their society ascribes to. The UK and Irish childcare system ascribes to a child protection orientation, whereas the European countries in which social pedagogy practice is widespread, adheres to a child and family welfare orientation (Hetherington, 2006, as cited in Kemp, 2011). Social pedagogy necessitates the very challenging modification of societal thinking so that children in care would no longer be perceived as a vulnerable group in need of treatment, but rather as valued citizens. The role of residential care workers in society would also need to be completely re-evaluated (Cameron, 2011; Berridge et al., 2011).

As a holistic approach, for social pedagogy to be successfully implemented it must be consistently adopted within every level of the system (Coussée et al., 2010). To date, the development and introduction of the social pedagogy model in the UK has been a bottom-up phenomenon (Petrie et al., 2009). The need for social pedagogy to permeate each level of the childcare system is evident from previous studies. Findings
from previous studies revealed that the introduction of social pedagogy was constrained by organisational policies and risk averse practices (Berridge et al., 2011; Eichsteller, 2009). Thus future social pedagogy programmes in the UK require a deeper permeation of practice at an organisational and cultural level in order to achieve a greater sustainable impact (Chavaudra et al., 2014; Ruch et al., 2016).

Petrie (2013) concluded that the UK needs to develop its own social pedagogy model rather than attempting to import theory and practice which has evolved in other societies. In the same way, Ireland needs to develop a social pedagogy approach that is cognizant of Irish societal norms, historical context, and the current role of residential care. Future research using effective research designs is required to explore the potential of the social pedagogy model in order to both inform practice and to improve service provision for children in care (Chavaudra et al., 2014).

2. 24 Rationale for Current Research

As children in care are a vulnerable group by virtue of their early adverse experiences and present with a number of enduring and long-standing difficulties, it is crucial for clinical psychologists to evaluate services which guide and enhance service provision in order to meet the complex needs of this vulnerable population. Additionally, as the current services offered to children in care are associated with poor outcomes, alternative approaches to the traditional models of care need to be considered and evaluated.

The social pedagogy model implemented by the Compass Service is an alternative model to the traditional Irish models of care. As is clear from the literature review, the current literature on children in care and the social pedagogy model is
sparse. While research has been undertaken on the impact of the social pedagogy model in services for children in care in the UK, to date, no commensurate research has been undertaken on the implementation of the social pedagogy model in Ireland. As the social pedagogy model is context specific, it is of utmost importance to explore the implementation of the social pedagogy model in Ireland in order to ensure that it is applicable in the Irish context. The development of social pedagogy in Ireland needs to be completed in consultation with child-care professionals. As social pedagogy is an all-encompassing theory which focuses on a way of being (haltung) and is process-orientated rather than directed at tangible measurable outcomes, a qualitative approach is deemed the most effective methodology to explore the social pedagogy model in the Irish context.

Stakeholders such as social workers, social care leaders, guardian ad litems, and monitors play a pivotal role in the lives of children in care. Each of the stakeholders involved with Compass have a unique experience and perspective of the Compass Service and the social pedagogy model. Exploring stakeholder experiences of the Compass service and their perception of social pedagogy in the Irish childcare system will therefore increase knowledge about the Compass Service and the social pedagogy model. It is envisioned that the findings will be able to guide service provision, increase understanding about the social pedagogy model, and potentially inform the development of improved future services for children in care.
2.25 Research Questions

The primary aim of the research is to explore stakeholder’s experience of the Compass Service and their perception of the social pedagogy model within the Irish childcare system. This research therefore has two primary research questions:

**Question 1**
- What are stakeholders’ perceptions of the social pedagogy model applied to the Irish childcare system?

**Question 2**
- What are stakeholders’ experiences of the Compass Service?
3.1 Compass Service and Stakeholders

Compass Child and Family Services provide a residential service to children in care and is one of the first services in Ireland to be based on the social pedagogy model. Compass is a Company Limited by Guarantee (CLG) which has been granted charity status by the Irish Charities Regulatory Authority. Compass was set up in 2012 by a multidisciplinary group of professionals with longstanding experience working with children, adolescents and their families from disadvantaged backgrounds. Compass aims to work with families and individuals to encourage and support the effective functioning of families. The work focuses on family strengthening interventions, both in the community and out of home settings. The main characteristic of Compass’s work is the development and implementation of flexible interventions closely orientated on the needs of the child considering their specific needs and resources within their social context.

The Compass service is guided by principles of Social Pedagogy and incorporates those principles in how the services are delivered and how the service engages with young people and their families. The Social pedagogy model is based on humanistic values which stresses mutual respect, trust, human dignity, equality and unconditional appreciation. Underpinning the model, is a fundamental concept of children, young people and adults as equal human beings with rich and extraordinary potential and views them as competent, resourceful and active agents.

Compass currently provides a residential service with three residential care houses, two are located in Ballina, Co Tipperary and one in Tralee, Co. Kerry. The three houses
cater for both girls and boys aged between 13 to 17 years of age. Children are referred and placed in the service through the national placement team of TUSLA Child and Family Agency. Placement in the houses are for medium to longer term duration. For more information on the Compass service please refer to the website http://www.compasscfs.ie/ and see appendix 9.

This research arose from the Compass Service directors’ expression of interest in researching stakeholders’ experiences of Compass. The stakeholders in this research were defined as any external professional involved with the Compass service. The stakeholders included external professionals employed by either TUSLA The Child and Family Agency or the Health Service Executive. The stakeholders included guardian ad litem, social workers, social care leaders and monitors/inspectors that were involved with the Compass service. Although all the professionals had differing titles and roles, they interacted with the Compass service to ensure that each child was being provided with a suitable service and continuously monitored the placements for each child in the service. As such, the stakeholders had knowledge and perceptions about the Compass Service and the Social pedagogy model which could be encapsulated to answer the research questions.

3.2 Overview of Research Design

This study utilized a qualitative research design in order to fully explore stakeholder’s experience of the Compass Service and their perceptions of the social pedagogy model in the Irish childcare system. The design involved conducting semi-structured interviews with stakeholders involved with the Compass Service. Thematic
analysis (TA) was deemed the most appropriate approach to analyse the data (Braun & Clarke, 2006, 2013).

3.3 Qualitative Research

Qualitative approaches focus on participant’s experience of events and the way in which they make sense of their world (Willig, 2008). In so doing it recognises the limitations of standard quantitative approaches which, due to their structured methods, typically constrain participants to offer a narrower account of their experience based on factors which the researcher considers most relevant (Shessel & Reiff, 1999). A qualitative approach enables the researcher to delve more deeply into how participants experience a particular situation (Thompson & Harper, 2012).

In line with qualitative research, this study seeks to encapsulate stakeholders’ experience of Compass and the social pedagogy model. It is appropriate to this research question because it facilitates an exploration of the stakeholders’ experience of the Compass service and their perception of the social pedagogy model in the Irish childcare system. Qualitative methodology can be particularly useful when the topic of interest is complex, novel, or under-researched as it leaves the results open to the possibility of unanticipated findings (Larkin & Thompson, 2012). Given the exploratory nature of the current research question, qualitative methodology was deemed the best fit to meet the objectives of the study.

3.4 Thematic Analysis

TA is one of the most widely used qualitative methods of data analysis in psychology. As a flexible approach which does not ascribe to any particular theoretical framework or epistemology, it may be applied to a wide range of research questions
(Braun & Clarke, 2006). TA is a useful method for identifying, analysing and highlighting patterns across a dataset in relation to a research question and can help to elicit a rich, in-depth account of the research topic (Braun & Clarke, 2006, 2013).

3.5 Rationale for using thematic analysis

TA produces a set of themes related to the research question. TA was chosen as it is a flexible approach which could properly support the exploration of stakeholder’s experience of Compass and their perception of the social pedagogy model in the Irish context. As no prior research had been undertaken in these areas, generating a set of themes would provide insight into this new and under-researched area. A further advantage of TA is the potential to generate findings which are easily disseminated. As this research aims to be practice-relevant as opposed to discipline specific, this additional aspect of TA was deemed to be a valuable facet of thematic analysis.

3.6 Alternative Analytic Frameworks

Other methods of qualitative data analysis which were initially considered but deemed inappropriate for this study were Interpretative Phenomenological Analysis (IPA) and Grounded Theory.

IPA is a phenomenological approach to qualitative research which is concerned with exploring participant’s subjective experiences and the meanings attached to those experiences (Smith, Flowers, & Larkin, 2009). IPA studies usually focus on significant life experiences which often impact on individual identity (Willig, 2012). Whilst this research is clearly focused on stakeholder’s experience of the Compass Service, it is not concerned with the meaning that stakeholders attach to their experience, nor in the researchers interpretation of the stakeholder’s meaning-making. IPA has an idiographic
focus which concentrates on the individual’s experience as well as detecting patterns across the data set. This study does not have an ideographic emphasis, and instead focuses on patterns across the data set. For these reasons TA was chosen as the most appropriate method to meet the research objectives.

Grounded theory is an approach to qualitative research which is concerned with constructing an explanatory theory of basic social processes from data (Willig, 2012). The focus in this research is not on developing a theory but rather to explore stakeholder’s experience of the Compass Service and their perception of the social pedagogy model in the Irish context. Based on the research objectives, TA was deemed the most appropriate analytical method to use.

3.7 Participants and Recruitment

3.7.1 Participant inclusion criteria. All participants were required to be employed by TUSLA The Child and Family Agency or HSE as a childcare professional and have experience of sourcing and/or monitoring placement(s) for children residing in the Compass service. All participants had experience with the Compass service and as part of their role continuously monitored the placement for the child. Based on the inclusion criteria, thirteen stakeholders were identified and invited to participate in the study.

3.7.2 Recruitment process. A purposive sampling method was employed. Purposive sampling does not aspire to generalise from the sample to the general population, but rather aims to generate a comprehensive understanding of the research topic (Barbour, 2001; Braun & Clarke, 2013). Purposive sampling involves selecting participants on the basis that they have the scope to provide rich and detailed information about the topic of interest; in this case, Compass and the social pedagogy model.
Thirteen stakeholders involved with the Compass Service were duly contacted by letter inviting them to participate in the study (see appendix 1). The introductory letter contained an information sheet outlining the aims and procedures of the study along with a consent form. The stakeholders were requested to return the consent form within a four week period if they wished to participate in the research. Upon receipt of completed consent forms, the researcher contacted the relevant stakeholders to arrange an interview. Eleven stakeholders responded to the invitation to participate in the research and eleven interviews were conducted. Two stakeholders did not return the consent form. A follow up telephone conversation was conducted to ascertain the reason for non-participation. Both stakeholders noted that they could not participate due to work time constraints.

3.7.3 Participant demographics. All eleven participants had experience of the Compass Service. The sample comprised of four guardians ad litem, four social workers, two monitors/inspectors, and one social care leader. The sample varied in respect of the length of time each participant had worked in their current role, and ranged from one to seventeen years. Similarly, the length of time they had been involved with the Compass Service ranged from three months to three years (see Table 3.1). A number of the participants had previous experience and knowledge of the social pedagogy model from other services in Ireland and the UK, whilst some had experience of alternative residential care services. The sample was comprised of nine female and two male participants as illustrated in Table 3.1:
Table 3.1

Participant demographics

<table>
<thead>
<tr>
<th>Alias</th>
<th>Professional Background</th>
<th>Time worked in current role</th>
<th>Time involved with Compass</th>
<th>Previous experience of Social Pedagogy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen</td>
<td>Child Protection</td>
<td>6 years</td>
<td>&gt; 2 years</td>
<td>Minimal</td>
</tr>
<tr>
<td>Margaret</td>
<td>Child Protection</td>
<td>5 years</td>
<td>&gt; 2 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Sarah</td>
<td>Child Protection</td>
<td>4 years</td>
<td>&gt; 2 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Brigid</td>
<td>Child Protection</td>
<td>3 years</td>
<td>&gt; 1 year</td>
<td>Minimal</td>
</tr>
<tr>
<td>Catherine</td>
<td>Child Protection</td>
<td>2.5 years</td>
<td>&gt; 3 months</td>
<td>Yes</td>
</tr>
<tr>
<td>Isobel</td>
<td>Child Protection</td>
<td>3.5 years</td>
<td>&gt; 3 months</td>
<td>Yes</td>
</tr>
<tr>
<td>Carol</td>
<td>Child Protection</td>
<td>1 year</td>
<td>&gt; 6 months</td>
<td>No</td>
</tr>
<tr>
<td>Paul</td>
<td>Residential Care</td>
<td>8 years</td>
<td>&gt; 6 months</td>
<td>Yes</td>
</tr>
<tr>
<td>Sean</td>
<td>Child Protection</td>
<td>4 years</td>
<td>&gt; 9 months</td>
<td>Yes</td>
</tr>
<tr>
<td>Anne</td>
<td>Residential Care</td>
<td>3 years</td>
<td>&gt; 2 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Claire</td>
<td>Child Protection</td>
<td>17 years</td>
<td>&gt; 9 months</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3.8 Data collection

3.8.1 Semi-structured interviewing. Interviews, particularly semi-structured interviews, are the most widely used method of data collection in qualitative research (Willig, 2008). Data was therefore collected by interviewing participants; each participant completed one semi-structured interview. Using semi-structured interviews provided the opportunity for the researcher to procure each stakeholders’ experience of the Compass Service and their perception of the social pedagogy model. The flexible nature of the semi-structured interview process enhanced the participant’s engagement with the topic. The interview venues were chosen by the participants and were conducted in person at locations throughout the Republic of Ireland. Interviews took
place between February and June 2016 and ranged in duration from 40 minutes to 1hr 36 minutes.

3.8.2 Interview schedule. A semi-structured interview schedule (see appendix 2) was developed in line with the research objectives. The schedule used open-ended questions with the aim of exploring stakeholder’s experience of the Compass Service and their perception of the social pedagogy model in the Irish childcare system. The interview schedule was used as a guide, there was some variation in the prompt questions used between interviews to facilitate the exploration of various topics of most interest to the respective participants. The interview schedule was constructed by the researcher and reviewed by the research supervisor. In an effort to promote participant involvement in the development of the interview protocol, the interview schedule was piloted with the first participant. Following the interview, Participant One was consulted and encouraged to critique whether the questions had provided the participant with sufficient opportunity to explore their experience. Based on the first participant’s feedback, the questions were considered appropriate and the interview schedule was unmodified. This pilot interview was deemed germane to the overall study and therefore included in the analysis.

3.8.3 Recording and transcription. The research interviews were audio recorded with a Philips Voice tracer 860 Digital Dictaphone and subsequently transcribed by the researcher using Windows Media Player.
3.9 Process of Data Analysis

All content collected during the interviews was transcribed verbatim and analysed using TA. The analysis focused on identifying and reporting the salient features of the data relevant to the research question. This was achieved through identification of any themes and patterns which occurred within the transcripts and across the data set (Braun & Clarke, 2006). In this context, themes were defined as events which were identified at least three times, by a minimum of three participants. A theme was considered significant when it captured anything salient about the stakeholder’s experience of Compass and their perception of the social pedagogy model in the Irish childcare system. The themes chosen were coherent, distinctive and fitted together to form the overall analysis and related to the research question (Braun & Clarke, 2013).

The majority of themes identified were at the semantic level. They therefore related to the ostensible or surface meaning of the data, and as such, the researcher did not seek to look beyond the statements made by the participants. The semantic approach to analysis includes illustrating patterns in the data and discussing their significance, possible broader meanings and potential implications. The semantic approach to analysis aligns with the realist perspective of the analysis of the data. An inductive bottom-up approach to analysis was employed whereby the themes identified were driven by the data rather than by the researcher’s theoretical preconceptions. The inductive approach to analysis harmonised with the explorative nature of the research question.
Relationships between themes can be either hierarchical or non-hierarchical (Braun & Clarke, 2013). In this study, the relationships between themes were represented by hierarchical relationships at two main levels. The theme was the principal unit of analysis and was divided into subthemes to illustrate the different facets of the theme. The subtheme highlighted a common, distinctive or important aspect of a theme and provided a means of organising larger themes (Braun & Clarke, 2013). The themes represented in the results section were selected on the basis that they were closely aligned with the research question. This analysis is not an exhaustive list of all themes which were identified in the analytic process. For example, themes related to early intervention and prevention were identified in the data. However, as early intervention and prevention were not directly related to the research question, they were not included in the final analysis. The researcher conducted a TA using guidelines outlined by Braun and Clark (2013).

3.9.1 First stage: familiarisation with the data. Familiarisation with the data began during the interview phase. Directly after each interview, a field note was completed which summarized any initial ideas and reflections of the interview (see appendix 7). The researcher then transcribed each interview verbatim and read each transcript multiple times to ensure familiarisation of the data set. Following each reading of the transcript, ideas about the content of the data and any other reflections were documented in the research diary.

3.9.2 Second stage: coding the data. A process of complete coding was used whereby each line of the interview transcripts was assigned an initial code. The majority of the codes in this study were at the semantic level and typically described the basic elements of the data. This study employed an inductive ‘bottom-up’ approach to
coding. The initial codes were recorded for each interview using Microsoft Word. Once the data was coded initially, all assigned codes were reviewed to ensure that the initial codes properly reflected the data.

**3.9.3 Third stage: searching for themes.** The third stage of analysis consisted of collating codes into potential candidate themes and gathering all the data relevant to each potential theme.

**3.9.4 Fourth stage: reviewing and refining themes.** The review and refinement of master themes consisted of two levels. The first level involved checking that each individual theme represented the coded extracts. The second level assessed whether the themes represented the meanings evident in the data set as a whole. Preliminary thematic maps (see appendix 6) were created to explore the relationships between codes and themes and subthemes. The thematic maps enabled the exploration and refinement of the relationships between themes.

**3.9.5 Fifth stage: defining and naming themes.** This phase involved refining the specifics of each theme, generating clear definitions and titles for each theme, and defining the overall story that the analysis had to tell (Braun & Clarke, 2006).

**3.9.6 Sixth stage: producing results.** The results of the analytical process were subsequently written up and are presented in Chapter 4. The findings are represented using a descriptive and analytical approach, which provides relevant quotations from participants as well as analytical comment.
3.10 Ethics

The Code of Professional Ethics produced by the Psychological Society of Ireland (2003) was adhered to whilst conducting this research project. Ethics approval for this study was also obtained from the University of Limerick Faculty of Education and Health Sciences Research Ethics Committee (see appendix 3 for confirmation letter). The ethical considerations addressed during the research process included Informed consent, Anonymity and Confidentiality.

3.10.1 Informed consent. Consent was obtained from participants through an information sheet and consent form. The information sheet outlined all the details of the study to ensure that participants could give their consent with full knowledge of the study. Participants signed and returned the consent form prior to an interview being arranged. It was made clear to participants that they could withdraw from the study at any time, both in the initial information sheet and verbally during the individual interviews.

3.10.2 Anonymity and confidentiality. Another ethical consideration relating to this study refers to the confidentiality and anonymity of the participants. The participants were assured that their confidentiality would be maintained throughout the research process. Participants were informed of the limits of confidentiality both in the information sheet and prior to interview. Participant confidentiality and anonymity was maintained throughout the research process. Access to research data was restricted to the researcher and the academic supervisor. Each participant was assigned a pseudonym to ensure anonymity and all identifying information was omitted or altered during the development of the

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transcription process. Transcriptions and voice recordings were stored on a password protected computer and all data was deleted following completion of the study.

3.11 Epistemological and Ontological Considerations

As TA is flexible and does not ascribe to any particular theoretical framework it is necessary to clearly outline the epistemological and ontological assumptions which underpin the research. The knowledge that a study can produce is dependent on the epistemological position of the researcher (Willig, 2008). Epistemological positions can be viewed on a continuum ranging from realist to relativist. The relativist epistemological position proposes that there is no such thing as ‘true experience’ and that research should focus on the cultural and conversational resources which are used to construct different versions of the experience. A realist position subscribes to the belief that there is a ‘pure experience’ and that data collection can provide information about the world and about how things really are (Willig, 2012). This study ascribes to a realist position in relation to the knowledge that can be produced by the method. The realist stance means that participants’ accounts are taken as accurate descriptions of reality.

An ontological perspective determines whether or not reality can be separated from human practices and understandings. There are many variations to ontological positions which range along a continuum from a view in which reality is entirely independent of human ways of knowing about it (realism) to that in which reality is entirely dependent on human interpretation and knowledge (relativism) (Willig, 2012). In relation to the ontological position, this study subscribes to a relativist position which asserts that there are multiple constructed realities rather than a single reality or mind.
independent truth. The relativist position acknowledges that a process of interpretation occurs within analysis and that results represent the researcher’s reading of the data.

The theoretical framework ascribed to in this study is the critical realist position as described by Willig (2012). The critical realist position stipulates that analysis provides information about the participants’ accounts of their experience whilst acknowledging the influence of the researcher on the research process. Adopting a critical realist approach proposes that the analysis provides a representation of the participants experience as perceived by the researcher. The framework is cognizant that the findings are influenced by the researcher.

3.12 Reflexivity

Qualitative research recognises the influence of the researcher on the research process and the knowledge produced. Reflexivity is an essential part of sound qualitative research and can be viewed as a reliable quality control method. It encourages the researcher to reflect upon the manner in which they influence the research process and findings (Willig, 2012). For example, the information expressed in an interview is influenced by the presence and the skill of the researcher whilst the findings of the research are dependent on the standpoint and experience of the researcher (Braun & Clarke, 2013).

Reflexivity can be divided into the two main forms of epistemological and personal (Braun & Clarke, 2013). Epistemological reflexivity refers to the process of reflecting on the assumptions which have been made during the research process and the associated implications for the research and its findings (Willig, 2008). In order to achieve epistemological reflexivity, the epistemological assumptions adopted in this
study were clearly outlined and alternative ways to investigate the research question were discussed (see Section 3.5)

Personal reflexivity refers to the process of making the researcher visible in the research process (Braun & Clarke, 2013). As such, the author’s thoughts, feelings and reflections concerning the research process were fully documented in a research diary. The research diary enabled the researcher to reflect on any ways in which personal factors influenced the research process and involved reflecting on how personal factors such as values, experiences, interests, and social identity, shaped the research process (Willig, 2012; Braun & Clarke, 2013).

3.12.1 Researcher’s position and the practice of reflexivity. I am a thirty-two year old, white Irish female from a middle class background. Throughout the research process, I was a psychologist in clinical training and worked with children who were living in foster care. Prior to commencing my clinical training, I had worked for many years in a private residential service for children in care. In line with best practice guidelines in conducting qualitative research, I reflected on the potential preconceptions about the care system which I had developed in light of my experiences and interests (Yardley, 2000). Through such reflection, a number of preconceptions pertaining to the care system were identified. These included the preconception that working with children in care can be both rewarding and challenging, and that care systems can sometimes have a negative impact on the young person. A negative view of the care system and the impact of residential care on both the children and staff led me to be interested in alternative ways of providing residential care, Compass and the social pedagogy model. During the research process, I realized that I was particularly alert to participant discussions concerning the complexity of children in care and the difficulties
associated with residential care. I therefore strove to maintain an awareness of my own position in the research process and the extent to which my analysis addressed my interests by using field notes and a reflective research diary. This enabled me to determine whether my focus and analysis of these topics was properly grounded in the data set and was not imbalanced or unduly influenced by my previous experiences.

Following each interview, I completed field notes relating to the data collection. These were used to document reflections on the interview process. The personal reflections that arose during data analysis were documented in the research diary. The research diary enabled me to keep track of the evidence supporting my reflections and increased my awareness of the reflections which were not supported by the data and thus based on my own preconceptions. In order to augment objective rigour and guarantee that the analysis was fully grounded in the data set (Barbour, 2001), the research supervisor reviewed a sample of the data set to ensure agreement between the data, codes and themes.

3.13 Quality in Qualitative Research

Yardley (2000) open ended flexible quality principles were used to assess the quality of this research. Yardley (2000) presents four basic principles for assessing the quality of qualitative research: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

3.13.1 Sensitivity to context. Sensitivity to context was demonstrated throughout the research in a number of ways, including a contextualisation of the research in relation to existing research and theory and sensitivity to both participant perspectives and the data itself (Yardley, 2000).
Sensitivity to context was demonstrated from the outset of the research, by contextualising the research in relation to the theoretical and empirical literature. The literature review in Chapter 2 provides an overview of the social pedagogy model and a comprehensive review of the current literature pertaining to the social pedagogy model and children in care.

Sensitivity to participant perspectives (Yardley, 2000) was also achieved during the data collection process. The interview guide was developed to allow participants to fully discuss their experience of Compass and their perception of the social pedagogy model. This was enabled by posing open-ended questions which encouraged participants to talk freely about what they regarded as most important. The interview process remained flexible throughout and was led by the participant to ensure that their experience was faithfully recorded. This criterion was also met by considering the relevant ethical issues and by maintaining an awareness of the nature of the relationships between researcher and participants.

The principal was also demonstrated by being sensitive to the data, by grounding all interpretations in the data, and by not imposing the researcher’s meanings on the data. This involved being open to the complexities and inconsistencies within the data and considering alternative interpretations of the data.

3.13.2 Commitment and rigour. Yardley (2000) argues that completing qualitative research is a serious commitment wherein the researcher is expected to exercise rigour in conducting the research and demonstrate engagement with the participants and the data. The principle of rigor and commitment was established by carefully considering the ‘goodness of fit’ between the research question, the theoretical framework, and
methodological approach chosen. The use of semi-structured interviews as the method of data collection permitted the researcher to explore the participant’s narrative to obtain an in-depth account of their experience of Compass and their perception of the social pedagogy model. The researcher further demonstrated commitment by being fully engaged with each participant during data collection. Throughout the data collection, the researcher aspired to derive high quality data in the form of in-depth descriptions of participant’s experiences. Every effort was made to establish rapport with each participant to ensure that they were comfortable and relaxed throughout the process.

In relation to data analysis, commitment to data analysis was demonstrated by following the Braun and Clarke (2006) guide to conducting thematic analysis (see appendix 8). The rigour of the data analysis was demonstrated by validating potential themes with supporting extracts from participants. The rigour of the data analysis was further enhanced by the codes, themes and data extracts being reviewed and validated by the research supervisor.

3.13.3 Transparency and coherence. Transparency refers to the clarity with which all stages of the research process are described in the research report (Yardley, 2008). In this study, transparency was achieved by providing a detailed description of the data collection process and by recording all stages of the research process in the final report. The final report also included examples of the stages of data analysis (see appendix 4, 5). Transparency was further achieved through the processes of reflexivity, and through considerations of how the preconceptions of the researcher and the use of particular methods shaped the research (see Reflexivity Section 3.11).
Coherence is concerned with the fit between the research question, the theoretical framework and the methodological approach chosen (Yardley, 2000, 2008). Coherence was achieved in this study by adhering to the principles of a critical realist approach to thematic analysis and presenting a detailed description of that analysis.

3.13.4 Impact and importance. The principle of impact and importance refers to the provision of a piece of research which communicates findings that are useful, important and interesting (Yardley, 2008). The notion of the social pedagogy model in relation to children in care is a relatively new concept in Ireland. As such, stakeholders’ experience of this model and their experience of a service using this model have not previously been researched. It follows that the stakeholders’ experience of Compass and their perception of the social pedagogy model in Ireland is also a new and under-researched research topic. Yardley (2000) posits that impact and importance can only be evaluated in relation to the aims of the analysis, the application it was intended for, and the community for whom the results were deemed relevant (Yardley, 2000). The impact and importance of this research is three-fold: firstly, the findings could assist Compass to improve service provision; secondly, the findings of this study may lead to an increase in professional awareness and a better understanding of social pedagogy in the Irish context; and thirdly, the findings of the study may have an impact on the future development of services for children in care.
Chapter Four: Results

4.1 Chapter overview

This chapter will present a detailed outline of the findings of the current study. The stated aim of the research was to explore stakeholders’ experiences and perceptions of the Compass Service which utilises the social pedagogy model to provide a residential care service for children in the Irish childcare system. Specifically, this study had two primary research questions:

**Question 1**
- What are stakeholders' perceptions of the social pedagogy model applied to the Irish childcare system?

**Question 2**
- What are stakeholders’ experiences of the Compass Service?

An inductive approach to analysing the interview transcripts was utilised. In order to answer these research questions, a thematic analysis was conducted on the eleven semi-structured interviews, in accord with the guidelines outlined in Braun and Clarke (2006, 2013). This analysis yielded 4 primary themes corresponding to the first research question stakeholders perceptions of the social pedagogy model applied to the Irish childcare system and 6 primary themes relating to the second research question stakeholders’ experiences of the Compass Service. A definition for each of these themes, along with an outline of the number of sub-themes within each theme is provided below in Table 4.1.

Each of the themes is explained using quotations from the interviews. For a more coherent presentation, several minor changes were made to improve readability, such as the omission of brief hesitations or involuntary utterances such as “em”. Word
repetitions have also been removed. Ellipsis, as illustrated by three consecutive dots at the beginning or end of an extract, indicates that the participant was talking prior to or following the citation.

Table 4.1
Themes and Subthemes Linked to Research Question One: Social Pedagogy in the Irish Childcare System

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridging The Gap Between Foster Care And Residential Care</td>
<td>1. Shortfalls Of The Current System</td>
<td>The social pedagogy model fits into the Irish Childcare system as an intermediate service between foster care and residential care.</td>
</tr>
<tr>
<td>Social Pedagogy Applied To Foster Care</td>
<td>1. Recognition Of The Model 2. Theory Versus Practice</td>
<td>Foster care provision could benefit from the social pedagogy model.</td>
</tr>
<tr>
<td>Challenges To Implementing Social Pedagogy</td>
<td>1. Recognition Of The Model 2. Theory Versus Practice</td>
<td>The challenges identified in implementing the social pedagogy model in the Irish Childcare system.</td>
</tr>
</tbody>
</table>
Table 4.2
*Themes and Subthemes Linked to Research Question Two: Stakeholders Experiences of the Compass Service*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Links</td>
<td></td>
<td>Compass encourages children to establish community links which facilitates community integration.</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td>Participant’s experience of communication within the staff team and with other professionals.</td>
</tr>
<tr>
<td>Staff</td>
<td>1. Mixture Of Staff</td>
<td>Participants view that staff members were a positive feature of the Compass service.</td>
</tr>
<tr>
<td></td>
<td>2. Cohesive Staff Team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Staff Retention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Autonomy Of Staff</td>
<td></td>
</tr>
<tr>
<td>Commitment Going Above And Beyond</td>
<td></td>
<td>The commitment and dedication demonstrated by Compass to the children in the service.</td>
</tr>
<tr>
<td>Small Scale</td>
<td></td>
<td>The small scale nature of the Compass service.</td>
</tr>
<tr>
<td>Modification Of The Social Pedagogy Model</td>
<td></td>
<td>Compass has adapted the social pedagogy model to fit into the Irish childcare system.</td>
</tr>
</tbody>
</table>
4.2 Themes Linked to Research Question One: Social Pedagogy in the Irish Childcare System

These themes illustrate stakeholders perceptions of the social pedagogy model applied to the Irish childcare system. This includes the advantages and obstacles associated with implementing the model into the Irish childcare system. A graphical representation of the primary themes and associated sub-themes presented in figure 4.1.

Figure 4.1: Social Pedagogy in the Irish Childcare System

4.3 Theme: Bridging the Gap Between Foster Care and Residential Care

This theme represents the concept that the social pedagogy model is perceived by participants as an alternative approach to traditional Irish childcare services. Participants discussed that the social pedagogy model fits into the Irish childcare system as an intermediate service between foster care and residential care:

Sarah: “Yeah, I see it as a hybrid... the best of both worlds...”

Claire: “The social pedagogy model appealed because it was a half-way point between fostering and residential...”
Brigid: “... [It] did seem to be somewhere between the two. It would be more intensive and it would have a lot of aspects of a family home, but with the addition of the professional kind of support ...”

Sean: “I was interested to hear that the proposal didn’t fit any particular description of a service to date; they were neither fostering nor residential....”

The comments above demonstrate that participants recognize that the model provides an alternative option to the traditional residential and foster care options. In order to understand how social pedagogy model ‘Bridges the Gap Between Foster Care and Residential Care’ it is necessary to outline the shortfalls in the current Irish childcare system.

4.3.1 Sub-theme: shortfalls of the current system. This sub-theme refers to participants view that the Irish childcare system is faced with many challenges whilst trying to meet the complex needs of children who require out of home care. As both Sean and Paul explained, children in the Irish childcare system have complex needs and may have experienced multiple traumas:

Sean: “...you have much more traumatised children by the time they come into alternative care. Their difficulties are more complex, and the common issues are about the emotional difficulties that a lot of these children experience...there are usually big issues around attachment with kids and issues around complex trauma...”

Paul: “...the nature of the child that we work with today has completely changed in terms of far more complex needs...”

Another participant, Sarah shared her view that the aim of removing a child from their family and placing them in the childcare system is to protect them from further trauma and attachment disruptions:
Sarah: “...to take a child out of his home, you had better make sure you are doing a better job than their parents are doing - and that’s breaking the cycles of abuse - and I don’t know if that always happens. They get into new cycles; new cycles of learned behaviour which aren’t very positive”.

The above interview excerpt highlights the importance of providing appropriate services for children in the Irish childcare system in order to properly cater for their complex needs. As Paul observed, due to the shortfalls in the current services, there are times when in reality “there is more damage being done then good…”

Several participants also spoke of their views on the shortfalls of the current system, specifically mentioning the limited range of services available and the scarcity of placements. For example, Margaret explains:

Margaret: “I would say it’s just lack of choice really of what’s best for individual children. I think that’s what’s missing... its choice, lack of choice ...

Paul continues to explain that as there is a limited range of options, placements are chosen based on availability rather than suitability to the needs of the individual child.

Paul: “...offered a placement for Johnny - it mightn’t be the most appropriate, but it is a placement...”

As placements are based on availability rather than need, the service provider may not be equipped with the resources and skills needed to meet the needs of the child leading to instability and placement breakdowns.

Ruth: “…young person has numerous placement breakdowns …”

Margaret: “…he would have had a number of foster placements that weren’t meeting his needs...”
Catherine: “…the child had six placements before he got there…”

Paul: “…we are seeing the breakdown of placements…”

Typically, children in care who are not suitable for foster care are placed in residential care. Several participants expressed concerns about residential care:

Colleen: “…residential care is pretty awful for young people.”

Paul: “…mainstream model is broken and has been for years.”

Catherine: “…mainstream residential is not working for children.”

One participant, Sarah described residential care as a clinical environment with a high staff turnover.

Sarah: “I suppose [in] residential you have a lot of trained staff, but you have a lot of change, a lot of turnover, clinical environments…”

As a result of the shortfalls of the current childcare services, participants expressed the need for the social pedagogy model in the Irish childcare system.

Colleen: “...it would be really helpful if there was more of that kind of model, but there is also such a need for that kind of service…”

Brigid: “...that kind of approach could be very good. I think there is a need for it”.

Several participants expressed the opinion that the Irish childcare system requires additional social pedagogy services, whereas Sean stated that a range of alternative options is actually required, rather than a ‘one-size-fits-all’ approach:

Sean: “... there needs to be [a] range of options for children and families, and this needs to be one additional option.”
4.4 Theme: Social Pedagogy Viewed As Therapeutic Family

This theme assists in capturing participant perceptions of the social pedagogy model. This theme refers to the concept that the social pedagogy model provides children with the opportunity to develop within a therapeutic environment which focuses on learning through family living, relationships and reflection. The therapeutic environment is similar to a family environment. In this scenario there are a smaller number of caregivers, and children are therefore better able to establish positive relationships, reflect on their experiences, and develop fundamental skills. Figure 4.2 provides a graphical illustration of the theme and associated sub-themes:

Figure 4.2: Social Pedagogy Viewed as Therapeutic Family
This theme refers to participant’s view that the social pedagogy model provides children with the opportunity to develop within a therapeutic family environment:

Isobel: “Because it is a therapeutic family you are providing them... you are trying to, you know, give that child the experience of having two carers who are there, you know, 24/7. [The] same people to mirror a family life...”

Ruth: “… it is a real therapeutic intervention, [the] work that they do with young people and I think that’s what sets them apart.... we could get a good sense that this was like a home...”

Participants also noted that the crucial therapeutic aspect of the social pedagogy model was absent from other residential care services:

Claire: “…some residentials are a half way point to jail; holding children, enclosing children, having a roof over the head, but actually not working on the holistic aspect as social pedagogy do[es].”

Colleen: “… [Compass is] not another unit that warehouses children...”

Participants discussed that the social pedagogy model offers children who are unsuited to foster care the opportunity to grow up in an environment similar to a family environment, but enhanced with the additional support necessary to meet their complex needs:

Claire: “what we see is a home with really skilled people... [it] is very essential that it is a home and there is sense of family and connection, and I think too often kids don’t get that in residential.”

Sarah: “…it’s not a full blown home environment, but it’s the closest thing that you can get with the level of support that’s necessary to manage the behaviours that some of these kids have, to help them be successful in going forward...”
Isobel: “... nearest thing they can experience to a family life, and for me that’s crucial.”

Several participants noted that the therapeutic environment offered in the social pedagogy model led to positive outcomes for children:

Isobel: “She has just turned around completely…”

Ruth: “... that young person in turn like from where she was at to now...”
(referring to child’s progress since being placed in a service based on the social pedagogy model)

Claire: “... in the grand scheme of things, she can only be holistically more of a healed adult, you know, because of the experiences of the social pedagogue...”

4.4.1 Sub-theme: learning through family living. Those interviewed spoke of how the social pedagogy model emphasises the importance of learning through engaging in family living.

Isobel: “...more involved in the day to day family life, you know there was much more of a sense of involvement...”

Sarah: “…taken that the thinking that the learning comes in the home like you would have in a pedagogue model, could bring something new and good to the system.”

Margaret: “... It’s living in, and teaching through living ... which probably goes on in a family without being specified, but this is the aim, this is the stated aim.”

Sarah, talked about things that children placed in a social pedagogy service learned through engaging in family living:

Sarah: “... these are your summer clothes and these are you winter clothes... this is how you mash spuds... we need to pay our bills, we need to save our money in the credit union...”
Sarah continued to emphasise her view that learning through family living is an advantage of the social pedagogy model, adding that children in residential care are not afforded this same opportunity to learn through family living:

Sarah: “...a lot of kids in residential care would lose that learning, and it's learning from home, you know? It’s those small things, and it’s that learning about, I don’t wear shorts and a t-shirt in December. You know it starts there... they are lessons from home living really...”

4.4.2 Subtheme: relationships. This sub-theme refers to the view that the social pedagogy model recognises and supports the establishment of positive relationships between child and caregiver. Participants discussed how a small and consistent staff team facilitated the development of natural relationships between the staff and children:

Ruth: “...as the pedagogue model operates on a small cohort of staff, I suppose that lends itself to then establishing good relationships with the young person...”

Isobel: “And those relationships are sort of really concentrated on...”

Paul: “The relationships are very natural...”

Participants also noted that through their relationships with staff, children experience positive relationships and develop relational skills:

Claire: “And the child, I really see her as getting a lot from her relationships that she has built with the pedagogues...”

Margaret: “…to use those relationships ...for a young person to ...have positive experiences of how people deal with challenges, adults, and others, and the interaction that goes on with people under the one roof, and how you negotiate things and negotiate relationships, and negotiate the hiccups and the ups and downs.”
Claire: (referring to an incident where a child had an argument with her and how she resolved it with the help of the staff) “That was the biggest learning curve for her. She can’t behave in that way. They contained her, but also that I came back and discussed it.”

4.4.3 Sub-theme: reflection. Participant transcripts also revealed that the social pedagogy model emphasises the importance of reflection. Staff working within the model utilise the opportunities which arise during daily living to enable a child to reflect and to learn from their experiences. This was regarded by participants as one of the principle features of the social pedagogy model.

Claire: “So they basically try and teach her [in] a way of observing and reflecting. I have seen it… I could see her learning. I could see the work they have put in. I could see how they have challenged that perception ....”

Anne: “It challenges the child as well, yeah, they have to reflect...”

Ruth: “...she [had] never maybe had that opportunity to reflect, and that intense therapeutic intervention, and now she has that opportunity...”

Margaret: “…they would have brought it back, and no, we actually do need to look at this, and see what happened, and make sure that we all understand ...”

This immediacy of reflection was viewed as an advantage by several interviewees:

Anne: “It happens within the moment, and it is addressed within the moment, and then it is addressed, and it’s parked, and we get on with it....”

Claire: “On a minute by minute sometimes, and really picking up on stuff, and really going, ‘no’, and that’s really you are after saying this now what makes you think that. Now let’s think about it....”
Both Ruth and Claire gave illustrations of how children have increased their ability to reflect on their experiences:

Ruth: “... that young person in turn from where she was at to now. She has the ability to reflect on her behaviours. She can identify, yeah ok, them behaviours are not good; I would like to change them... she is really able to reflect now, and say, ’ok, I did that, and that’s why I did it. I’m feeling like this, and I’m feeling angry’...”

Claire: “... making her think about things in a different way...But now you are able to talk about different perspectives with her, not looking at it with just her eyes...”

Several participants also spoke of how while creating opportunities for children to reflect and learn, staff simultaneously engaged in reflective practice:

Sean: “...as a team to kind of reflect, that they want to learn and develop, you know.”

Anne: “Reflecting, challenging, and reflecting; and that’s what makes it viable and doable and workable, and the young person is coming into that kind of little cocoon...”

Claire: “...so great reflection with them ...it’s just a positive thing.”

4.5 Theme: Social Pedagogy Applied to Foster Care

This theme represents participants view that foster care provision could also benefit from the implementation of the social pedagogy model which is currently used solely in residential care. Taking from the participants’ interviews, the social pedagogy model continues to be regarded as a specialist service for children with complex needs:

Catherine: “...as its offered at the moment, it is only offered in a residential setting. You have to be deemed, it has to be deemed necessary, for the child to require residential placement.”
Colleen and Sarah observed that foster carer’s needed additional support:

*Colleen*: “…*children can be very rejecting and that undermines the foster carer and they think they are not doing what they should be doing…..It is very disempowering so they need to be held.*”

*Sarah*: “…*there is significant[ly] more supports needed to be put into supporting foster placements …*”

Catherine and Claire identified that the limited support offered to foster carers was one reason for the unscheduled termination of many foster care placements:

*Catherine*: “…*we are not getting to everything and when a foster placement breaks down then you are left with a child who is not fosterable anymore and then you are into a residential setting.*”

*Claire*: “…*because [with] foster care you are there 24/7, but I think that’s one of the reasons why foster care breakdowns…*”

Participants expressed their opinion that the foster care system could benefit from the support and training that encompasses the social pedagogy model:

*Sarah*: “*I do wonder, are there some foster carers that would love the support that an organisation like Compass could offer…*”

*Catherine*: “*… it might be worth looking [at] adopting some of the social pedagogy models into actually therapeutic foster care settings... training foster carers in terms of looking at that model, and being able to implement it in a foster care setting before it gets to the point where a child needs residential.*”

4.6 Theme: Challenges to Implementing Social Pedagogy

This theme represents the participant’s view that there are a number of challenges involved in implementing the model into the Irish childcare system. Figure 4.3 provides a graphical illustration of the theme and associated sub-themes.
The two main challenges associated with introducing the model into the Irish childcare system identified by participants were increasing the awareness of the model as an effective mode of care and the actual practicality of the model:

Ruth: “...the other models of care are so ingrained in Ireland as well, and trying to bring the social pedagogy model with them on par, and for it to be recognised, that’ll be a challenge…”

Sean: “...the first thing, anything new, people tend to distrust. I think Ireland would be one of those places that, you know, [would] be fearful new ideas…”

Claire: “...the profile of social pedagogy isn’t high enough as an alternative to residential...they need to get it out there, that this is a viable, successful alternative, to what’s mainstream residential…”

Margaret: “…I’d question how realistic that can be ...it’s very high intense work for somebody to live and that be there…”

Anne: “...the reality of people living full time in the centre that materialised to be slightly unrealistic…”
4.6.1 Sub-theme: recognition of the model. This theme refers to the view of several participants that a lack of awareness regarding the model serves as a barrier to the implementation of the model in the Irish childcare system:

Claire: “... you are trying to sell something that people aren’t really familiar with...”

Catherine: “And it’s not very well known or widespread in Ireland at the moment...it has evolved, really, within Europe ...”

Ruth: “.....I wouldn’t have heard of it prior to me going into children of care...”

Participants continued to speak of how the model needs to be recognised by professionals and policy-makers as an effective approach with positive outcomes in order for it to be implemented at a national level:

Sean: “... services for children in Ireland are quite fixed in the way they [are] delivered. You know, it’s either fostering or residential, so the challenge is to begin to get people to see the merits of something different at a policy level, funding ...”

Brigid: “I think there would have to [be] say, some very strong evidence of it producing results; really, you know, producing outcomes...”

4.6.2 Sub-theme: theory versus practice. This sub-theme highlights the participants’ perception that many professionals view the social pedagogy model as an effective therapeutic model which meets the diverse needs of children in care:

Paul: “…the social pedagogue model when done well, and I have seen it, it’s fabulous.”

Colleen: “... it is a very good model, and I think it would be really helpful if there was more of that kind of model.”
Isobel: “Super, superb actually ... it’s just worked wonders.”

Although it is generally viewed as an effective therapeutic model, a number of participants expressed the opinion that it may not be practical:

Brigid: “… the practice of it needs to be kept, really thought about very much, so…”

Margaret: “…in theory good ...but is that model kind of workable…”

Participants noted that one of the practical limitations of the social pedagogy model is the long term commitment wherein the individual is required to live full-time in the service:

Anne: “...the reality of people living full-time in the centre, that materialised to be slightly unrealistic...”

Catherine: “...Social pedagogy is a way of life essentially... you are ultimately moving your life ... into a house to be a social pedagogue...”

4.7 Summary of Themes Linked To Research Question One: Social Pedagogy in the Irish Childcare System

Based on participant narratives, implementing the social pedagogy model in the Irish childcare system has many potential benefits. However, a number of challenges in terms of actually bringing the social pedagogy model into the system were also identified through the analysis. The next stage of the analysis focuses on stakeholders’ experience of the Compass Service.
4.8 Themes Linked to Research Question Two: Stakeholders Experiences of the Compass Service

These themes represent participants’ experiences of the Compass Service including the positive and negative features of the service. Figure 4.4 provides a graphical representation of these themes and associated sub-themes:

![Figure 4.4: Stakeholders Experiences of the Compass Service](image)

4.9 Theme: Community Links

This theme refers to the participant’s view that Compass encourages children to establish links within the local community, which in turn, facilitates community integration:

Margaret: “...they do fit in pretty well into a community setting. I mean, there are things like efforts to go up to the local clubs and staff, and do things locally.”
Paul: “...the guy was only there two months, but he was involved in the local soccer club. He was already making links in the community ... that is a credit now. Only there two months. It's super that he is out.”

In contrast, some participants also expressed the opinion that due to the recent introduction of centralised placements, children are being moved away from their local communities:

Paul: “...we are gone national...at the moment we are seeing kids placed from all over the place ...”

Catherine: “...I have been all over the country with children, who are in the system; who have been placed in various different placements because, geographically, there is nothing within their county ...”

Margaret: “You have things like centralised placements. Kids seem to be ending up further away from their homes ...”

In comparison to this centralised system, Compass emphasises establishing community links and integrating children into the community. Participants identified that one way in which Compass achieves this is by maintaining transparency. Compass is open to the public visiting the service:

Margaret: “...there is a bit of porous. You know, people can come and go, and I know kids are welcome to call.”

Anne: “They are open to young people visiting them in their home, and open to young people having over nights with them...”

Paul: “he had his friends over to the house ... which is great...”

Anne explains how the location of the services facilitates the children’s integration into the community:
Anne: “They are not isolated or they are not centre city where they go out and you don’t know where they are. It is small enough and rural enough at the same time, big enough for the young people to make friends and schools are within the locality, they’re within walking distance, and they’re within walking distance of activities that they might like, to being able to make friends locally.”

Another participant, Brigid, however, considered that the location of the service actually impeded one young person’s integration into the local community. She suggested that there are times when moving the young person further away from their local community could encourage them to engage in community activities:

Brigid: “... it was not very successful with this young person, so again, maybe being somewhere that was removed, and he, perhaps, would have had less choice to do those things…”

The emphasis on developing community links was viewed by participants as a key feature of the Compass Service. They reported that this was a positive aspect of the service and provided examples of children becoming engaged in local activities.

4.10 Theme: Communication

This theme refers to participant experiences of communication, both within the staff team and with other professionals. Participant experiences of communication were found to be mixed. Some participants claimed that the communication within the Compass Service was excellent:

Brigid: “…they were good at keeping information flowing, mostly.”

Sarah: “…it was communication with their own staff as well, so it just makes things run smoother…”
Margaret: “...things not getting lost... when you have handovers and stuff, and they don’t seem, handovers and staff things get lost...”

Whilst Brigid, Sarah and Margaret reported that there was effective communication within the staff team, Paul asserted that communication levels within the staff team was a negative aspect of the Compass Service:

Paul: “…I thought there wasn’t enough communication around; where people were going with the child, keeping people informed, going into rooms; locking doors. And it’s just about better communication really...”

One participant surmised that one reason for the poor communication within the staff team was infrequency of staff meetings:

Paul: “…staff meetings; there were gaps of three to four weeks, and which, obviously, if you are trying to implement consistency, and strategies, and the whole lot, you need to be meeting regularly, and everybody needs to be at it...”

Participants reported varying experiences in terms of communication between the Compass Service and external professionals. Some stated that communication between the Compass Service and professionals was excellent:

Margaret: “Very good communication, very good communication, in fairness, yeah. They would have really kept me in the loop, and would have been quick to inform of anything that needed to be informed ...”

Sarah: “… it was really good, really good... It was really good. You don’t get that, people don’t normally like to pick up the phone to the ...unless something has gone really wrong...”

Catherine: “… I did find that their communication was absolutely excellent...”
Paul: “They are very good at communicating with me. The manager rings me pretty regularly if there is anything happens…”

Sean: “The communication is reasonably good from the external manager…”

In contrast, Isobel and Brigid reported that communication between the Compass Service and external professionals was unsatisfactory. Brigid remarked that she was not kept informed of significant events:

Brigid: “Yeah, quite a few changes, and we weren’t always informed of those either… So those sorts of things we weren’t always kept informed of… And I guess that means better communication really between us and Compass…”

Whilst Brigid reported that communication was not satisfactory between the social services and the Compass Service, Isobel observed that communication was poor between the Compass Services and other professionals:

Isobel: “At the beginning, if you look at all the professionals, and you look at, what professionals are involved with this child, there was no communication…”

As with Paul, Isobel suggested that the introduction of more frequent staff meetings would enhance communication, and expressed the opinion that monthly meetings could improve communication between the Compass Service and external professionals:

Isobel: “I think monthly formal professional’s meetings need to be called by the unit, [with] face-to-face minutes signed off …”

Essentially, participants clearly identified communication as a crucial feature of the Compass Service. Participant experiences of communication varied, with some
participants claiming that communication was excellent whilst others perceived it as unsatisfactory and regarded it as an area that required improvement.

4.11 Theme: Staff

This theme represents participant’s view that staff members are an especially positive feature of the Compass Service. Figure 4.5 provides a visual illustration of the theme and associated sub-themes.

Figure 4.5: Theme Staff and Associated Sub-themes

Claire described the staff as “skilled”, while Sarah noted that the staff members were “emotionally available”:

Sarah: “So staffing was definitely a big thing ... The staff there were very good.”

Claire: “...a real sense of very competent, funny, calm set of people in the social pedagogy model...”

Catherine: “…there seems to be key individuals in within the organisation ...and they are very strong on their value base...”
4.11.1 Sub-theme: mixture of staff. The staff team consisted of individuals drawn from a diversity of backgrounds and different experiences which participants identified as a key feature of the Compass Service:

Sarah: “...the varying backgrounds of staff is beneficial, as well. They are not all straight social care workers out of college either; there is a variety of different trainings...”

Several participants discussed how this combination of staff and their various backgrounds ensured that each staff member brought something distinctive to the service and interacted with the child in a unique way:

Margaret: “…there is a nice little balance too, of people who would be into a bit of aul sport and ... somebody else can offer something else....”

Catherine: “…she had, an appropriate background in terms of psychotherapy, and she was able to incorporate that into, and I could see her engaging with the child, and it worked very well...”

Although participants noted that the staff had differing backgrounds and experiences which was a positive feature of the Compass Service, a number of participants held mixed views about the managements’ residential care experiences. Both Sarah and Catherine noted that the management had extensive residential care experience:

Sarah: “... the management who would be very experienced...”

Catherine: “…they [management] have worked within child care settings for a long number of years and they see what’s wrong with the system. And they are trying to work to in some way [to] make a difference towards changing that.”
In contrast to this view, one participant viewed managements’ prior experiences of just one type of residential service as a disadvantage:

Paul: “…the four management figures down there, they are all kind of cut from the same cloth. They all worked in a special care unit …...I think it is a negative…”

4.11.2 Sub-theme: cohesive staff team. This sub-theme represents participant perceptions regarding the cohesiveness and support of the staff team. This was identified by participants as a key feature of the Compass Service:

Claire: “…I really get the sense of team, yeah…”

Catherine: “But I certainly feel they were very happy, kind of cohesive, staff team…”

Claire asserted that maintaining a cohesive staff team created “a homely, warm” atmosphere, while Paul suggested that a cohesive staff team was conducive to a “calm” atmosphere. Catherine also concurred that a happy staff team had a positive impact on the child:

Catherine: “… they appeared to be a happy staff team. [That] certainly had a good and positive impact on the child; that he got to see that.”

Several participants recognised that working with children in care with complex needs can be demanding. In fact, Ruth described the work as “draining” while Isobel observed it was “difficult”. With this in mind, Claire noted that staff support each other through a “tag team(ing)” process which ensured that any staff struggling were fully supported by their team colleagues:
Claire: “… the fact that they buddy up and tag each other in and out is a real sense of team. That they can rely on each other because it is exhausting... so that level of, number one, caring for the other pedagogue [staff member], but number 2, the observation skills that you need to see that somebody is getting exhausted by something.”

The above quotations highlight how staff members supported each other and were cognisant of each other’s needs creating a cohesive staff team, which in turn had a positive impact on the child.

4.11.3 Sub-theme: staff retention. This sub-theme refers to the retention of staff within the Compass Service. Participants reported that there was a higher level of staff changes than they had expected from a service utilising the social pedagogy model:

Colleen: “I was a little disappointed in they had a lot of turnover of staff.”

Brigid: “Yeah, quite a few changes... Compass is all about building the relationships, and so, while so it’s unfortunate, that can happen.”

Sarah: “Left, yeah, that happened quite quickly. So we had a young person moved in and within about three and half to four months, so they were a couple, and the couple split, and one half left…”

Although this was viewed by participants as a negative aspect of the Compass Service, many participants attempted to rationalise the frequency of staff changes which they saw as an inevitable part of residential care:

Sarah: “...you do have the bit where staff change and staff leave, but at the small rate that happens the positives outweigh it for me, because it is still stable…”

Colleen: “…that’s life and living, and I don’t know if there is any way around that…”
4.11.4 Sub-theme: autonomy of staff. Participants identified that a distinct feature of the Compass staff team was the autonomy afforded to them. Claire, for example, explained that in standard residential care, the management are typically tasked with the role of decision-making and these decisions are then “fed down the line”. It was explained, however, that in the Compass Service, it is the staff who assume responsibility for decision-making and setting boundaries. This mirrors a regular family environment in which parents are responsible for decision-making and setting boundaries for their children:

Anne: “It’s the house pedagogues who set the rules and the expectations. It isn’t an external manager coming in. The young people, they negotiate, and they liaise with the people they are living with, as opposed to the manager coming in and saying this is how it is going to be...”

Sean: “…the shift in the balance of power and the control in decision-making, as it might be perceived by the child…”

Catherine: “…the fact that the managers really wanted to put the power...back into the hands of the staff, really. So I thought that was, it was quite striking really…”

4.12 Theme: Commitment: Going Above and Beyond

This theme refers to the commitment and dedication displayed by the Compass Service to each child. This was perceived by participants as an advantage of the service:

Isobel: “.... No, they were, she was certainly committed to Sean ...”

Sarah: “... 100%, yeah, definitely. They proved, I suppose, their dedication to the kids...”

Claire: “…I just don’t feel there is a sense of the same commitment. You will get very committed staff, but as an ethos, I can say social pedagogy have that commitment...”
Participants noted that the commitment and dedication to each child is epitomised by the fact that the service evolves and adapts to meet each individual child’s needs:

Claire: “...there were all these plans. We can move windows and doors ... whereas in the other places, the child had to fit in to what was already there.”

Anne: “...what I like is the people fit in to what the young people require... young people fitting into the lives of the adults...Rather than having to fit into their programme, the programme revolves around the child”

Several participants discussed that the commitment of the Compass Service was apparent from staff’s perseverance with children who were exhibiting challenging behaviour:

Colleen: “...Compass stick with her, even when she does that, when she pushes them away.”

Sarah: ” ...Compass really stuck with kids who were particularly difficult, physically and emotionally.”

Catherine: “When there was a significant event, they would stay with him, and they were quite serious in the initial stages...”

The commitment and dedication to each child was also evident from the level of staff passion and investment in each child in their service. This passion was viewed as a positive by several participants and identified as a distinctive feature of the service:

Catherine: “I suppose creative and passionate about the children that they work with; that they are not just a number; that this child was a child who was actually in their service, and that they care for him...”

Ruth: “...they invest an awful lot of themselves, the staff into the young person...”
Colleen and Claire explain that the service’s commitment and dedication to the children was demonstrated through the staff showing intimacy and affection to the children which goes beyond their role as residential workers:

Claire: “there is an intimacy that goes beyond a professional piece. There is a caring that goes beyond the role that you are just doing; they are invested.”

Colleen: “I can just see a sense of love. I can see a sense of they really love the two kids that they have living there...I can really see the care and the love and the grá that they have.

While this level of staff commitment and dedication was regarded by several participants as a positive aspect of the service, a number of participants pointed out the drawbacks of such commitment; in particular, the potential for staff to experience professional burn-out.

Catherine: “they are very passionate professionals. You would be concerned about burn-out at some point down the line, how long can they actually manage to keep this going within a system that does kind of break you down a bit...”

Claire: “you need to be able to sustain yourself and self-care ...”

However, both Claire and Margaret asserted that the commitment and dedication of the Compass Service led to the provision of a stable, permanent placement for each child:

Claire: “That is our plan. That is everybody’s plan. That this is his home until he is eighteen, and beyond. I can undoubtedly see them supporting him beyond ...”

Margaret: “I think the plan is to keep her there as long as she needs it...”
4.13 Theme: Small Scale

The theme epitomises participant narratives relating to the relatively small scale nature of the Compass Service. Sarah expressed the opinion that the large scale nature of residential services resulted in children growing up in “clinical environments” while Anne observed these usually had a “large staff team”. Paul’s misgivings about having “four to five people together under the one roof”, were echoed by Sarah who expressed concerns about several children, “all aged sixteen, in the same house, all involved in criminal behaviour, bullying staff ...”

The large-scale nature of some residential services was viewed by participants as a negative aspect of residential care. In comparison, Compass offers a small-scale service with a limited number of children and staff. Typically, two members of staff reside in the house with two young people. Additional external staff and management support the young person in the placement but do not reside in the house. Participants viewed the small-scale nature of the Compass Service as a particular advantage of the service:

Colleen: “…in terms of it being a small remit, that’s really good…the fact that they have only ever had two children at any one time has been very positive.”

Margaret: “…In terms of the number of staff and the ratio… I like the idea of it. I like the fact there are fewer people involved in the care of the child.”

Sean: “…[in] Compass the focus of what they were doing was delivering services, residential services, with very small numbers of children, and intensely supported by qualified teams of staff …”
4.14 Theme: Modification of the Social Pedagogy Model

This theme refers to participant’s view that Compass has adapted the social pedagogy model to fit it into the Irish childcare system. This has resulted in the provision of a modified version of the model. Participants identified that one of the main modifications were the environment being adapted to meet national residential care standards:

Sarah: “...it classifies as a residential unit, and having to have the fire doors and the particular green lights over the doors...they kind of take away a little bit from it.”

Paul: “And they basically converted their own house. They brought it up to comply with the fire regulations, all the wheelchair access. They modified their own home...”

Margaret also observed that the environmental changes introduced to meet national standards detracted from the homely atmosphere of the house:

Margaret: “...fire signs and things, that doesn’t help make a place look what I say, home family scale... that’s the reality like. You have to meet those standards.”

A further modification of the model identified by participants was that rather than a couple living permanently in the house, staff were required to work on the basis of a roster:

Colleen: “... they have a new model whereby the person lives in for a week...”

Catherine: “...I would have preferred if it was people there all of the time, instead of the week on/and week off system in that respect.”
As can be seen from the aforementioned extracts, Compass adapted the social pedagogy model to integrate into the existing Irish childcare system. The participants regarded this as a negative aspect of the service as it detracted from the homely, family atmosphere associated with the social pedagogy model.

4.15 Summary of Themes Linked To Research Question Two: Stakeholders

Experiences of the Compass Service

These themes encapsulates participant narratives regarding the distinctive features of the Compass Service. The fundamental features of the Compass Service included the emphases on establishing community links, communication, the staff team and their commitment, the small-scale nature of the service, and the modification of the model.

4.16 Summary of Results

This chapter has presented the findings of the thematic analysis. The analysis indicated that the social pedagogy model and Compass Service had a number of features that were advantageous and would improve services for children requiring out of home care. However, the analysis also identified a number of obstacles to successfully incorporating the social pedagogy model into the Irish childcare system, along with several elements that could improve the overall Compass service.
Chapter Five: Discussion

5.1 Introduction and Summary of Findings

The current study aims to explore stakeholders’ experiences of the Compass Service and perceptions of the social pedagogy model in the Irish childcare system. This aim is achieved by conducting qualitative interviews with stakeholders who have experience of the Compass Service. In order to achieve the study’s aims, there were two primary research questions:

**Question 1**

- What are stakeholders perceptions of the social pedagogy model applied to the Irish childcare system?

**Question 2**

- What are stakeholders’ experiences of the Compass Service?

This chapter will discuss the most noteworthy findings that emerged from the study. These will be considered in the context of existing research. Following this, the strengths and limitations of this study will be highlighted and the implications of these findings for future research, practice, and policy, will be outlined.

5.2 Themes Linked to Research Question One: Social Pedagogy Applied to the Irish Childcare System

The first set of themes relate to the social pedagogy model in the Irish Childcare system, in terms of where it fits, and the challenges associated with introducing it in the Irish context. The most prominent findings relating to this research question are discussed below.
5.3 Social Pedagogy viewed as Therapeutic Family

One of the key findings of the study was the view that the social pedagogy model offers children a therapeutic family in which to grow. The theme ‘Social Pedagogy Viewed as Therapeutic Family’ represents the idea that the social pedagogy model emphasises the importance of learning through family living, relationships, and reflection. This is particularly significant as children in residential care typically miss out on the opportunity to develop in a family environment (Gilligan, 2000). Previous research has found that children in care seek the same normative experiences as their peers who are not residing in residential care (Ward, 2004, as cited in Kilkenny, 2012). The finding that the social pedagogy model is viewed as a therapeutic family tally with the aspirations of current services. In recent years there have been moves to go beyond the traditional residential model of care to a therapeutic needs-based model which aims to address the difficulties associated with the complex needs of such children (Bath, 2009, as cited in Kilkenny, 2012).

The social pedagogy model enhances development by using everyday opportunities to teach children fundamental skills. By engaging in family living children learn skills which are essential for independence. This was viewed as a positive aspect of the social pedagogy model, as children in residential care often miss out on the opportunity to learn in this way.

The finding that learning was an integral aspect of the social pedagogy model in the Irish childcare system corresponds with the main principles of the social pedagogy model and associated theories. Holistic learning is a cornerstone of the social pedagogy
model. The social pedagogy model draws on the multiple intelligence theory (Thempra, 2017), Vygotsky’s theory of proximal development, and the learning zone model (Holthoff & Harbo, 2011). The theory of multiple intelligence proposes that there are approximately eight different types of intelligence and that the manner in which people learn is dependent on their types of intelligence. Additionally, Vygotsky’s theory of proximal development and the learning zone model proposes that children learn best through interactions with others, when they feel safe and secure, and when they have autonomy over the learning process (Holthoff & Harbo, 2011). By focusing on learning through family living, the social pedagogy model deploys various learning opportunities which reflect the diversity of children’s multiple intelligences. This creates an optimal learning environment wherein children feel comfortable to leave their comfort zone and enter the learning zone which facilitates the development of fundamental skills.

An important aspect of the therapeutic family was the establishment of relationships between children and staff. The social pedagogy model emphasises both the significance of relationships, and the opportunity of learning through relationships. It considers relational skills a key competency for children to acquire (Gharabaghi & Groskleg, 2010). This study found that a prominent feature of the social pedagogy model were the positive relationships children established with staff. Through such relationships the children experienced adaptive relationships and developed relational skills, such as managing conflict. By means of the staff both accepting the children and forming strong authentic relationships with them, children are empowered to care about themselves and achieve independence in adulthood (Kemp, 2011). This finding is crucial as previous research indicates that children in care experience difficulties in developing relationships (Kilkenny, 2012). A number of studies found that children in
care do not develop strong supportive relationships with their caregivers (Avery, 2010; Leathers, 2006; Samuels, 2008). However, relationships with care-givers are integral and associated with a number of positive outcomes for children in care, including educational attainment (Jackson et al, 2005, as cited in Cameron, 2013), resilience (Houston, 2010), stability (Dearden, 2004, as cited in Cameron, 2013) and self-esteem (Ackerman & Dozier, 2005; Schofield & Beek, 2005). In line with the current study, previous research indicated that the introduction of the social pedagogy model enhanced relationships between staff and children (Cameron, 2016; Eichsteller & Holthoff, 2012). Thus, it is clear that the introduction of the social pedagogy model in childcare services has the potential to improve relationships between children and carers and lead to positive outcomes for children in care.

This study found that an integral aspect of the social pedagogy model was that of reflection. Reflection within the social pedagogy model encourages staff to critically reflect on their practices and experiences, understanding and acknowledging power relations, and drawing on theory to learn from their experiences (Kemp, 2011). It also consists of thinking through different aspects of the situation, discussing alternative ways to manage the situation, and choosing the most effective intervention (Storø, 2012). The current study found that the social pedagogy model encouraged children to reflect and learn from their experiences, which enabled them to consider the perspectives of others. Along with the positive outcomes of encouraging children to reflect, staff also engaged in reflective practice and expressed an eagerness to learn and develop. Through engagement with reflective practice, staff responded rather than reacted to the child’s needs, which reinforced the therapeutic environment. In keeping with previous research findings this study indicated that the introduction of the social
pedagogy model enhanced reflective practice leading to improvements in childcare practices (Berridge et al., 2011). Interestingly, while, Berridge et al. (2011) concluded that the levels of reflection demanded by the social pedagogy model was difficult to incorporate into daily practice, the participants in the current study did not allude to the challenges of reflective practice. They viewed it as a wholly positive aspect of the social pedagogy model which improved practice and was associated with positive outcomes for children. It is possible that as these stakeholders were not directly involved in the day to day care of the children they were not fully exposed to the difficulties associated with the demands of reflection observed in previous research studies.

The current study found that the social pedagogy model provided a therapeutic family environment wherein children could reflect on their experiences, learn through engaging in family living, and develop authentic relationships with staff.

5.4 Social Pedagogy Applied to Foster Care

Although the social pedagogy model is typically used in residential care, this study found that the social pedagogy model could be applied to foster care to strengthen foster placements. Caring for children with complex needs, attachment difficulties, and behavioural difficulties within a family environment is an extremely demanding task for foster carers (Hill-Tout et al., 2003, as cited in Jones et al., 2011; Murray et al., 2011). Research has indicated that foster carers can experience excessive stress and feel a sense of burden in relation to their care-giving role (Farmer et al., 2005; Morgan & Baron, 2011; Schofield & Beek, 2005) which may lead to placement breakdowns (Howe, 2005, as cited in Munro & Hardy, 2006). In terms of the Irish childcare system, the literature has indicated a policy preference for foster care rather than residential care (Doran &
This policy preference for foster care, coupled with negative perceptions of residential care (Kendrick, 2013; McPheat et al., 2007) places an excessive strain both on individual foster carers and the foster care system in general.

The findings of the current study suggest that Irish foster care services could be improved by the introduction of the social pedagogy model. The social pedagogy model, through training and additional support, may strengthen foster care placements thus reducing placement moves and increasing stability. This finding accords with Petrie et al. (2007) who assert that social pedagogy principles should underpin foster care practice. The principles of the social pedagogy model, namely the focus on holistic learning, well-being, and relationships, together with concepts such as the 3Ps and common third, could provide a comprehensive theoretical framework to guide foster care practice. As foster care consists of children living in a family home, it can be difficult for foster carers to juggle the personal, professional, and private aspects of their lives (McDermid et al., 2016). The concept of the 3Ps may assist foster carers to use the personal and professional aspects of their lives in caring for children. Furthermore, the focus on relationships, and developing relationships through the common third, may assist foster carers establish authentic relationships with children in their care. This would be significant as research has indicated that while children in care typically do not develop strong relationships with their care-givers (Avery, 2010; Leathers, 2006; Samuels, 2008), studies have indicated that developing relationships with caregivers has positive outcomes for children (Houston, 2010; Ackerman & Dozier, 2005; Schofield & Beek, 2005).
Similar to the current study, the majority of the studies in the UK focused on introducing the social pedagogy model into residential care. However, one study explored the applicability of the social pedagogy model in foster care. The Hands, Hearts and Head project introduced the social pedagogy model into foster care services across the UK. The study found that the introduction of the social pedagogy model enhanced some foster carers’ relationships with their foster children. As the study included a high number of short-term placements, it was not possible to definitively evaluate the full impact of the social pedagogy model on foster care placements (McDermid et al., 2016). Based on the findings from the current study, it is plausible to conclude that foster care services could benefit from the introduction of the social pedagogy model. In order to fully evaluate its contribution to foster care services, the social pedagogy model should firstly be implemented with long-term foster care placements in order to avoid the challenges and limitations associated with McDermid et al. (2016) study.

5.5 Challenges to Implementing Social Pedagogy

While the current study identified various benefits of introducing the social pedagogy model into the Irish childcare system, a number of challenges to implementing it were also identified. The main challenges relate to the absence of knowledge about the model and the practicality of the model.

The findings of the current study indicated that there is a lack of awareness about the model in the Irish childcare system. Participants surmised that in order for the model to be introduced across the childcare system, an increase in awareness about the model within the childcare system is required. Similarly, previous research identified
that a major challenge to implementing the model in the UK related to the lack of awareness about the model (Boddy & Statham, 2009; Hegstrup, 2003, as cited in Morgan, 2013). In conjunction with increasing awareness, the current study also concluded that the social pedagogy model needed to be recognised as an effective model with demonstrable evidence of positive outcomes in order for it to be implemented at a national level. Further research exploring the contribution of the social pedagogy model to the Irish childcare system is required to evaluate the effectiveness of the model. Through in-depth research, the model may become more widely accepted as an effective and viable alternative approach to traditional childcare services.

Another challenge identified in this study was the practicality of the model. Although this study found that the social pedagogy model was perceived as an effective theoretical model, it may not be practical in the Irish context. One of the main reasons it would not be practical is the level of commitment required from staff. The social pedagogy model was viewed as a vocation rather than a model of care. For example, the ‘life space’ principal of the social pedagogy model requires that children and staff inhabit the same life space rather than existing in separate hierarchical domains (Petrie et al., 2006). Participants suggested that this commitment for practitioners could lead to difficulties with both initial staff recruitment and subsequent retention.

The idea that the model is a vocation may represent the social pedagogy model principle of ‘life space’ and ‘haltung’. A key element of the social pedagogy model is the practitioner’s ‘haltung’. The ‘haltung’ is an ethos that underpins practitioners’ values and practices. The practitioners’ haltung is based on emotional connectedness to others and a profound respect for their human dignity and rights; it is characterised by Carl Rogers’s concepts of unconditional positive regard, empathetic understanding, and congruence.
(Eichsteller, 2010). The haltung refers to the process in which the practitioner brings their own beliefs and values into professional practice. It requires that practitioners bring all aspects of their being, the rational, practical, and emotional into their professional relationships (Ruch et al., 2016). Thus the haltung is a ‘way of being’ rather than something that is adopted whilst working with children in care (Eichsteller, 2010). The concept of ‘haltung’ and the ‘life space’ may underlie the current finding that there is a major commitment required from staff, one that may not be practical in the Irish context.

Previous research found that the introduction of the social pedagogy model was hindered by organisational policies and cultures within the residential homes (Berridge et al., 2011; Eichsteller, 2009). Literature has indicated that the ‘life space’ element of the social pedagogy model, wherein staff and children reside in the same house without hierarchies, is a difficult concept to implement in the UK (Kemp, 2011). Additionally, the findings of the current study coupled with previous research indicated that there are challenges to introducing the social pedagogy model into childcare services, such as incompatibility with policies, procedures and commitment associated with the social pedagogy model that need to be considered when introducing the model into childcare services.
5.6 Themes Linked to Research Question Two: Stakeholders Experiences of Compass Service

The second set of themes describes the key features of the Compass Service that sets it apart from traditional services. The next section of this chapter discusses the most prominent findings related to the second research question.

5.7 Community Links

Forging links within the community is an integral part of family living and as the Compass Service is attempting to mirror a family environment, it is important that Compass achieve community integration. The social pedagogy model acknowledges the importance of others, including community members, in the upbringing of children (Moore et al., 2013). The theme ‘Community Links’ represents the concept that Compass encourages children to establish links within their local community which assisted both children and the Compass Service integrate into the local community. The location of the Compass Service was vital for community integration and participation, as the residential homes were not too isolated, it allowed children and staff to easily access services in the community. Additionally, the transparency of the Compass Service enhanced community integration as community members were welcome to visit the residential homes. The Compass Service’s emphasis on community participation and integration provided opportunities for children to develop and broaden their social support networks.

The importance of social support has been outlined in the literature (Matos & Sousa, 2004). Previous research has demonstrated that children in care have reduced social support networks due to their care status (Gilligan, 2000; McMahon & Curtin,
McMahon and Curtin’s (2013) Irish study found that foster care negatively impacted on children’s social networks in many ways, including maintaining friendships, losing contact with extended family, and being prevented from maintaining contact with important groups and activities. As can be seen from McMahon and Curtin’s (2013) study, children in care are faced with considerable obstacles in trying to maintain social networks. Such difficulties underscore the need for services to facilitate community participation which can help to increase the child’s opportunities to develop social support networks. The Compass Service’s emphasis on community integration and participation can increase children’s social support networks which may serve to enhance children’s sense of belonging.

Compass’s emphasis on community integration and community links is in stark contrast to the current childcare system which has evolved from placing children within their local community towards a centralised system with nationwide placements. The tendency for placements to be based nationally has resulted in children being placed anywhere throughout the country, making it more difficult for them to maintain contact with their local community (McHale & O’Brien, 2017). This practice further evidences the need for care services to instantiate placing children’s psychological well-being at the centre of policy-making and to consider the potential adverse effects an out-of-area placement can have on a child’s experience of belonging. Research has found that social networks are an important protective factor for children in care, and that the development of social support networks can lead to positive outcomes for children in care (Matos & Sousa, 2004). The fact that Compass emphasises community participation is a significant positive feature of the service as it prioritizes broadening children’s
social support networks to enhance their sense of belonging and increase the likelihood of positive outcomes.

5.8 Staff

Working in residential care is a challenging and complex task which requires skill and patience, knowledge and understanding (Williams, 2001). Literature indicates that care-givers can have a positive and enduring impact on children’s outcomes (Ackerman & Dozier, 2005; Luke & Coyne, 2008; Schofield & Beek, 2005). Furthermore, the staff team have been identified as a key contributing factor to the effectiveness of the residential care service (McLean, 2015). The current study found that the staff team were a significant feature of the Compass Service in which the staff were both skilled and emotionally available to the children in their care.

The configuration of the staff team was viewed as a positive feature of the Compass service. The staff had a mixture of backgrounds and experiences which is more akin to a family environment then typical residential services. The differing backgrounds of staff ensured that an environment was created whereby staff and children participated in a number of different activities, increasing the learning opportunities’ for children. In line with the current findings, previous research has demonstrated that following the introduction of the social pedagogy model, staff engaged children in more varied creative activities (Cameron et al., 2016). The current study also found that combined, the staff comprised a cohesive happy team which provided a warm, homely atmosphere for the children. As the staff team was cohesive, they provided support for each other which is significant given the difficult role and stress associated with working with children in care. In fact, providing sensitive and
structured care for children in care presents challenges which go beyond the normative experiences of parenting (Murray et al., 2011). The complex needs, difficulties, and behaviours exhibited by children in care has a significant impact and contributes to the stress levels of staff working with children (Durka & Hacker, 2015; Jones et al., 2011). Greater stress levels can, in turn, result in burnout and increased staff turnover (Seti, 2007, as cited in Durka & Hacker, 2015; Heron & Chakrabarti, 2003). In the current study, the finding that the staff team was cohesive and supportive suggests that staff are more protected from burn out, strengthening the placement for the child.

The finding that a key feature of the Compass Service was the cohesive staff team reflects the significance of team-work in the social pedagogy model. The social pedagogy model values teamwork and the contribution of others in raising children. It also strives to create good working relationships within the staff team, with ancillary professionals, and with members of the local community (Cameron et al., 2011; Cameron & Petrie, 2011; Moore et al., 2013). In keeping with the current study, previous studies reported a number of positive outcomes for the staff team following the introduction of the social pedagogy model. These include a more positive and non-judgemental culture in the homes, improved communication, better staff retention, and an increased sense of ownership for the homes values (Thempra, 2017).

The subtheme Staff Retention connected to the theme Staff reflects participant’s narratives that there was difficulty retaining staff in the Compass service. In contrast to this study, previous studies found that the introduction of the social pedagogy model increased staff retention (Thempra, 2017). This study found that staff retention remained problematic for Compass and was perceived by participants as a negative feature of the service. The participants expressed the opinion that while the rate of staff turnover was
lower than other residential services, it was nonetheless higher than expected from a service using a social pedagogy model. The difficulties with staff retention in the Compass Service were attributed to a widespread problem with residential services rather than a problem exclusive to the Compass Service. Gaskell (2010) agrees that difficulties with staff retention are a common feature of residential services. In contrast to previous studies, the findings of this study indicate that the introduction of the social pedagogy model did not overcome the difficulty of staff retention inherent in residential care services. Although participants identified that staff retention was a widespread problem within residential care rather than exclusive to the Compass service, staff retention serves as a serious barrier for the implementation of the social pedagogy model in the Irish context.

The social pedagogy model aims to provide a permanent long term stable placement for a child where the caregivers serve as ‘loco parents’ for the child (Kirkwood, Roesch-Marsh, & Cooper, 2017). The Social pedagogy model relies on stability, permanence and continuity of relationships to succeed and achieve positive outcomes (Cameron et al. 2011). However, this study found that a practical implication of the model is the retention of staff which effects the services ability to provide stability, permanence and continuity of relationships. As a result of the focus of relationships within the social pedagogy model and the small scale nature of social pedagogy services, the negative effect of staff turnover is intensified within this model. As such, the difficulty with staff retention is a major pitfall of the social pedagogy model that needs to be addressed if it is to be introduced into the Irish context.

As outlined under the theme relationships, the social pedagogy model is viewed as a relationship model where children are provided with a therapeutic family to
develop (please refer to theme Social Pedagogy Viewed As Therapeutic Family). The therapeutic family environment and emphasis on authentic relationships (please refer to subtheme relationships) was viewed as a positive feature of the social pedagogy model. In the social pedagogy model, two caregivers reside in the house with the young person whilst other staff (activity pedagogues) provide additional support to the couple. As there are only two caregivers living in the family home and there is a emphasis on relationships and developing positive relationships with children, a staff member leaving will have a detrimental effect on both the child and the staff team. As the social pedagogues are viewed as ‘loco parents’ in the social pedagogy model, one could posit that a staff member leaving is similar to a parent leaving. The difficulty with staff retention is a major issue when considering implementing the social pedagogy model in the Irish context. Given the detrimental effect a social pedagogue leaving can have on the child, the factors contributing to staff retention in the social pedagogy model need to be identified and addressed.

Staff retention is an ongoing problem within residential services (Gaskell, 2010). Research has identified a number of factors that contribute to staff retention including poor pay, reduced status of the work, poor supervision, heavy workloads (Rycraft 1994 cited in Colton and Roberts 2007; Connor et al 2003) and inflexible work patterns (Colton and Roberts, 2007). In terms of the social pedagogy model, this study identified factors that were unique to the social pedagogy model. As outlined in the subtheme theory versus practice, the social pedagogy model requires a huge commitment from staff whereby staff live with the children and share aspects of their lives whilst displaying unconditional positive regard (Reference). This study identified that although this was good in theory, it may not be practical (please refer to subtheme
theory versus practice). The huge commitment required by staff within this model and the practicality of the model contributes to the difficulty with staff retention.

The Compass service has attempted to overcome the difficulty with commitment and staff retention inherent in the social pedagogy model. The Compass service due to staff retention and recruitment difficulties have modified the model whereby staff work on a roster basis rather than living permanently in the house. The Compass service have implemented a number of strategies which previous literature has identified enhances staff retention (Colton and Roberts, 2007; Conner et al. 2003). For example, Compass provide a small scale service and only has two children in each of the homes reducing heavy workloads. Compass could consider implementing a number of other measures to improve staff retention including increasing staff support, training and supervision and enhancing working conditions. Compass could enhance working conditions by reviewing pay scales and ensuring that the work patterns remain flexible and fit with employees’ family commitments.

Based on this study’s findings, it is plausible to conclude that the long term commitment required from the social pedagogy model contributes to the difficulty with staff retention. Previous research has focused on general residential care services. To date, no research has been completed on the factors contributing to staff retention within the social pedagogy model. Given the negative impact that staff turnover can have on a child and the significant obstacle that staff turnover has on the implementation of the social pedagogy model in the Irish context, further research needs to be completed to ascertain the factors that are impacting staff retention within social pedagogy services.
Another noteworthy finding of this study was the autonomy afforded to the staff team in the Compass Service. The study found that staff within the Compass service were afforded the opportunity to make decisions about the child’s care. This is in contrast to typical residential childcare services where staff do not have autonomy (Milligan, 2011). Milligan (2011) surmises that, due to abuse scandals and the introduction of risk adverse practice; residential workers have lost confidence and autonomy to make decisions about children’s care. The lack of autonomy afforded to staff in residential care is in direct contrast to the social pedagogy model. In residential care in the European countries where social pedagogy routinely underpins practice, staff are accustomed to using their judgement and autonomy to make decisions concerning the child’s development (Cameron et al., 2011). The European social pedagogues who worked in residential services in the UK observed that the major difference between residential care in the UK and continental Europe was the lack of autonomy afforded to staff (Cameron et al., 2011). The finding that staff had autonomy in the Compass Service is in line with the findings of previous studies. Studies introducing the social pedagogy model in the UK found that staff confidence and autonomy was increased following the introduction of the social pedagogy model (Thempra, 2017; Cameron, 2016). As parents do not usually refer to others when making decisions about their child’s lives, the autonomy afforded to staff may have assisted the Compass Service create a family type environment. This would assist the staff team provide a more normative experience for children which has been identified as a clear desire for children in care (Ward, 2004, as cited in Kilkenny, 2012).

In essence, the configuration and supportive nature of the staff team, and the autonomy afforded to them was identified as positive feature of the Compass Service.
This finding is important as it demonstrates how key social pedagogy principles such as teamwork and autonomy can enhance service provision. The social pedagogy model emphasis on team work and cohesiveness can buffer care-givers against some of the adverse effects of working in residential care, such as professional burnout, whilst simultaneously enriching the care practices of staff. Further exploration of the particular practices which led to staff feeling more autonomous and cohesive as a group might prove a fruitful area of future research.

5.9 Commitment: Going Above and Beyond

The level of commitment epitomized by Compass was highlighted as one distinct advantage which set it apart from other residential services. The commitment and dedication of the Compass Service resulted in children being provided with stable placements in which they were supported, cared for, and shown affection. This was evident from the fact that the Compass Service evolved around the needs of each child rather than requiring a child to fit into an established service. This finding is in line with Kok (1997) who proposed that staff in residential care need to adapt their interventions to the specific needs of the individual child (Kok 1997, as cited in Gilligan, 2000). This study found that the Compass Service offers a child-centred adaptable approach which aims to respond to each child’s needs. The Social Education Trust and The National Centre for Excellence in Residential Child Care, which explored the contribution of a social pedagogy approach to the UK residential sector, likewise concluded that social pedagogy offers a holistic child-centred approach which has the potential to create meaningful change for children in care (Cameron et al., 2011).
The current study established that another key feature of the Compass Service was the fact that the staff were invested and displayed love for the children in their care. This commitment, was described as an ‘intimacy’, that went beyond their role as residential workers. This finding is noteworthy as it is something that is typically absent in residential care practices (Smith, 2011). In fact, childcare services characteristically neglect the importance of the personal self in childcare practices (Milligan, 2011).

Drawing on attachment theory, the commitment, love, and affection extended to each child in the Compass Service helped to provide a secure base for the children which could have increased their sense of belonging. This is in line with the Schofield (2002) study which concluded that foster carers who displayed love for the children increased the child’s self-esteem and sense of belonging. The findings that staff were personally invested and cared for the children in their care matches the findings of previous studies. Previous research highlighted that there was a re-engagement with care practices such as showing affection, following the introduction of the social pedagogy model (Eichsteller & Holthoff, 2012). The finding that staff were committed and passionate about each child was a significant positive feature of the Compass Service as it facilitated the creation of a child-centred therapeutic environment wherein children were cared for, loved and supported.

Although the commitment of the Compass staff was viewed as a positive feature of the service, it was also identified as a potential pitfall. The passion and commitment of the staff team might result in staff burnout which could potentially lead to poor practice and difficulties with staff retention. The support provided through the cohesive staff team coupled with self - care may reduce the risk of staff burn out in the Compass Service.
5.10 Modification of the Model

Advocates of the social pedagogy model cautioned that the UK needed to develop their own Social Pedagogy Model and not attempt to import theory and practice that has evolved in other societies (Berridge et al., 2011; Eichsteller, 2009). Similar to the UK, Ireland also needs to develop a social pedagogy approach which addresses the societal norms, historical context, and current role of Irish residential childcare. The development of the social pedagogy model in the Irish context can be seen from the adaptations undertaken by the Compass Service. These mainly consist of a staff roster system rather than a couple living in the house, and certain adjustments to the environment.

A number of adaptations had to be made to the environment to ensure that the Compass Service conformed to the mandatory national standards for children’s residential centres (Department of Health & Children, 2001). For example, fire-doors and signs were introduced into the houses. The participants perceived such adaptations as a negative aspect of the service as it undermined the creation of a homely atmosphere espoused by the social pedagogy model. This chimes with the results of previous studies which found that the introduction of social pedagogy was over-encumbered by policies and procedures (Berridge et al., 2011; Eichsteller, 2009). The finding that the Compass Service was required to adapt the model to meet Irish residential childcare standards lends support to assertions that the social pedagogy model needs to permeate the wider childcare system to have a sustainable impact (Chavaudra et al., 2014; Ruch et al., 2016). Incorporating the social pedagogy model more directly into childcare policies and procedures could expedite the successful implementation of the model in the Irish childcare system.
5.11 Overall Summary of Results

The research findings indicated that stakeholders had a positive overall experience of the Compass Service and perceived that the social pedagogy model could enhance childcare services in Ireland. On the other hand, the study also drew attention to a number of obstacles to implementing the model into the Irish childcare system. The study’s findings demonstrate that the underlying principles of the social pedagogy model can be applied to improve residential care service, specifically in terms of an emphasis on holistic learning, relationships, reflection, team work, and a focus on the importance of community members in the upbringing of children. The findings of this study are largely in line with previous research which explored the introduction of the social pedagogy model in the context of the UK childcare system.

5.12 Methodological Strengths and Weaknesses

This study had a number of strengths and weaknesses which warrant discussion. As previously outlined in the methodology chapter, commitment to quality and rigour in the research process was demonstrated in a number of ways. Specifically, rigour was maintained through utilising the Braun and Clarke (2006) guide to conducting thematic analysis and the Yardley (2000) principles for quality in qualitative research. However, additional methods for maintaining quality, such as member-checking and triangulation were not employed in this study.

Qualitative research, often employs the practice of member-checking to strengthen the research design (Willig, 2013), this practice was not employed in the present study. Member-checking involves checking the provisional research findings with participants to ensure that the findings accurately reflect participant’s experiences.
(Braun & Clarke, 2013). As such, member-checking can enhance the credibility and validity of the research findings (Braun & Clarke, 2013). Qualitative researchers have mixed opinions on the utility of this method; some researchers assert that member-checking is the strongest validation of the research findings (Lincoln & Guba, 1985), whilst others highlight its limitations (Mays & Pope, 2000; Braun and Clarke, 2013). Limitations can include conflict between individual participant aims and the overall aim of the study. Although the objective of the overall analysis is to provide an overview of the data as a whole, individual participants may wish to emphasise their particular concerns above all others (Mays & Pope, 2000). Moreover, it may also prove difficult to recruit participants to engage in the process of member-checking (Braun & Clarke, 2013). Member-checking was not included in the current research design as it would have placed an additional burden on participants. Additionally, requesting participants to both complete an interview and engage in member-checking at the outset, may have made participation in the study less attractive, resulting in recruitment difficulties. In any event, member-checking was not deemed essential as the purpose of the study was to access participant’s opinions; member checking may have left the data subject to their analysis rather than that of the researcher.

The process of triangulation is also frequently employed to strengthen a study design in qualitative research. Triangulation is achieved by combining different methods of data collection, such as focus groups, interviews, observational field-work, and journaling, to answer the research questions (Braun & Clarke, 2013). While triangulation can be used to attain completeness in data collection and analysis (Braun & Clarke, 2013), a number of authors have criticized the practice of triangulation as a means to establish the internal validity or verify the reliability of different data sources.
(Barbour, 2001). The practice of triangulation was not employed in the present study, as semi-structured interviews were deemed the most appropriate method of data collection, and it would have proven extremely difficult to collect any type of relevant data, other than interview data. The effort involved in collecting other types of data was considered disproportionate to the relative benefit to the study. Focus group data was the only other relevant type of data that could have been collected. However, it was clear from the outset that arranging participants to come together for a focus group would be problematized both by participant time constraints and geographical considerations. While achieving triangulation by completing focus groups with participants had the potential to add breadth to the analysis, it would have been extremely difficult to achieve logistically. For these reasons, the process of triangulation in the form of focus groups was not included in this study. The exclusion of focus groups in this study design does not negate the quality of the existing research findings.

Along with certain limitations, this study demonstrated a number of methodological strengths. These included the method of sampling. The participants chosen were a purposive sample (Braun & Clarke, 2013) of stakeholders involved with the Compass Service, who volunteered to participate. This self-selective method of sampling was a methodological strength of the research design as participants who agreed to participate had experience of the Compass Service, the social pedagogy model, and the wider childcare system. The fact that the sample was a mixed group of stakeholders ensured that different perspectives of the Compass Service and the social pedagogy model was obtained, leading to the accumulation of a rich data set. Additionally, the length of time that the stakeholders had worked with the Compass service was mixed and varied from three months to three years. The differing levels of
experience was considered a strength of the sample as it enabled the research to capture the perspectives of participants with various levels of experience, thereby contributing to the attainment of in-depth data on the Compass Service and the social pedagogy model.

An additional methodological strength of this study is the research question. The social pedagogy model applied to children in care is a relatively new concept in Western countries. As such, there is a dearth of literature on the social pedagogy model applied to children in care. A minority of services in Ireland use the social pedagogy model to provide residential care to children in care. This is the first study in Ireland exploring stakeholder’s experiences of the Compass Service and the social pedagogy model in the Irish childcare system. As such, this study completed research in an under-researched novel area, adding to the literature on the social pedagogy model in the Irish childcare system which has implications for both policy and practice.

5.13 Reflexivity in the research process

In qualitative research, reflexivity refers to the process whereby researchers evaluate their influence on the research process and findings (Finlay, 2002). This section provides reflexive accounts of the researcher’s influence on this study and the impact of the research process on the researcher.

In line with reflexive practice, I acknowledge that the findings of this research are the product of my unique interpretation of the data. The decision-making process is based on relevant research evidence, and the process of data analysis is outlined in Section 3.8. As in any qualitative analysis, the analysis of the data is to some extent subjective (Pillow, 2003). The construction of the analysis was ultimately guided by my
opinion of which data extracts were most interesting and the most effective representations of the relevant themes. Although each participant had at least seven quotations in the results chapter, certain participant’s quotations were used more than others, as I perceived their quotations were better examples of the relevant themes. Throughout the entire research process, I reflected on how my previous experiences, my position as a psychologist in clinical training, and my interest in residential care, influenced the reading of the data. A number of strategies were used to capture these reflections and assumptions, including using field-notes and a research diary. These examples provide evidence of my reflexive acknowledgement in the research process.

By engaging in a process of reflexivity, I have been able to capture the ways in which my perceptions of the Compass Service and the social pedagogy model have changed over the course of this research project. Prior to beginning this research project, I was of the opinion that the Compass Service and the social pedagogy model could easily be transposed into the Irish context as a solution to the current difficulties in the Irish childcare system. These perceptions were based on a limited understanding of the topic in which I had not fully weighed up the actual impact of the wider system. I now have a more informed and balanced opinion of the social pedagogy model and the Compass Service. Having completed this research, I still maintain that the Compass Service and the social pedagogy model could enhance service provision in the Irish childcare system. However, I also acknowledge the many challenges involved in implementing the social pedagogy model in the Irish childcare system which may hinder its introduction.
5.14 Implications for Clinical Psychology Practice and Childcare Practice

Clinical psychologists are interested in psychosocial interventions that are multi-modal; interdisciplinary, contextualised in a social setting and meaningful to the client. As the social pedagogy model operates this type of integrative developmental approach, the social pedagogy model has the potential to enhance both clinical and childcare practices.

Given the poor outcomes for children in care, it is critical to invest in effective evidence-based models of care which can provide better outcomes for these vulnerable children. The social pedagogy model is an alternative option to the traditional residential care services which has the potential to improve residential care service provision, thus leading to better outcomes for children in care. However, there is no research evaluating the social pedagogy model in the Irish childcare system. Clinical psychologists play a role in evaluating new models of residential care such as the social pedagogy model, and comparing it with current residential care models to ensure that the most effective services are being provided to children in care. The current study found that the social pedagogy model is not recognised as an effective model in the Irish context. This lends support to the premise that clinical psychologists should be conducting research that evaluates the contribution of the social pedagogy model to residential care service provision.

The findings of this research have implications for both clinical psychology and childcare practices. Clinical psychologists have a role in advising how services are designed and developed. Residential service provision could be improved by clinical psychologists advocating and supporting the incorporation of social pedagogy principles.
into residential childcare services and practices. Developing services that emphasise relationships, holistic learning and well-being could provide a therapeutic environment for children to develop, equipping them with the skills required for independence, positive mental health and better life opportunities.

Clinical psychologists could enhance current services and guide the development of new services by drawing on the findings of this study. The current study found that residential service provision could be improved by incorporating the positive features of the social pedagogy model and the Compass Service into residential childcare services. For example, residential childcare services could be improved by reducing the number of children in the houses, increasing staff autonomy, and focusing on relationships, reflection, holistic learning and community integration. Such service-wide changes could enhance the experience of a child in care and contribute to positive outcomes for such children.

As part of their role, clinical psychologists work with foster carers and residential workers to help them provide the best care to children with complex needs. The findings of this study could further assist clinical psychologists to guide staff and enhance their practices whilst working with this vulnerable group. A key feature of the social pedagogy model is that it provides a therapeutic family to children in care. Clinical psychologists are uniquely skilled to assist carers provide a therapeutic family environment which focuses on learning, relationships, and reflection. The importance of relationships, holistic learning, and a cohesive team, were highlighted in this study. To this end, clinical psychologists could facilitate childcare practitioners improve their practice by assisting them create a cohesive staff team, establish authentic relationships and use opportunities during daily living for learning.
The findings can be also used to assist the Compass Service improve service provision for children in its care. The research identified that the Compass service was perceived to have a number of positive features, including community integration, the configuration of the staff team and its commitment to children. It also identified that there were aspects of the service that could be improved, particularly in the areas of staff retention and communication. The findings from this research could assist Compass improve its service, thereby enhancing children’s experience and leading to better overall outcomes for children living in its services.

This study has implications for both clinical psychology and childcare practices. It highlights the merits and challenges of introducing the social pedagogy model in the Irish childcare system and identifies positive and negative features of the Compass Service. By completing this research, the knowledge base surrounding both the Compass Service and the social pedagogy model in the Irish childcare system have been significantly increased.

5.15 Implications for Policy

This study highlighted that current policy and procedures hindered the implementation of the social pedagogy model in the Irish childcare system. The findings indicated that national standards of residential care are impeding the introduction of the social pedagogy model. Specifically, this study found that the Compass Service was required to modify the environment to meet mandatory residential care standards which detracted from the homely atmosphere inherent in the social pedagogy model. Such findings lend support to the premise that social pedagogy principles should be
incorporated directly into childcare policies and procedures in order to improve service provision.

Developing policies for children in care which incorporate principles of the social pedagogy model, particularly the focus on wellbeing, relationships, and holistic learning, could significantly enhance service provision for children in care. This is critical, given the poor outcomes associated with these children. Clinical psychologists could guide the development of childcare policies and procedures to incorporate features of the social pedagogy model. Basing childcare policies and procedures on such principles would improve service provision for children in care and ultimately result in better outcomes for this vulnerable population. Additionally, developing polices which incorporate the social pedagogy model would increase the awareness of the social pedagogy and could subsequently lead to policies that support the integration of the social pedagogy model into childcare practices.

5.16 Recommendations for future research

This study adds significantly to an emerging body of literature on the social pedagogy model as applied to residential childcare services. Further research is required to deepen our understanding of the social pedagogy model within the Irish context and to evaluate the contribution of the social pedagogy model to childcare service provision. To the researcher’s knowledge, in addition to Compass, there is just one other service in Ireland which provides a residential service based on the principles of social pedagogy model. Future research conducted on all the Irish services using the social pedagogy model would provide further insights into the contribution of the social pedagogy model to the Irish childcare system.
Research to compare residential services which apply the social pedagogy model to other services such as those based on trauma models, attachment models, and traditional residential care, would assist in evaluating the contribution of the social pedagogy model to childcare practice and service provision. The current study found that foster care services in particular could benefit from the introduction of the social pedagogy model. Future research could therefore explore the applicability and merits of introducing the social pedagogy model into the Irish foster care system.

The current study exclusively focused on stakeholders’ experience and perceptions of the Compass Service and the social pedagogy model. It might prove beneficial to complete further research which combines qualitative measures which explore the experiences of various stakeholders such as staff, children, and parents, and quantitative measures which evaluate specific outcomes, such as staff sick leave, staff retention, child mental health difficulties, quality of life, and occurrences of challenging behaviour.

In short, more in-depth longitudinal studies exploring the contribution of the social pedagogy model to both residential care and foster care services must be undertaken. These could utilize various methodologies including qualitative measures to capture people’s experiences, and quantitative methods to examine the impact of the social pedagogy model on quantifiable outcomes. By conducting such studies, the potential contribution of this model to the Irish childcare system could best be evaluated.
5.17 Conclusion

The aim of this research is to explore stakeholder’s experiences of the Compass Service and perceptions of the social pedagogy model. This aim is based on a gap identified in the literature, as no prior research which explicitly focuses on the social pedagogy model in the Irish childcare system is known to exist. This study makes an original contribution to the knowledge-base concerning children in care and the social pedagogy model by encapsulating stakeholder’s experience of the Compass Service and the social pedagogy model. This study elucidates stakeholder’s perceptions of the benefits and challenges of introducing the social pedagogy model into the Irish context and the key features of the Compass Service. Based on these findings, the research discusses the various implications for practice, policy and future research implications.
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Appendices

Appendix 1: Information Sheet and Consent Form for participants

Participant Information Sheet:

‘Exploring stakeholder’s experience of the Compass Service and their perception of the Social Pedagogy Model in the Irish Context.’

Dear (Insert Name Of Stakeholder),

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

If you agree to be part of this study you will be invited to attend a semi-structured interview conducted by the researcher which will focus on your experiences of working with Compass and the Social Pedagogy Model. These questions will be voice recorded so that your experiences can be captured.
How much time will it take?

- The interview will take approximately 1 hour and will be audio recorded.
- The interview will take place at the Compass Service or at a location that is convenient for you.

Confidentiality:

- Any personal information that may identify you will be anonymized.
- 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 recognized 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 Gardai 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 involvement with Compass 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 the Principal Investigator on the number 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,
Co. 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
Tel (061) 234101
Email: ehsresearchethics@ul.ie
If you decide to participate, we would be very grateful if you would kindly complete and return the attached consent form within the next four weeks to Dr. Patrick Ryan, Psychology Department, University of Limerick. When this form is received, we will contact you to arrange an individual semi-structured interview.
Participant Consent Form:

‘Exploring stakeholder’s experience of the Compass Service and their perception of the Social Pedagogy Model in the Irish Context.’

Consent Form

I ________________consent to participating in this research study, and understand that the information given will be treated in the strictest of confidence.

___________________________
Signature

________
Date
Appendix 2: Interview schedule

Semi-Structured Interview Schedule for Stakeholders

COMPASS

- Tell me about your role?
  - Could you describe your role/typical day?
  - How long have you worked in this role?

- Tell me about your experience of Compass?
  - Could you tell me about your interaction with Compass?
  - How long have you been involved with Compass?

Social Pedagogy

- Tell me about your experience of Social Pedagogy.
  - What is your understanding of Social Pedagogy?
  - What does Social Pedagogy mean to you?

- Tell me about your experience/perception of the Social Pedagogy model in the Irish context.
Appendix 3: Ethics Approval Letter

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 child care 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 4: List of initial codes

Initial Codes generated from process of complete coding:

1. Staff commitment/dedication
2. Shared living space: Staff view house as their home
3. Stability of placement
4. Foster Carer/Residential Care not appropriate to meet complex needs of some children
5. SPM more expensive than RC/FC.
6. Foster Carers need additional support/training
7. SPM applied to Foster Care
8. Outcomes of Compass/SPM
9. Working with other professionals
10. School Difficulties
11. Location of service
12. SPM does not fit all children’s needs
13. Maintaining Community/Family links
14. Demand for Social Pedagogy in Irish Services
15. Compass bridging the gap between FC and RC – understanding and homily environment where learning through family living occurs
16. Small Scale
17. Small Staff numbers
18. Perception of Compass as attachment/relationship model
19. Modification of Model to fit Irish Context
20. Establishing Roles
21. Recruitment of staff
22. Foreignness of Model
23. Learning through/about relationships
24. Child adjustment to care
25. Children in care presenting with complex needs
26. Contrast between home environment standard of living (poor/no space etc.) and residential care standard of living.
27. Theory versus practical
28. Transition to/from Compass
29. Staff Turnover
30. Need for RC
31. Demanding/Challenging Role
32. Finding the right fit
33. High staff numbers in RC
34. Staff retention
35. SPM Dependent on Funding
36. Compass better then RC
37. Small numbers of staff versus large number in traditional residential care (TRC)
38. Range of services
39. Learning through family living
40. Relationships with staff
41. Mixture of staff
42. Child Adjustment to the model
43. Placement Breakdowns
44. Sticking with Child
45. Prove their worth as new service
46. Openness to learning
47. Monitoring
48. Positive experience
49. Communication with other professionals
50. Advocating for child
51. Realistic/Honest about what service they can offer
52. Compatibility of other YP
53. Working within system
54. Meeting Standards
55. Risk Adverse Practice
56. Communication within team
57. Responding rather then reacting
58. Consistency
59. SPM viewed as therapeutic family
60. Taking it to the next level: being personal/passionate about the young person
61. Differing Relationships with staff
62. Atmosphere In House
63. Adapting Environment to meet standards
64. Flexibility
65. Compass Homily environment versus RC which is institutionalised e.g. carpet versus lino/stairs and photographs.
66. Integrating/participating in the community
67. Overcoming stigma associated with children in care
68. Early Intervention
69. Prevention
70. Impact of care system
71. Uniformity of services
72. Compass not true SPM
73. SPM good model
74. Confidence/Competence of/in Compass
75. Staff skills
76. Accessibility of staff
77. Compass doing something different
78. Being open and honest
79. In-depth understanding of the child and their behaviour/needs
80. Management Structure
81. Cohesive staff team
82. High staff turnover in RC
83. Relationships with professionals
84. Crisis management
85. Group dynamics in RC
86. Perception of children in care
87. Child Centred
88. Creating/Using Opportunities for learning/reflection
89. In-house therapeutic support
90. Galtee gold standard of SPM
91. Autonomy of staff
92. Social Pedagogy exclusive not inclusive
93. SPM huge commitment/way of life
94. Camphill/Lairse associated with SPM
95. SPM used for high needs/complex children
96. SPM not included in education courses
### Appendix 5: Extract Of Coding Process

<table>
<thead>
<tr>
<th>I suppose the fact that’s its a small number</th>
<th>Small numbers of staff versus large number in traditional residential care (TRC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a different sense like then a residential</td>
<td>Small scale</td>
</tr>
<tr>
<td>unit with a much bigger through flow of staff em you</td>
<td></td>
</tr>
<tr>
<td>know so that’s I felt might be more closer to what he</td>
<td></td>
</tr>
<tr>
<td>needed then</td>
<td></td>
</tr>
</tbody>
</table>

| to have kind of a lot of people on rosters and shifts    | Large numbers of staff in TRC                                                   |
| and you know the like what even for small numbers of    | Small scale                                                                      |
| children that involves a lot of staff caring you are     |                                                                                  |
| into the double digits and twenty’s you know whatever   |                                                                                  |

| I was trying to look at other possibilities for him      | Range of services (apart from foster care or TRC).                               |
| We had looked hard yeah yeah                            |                                                                                  |

| It would almost like he was able to break them and just  | Range of Services (to meet needs of child).                                      |
| he needed something constant for a while that could     | Stability of placement                                                            |
| withstand what he was looking to try and stretch I      |                                                                                  |
| suppose                                               |                                                                                  |

<p>| really you know he would get so far with foster         | Stability of placement                                                            |
| placements and then they were he would kick out against | Foster Care not appropriate to meet complex needs of some children                |
| them                                                   |                                                                                  |</p>
<table>
<thead>
<tr>
<th>the reality is Foster Carers unless you have absolute specialist ones which we don’t unfortunately you are trying to look at what’s there from just general foster carers or private providers and there wasn’t something there at that time</th>
<th>Range Of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>and there is not still so like the specialist foster carers</td>
<td>Range Of Services</td>
</tr>
<tr>
<td>I suppose scale in terms of the number of staff and the ratio</td>
<td>Small Scale</td>
</tr>
<tr>
<td>the fact that it was kind of more overtly relationship based kind of thing</td>
<td>Perception of Compass attachment/relationship model</td>
</tr>
<tr>
<td>working and living together and you know like staff looking at this as where they looked at it as home</td>
<td>Shared living space: Staff view house as their home</td>
</tr>
<tr>
<td>I suppose initially and all that I mean things obviously have changed a little bit and kind of eh it’s kind of become a little bit moved away from that a bit but ya know that’s how it would have started</td>
<td>Modification of Model to fit Irish Context</td>
</tr>
<tr>
<td>For this particular service I think that you would have your House Pedagogues like (Original Model – House Pedagogues)</td>
<td>Modification of Model to fit Irish Context</td>
</tr>
</tbody>
</table>
their place to be in and there would be supported by activity pedagogues) activity pedagogues then to support them and do other things

and to have other relationship with the Relationships with staff child as well em that was kind of how Differing Relationships with staff what I understood it was going to work on

I suppose in a way Id question how Theory versus practical realistic that can be

to be honest with you it’s very high Demanding/Challenging Role intense work for somebody to live and SPM huge commitment/way of life that be there like

I think it’s from what I gather from my Staff retention (due to shared living space). colleagues that in anywhere else in other SPM huge commitment/way of life places where that kind of model is that’s
the difficulty in holding that the say the Recruitment of staff
couple or the people who are looking at this as their 100% home that that seems to be a difficult thing here I think

but you know the question you would wonder is it the recruitment of people

ger there would be different countries that Foreignness of model would have em say in Germany and whatever that and I suppose in Compass
in Shannon view there would have been people you know the Finish couple who would have started

| I suppose it’s just I think it is a big ask of somebody ya know like 365 days a year well not but do you know what I’m saying you really do I think that’s just something | Staff commitment/Dedication  
Demanding/Challenging Role  
SPM huge commitment/way of life |
| I do like the fact that the numbers are smaller you know that there are fewer people involved in the care of the children, of the child of my child anyway. | Small staff numbers |
| That’s how it would have been but I think it’s kind of what would I say broadened a little bit I would have that’s how I’m reading it they kind of not that there is more anyway then the two house pedagogues | Modification of Model to fit Irish Context |
| I suppose it’s extremely hard to recruit for because I mean if you interview people over a weekend or week or several times how do you know until you put them in there and how do they know maybe I’m sure you can get people who you know who will think it’s possible or ya know | Staff recruitment  
Finding the right fit  
SPM huge commitment/way of life |
and really want to be committed to it but I think it must be very difficult ya know that like not having and the
Appendix 6: Preliminary thematic maps
Appendix 7: Research Field Note

Research Fieldnote

Interviewer: Eve Markey
Participant Number/Pseudonym: Participant

1. Describe the environment where the interview took place in as much detail as you can (e.g. time, space, lighting, sound)

Person’s office, afternoon relaxed setting.

2. Describe the participant in as much detail as you can (e.g. appearance, body language, tone of voice, comfort level)

Very chatty and forthcoming from the beginning began talking about her experience prior to the recorder being turned on. Was apprehensive about turning recording device on but was fine after re-assurance about confidentiality.

3. Describe the interview process (e.g. flow, depth of participant responses, rapport between interviewer and participant, change over the course of the interview).

Good rapport – she was very informative about service. Felt that I reassured at the right times to encourage her to continue speaking. At times felt I interrupted her train of thought and should have left her speak more.

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).

No, the only thing was that she began to speak prior to switching on recordings.

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.

Systemic Triangle
Needs of the child
 Ending of the placement

6. Summarize the key points from this interview in 2-3 paragraphs.

Compass negative experience
Social pedagogy good model – Galtee good example
Importance of communication with other professionals and endings for child
Importance of family – normal family interactions
Meeting the child where they are at
Including them in activities
Placement planning

7. Consider your main interview question:  *Professionals experience of the compass service and their perception of social pedagogy model* In what ways does this interview help you respond to that question?

Captures her honest experience of the service and the social pedagogy model. She was very experienced and knew a lot about social pedagogy.

8. 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 you feel uncomfortable? If so, explain.

No, she had a negative experience of the service which I was not expecting. I wondered did I use enough open ended questions to probe. I felt at times she needed reassurance and saying things like I’m babbling.

Also feel that I connected with her experience, the negative things about residential care she was discussing were very valid and I felt I could relate to them. I felt that my opinion and experience of other services may at times have impacted the questions I asked or the information I followed up on.
Appendix 8: Braun and Clarke (2006): 15-Point Checklist Of Criteria For Good Thematic Analysis

Transcription:

1. The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for „accuracy”.

Coding:

2. Each data item has been given equal attention in the coding process.

Themes:

3. Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.

4. All relevant extracts for each theme have been collated.

5. Themes have been checked against each other and back to the original data set.

6. Themes are internally coherent, consistent, and distinctive.

Analysis:

7. Data have been analysed – interpreted, made sense of - rather than just paraphrased or described.
8. Analysis and data match each other – the extracts illustrate the analytic claims.

9. Analysis tells a convincing and well-organised story about the data and topic.

10. A good balance between analytic narrative and illustrative extracts is provided.

11. Overall enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.

**Written report:**

12. The assumptions about, and specific approach to, thematic analysis are clearly explicated.

13. There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent.

14. The language and concepts used in the report are consistent with the epistemological position of the analysis.
15. The researcher is positioned as active in the research process; themes do not just "emerge".
Appendix 9: Compass Information Booklet for young people and professionals

Shannonview House

Young Person's Booklet
## Contents:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
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<tbody>
<tr>
<td>Welcome to Shannonview House</td>
<td>1</td>
</tr>
<tr>
<td>Who will I be living with?</td>
<td>2</td>
</tr>
<tr>
<td>What part do we ask from you</td>
<td>3</td>
</tr>
<tr>
<td>My Care Plan</td>
<td>4</td>
</tr>
<tr>
<td>Rights &amp; Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>Personal Items</td>
<td>6</td>
</tr>
<tr>
<td>Health and Wellbeing</td>
<td>7</td>
</tr>
<tr>
<td>Family &amp; Friends</td>
<td>8</td>
</tr>
<tr>
<td>House Meetings / Your Bedroom</td>
<td>9</td>
</tr>
<tr>
<td>How to make a complaint?</td>
<td>10</td>
</tr>
<tr>
<td>Important Contacts</td>
<td>11</td>
</tr>
</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Your Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Includes:</strong></td>
</tr>
<tr>
<td>- The aims &amp; objectives of your stay in Shannonview House</td>
</tr>
<tr>
<td>- How often you will see family, friends or significant people in your life</td>
</tr>
<tr>
<td>- Your educational and health needs</td>
</tr>
<tr>
<td>- The plans that have been made with you about your future</td>
</tr>
<tr>
<td>- Your wishes and feelings</td>
</tr>
<tr>
<td>- The length of time you may be staying for</td>
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**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!

This is a great way for you to tell your social work team of what you need or want.
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 people's 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.
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>
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<tr>
<td>House Pedagogues</td>
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<tr>
<td>Activity Pedagogues</td>
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<tr>
<td>Deputy Residential Services Manager</td>
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<tr>
<td>Complaints Officer and Residential Services Manager</td>
</tr>
<tr>
<td>Social Worker</td>
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<tr>
<td>Guardian Ad Litem</td>
</tr>
<tr>
<td>Monitor</td>
</tr>
<tr>
<td>EPIC</td>
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<tr>
<td>Ombudsman for Children</td>
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<td>ChildLine</td>
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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