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‘An exploration of the Wellsprings residential service-An evaluation of the residential staff approach towards helping young women’

Cian Lyng

CARL Research Project
in collaboration with



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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
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This is to declare that this dissertation titled '**An Exploration of Wellsprings Residential Service- How are the women given continued support after leaving the residential service?**' submitted to the school of Applied Social Studies, University College Cork, in partial fulfilment of the requirements for a Master of Social Work is the work of my own.

Any of the work that is not of my own has been acknowledged and referenced appropriately using the APA 7th Edition referencing style. The completed dissertation has been submitted through Turnitin and I have examined the originality report and carried out any necessary editing in accordance with the UCC Plagiarism Policy.

Name: Cian Lyng

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Abstract.

This study explores the Wellsprings residential service and its staff approach towards service delivery. Wellsprings is a charity organisation based in the heart of Cork city. Wellsprings consists of two services; a residential service and an outreach service. Wellsprings supports young women between the ages of 16-23 by providing short to medium term placements through its residential service, and offers outreach support to all the young women who come into its service. One previous research study (Morrissey, 2022) has been completed on the Wellsprings Outreach service, however there still remains a dearth of research on other areas of Wellsprings, such as the residential service. This study aims to explore the Wellsprings residential service and examine the staff approach towards helping the young women within Wellsprings. A social constructionist epistemological position was incorporated in the study, along with an ethics of care (Noddings, 1984) viewpoint to provide a theoretical lens to examine the research findings. This dissertation was completed as part of the UCC Community-Academic Research Links Initiative (CARL). Primary qualitative research was conducted in this research through one focus group containing members of the residential social care staff team and an interview consisting of a member of the Wellsprings residential management team. The common themes identified from the focus group include; Wellsprings Ethos and staff impact, Therapeutic Support, Relationships. Themes identified from the interview include; Wellsprings Ethos, Staff Culture, Care Environment and Location.

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Chapter One: Introduction.

1.1 Introduction.

This research study was conducted collaboratively between Wellsprings and myself as part of the UCC Community-Academics Research Links initiative (CARL) project. This chapter will introduce the research project and provide context into the area of research, along with providing background information regarding the research partner, Wellsprings. This chapter will also outline to the reader the various research aims, research questions and objectives for this study. In the final sections of this chapter, it will explore the rationale for taking on this piece of research and will provide a brief outline of the upcoming chapters within this dissertation.

1.2 Research Title.

‘An Exploration of the Wellsprings Residential Service- An evaluation of the residential staff approach towards helping young women.’

1.3 Background to the research study.

This study is an exploration of Wellsprings, with an emphasis on the Wellsprings residential service and the residential service’s staff approach towards service delivery. Wellsprings is a voluntary organisation located within the centre of Cork city and consists of two services, a residential service and an outreach service. Wellsprings was established in 1995 by Sr Joan O’Leary, who worked as a nurse in the Mercy Hospital in Cork city. While working in the Mercy Hospital, Sr Joan recognised “a gap in services for young women who presented with little family or community support upon discharge” (Wellsprings, 2024). The residential service offers placements exclusively to young women aged between 16-23 years of age. The service can facilitate up to 6-8 placements at each time and is primarily funded through Tusla, but also

receives funding from the HSE and various other community organisations through the form of donations and fundraising events. Referrals are received primarily through Tusla and other community agencies which support young women, however the service also accepts national referrals and self-referrals from individuals aged 18 or over. The profile of young women that Wellsprings has supported and continues to support include, young women who present with “complex needs and have experienced significant loss and trauma in their young lives” (Wellsprings, 2024). Wellsprings endeavours to support each young woman by offering “a bespoke service that recognises the diverse needs of each young person” (Wellsprings, 2024). Since its establishment, Wellsprings has supported 237 placements in addition to providing over 1000 interventions in the lives of many young women (Wellsprings, 2024).

1.4 Research Aim.

The aim of this research is to explore the Wellsprings residential service and to examine the staff approach towards supporting and caring for the young women who enter Wellsprings.

1.5 Research Objectives.

- This study will examine the historical developments of Irish residential care policy and legislation within Ireland and will seek to explore how various policies or legislation influence service delivery within the Wellsprings residential service.
- This study seeks to explore how the Wellsprings residential service and its staff effectively respond to the diverse needs of the young women placed within the residential service.
- This study will be seeking to explore the residential service through the perspectives of its staff members. By ascertaining the views from members of its social care staff team and from a member of the management team within the residential service, this study will be hoping to discover the ethos of Wellsprings and examine the various collective meanings that the staff attribute to their role and the overall service provided by Wellsprings.
- By speaking to various members of the residential staff, this study is seeking to explore the specific approach or types of approaches that the residential staff incorporate into their practice when responding to the diverse, complex needs of their vulnerable clientele.

1.6 Research Questions.

1. How does the ethos and policies of Wellsprings influence the approach of the residential staff?
2. How does the staff approach impact service users?

1.7 Rationale.

I have worked many years in the role of social care worker in a high support, adult disability, residential centre. This experience has provided me with a greater insight into the specific type of work that is applied within a residential care setting. The style of work and the approaches adopted can be diverse and ever changing due to the nature of the work involved in residential care, which can be both complex and strenuous on care workers. This is mirrored in the views of Colton and Roberts (2007, p.138) and Clough et al, (2006), who both described residential care as “a complex and unpredictable environment”. Due to my lack of experience in child residential care work, I was intrigued by the opportunity to discover the approaches that would be adopted by carers in their role. This led me to Wellsprings, who I first became aware of during my first placement with the CAMHS. I was fascinated about the kind of work and support that Wellsprings provides to young, vulnerable women by reading about the service on their website. However, I was unable to gather a comprehensive insight of the service due to a lack of information from other sources and a clear lack of research on Wellsprings, which was another motivating factor. When I learned about the possibility of completing a project in conjunction with Wellsprings, I was excited about the possibility of completing a primary research project, as I was unable to conduct primary research for my undergraduate dissertation due to the COVID-19 pandemic. I was excited about the opportunity to meet and interview individuals who may share similar care work experiences, and about the possibility of uncovering a lot of the unknown

and undocumented work that Wellsprings does on a daily basis in the service of young women in need.

1.8 Chapter Outline.

Chapter One: Introduction.

This chapter provides information about the research subject and the research partner, Wellsprings. The research aims, objectives and questions are introduced which all equally informed this study. The rationale for this research is also discussed as well as the provision of an outline of all the chapters within this dissertation.

Chapter Two: Literature Review.

Chapter two provides an overview of the Wellsprings residential service. This chapter will also include a literature review in relation to the residential care policy in Ireland and the historical developments within the residential care sector. The chapter will also explore the range of approaches applied within residential care settings.

Chapter Three: Methodology.

This chapter provides information regarding the epistemological position and the theoretical approach adopted in this research. It will outline the research methods used to gather and analyse the qualitative data. This chapter will also provide a brief account of community based participatory research and what this entails.

Chapter Four: Findings and Discussion- Focus Group.

Chapter four will outline and discuss the findings gathered from the focus group discussion between social care workers working within the residential service.

Chapter Five: Findings and Discussion-Interview.

Chapter five will outline the information collected from the semi-structured interview with a member of the Wellsprings residential management personnel and discuss these findings.

Chapter Six:

In the final chapter of this dissertation, it will provide the concluding comments on the research and suggest recommendations. The final chapter will also include a reflective piece on my experience and views on completing this piece of research.

Chapter Two: Literature Review.

2.1 Introduction.

This chapter will provide an outline of the relevant literature that is applicable to this area of research. The chapter will begin by looking retrospectively over the development of the Irish residential care system by examining its various phases of evolution as proposed by Gilligan (2009). Key legislation and relevant policies will be discussed which inform child care practice and the functioning of both child and adult residential centres across Ireland. A particular focus will be on the 1991 Child Care Act due to its significance of being the main piece of legislation that regulates the provision of alternative care services across Ireland. An examination of Tusla's statutory role and responsibilities towards child care, as well as its responsibility in the provision and oversight of alternative care for children will be explored. The Wellsprings residential service will be discussed along with a brief outline of the service's values, mission statement, staff structure and approach to service provision. In the final sections of this chapter, there will be brief discussions of the diverse challenges facing residential care workers and social care work in general, in addition to an exploration of the various approaches incorporated by staff within residential care practice and values associated with residential care.

2.2 Developments within Irish residential care policy.

Gilligan (2009) explored the history of residential care and residential institutions in Ireland over the past century. In his work, Gilligan (2009) identified three phases of evolution of the Irish residential care system; institutionalisation and seclusion (spanning from the 1850s to the 1970s), professionalisation and deinstitutionalisation (ranging from the 1970s to the 1990's) and a period of secularisation, specialisation and accountability which is the current phase Ireland is in.

2.3 Institutionalisation and Seclusion.

This phase represented a time in Ireland when forsaken, neglected and vulnerable individuals were hidden from society in institutions across the country. It was a time when both the Irish state and society depended on institutions to “....hide society's ‘outsiders’ or to ‘bury’ social problems” Gilligan, 2009, p.4). This statement is mirrored by the views of Kennedy (1996, p.271) who described institutions as being “.... designed to look after delinquent children (reformatories) and children who had been orphaned or abandoned or were neglected by their parents (industrial schools)”. The residential services and institutions were primarily religious orders and voluntary organisations governed by the Catholic Church, who at the time had a considerable influence over both Irish society and the state. This influence arguably allowed the Church to have sole responsibility in the regulation and governance of each institution in the manner they wanted. “Historically, in Ireland, the role of the church was pivotal with religious order being largely left to their own devices in the delivery of institutional care to children” (Rafferty and O’Sullivan, 1999; Gilligan, 2009; Brown et al., 2018, p.657).

During the 1960's, large numbers of reports began to emerge, detailing various abuses experienced by former residents of the various reform schools and institutions under the purview of the Catholic Church. An inquiry was set up to investigate these reports and scandals, which became known as the Kennedy Report 1970. Kennedy (1996, p.273) stressed the importance of the Kennedy report which “marked the beginning of major changes in the Irish child care system”. It represented a shift away from institutionalisation of children in need of state care and

of vulnerable adults, towards the professionalisation of both the residential care system and of child care practice. Today, Irish residential care services still feel the impact of the previous negative and abusive history involved in the institutions such as industrial schools, reformatories and magdalene laundries which were described as bringing “fear and terror into the lives of hundreds of children” (Brown et al., 2018, p.661). Brown et al., (2018) discovered in their research that a culture of fear pervades through the residential care sector due to perceived feelings of “misanthropy” from wider society, creating fear amongst care workers that “the sector remains cut off from wider reforms and feeds the perception that it is toxic and not worthy of investment” (Brown et al., 2018, p.661).

2.4 Professionalisation and Deinstitutionalisation.

Ireland gradually began to move away from the use of institutions towards the use of small group home settings. Recommended in the Kennedy report (1970), it suggested a new frame of thinking around child care practice, towards the development of more child-centred approaches and the development of care environments which were more child-friendly and embodied the natural setting of a home. This frame of thinking is still of relevance today as Tusla expresses its commitment to shape and design residential care facilities and services to “provide children and young people with a safe and nurturing environment that resembles as close as possible some of the attributes of a family unit or home” (Tusla, 2022, p.37).

Foster care began to emerge as the preferred option for children in need of alternative care. Kennedy (1996, p.273) commented on the recommendations made by the 1970 report as having “a huge swing to foster care”. This is still of significant relevance in Ireland today, as the majority of children entering or in state care are placed in foster care placements. As shown in Tusla’s annual report for 2022, it reported that there were 5,755 children in Tusla’s care by the year end and that 89% of children in care were placed in foster care (Tusla, 2022). Gouveia et al., (2021) argued that foster care is the preferable option compared to residential care and made reference to findings gathered in other studies, which indicated that children placed in foster care had better behavioural and psychosocial outcomes when compared to children in residential care placements (Li et al., 2019), and that negative factors, such as high staff turnover and lack of

resources, further enhanced foster care placements as the more preferable option (Bick et al., 2018).

The 1990s saw the establishment of key domestic legislation and policies, which guided child care practice across Ireland. Gilligan (2009, p.5) described a theme of emerging professionalisation within this phase, where there were greater attempts to “define, measure, standardise, and generally ‘regulate’ child care practices”. This period also witnessed a number of reforms which shifted the “scope, structure and delivery of health services” which led to the gradual emergence of a state provided social work service that largely focused on children’s issues” (Skehill, 1999; Gilligan, 2009, p.5). Key international legislation and policies were developed such as the United Nations Convention on the Rights of the Child (1989) and UN Guidelines (2010) for the Alternative Care of Children. Munro et al (2011) commented on these pieces of international legislation as acknowledging the need for nations to provide care and support to children without parental care and placing directions for policy and practice.

2.5 Secularisation, Specialisation and Accountability.

Contemporary Ireland has become an increasingly secularised society. The influence of the Catholic Church has arguably been rapidly declining in Ireland and across the EU for some time. A number of government reports such as the Murphy report (2009), the Ryan report (2009) and the Cloyne report (2010) revealed the deplorable treatment suffered by many while in care of these religious institutions across Ireland, which arguably has been a significant influence on the growth of Ireland becoming a secularised state. Subsequently, a gradual withdrawal of the church and religious orders from voluntary organisations and residential services has led to increased amounts of statutory management of these services. The profile of children entering care changed, and young people in need of alternative care commonly present with “a range of complex needs that may manifest as difficult or challenging behaviour” (Gallagher and Green, 2012; McCarthy, 2016, p.368).

Today, the profile of children entering alternative care are much older and present with complex additional needs, in comparison to children entering care in the past. Within Tusla’s *2022 Strategic Plan for Residential Care Services for Children and Young People 2022-2025*, it

provides figures that show since 2015, that while the number of children entering care had been reducing, there was still a large number of children entering residential care and that the age profile of children entering residential care was generally aged sixteen and over. Tusla (2022, p.6) also reported that there was an “increasing trend in the number of young people coming into the care system for the first time as teens, directly from their community”. Reported reasons for admission into residential care was described as “many and varied”, which include “an inability to access a foster care placement, a young person may have experienced foster care placement disruption(s), or residential care may be deemed the most appropriate alternative care setting for them” (Tusla, 2022, p.21). Various authors have suggested that “residential care can be a complex and unpredictable environment characterised by the spectrum of diagnoses and unique personal circumstances of each service user, combined with difficulties associated with communal living, all of which can have considerable effects on service user’s behaviour” (Clough et al., 2006; Dowling and Banka, 2020, p.168). Evidence-based practices and various therapeutic interventions and approaches such as, trauma-sensitive approaches, child-centred approaches, therapeutic crisis intervention were developed and incorporated into residential care settings.

As the profile of children and young people entering care continued to change, this required residential care staff to become more specialised and skilled in their role to respond to the diverse and complex needs of their service users. In the past 20 years, there have been examples of continuing reform within health and social care professions towards greater levels of professionalisation and accountability within the sector. Flynn (2021, p.88) highlighted examples of the reforms such as “the establishment of the social care workers Registration Board within CORU in 2015”, the development of standards of proficiency for social care workers (CORU, 2017a) and “criteria for education and training programmes in 2017” (CORU, 2017b; Flynn, 2021, p.88). These reforms were viewed as being signs of progress, in which Flynn (2021, p.96) argued that they “should be viewed as an opportunity to compel heightened standards of social care practice for children”.

2.6 Contemporary Irish Residential Care Policy.

In Ireland, Tusla is the statutory agency responsible for child protection and welfare services. In 2014, Tusla was established under the Child and Family Agency Act, 2013 (Government of Ireland, 2014) which placed Tusla with the statutory responsibility of supporting and developing the welfare and protection of children, and for the functioning and regulation of child care and alternative care services. Tusla (2024) has declared its organisational commitment towards “ensuring that children and young people are supported to live at home with their families, near their friends and schools and within their own communities”. However, Tusla has acknowledged that the current system of residential care is too reliant on private organisations, which is considered not to be “designed to effectively provide the best local support to children and their families” (Tusla, 2022, p.6). Tusla is currently implementing its *National Strategic Plan for Residential Care Services for Children and Young People 2023-2025*, where Tusla is aiming to balance the provision of residential care between state and private provision (Tusla, 2022).

Provisions stipulated in various national legislation (1991 Child Care Act; Child Care (Placement of Children in Residential Care) Regulations, 1995; 2001 Children’s Act; 2007 Child Care (Amendment) Act) introduced a number of alternative care services to be provided for children admitted into the care of the state. Children typically enter care through a voluntary care arrangement between Tusla and the birth parents or legal guardians or enter into care under a court order. In these cases, Tusla seeks to place the child or children “within their extended family or in a foster care placement” (Tusla, 2024). The placement of children in residential care has been a contentious issue for some time. The decision to take any child into care is considered a measure of last resort and the placement of children into residential care is arguably equally considered to be a measure of last resort. This is despite residential care being considered “a relevant and highly utilised setting in many countries, fulfilling functions of care and accommodation as well as education and treatment” (Ainsworth and Thoburn, 2014; James et al., 2022, p.1032). However, there are still scholars, such as Emond (2014, p.195) who argued that “the family, whether it be the child’s own or a substitute kinship or foster care arrangement, is privileged as most effective in ‘bringing up’ children”. Despite these views presented by Emond (2014), Giraldi (2022) acknowledged that family-based care as being effective in meeting a child’s needs, but insists that there needs to be a “recognition that a range of care options,

including residential care, [are] necessary to ensure that the needs of all children can be effectively met” (Giraldi et al., 2022, p.826).

Residential care can arguably be considered as a viable option of alternative care as Thomas (2021, p.1032) argued that “residential care has fulfilled an important function in child-serving systems to address the needs of children and youth who for various reasons cannot remain with their families”. Despite the media and wider public scrutiny that the residential care sector has undergone at times, HIQAs (2023) *Overview Report on Children’s Services*, reported that children spoke positively about the care and services they received, that they were cared for, and “they described staff as supportive and kind, and they felt that the care setting was a safe place which gave them stability” (HIQA, 2023, p.27). Levrouw et al., 2020 discussed the importance of developing positive relationships and positive living environments for the welfare of children in care circumstances and in residential care settings, and noted characteristics of these such as; “giving space and autonomy, supporting interactions between youngsters, creating a family-like environment together with the child’s family and important stakeholders, providing information, and being transparent regarding what is expected” (Jongepier and Struijk, 2008; Van der Helm, 2011; Levrouw et al., 2020).

2.7 Wellsprings Residential Service.

The residential service consists of one person-in-charge (PIC), who is responsible for overseeing the functioning of the service, 2-3 social care leaders as well as a core staff team of social care workers. Wellsprings has designed its residential setting to encapsulate a natural, positive, home-like environment by making a number of refurbishments and renovations over the years to further enhance a homely appearance for its residents. Wellsprings mission statement outlines clearly the aims and values of the service, which states that “Wellsprings will respond professionally to the needs of young women, who have experienced difficult times, through offering a safe home-like environment and will continue to offer support in their outward journey” (Wellsprings, 2022). Wellsprings operates under six core values; commitment, justice, compassion, security, respect and empowerment (Wellsprings, 2022). The service and its staff respond to the needs of the young women by incorporating a “holistic approach” towards

meeting the needs of their service users, which involves an attentiveness towards “the physical, emotional, social needs and spiritual wellbeing of each girl” (Wellsprings, 2022, p.25).

When a young woman first transitions into the residential service, they are allocated a key worker who is designated to work in a 1-1 manner with the young person. Wellsprings (2022, p.14) has reported that many of the young women who come into their service have “transitioned to Wellsprings from foster placements that broke down, residential placements or other situations where Wellsprings was identified as the next step in the young person’s life”. Placement breakdown can be caused by a number of factors and this is reflected in the words of Harkin and Houston (2016, pp.107, 109) who argued that “placement breakdown is generally not a one-off event” or “the result of a single factor alone”, but rather, it is a complex and interactive process which transpires over time. Wellsprings are aware of the complexities and additional needs that many of the young women bring with them into the service and work in a manner which is trauma informed and child and person-centred. “We offer an inclusive, bespoke service that recognises the diverse needs of each young person, many of whom present with complex needs and have experienced significant trauma and loss in their young lives” (Wellsprings, 2024).

2.8 Residential Care Values and Approaches.

As mentioned previously, work involved in residential care can be complex and stressful on care workers and those working in residential care settings. Dowling and Banka (2020, p.108) insisted that there are a range of “physical and psychological factors that which SCW’s often encounter daily which may have a profound effect on the quality of life of these primary caregivers”. For these reasons, residential care requires the adoption of specific approaches in order to effectively respond to the needs of service users and having the appropriate values and attitudes to work appropriately to support their needs. Parry et al., (2023, p.15) used a narrative synthesis approach to examine the findings and discovered that, “a strong narrative layer with the analysis highlighted the importance of relationships to nurture resilience and to help it grow”. Other scholars have highlighted the imperative for those living in residential care settings to experience “positive, stable and trustworthy relationships” (Roche et al., 2021, p.653). The relationship between care workers and the children and young people are seen as being “crucial to their well-

being and development” (Costa et al., 2020; Rocher, 2019), “particularly as they are likely to have a history of unstable, disrupted, unresponsive care and relationships” (Izzo et al., 2020; Roche et al., 2021, p.653).

2.9 Conclusion.

This chapter examined the literature which examined the developments of policy and legislation relevant to residential care practice over the last number of years, while looking at the latest reports provided by Tusla on residential care services in Ireland. The chapter provided further background information on the Wellsprings residential service. The final sections of the chapter explored the challenges faced by residential care services and its staff, as well as a brief outline of various approaches and values attributed to residential care practice.

Chapter Three: Methodology.

3.1 Introduction.

This chapter will provide a brief overview of the research methods used in this study and will also highlight the epistemological approach and theoretical perspective which underpinned the research process. As this study was carried out as part of a UCC CARL project with Wellsprings, the role of community based participatory research will also be discussed. Challenges,

limitations and the ethical considerations while undertaking this piece of research will be also explored in the remaining sections of the chapter.

3.2 Epistemology and Theoretical Perspective.

Carey (2009, p.50) defined epistemology as the “theory of knowledge” which “relates to the different forms and types of knowledge that exist”. Careful consideration is required by researchers when choosing their epistemological position, as Braun and Clarke (2013, p.28) emphasised the significance of epistemology in determining “what counts as valid, trustworthy, ‘true’ knowledge within a community and, conversely, what is seen as not valid knowledge”. For this study, I chose social constructionism as my epistemological position. Social constructionism views meaning and knowledge as being subjectively and collectively constructed, through forms of social interactions between individuals embedded within diverse societal contexts, and transmitted through various forms of social processes such as language, historical, cultural discourses and power relations. This is mirrored in the words of Crotty (1998, p.42) who states that “all knowledge, and therefore meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context” (Crotty, 1998, p.42). Similarly, Braun and Clarke (2013, p.30) asserted that knowledge can be viewed as “social artefacts” which can be seen as “social, cultural, moral, ideological and political” and that the “knowledge of how things are is a product of how we come to understand it”. Social constructionism is applicable to this study as it is interested in discovering the views and subjective meanings of the Wellsprings staff towards the work they do, the support that they provide to their service users and the meanings behind the ethos and values of Wellsprings residential service and their understandings of what a caring profession entails.

The application of theory in this study allowed me to understand the findings and data gathered through its theoretical lens. As Carey (2017, p.69) argued, “theory may not only help us to understand what it is we are doing but also assist us to plan ahead, organise, arrange, intervene, evaluate and reflect upon and improve our practice and values”. I have chosen an ethics of care (Noddings, 1984) theoretical viewpoint because I am interested in learning the meanings and values that guide the staff members towards supporting and caring for the young women within

the service. Noddings (2013, p.1) argued that “human caring, and the memory of caring and being cared for” all form the foundation of an individual’s ethical behaviour. Noddings (1984) described two positions, ‘caring about’ and ‘caring for’. These two positions are hugely relevant to practitioners working in caring professions, such as residential care settings. Steckley and Smith (2011, p.185) argued that “unlike other areas of social work where workers may get by with ‘caring about’ children, residential child care requires that workers are called primarily, to ‘care for’ children. This study explored the caring relationships between the Wellsprings residential staff and the residents in the residential service and delved deeper into the meanings and values that staff attribute to these relationships in order to promote the development and wellbeing of each young woman.

3.3 Community Based Participatory Research.

As mentioned previously, this study was completed collaboratively as part of a CARL project, which involved the use of community-based participatory research (CBPR). CBPR commonly consists of a researcher working together with a community partner, “to develop a research question, conduct the research and then disseminate what is discovered in the research” (Springer and Skolarus, 2019, p.e48). For this particular study, I worked collaboratively with Wellsprings to identify an area of research which was of interest and benefit to both parties. The residential service was identified as the area to explore, as Wellsprings were seeking further insight into the residential staff approach towards service provision. Bates and Burns (2012) described the benefits associated with CBPR as being reciprocal, because all partners generally benefit from their involvement in the research. In the case of this study, CBPR offered Wellsprings the opportunity to enhance their research, to build and establish relationships with students and staff members studying and working in a higher education institution such as UCC (Bates and Burns, 2012). I also benefited from choosing to carry out methods of CBPR, as it provided me with the chance to carry out “live research questions in a real-life context” (Bates and Burns, 2012, p.69), and contribute towards the undocumented work and service provided by Wellsprings staff in supporting and responding to the needs of young, vulnerable women in need.

3.4 Research Methodology.

As this research was an exploratory study into Wellsprings residential service and its staff approach towards service delivery, primary qualitative research methodology were applied. Qualitative researchers are typically committed to “viewing events and the social world through the eyes of the people they study” (Bryman, 2016, p.393). This study was seeking to learn more about Wellsprings and its residential service approach through the views of its staff members. Qualitative research offered the best approach to accurately capture the views and experiences of the research participants. Qualitative research also aligned with my chosen epistemological stance, social constructionism. Burr and Dick (2017, p.71) both insisted that “social constructionist research also implies a preference for qualitative research methods since these are ideal for gathering linguistic and textual data and are also seen as less likely to decontextualise the experiences and accounts of respondents”. Methods associated with qualitative research provided me with the appropriate mechanisms to explore the participants' emotions, experiences and meanings with the purpose to generate contextual and subjectively rich data to analyse and discuss.

3.5 Research Methods.

The research methods were identified and chosen by both the community partner and the researcher. It was agreed that a semi-structured interview with a member of the Wellsprings residential management team and a focus group consisting of members of the residential social care staff team, would provide a substantial sample of participants to equally generate rich, authentic data for analysis. I considered the methods of an interview and a focus group as being most accommodating for Wellsprings to facilitate staff members to take part in the study and not have any effect on the overall functioning of the service. Additionally, both the interview and the focus group were arranged for times and dates which were agreed as most suitable for Wellsprings and for myself. According to Rutledge et al., (2023, p.67), “qualitative researchers often turn to focus groups as an efficient and effective way to gather data from individuals in a collective context”. While through the medium of an interview, it provided me with a “convenient, cheap, often uncomplicated and highly effective means by which to collect an extensive amount of data in a relatively brief period of time” (Carey, 2009, p.111).

The focus group and the interview were both facilitated within Wellsprings. My aim was to generate data within the context of the workplace, which was a setting all of the participants were familiar with, while it also provided me with a greater insight into the environment and layout of the residential setting. This was also a common feature of qualitative research, where “qualitative researchers often collect data in the field of the site where participants experience” by “talking directly to people and seeing them behave and act within their context” (Creswell, 2013, p.45). The focus group took approximately 55 minutes to complete, while the interview took approximately 50 minutes. Before beginning both discussions, each participant was provided with an interview sheet (**Appendices A and B**), which provided information of the purpose of the study, confidentiality, withdrawing of consent, contact information for support services, the contact details of my tutor and I, and a brief overview of what was going to happen to the results of the study. Each participant was also issued a consent form (**Appendices C and D**), which I obtained written consent from each participant before commencing the data collecting. I also shared with the participants some brief personal information such as previous work experience and academic qualifications and some of my own personal hobbies as part of an ice-breaker exercise for the participants to gain a better idea of me as the interviewer.

The focus group and the interview were both designed to be semi-structured. I had prepared a guide for each (**Appendix E and F**), which consisted of 4-5 core questions relevant to the research questions. Despite the use of a guide, I was flexible in my approach in both the interview and the focus group, as the aim was to establish a setting which was both open and encouraging towards lively conversations. Brinkmann (2013, p.1) described conversations as being “a central tool to obtain knowledge from others” and are “therefore a rich and indispensable source of knowledge about personal and social aspects of our lives” (Brinkmann, 2013, p.3). The openness offered by the focus group provided this study with the chance to “generate hypotheses and gain insights into participants' views, perceptions, and attitudes on a given topic” (Litosseliti, 2003, p.8). The flexible approach allowed me to explore new areas or topics raised by the participants, and return to areas “if a participant raises a pertinent issue that relates to the research process” or other areas which were “unexplored” (Carey, 2009, p.129).

My style of moderating for both the interview and the focus group were largely similar, in that I allowed the discussions to flow freely with minimal interventions. I was aware not to excessively intervene but I recognised its importance, especially when I needed to “to bring out especially salient issues, particularly when group participants do not do so” (Bryman, 2016, p.507) By allowing participants greater autonomy in the discussions, this allowed me to observe and take notes of the interactions between the participants and the body language of those in the room. “Qualitative researchers are frequently interested not just in what people say but also the way in that they say it” (Bryman, 2016, p.479). I dedicated time at the end of both the interview and the focus group for a debrief. This was essential to check in with participants to learn about how they felt and found the experience, if there was anything that they would like to share about their experience. I considered it to be important to check in with the participants to learn if they had any concerns or if any of the participants had been harmed by the experience.

3.6 Sampling.

As part of the CARL research agreement between Wellsprings and I, Wellsprings carried out the sampling for this study. Purposive sampling was implemented, which is a process where “the priority is to gather enough people to be able to collect sufficient data and, more importantly, begin to interpret, explore and understand the topic under investigation” (Carey, 2009, p.41). The sample of this study did not extend to staff within the outreach service, as they were not the focus of this study.

3.7 Data Collection and Analysis.

Once suitable times and dates were agreed upon, I organised with the community partner to complete a test run of the recording equipment within the room in Wellsprings, where the interview and focus group were arranged to be held. I obtained a dictaphone which was the recording instrument that I used for both the focus group and interview. Bryman (2016) alluded to several advantages of the use of recordings, such as; “it allows more thorough examination of what people say”, “it permits repeated examinations of interviewees’ answers” and “it helps to correct the natural limitations of our memories” (Bryman, 2016, p.479). The recordings were

uploaded from a UCC encrypted device onto my Microsoft OneDrive account using my UCC student credentials. I performed the transcription duties independently. Microsoft word documents secured under my UCC student credentials were created for both the interview and focus group transcripts, as well as brief field notes from my own observations and reflections of the participants during the sessions and when reviewing both transcripts to assist me in identifying “trends, regular occurrences, themes, patterns” (Carey, 2017, p.219) during analysis. Once all files had been successfully uploaded and transferred to my secured UCC OneDrive account, they were then deleted from all devices.

The findings were thematically analysed, which involved studying the findings in-depth to identify common patterns or ‘themes’. Thematic analysis is commonly used in qualitative research and is an approach which “looks to combine data collection and analysis” (Carey, 2009, p.165). This type of analysis also aligned with my chosen epistemology, as stated by Braun and Clarke (2013, p.178) that thematic analysis can be used “to develop a critical, constructionist analysis which can identify the concepts and ideas that underpin the explicit data content, or the assumptions and meanings in the data”. Key themes were identified and will be discussed in chapters 4 and 5.

3.8 Ethical Considerations.

Throughout this study, the community partner and I aimed to conduct this collaborative piece of research in a manner that wouldn’t cause harm to any of the research participants. Each participant was informed appropriately of the study during the introductory stages of both the focus group and interview and each participant was provided with an information sheet. This study was designed to maintain the dignity of each individual involved in the study, as well as not being misleading or deceiving towards any of the participants. Ethical approval for this study was also acquired through the UCC Social Research Ethics Committee. There were a number of ethical considerations in relation to this study such as the decision to interview the member of the residential management team from the focus group. In order to ensure that the focus group setting encouraged open and honest discussions from the participants, it was determined that the member of the management team would be interviewed separately.

Ensuring confidentiality within a group setting was another consideration that needed to be effectively managed. As the participants already had a working relationship with each other, I informed each participant that I would do my utmost to ensure that I would be following strict protocols when ensuring their confidentiality and anonymity during the transcription process and in the publication of the findings. However, I informed the participants that I cannot guarantee that group members will not share information outside of the group. I developed ground rules collaboratively with the focus group participants and it was essential that the group participants collectively agreed to not share content from the group outside of the group to any third parties. This was recommended by Toseland and Rivas (2022, p.25), who proposed that researchers should “guard against breaches of confidentiality by having all members of the group pledge that they will adhere to confidentiality policies”.

3.9 Limitations of Research.

As this study was only a minor dissertation, the research was limited by the amount of time available to carry out the relevant data collection methods to gather substantial amounts of data required for analysis. Additionally, due to staff availability and the limited amount of time to carry out data collection within the community, the study proceeded with four participants within the residential service, rather than the desired number of participants of between 5-8. This study acknowledges that this study may be limited in its potential for generalizability due to the small sample size of four participants. Furthermore, this study is limited due to the lack of inclusion of the resident’s voice in the research process. Inclusion of the voice of the resident was considered but ultimately decided against due to available time for the facilitation of interviewing the residents and due to their degree of vulnerability.

3.10 Reflexive Positioning.

“To be reflexive we need to be aware of our personal responses and to be able to make choices about how to use them” (Etherington, 2004, p.19). I acknowledge that my previous experiences of working in a high support residential setting might have an impact or an influence on my perceptions towards residential care work and on residential settings. I considered it to be

necessary for ensuring my objectivity throughout the research process, I regularly reflected throughout each stage of this dissertation and developed my awareness of my values, biases, and previous experiences, in order to prevent them having any interference with the research in any way. As noted by Etherington (2004, p.19), researchers need to “be aware of the personal, social and cultural contexts in which we live and work and to understand how these impact on the ways we interpret the world”.

3.11 Conclusion.

This chapter outlined the epistemological position of this study, which was constructionism, as well as the theoretical perspective of ethics of care, which both underpinned this research. The chapter also outlined the primary qualitative research methodology and the chosen research methods, a focus group and an interview. The data collection, analysis, and the sampling technique were outlined throughout the chapter. Various ethical considerations, limitations were discussed, including a short reflective piece of my own position in the study.

Chapter Four: Findings and Discussion- Focus Group.

4.1 Introduction.

This chapter will discuss the findings of the focus group discussion between members of the Wellsprings residential social care staff team. Literature from chapter two will be referenced throughout this chapter and direct quotations from the participants will be included to provide insight of the personal narratives of the focus group participants. The questions asked within the focus group were guided by the research questions. The findings generated from the focus group discussion were thematically analysed, as alluded to in the previous chapter. Three core themes were developed and they are as follows;

- **Wellsprings Ethos and staff impact.**
- **Therapeutic Support.**
- **Relationships.**

The identified themes were determined to reflect the overall aim of the research which was informed by the two research questions, which were: How does the ethos and policies of

Wellsprings influence the approach of the residential staff and How does the staff approach impact service users?

4.2. Wellsprings Ethos.

At the heart of this research was the aim to learn more about the Wellsprings residential service, discover the kind of support that it provides, the manner in which staff respond to the needs of the young, vulnerable service users and the perspectives of the participants on the impact of staff on the young women placed in the residential service. More specifically, I was interested in discovering the ethos of Wellsprings and developing a greater insight into the various policies which inform the staff approach towards service delivery. Participants spoke a great deal about the ethos of the residential service, the various values associated with the service and their views on the kind of that the Wellsprings ethos has on the staff:

“The ethos is that we’re a while of life service. When the service started in 1995, so for approximately 28-29 years, there are still people going as far back as then who still dip in and out. That’s really important to us and really important to our clients”.

“We can always be in your life, if you would like that” (B.)

When asked about how important the Wellspring’s ethos is for the staff team and what kind of impact that it would have on the staff, Participant D reflected over their previous experiences of working in other settings and described Wellsprings as having a different approach:

“Wellsprings is very flexible with the young people’s needs and what suits them. There’s always room for adjusting or thinking would this work better and people are always open to that, which can help the young person. Sure not one thing would fit everybody and I think that kind [of] helps and to get the young person’s input [also].” (D.)

“There’s not one approach [that] fits everybody, there is flexibility there. I always find that’s the one thing that makes it unique here” (D).

Participant A described certain values that they would attribute to the residential service and how they inform the approach by staff towards the young women, stating:

“It’s person-centred, it’s about meeting every young person at where they are at rather than expecting them to come to ours”. (A)

Similarly, participant B agreed with what participant A had stated and described the staff approach as being very much person-centred:

“We’re person-centred, it’s psychodynamic. Psychodynamic is very much relationship-based, [it is] healing through relationships” (B.)

Another pattern that emerged during this discussion described a clear focus of staff in attempting to build independence and autonomy in the young women. The phrase, “bringing them into their adult” was used quite frequently, and participant B explained this as:

“We often try to say [that] we’re going to treat [you] as a young adult and not a child. Whatever issues or behaviours prior, you try to pull them up out of that child place, into being a young adult and to take more responsibilities, and to understand higher expectations” (B.)

Participant A added to what participant B had said by saying:

“We’re trying to set them up for independence really”(A.)

I was intrigued to get the perspectives of the participants on the impact of these approaches on the young women and the impact of staff on the service users more generally. Participant C stated that:

“I think there [are] a lot of young people who stick with us, even when they move from here, which is a positive side to it as well and that they feel comfortable in coming back. I think that’s a good feeling to have”. (D.)

I asked the participants to imagine that one of the service users was sitting in the room, in order to gather the participants' ideas of what they believe to be the feelings of the service users towards them and Wellsprings generally. Participant C stated:

“I think a lot of them would say that they are listened to and they are supported, I would hear that. They’re happy here and safe”. (C).

Participant B made reference to the service being inspected annually and that previous inspections have yielded positive feedback from the residents:

“Even though you have challenges, we [are] inspected yearly and when they get to interview residents, historically we’ve always got very good feedback from the residents” (B).

Discussion.

Findings released from HIQA’s (2022, p.27) annual of children services across Ireland reported that children and young people across services stated that “they were cared for, felt welcomed and involved in their placement”. HIQA (2022, p.27) also reported that young people “described staff as supportive and kind, and they felt that the care setting was a safe place which gave them stability”. It is clear from these findings that the overall ethos of Wellsprings is valued by those operating in the residential service and can be prominent in their approach towards supporting service users. Participants spoke of the service providing a continuum of support for all those who had come into contact with Wellsprings. The continuation of care and support was collectively agreed as being intrinsic to the service and what Wellsprings represents. Since many of the service users are at the age where they are close to adulthood or are already over the threshold of eighteen and are considered as adults, participants spoke of staff working towards building up the service users independence and autonomy by treating them in a manner that is suited to their current age and by empowering them to self-manage the responsibilities that can come with adulthood such as arranging and attending appointments. Tusla (2022, p.6) reported that many young people have positive experiences of residential care, “where the setting exploits their potential to overcome adversity and supports them to achieve better outcomes and transition into an independent life”

Other values noted included staff members applying a person-centred approach in their role. Participants described both the service and staff as “being flexible” with each young person’s need and there appeared to be a collective consensus that “not one size” or one approach is applicable to each young person, which requires adaptability from service providers. Participant D mentioned that staff would seek out the input from service users in terms of decisions around their care and in matters that concern them and participant C spoke of the service users feeling that they are listened to by Wellsprings and supported during their placement. These views indicate values such as equality and a respect displayed by staff towards the views of the young women. Charlton (2014, p.37) insisted on the need for a genuine understanding of why treating others equally and with respect is pivotal, as this will then “provide a basis for helping to ensure that treating people unequally and with disrespect is not acceptable”.

4.3 Therapeutic Support.

Referring to a number of the research objectives which outlined the goals of this study to gain an understanding of the staff approach or approaches towards supporting the young women within the Wellsprings residential service. The participants were asked to describe the common approaches utilised by staff, and which of these approaches they felt were most effective at responding to the needs of the young women. Several evidence-based practices and therapeutic interventions were mentioned, however, trauma-informed care was regarded as a common approach implemented by staff, due to a significant number of the young women presenting to this service with negative, traumatic histories. Staff spoke of the residential service and Wellsprings in general, of having adopted trauma-informed care for some time. Participant B explained:

“We are striving to be a trauma-informed centre. We would say that we are in lots of ways”

“So, trauma-informed care came on a number of years ago, which we were very happy with, as when we looked at trauma-informed care, we were doing a lot of that already, before there was a term on it” (B.)

Participant A agreed with Participant B, and described trauma-informed care as the following:

“At the end of the day, the trauma informed [work] is all about meeting the young person where they are at, looking at their story and getting them to where they want to be. It’s not about us saying this what you should be doing, this is what you need, it’s about them saying this is where I want to be and this is what I want and us trying to work with them to get them to where they want to be”. (A).

Discussion.

It is evident from these findings that trauma-informed care is quite a common approach utilised by the residential social care staff team, and that members expressed a good understanding of its methods and its need when responding to the needs of the young women. Participants spoke of the need for an awareness of each young woman’s previous history and experiences, and how these can impact upon their actions and behaviours. Davidson et al., (2011, p.23) insisted on the need for residential care workers to be attuned to a young person’s history, especially if it is a traumatic history, otherwise workers can result in workers viewing “presenting behaviours as purely disruptive and try to stop them”. Participants also mentioned that residential staff members are trained in TCI, which “provides residential workers with skills to deal with extremely challenging behaviours, with focus on de-escalation skills and averting crises” (Davidson et al., 2011, p.29).

Implementation of trauma-informed care across child care settings has increased, due to reports of the increasing number of children and young people entering residential care with “complex harmful behaviours arising from early life trauma”. (Tusla, 2022, p.32). Tusla (2022, p.33) reported that these complex, harmful behaviours have resulted in young people requiring “multiple placements in different residential care centres”, which has lead to an “increasing demand for single and dual occupancy placements to provide the appropriate care environments to meet the needs of these children and young people” (Tusla, 2022, p.33).

4.4 Relationships.

Relationships were a common theme identified in the analysis. Developing relationships with the young women and then maintaining them were expressed as being crucial for staff in being able to instil positive relationships and attitudes with the service users. Positive relationships were seen as inducing positive impacts for the service users, as many of the young women reportedly struggle with developing social connections and maintaining friendships. Participant C spoke of staff being encouraged to use “their own approach” when trying to build rapport with the service users:

“It’s different for every young person. It depends on the young person. Sometimes they can take a shine to someone and for no reason, they can then dislike them” (C.).

Participants discussed the impact of staff’s presentation and mood can have on the young women, who were described as being attuned to a number of the staff in the residential centre.

“In terms of how yourself are on the day, the young people are very in tune with that, they can pick up on that very quickly” (D.).

Participant C spoke of many of the staff being “role models” for many of the service users, and emphasised a need for staff to be aware of the impact that they can have on the young women who look up to them:

“Even when you come in with bad form, that’s going to impact upon the young person”.

Participant A introduced an interesting discussion relating to working with vulnerable individuals, saying:

“A lot of the adults would be considered to be vulnerable adults. So you’re kind of responding to them in a way that you might with an under 18, while they are adults and [they] have adult rights, you’d still be kind of minding them. We’d always ask that they would let us know where they are going, who they would be with, what time would they be back, there’s a lot of minding”.
(A.)

Participants A clarified what they meant by the term minding, stating:

“I suppose in consideration of the fact that they are still quite vulnerable, so knowing where they are, when they would be back, supporting them in their education, going to meetings with them, even for the over 18’s” (A.)

Participant D added:

“Or if somebody was on an overnight, we would ask for the address and ask the service user to let us know where they were staying”. (D.)

Participant A insisted that staff work towards building independent skills and encourage self-determination by the young women, but sometimes find themselves entering a ‘minding’ approach, which entails a tendency by staff possibly doing too much, due to the clients vulnerability.

“We can sometimes do too much for them. We definitely do that at times, your automatic response is to go into minding”. (A.)

Discussion.

Studies have highlighted the significance of a young person’s experience of positive relationships with residential care staff, which has been shown to be, “fundamental to their growth and development and is critical to their recovery from prior experiences of attachment, separation and loss and the detrimental effects of neglectful or abusive parental care” (Steels and Simpson, 2017; Wright et al., 2019; Giraldi et al., 2022, p.830). Drawing on the final quotations of participants A and D might provide some insight into the caring relationship between staff and the young women. As Steckley and Smith (2011, p.186) argued, “workers in residential child care are required to become involved in effective practices of care” which, “if they are to be

effective, depend on the development of caring relationships between the cared for and the one caring”. These participants are engaged in an occupation where they are required to carry out practices of embodied practices of caring. Noddings (1984) argued that every human is capable of caring and Charleton (2014, p.67) stated that “no other response that we have is more basic than care”. Despite participant A speaking of how staff support and encourage service users becoming independent, they still have an “automatic response to go into minding”. This could be what Charleton (2014, p.74) described as being ‘natural sentiment’ which entails an “immediate, unreflective response to help others who are in need”.

Chapter Five: Findings and Discussion-Interview.

5.1 Introduction.

This chapter will discuss the findings from the interview with a member of the Wellsprings residential management service. The findings from the interview were thematically analysed, and direct quotations were used throughout the chapter. There were a number of similar themes identified in both findings from the focus group discussion and the interview. Three core themes were identified from the analysis, and they are as follows:

- **Wellsprings Ethos and Policy.**
- **Staff Culture.**
- **Care Environment and Location.**

In accordance with the two research questions, how does the ethos and policies of Wellsprings influence the approach of the residential staff and how does the staff approach impact service users? The first two themes discuss the findings relevant to the overall ethos of the residential

service and the various policies that are in place within the service. Additional themes explored the care environment of Wellsprings and its location as being an advantage to the service, were all identified as being relevant to the overall research aim to explore the Wellsprings residential service and these themes help to explain important characteristics that contribute towards effective service delivery.

5.2 Wellsprings Ethos and Policy.

Keeping in line with the first research question, the ethos and policies of Wellsprings were explored and discussed. Participant one explained that Wellsprings is registered as a charity and is governed by a board of directors. Wellsprings is inspected annually by Tusla as the service is registered as a children's residential service:

“We are registered as a children's residential service but our policy and procedures say that we can take individuals up to the age of 23 to align with our aftercare policies and procedures as well”.

I asked if there are any residents under the age of eighteen currently placed in the residential service, participant one stated:

“At the moment we don't. We can't take under 18's because of our staffing”.

In relation to the ethos of the residential service, Sr. Joan's original vision of what Wellsprings would represent and who the service was designed for, were influential factors for the overall ethos of Wellsprings:

“Sr. Joan's whole idea around Wellsprings. [She] was seeing a number of young girls coming back in, who had complex needs and history of care, who were coming back in re-presenting continuously and she was discharging them possibly to the streets. She wanted to set up a place for that profile of young person”.

Participant one referred to the residential staff members, especially long-term staff members in playing a big part in carrying on the ethos:

“The ethos that Sr. Joan would have had from the beginning is still very much mentioned even though she’s no longer in the building, but it has still carried through and people still speak about that and make sure that it is continued”.

Similar to the findings of the focus group, the value of relationships and the emphasis placed on relationship-building was noted in the interview discussion, as mentioned:

“At the end of the day, it’s about the relationship building. My experience of Wellsprings up to now, is that they do make the connection, they try to instil in it”.

The provision of integrated services between the residential service and the outreach service allows for the relationships established between Wellsprings residential service and the young women to continue through to the outreach service. This was described as being intrinsically important to Wellsprings and its residential staff team, in their efforts of providing a continuum level of support, even for those who ‘age-out’ and become adults when they turn 18.

“Aftercare service was then developed. While we develop the relationships with the people who stay here, we wanted to maintain those relationships beyond any boundary of 18, 21 and 23”. Connections- “Wellsprings is there for you, regardless of what age you’re at”

Participant 1 spoke of the need for a continuation of support for young people in residential care and described Wellsprings as being a service where young women can transition from residential care into aftercare care while remaining in the same, familiar setting. As explained by participant 1:

“Considering for a lot of them, [previous placement] was probably their most stable placement that they have had in a number of years and by virtue of their age then they had to move. Whereas coming into Wellsprings, the idea was that wouldn’t be the conversation, Wellsprings provides or tries to provide placements for under and over 18’s. So that transition piece would

be there and the 18 piece wouldn't become such a determination in people moving. This is certainly something that attracted me to here".

Discussion.

As stated by Wellsprings (2022, p.14), staff place a high value on “supporting a child in care’s transition to adulthood while remaining in the same placement”. This statement mirrors the views of the participant in the interview discussion, who spoke of a clear value of the service and its staff towards developing and instilling relationships with the young women as they enter the residential service, and then maintain these relationships as the young women transition out of the residential care and into the aftercare service.

5.3 Staff Culture.

Participant one spoke of the culture among the residential service being different from their previous experience of working in different organisations. The staff team were described as having a high level of standard in their work, that they hold each other accountable and are highly self-motivated.

“There is a high standard held here, people take on responsibilities and roles. I would find that different to other organisations that I have worked in”.

“They hold each other accountable, which is a difficult thing to do especially when you Have [been] working alongside them for 20 years”

Holding others accountable does not only extend to their colleagues, but also to management personnel too, as participant 1 stated:

- “There isn't a fear around holding me to task as much as the other way around”.

“We all help each other and double check stuff. There is an expectation there in that if I asked a [staff member] to do up the complaints log for the year, [they] will have it done. Just as

much, as if [they] asked me. [They] would be running after me”.

Discussion.

From the findings gathered from the interview, participant one spoke of a culture existing within the residential service and its staff members. The culture described was one where staff place high standards on their work, non-hierarchical, a shared level of accountability and responsibility across all those operating within the residential service and staff are considered to be highly self-motivated to tackle the daily challenges and tasks involved in the role. From the managerial perspective, they considered that their staff team have vast levels of experience, which they actively encourage the workers to apply in their role when supporting the service users.

5.4 Care Environment and Location.

The care environment within the Wellsprings residential centre and its location were described as being vital components in the provision of support to the young women. The care environment included both the management and staff team working collaboratively to create a safe and emotionally supportive environment for the service users. However, the physical features of the Wellsprings building such as its architectural design and the refurbishments, aids in the depiction and embodiment of a safe, homely environment.

“We are very lucky with the building here, it was purpose built”.

“Similar to a boutique hotel, it doesn’t scream of a residential centre”. This was purposefully done”.

When asked about whether this would have an impact on those living in the residential setting, participant 1 stated:

“They do feel less institutionalised and more homely”

Participant 1 spoke of a number of features within Wellsprings residential service that are distinct from other residential care facilities. The service makes certain allowances to its service users that may be prohibited in other centres. These allowances include; allowing the use of candles within the centre, the existence of fires within the centre which can be lit in the evenings, as well as the presence of a house pet named Ben, who is viewed as being an important source of joy and support to many of the service users.

“We still have the fires which can be used in the evenings which is different to under 18’s where you couldn’t have naked flames and you definitely weren’t allowed fires and there was absolutely no suggestion that you would have a house pet inside”.

The location of Wellsprings residential service was seen to be a unique advantage for both the staff and the service users. The centrality of the residential service allows service users greater access to public transport, public amenities and recreational and social outlets. As explained:

“Location helps. A lot of under 18 residential places tend to be in the middle of nowhere, not near any bus route, just by the nature of it, not by design”.

Discussion.

As noted previously during the literature review in chapter two, residential care centres are designed to capture the natural family setting or the typical environment within the family home. The participant spoke of the residential service and staff working in a manner which engenders an environment which coincides with a normal living environment. Levrouw et al., (2020, p.3) discovered a number of elements that contribute towards the creation of a positive living environment such as “the idea that organisations need to create an environment that aligns as much as possible with so-called normal living conditions”.

Within this discussion, a current resident is mentioned and this resident can make their own way to school by either walking or taking the bus, which is considered to be hugely significant. This

can help to reduce the “sense of difference” which Emond argued (2014, p.199) is constructed as a social identity and to children in care.

Chapter Six: Conclusions and Recommendations.

6.1 Introduction.

This chapter will provide concluding comments of the study’s findings based on the research aims, objectives and research questions, as well a number of recommendations derived from completing the study. A reflective journal entry of my journey through this dissertation is included also.

6.2 Concluding Comments.

As I approached this research, I felt that it was necessary to inform myself of the dark and predominantly negative history attached to the Irish residential care system. As I examined various reports and inquiries into many of the institutions across Ireland, I was shocked by the harrowing, inexcusable treatment that former residents suffered at the hands of these institutions. Ireland has since advanced its policy towards childcare practice and has improved its alternative

care provision through processes such as deinstitutionalisation, accountability, specialisation and professionalisation. The Wellsprings residential service epitomises the contemporary approach towards residential care provision which aims to accommodate children within small group-home settings which encapsulates the natural environment of the home, with staff trained and motivated to provide levels of appropriate care and support which endeavour to promote the development of a young person's health and wellbeing.

Referring back to the title of this research, *“An Exploration of the Wellsprings Residential Service- An evaluation of the residential staff approach towards helping young women”*, I argue that through various mechanisms of this dissertation, such as the literature review and the use of primary research, I have developed a greater knowledge of Wellsprings and how the service and its staff respond to the needs of the young women who enter through the doors of Wellsprings. Overall, the staff spoke of the residential service and its staff having a positive impact on the lives of the young women. Staff spoke of being able to respond to the diverse and demanding needs of the service users by working collaboratively as a team, ensuring high standards of work and practice and the use of therapeutic interventions, psychodynamic approaches and staff values towards building positive, caring relationships with the service users. The original vision of Sr. Joan remains very much alive within the service and within the social care staff team, as it passes through the generations of workers that have been a part of the service since 1995. As alluded to in the focus group discussion, those who buy into the Wellsprings model, end up staying. The staff value the service, its intentions and its necessity for the many young vulnerable women who are on the margins and in need of safety and care within the Cork region.

6.3 Recommendations.

1. Since this research was only a minor dissertation, there is potential scope for further research being conducted on Wellsprings service which focuses on collaborative research with residents in terms of individualising, personalising their needs and in gaining feedback which can inform future practice, be beneficial towards future service users and possibly increase life satisfaction for service users. Depending on the abilities of the

service users, I invite researchers to develop creative ways to gain feedback in the form of journals, poems, songs, diary entries, as opposed to verbal feedback.

2. As noted in the latest Tusla (2022) Strategic Plan for children and young people's residential services, there is potential research opportunities to explore the reliance on private organisations and agencies in residential care provision and how this form of care has been seen as not accommodating towards young people and children remaining close to their communities and families.
3. As this study was primarily focused on residential care policy, I recommend research which explores the stipulations placed on care leavers by current aftercare policy such as stipulations which require care leavers to be involved in education or employment in order to receive support and benefits.

Reflective Journal Entry.

To reflect over my experience of completing this dissertation, I will be utilising Kolb's (1984) reflective cycle to guide my reflections over this experience.

Concrete Experience.

Since I was unable to complete primary research during my undergraduate dissertation due to the global COVID-19 pandemic, I saw this piece of research as an opportunity to conduct primary research, especially in a community context which involved meeting and speaking with the individuals, whom I was researching. When I first heard about the possibility of completing a research project with CARL, I instantly felt compelled by the idea of being able to contribute towards the work of a community organisation or charity, while being afforded the chance to conduct primary research at the same time. I chose Wellsprings because I was drawn to the ethos of their service and how they go about the work in the way that they do, emphasising the importance of building and maintaining relationships and tailoring their service around the client's needs rather than around the service's needs. I was also drawn to the project with Wellsprings, due to my many years of experience working in a residential care setting and I was

eager to learn more about other residential settings and the experiences of staff in different settings.

Reflective Observation.

Admittedly, these past couple of months have been arduous and both mentally and physically challenging. I found it difficult to balance my workload of the dissertation and my various assignments with other aspects of my life such as my social life and my work life. Reflecting back over the experience, trying to work and earn income alongside being engaged in a full-time postgraduate masters programme proved very difficult, however, I am not the only one to have endured this struggle. I reached out to my practice teachers while on placement and spoke with my tutor about building an equal, healthy work-life balance and their own previous experiences of balancing multiple demands at the same time. Reaching out and seeking out advice helped me in constructing a practical, healthy balance that proved instrumental in completing this dissertation. I feel that I have developed a greater sense of personal resilience and confidence, and I personally feel that I have matured greatly over the course of the final few months of the MSW.

Abstract Conceptualisation.

My biggest learning from this experience was the importance of self-care. This is an area which I have long neglected, but I have developed a greater awareness and appreciation of its importance for productivity and longevity. Previously, I prioritised work over all the other aspects of my life, as I assumed that this would make me more productive and efficient in completing tasks. However, I soon realised that this proved to be detrimental. I was always tired, I withdrew from people and I became increasingly unproductive and unmotivated. I decided to develop a self-care routine for the months of March and April, and soon discovered that I had more energy, more time in the day by spending more time doing things that I enjoyed with the people that make me happy.

Active Experimentation.

Moving forward from this experience, I plan on continuing to develop my own self-care routines, especially in anticipation of entering practice in demanding, stressful environments such as Tusla or the HSE. Also moving forward, I want to continue this new found belief in myself and this growing sense of confidence in my own ability, which has been gradually increasing over the past two years. I plan on using a reflective journal, especially during the initial months in

practice, to critically reflect over my ‘old habits’ of negative internal monologue and self-doubt. I have found faith in myself and I now want to retain this faith for the rest of my life.

Glossary.

CAMHS- Children and Adolescent Mental Health Services

CPI- Crisis Prevention Intervention

EU- European Union

HIQA- Health Information Quality Authority

HSE- Health Service Executive

SCW’s- Social Care Workers

UCC- University College Cork

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Appendix A: Information Sheet (Focus Group).



Information Sheet (focus group)

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the research is about and what your participation would involve, to enable you to make an informed choice.

Purpose of the Study.

The purpose of this study is to explore the Wellsprings residential service and to examine the staff approach that is incorporated into the day-to-day work of the service. I hope to do this by obtaining insight from residential staff members. Should you choose to participate, you will be asked to take part, along with other staff members, in a focus group, which will be facilitated by a student researcher, Cian Lyng. This focus group will be audio recorded by a University College Cork (UCC) issued Dictaphone device and is expected to take 50-60 minutes to complete.

Participation in the study.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so, you can refuse to answer specific questions, or decide to

withdraw from the focus group. Once the focus group has been concluded, you can choose to withdraw your contribution at any time in the subsequent two weeks following the conclusion of the focus group and can request to have your data erased.

However, as the transcript will be an amalgam of voices generated from the focus group audio file, it may not be possible to delete your data. I cannot guarantee that I would be able to extract an individual participant's personal data from the audio recording. However, every effort will be made to ensure each participant's confidentiality and anonymity. Each participant's identity will be anonymized using pseudonyms, every quote or reference to an individual (staff member or resident) or to a service/organisation will be anonymized, and personal identifiers, which could make participants identifiable to colleagues or residents, will not be used.

Will your participation in the study be kept confidential?

All the information you provide will be kept confidential and anonymous, and will be available only to the student researcher, Cian Lyng, and my supervisor, UCC staff member Maria Daniels. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. Please be aware, however, that while we can guarantee that we will maintain confidentiality, we cannot guarantee that group members will do the same.

Given that you have a working relationship with the other participants in this room and other colleagues and service users within Wellsprings, there could be the possibility that your personal views, language, style or opinions may make you identifiable. As a student researcher, I will follow strict protocols to ensure each participant's confidentiality and anonymity. However, I urge each participant in this study to be respectful of each other's confidentiality and right to anonymity. This study requests that participants do not disclose to colleagues, service users or third parties when the focus group concludes, about the content discussed within the focus group in respect of your colleagues, the service users and Wellsprings as a whole. If any participants require further information regarding confidentiality, please feel free to ask me or contact me to clarify any questions that you may have.

What will happen to the information that you provide?

Once the focus group is completed, the recording will be transferred to a UCC encrypted laptop and wiped from the recording device. The data will then be transcribed by the student researcher, Cian Lyng and all identifying information will be anonymized. The Dictaphone used to record this focus group will always remain in my possession or stored securely in a locked drawer. Once this is done, the audio-recording will also be deleted and only the anonymized transcript will remain. The data will be stored on a UCC supported cloud storage platform. The storage platform will be my Microsoft OneDrive account under my UCC login details secured on an encrypted laptop. Upon completion of this study, all the data and information will be transferred to my supervisor and UCC staff member, Maria Daniels, where it will be stored securely for a minimum of ten years in accordance with the UCC Code of Research Conduct.

What will happen to the results of this study?

All the results will be recorded and transcribed. They will then be interpreted, and the results will be presented in a dissertation as part of my studies on the Master of Social Work in UCC. I will be presenting my research from this study at the UCC Master of Social Work annual research conference where I will give a presentation on the research and its findings. Participants from this study are invited to attend the conference which will be taking place on the 2nd and 3rd of May 2024. The information you provide may contribute to research publications and/or conference presentations.

The dissertation will be shared with Wellsprings one month after the completion of this project. The dissertation may be viewed by future students on the course. As part of the agreement with Community-Academic Research Links initiative (CARL) between Wellsprings and I, as the student researcher, the research project may be placed, with the approval of the UCC Master of Social Work course tutor and providing the project meets the required academic and presentation standards, on the UCC CARL website available to be viewed. For minor dissertations, data can be deleted by the supervisor, UCC staff member Maria Daniels, 13 months after the examination board.

We do not anticipate any negative outcomes from participating in this study. At the end

of the focus group, I will be checking in with you to see how you are and see how you found the experience. Should you experience distress arising from the research process, the contact details for support services provided below may be of assistance.

You can visit the HSE website at:
<https://www2.hse.ie/mental-health/services-support/supports-services/> or freephone the information line on 1800 111 888, any time day or night.

This study has obtained ethical approval from the UCC Social Research Ethics Committee.

If you have any queries about this research, you can contact me at:

Cian Lyng (Student Researcher)- 122101724@umail.ucc.ie

Maria Daniels (Supervisor) UCC Staff member- mdaniels@ucc.ie

If you agree to take part in this study, please sign the consent form overleaf.

Appendix B: Information Sheet (Interview).



Information Sheet (interview)

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the study is about and what your participation would involve, to enable you to make an informed choice.

Purpose of the study.

The purpose of this study is to explore the Wellsprings residential service, to examine the staff approach that is incorporated into the day-to-day work of the service. I hope to do this by obtaining insight from residential staff members. Should you choose to participate, you will be asked to take part in a one-to-one structured interview with a student researcher, Cian Lyng. This interview will be audio recorded by a University College Cork (UCC) issued Dictaphone and is expected to take 40-50 minutes to complete.

Participation in the study.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so, you can refuse to answer specific questions, or decide to withdraw from the interview. Once the interview has been concluded, you can choose to withdraw at any time in the subsequent two weeks following the conclusion of the interview and can request to have your data erased.

Will your participation in the study be kept confidential?

All of the information you provide will be kept confidential and anonymous, and will be available only to the student researcher, Cian Lyng and my supervisor, UCC staff member Maria Daniels. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. Every effort will be made to ensure your confidentiality and anonymity. Your identity will be anonymized using a

pseudonym, every quote or reference to an individual (staff member or resident) or to a service/organisation will be anonymized, and personal identifiers, which could make you identifiable to colleagues or residents, will not be used. I urge participants to not disclose to colleagues, service users or third parties when the interview concludes, about the content discussed within the interview in respect of your colleagues, the service users and Wellsprings as a whole. If you require further information regarding confidentiality, please feel free to ask me or contact me to clarify any questions that you may have.

What will happen to the information that you provide?

Once the interview is complete, the recording will immediately be transferred to a safe UCC data storage platform and wiped from the recording device. The interview will then be transcribed by student researcher, Cian Lyng, and all identifying information will be removed. Once this is done, the recording will also be deleted and only the anonymized transcript will remain. This will be stored on a University College Cork supported cloud storage platform. The storage platform will be my Microsoft One Drive under my UCC login details secured on an encrypted laptop. Upon completion of this study, all data and information will be transferred to my supervisor and UCC staff member, Maria Daniels, where it will be stored securely for a minimum of ten years in accordance with the UCC Code of Research Conduct.

What will happen to the results of this study?

All the results will be recorded and transcribed. They will then be interpreted, and the results will be presented in a dissertation as part of my studies on the Master of Social Work in UCC. I will be presenting my research from this study at the UCC Master of Social Work annual research conference where I will give a presentation on the research and its findings. You are invited to attend the annual research conference which will be taking place on the 2nd and 3rd of May 2024. The information you provide may contribute to research publications and/or conference presentations.

The dissertation will be shared with Wellsprings one month after the completion of the project. The dissertation may be viewed by future students on the course. As part of the

agreement with Community-Academic Research Links initiative (CARL) between Wellsprings and I, as the student researcher, the research project may be placed, with the approval of the UCC Master of Social Work course tutor and providing the project meets the required academic and presentation standards, on the UCC CARL website, which will be available for viewing. For minor dissertations, data can be deleted by the supervisor, UCC staff member Maria Daniels, 13 months after the examination board.

We do not anticipate any negative outcomes from participating in this study. We do not intend to cause any distress to anyone participating in the study. If some of the subjects discussed in the interview are of a sensitive and personal nature, you can choose to not answer the questions or bring the interview to an end at any time. At the end of the interview, I will check-in with you about how you found the experience and how you are feeling. Should you experience distress arising from the interview, the contact details for support services provided below may be of assistance.

You can visit the HSE website at: <https://www2.hse.ie/mental-health/services-support/supports-services/> or freephone the information line on 1800 111 888, any time day or night.

This study has obtained ethical approval from the UCC Social Research Ethics Committee.

If you have any queries about this research, you can contact me at:

- Cian Lyng (Student Researcher)- 122101724@umail.ucc.ie
- Maria Daniels (Supervisor) UCC Staff member- mdaniels@ucc.ie

If you agree to take part in this study, please sign the consent form overleaf.

Appendix C: Consent Form (Focus Group).

Focus Group Research Consent Form

I.....agree to participate in Cian Lyng's research study. The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my focus group with Cian Lyng to be audio-recorded.

I understand that I can withdraw permission to use my data within two weeks of the focus group, in which my material will be deleted from the transcript. However, for the reasons outlined above, I understand that this may not be possible. All audio files will be deleted 1 month after the transcript is complete.

I understand that data from fellow participants in the focus group will be retained.

I understand that anonymity will be ensured in the write-up by disguising my identity. I also undertake to maintain the confidentiality of the focus group.

I understand that disguised extracts from the focus group (e.g. my name / location won't be used) may be quoted in presentations and publications (e.g. article, book chapter, student thesis, social media publicity of the study's findings, etc.), if I give permission below (please tick one box):

I agree to participate in this study

☐

I do not agree to participate in this study

☐

Signed:

.....

Date:

PRINT NAME:

Appendix D: Consent Form: (Interview).



Interview Consent Form

I.....agree to participate in Cian Lyngs research study. The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Cian Lyng to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview (e.g. my name / location won't be used) may be quoted in presentations and publications (e.g. article, book chapter, student thesis, social media publicity of the study's findings, etc.), if I give permission below (please tick one box): I agree to participate in this study ☐

I do not agree to participate in this study ☐

Signed: Date:

PRINT NAME:

Appendix E: Guide (Focus Group).

Focus Group Interview Guide.

Warm-up Questions.

- How long have you worked in Wellsprings?
- Do you enjoy working in Wellsprings?

Transition Questions.

- What drew you into this line of work?
- When you hear the word ethos, what does that word mean for you?

Core Questions.

- How would you describe the service approach towards supporting the young women who access Wellsprings?
- What are the kinds of methods/approaches that you feel are best for responding to the needs of the service users?
- What are the kind of values that you place on your work?
- What is the ethos of Wellsprings? Would the ethos of the service have an impact on your approach in working with the young women?
- If a service user was sitting here with us today, what do you think they would say about staff in the residential service and about Wellsprings?

Appendix F: Guide (Interview).

Interview Guide.

Warm-up Questions.

- How long have you worked in Wellsprings?
- Do you enjoy your role in the service?

Transition Questions.

- What drew you into this line of work?
- When you hear the word ethos, what does that mean for you?

Focused Questions.

- What are the criteria for admission into the Wellsprings residential service?
- How would you describe the Wellsprings residential approach towards responding to the needs of the young women who access the service?
- What is the ethos of Wellsprings and the kinds of values that you would associate with the service?
- What are the kinds of policies that guide the work and approach of the residential staff?
- How would you describe the overall Residential service and it's staff's impact upon the lives of the residents?

Appendix G: Proof of Ethical Approval.



MSW REC Decision

Dear Cian

Thank you for your resubmission. Your research study has been **approved** by the MSW REC committee.
Additional comments to discuss with your tutor (you do not need to email us back):

Best wishes,

Dr Kenneth Burns

MSW REC Chairperson