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An Exploration of The Support and Facilitation of Young People's Religious Preferences in Children's Residential Care Services

Thesis presented by

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for the degree of

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University College Cork

School of Applied Social Studies

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2023

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Dedication

I wish to dedicate this research to some important people whom I lost throughout the journey and some who were gone before I started. To the strong and courageous women who paved the way for me, broke the mould and modelled strength, intelligence, hard work, and determination. To my beautiful grandmother, Una Anderson, whose warmth, love and care I will never forget and will always be grateful for. To my outspoken and forward-thinking grandmother, Sheila Walls, who always encouraged education, intelligence, and a bit of boldness in girls.

To my mother, Mary Anderson, who well and truly broke the mould. Thank you for teaching me to always think outside the box and to largely ignore the people who thought I was wrong! I have you to thank for my determination and strength to never give up. I hope you'd be proud.

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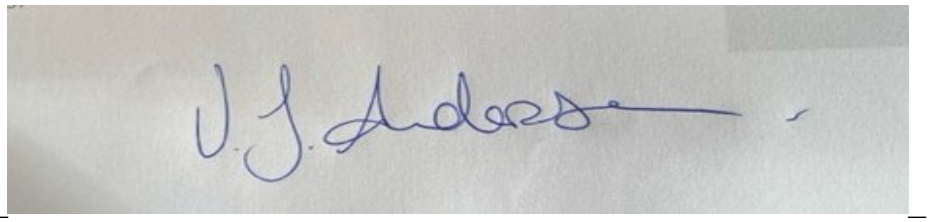
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Declaration

This is to certify that the work I, Victoria Anderson, am submitting is my own and has not been submitted for another degree, either at University College Cork or elsewhere. All external references and sources are clearly acknowledged and identified within the contents. I have read and understood the regulations of University College Cork concerning plagiarism and intellectual property.

Signed: _____

Abstract

Set within broader practice and theoretical contexts, the overall objective of this research was to explore the support and facilitation of religious diversity amongst young people living in residential children's services in Ireland. Based on the recognition of the unique positioning of these services in the private domain of young people and their family's lives, as well as the complex historic relationship between residential care and religion, the research examines how well-equipped services are to effectively respond to diverse religious preferences within an increasingly secular framework. Building on the epistemological foundations of interpretivism, a social constructivist approach was incorporated into a mixed-method research design to capture the views and opinions of some key social actors in the everyday meaning-making processes surrounding this issue.

The primary exploration focuses on micro-level service delivery and everyday practice. Drawing loosely on Bronfenbrenner's Ecological Systems Theory (1979), broader consideration has been given to macro aspects of service delivery, including legislation, policy, and practice structures, as well as the meso-level impacts including relevant staff support, education, and training in order to contextualise the research.

Data gathered indicates inconsistencies in practices, attitudes toward and framings of religion across different services, different service types and between different religions. The outcomes of the exploration highlight a need for increased religious consideration not only in frontline professional practice but also in the systems and structures surrounding everyday service delivery. The findings of the research suggest that more needs to be done to increase religious literacy amongst all involved in service delivery to ensure young people are receiving adequate support and facilitation of their religious preferences in acknowledgement of their rights to religion and the role that it may play in their lives and circumstances.

Chapter 1 – Introduction to Research and Context

1.1 Introduction

Despite widespread evidence of secularism in recent decades, in both a structural and doctrinal sense, religion remains ubiquitous and influential worldwide. This stands in opposition to predictions by modern theorists such as Comte (1798 – 1857), Durkheim (1858 – 1917) and Weber (1864 – 1920), who all believed religion would fade from significance with the emergence of enlightened thinking. It may also call into question the suitability, for today's society, of traditional secular theories that advocate for a complete separation of religion from state function. Set amongst wider discourses of multiculturalism and human rights frameworks, more recent post-secular debates advocate not for a complete separation of religion and state, but instead the adoption of a neutral or impartial approach in state functionality that allows for liberal engagement in religious belief and practice by all citizens. Such neutrality, it is suggested, cannot be realised through the complete removal of religion from the public sphere but instead requires open and equal acknowledgement of diverse religious practices and beliefs across society (Habermas, 2010). Failure to recognise the current and historical influences of religion and its continuing importance in the lives of some citizens, it is suggested, may not achieve an unbiased position but in fact may open up a possibility of showing favouritism towards some beliefs and practices relating to religion over others (Prothero, 2008; Dinham & Francis, 2016). Facilitating liberal engagement requires religious rights and religious diversity to be treated with equal respect. Post-secular theories advocate for religion to be removed from the purely private domain and to be given due recognition in the public forum and function allowing for equal and liberal engagement with all religious preferences. This approach further ensures equal access to state services regardless of religious preference or identity (Habermas, 2010).

The achievement of such neutrality in state positioning is subject to much debate in Ireland, for example, in the areas of education and health care (O'Sullivan, 2019; Kitching, 2020). While evidence of secular progress is apparent in the Irish context, the foundations of Irish culture and society are deeply and complexly entwined with

religion, its presence having far from disappeared. Religion has held a continuing, yet ever-changing, position in Ireland's political, cultural, and moral arenas for centuries. Religion and religious institutions, most notably Roman Catholicism, have played a significant and compounded role in our history, our national and cultural identity and the establishment of Ireland as we know it today (Ruane & Todd, 1996).

Critical as it may be to the foundations of the state, religion has become less salient as society modernises. There is no denying the changing role and place of religion, specifically Catholicism, in Ireland in both a political and a cultural sense. Change has been considerable and rapid, seeing a decrease in participation in Catholic rituals[1], fewer religious personnel[2] and a reduction in Irish people identifying as Catholic[3] in recent decades (Central Statistics Office, 2023; Kitching, 2020). Combined with 14% of the population (736,210 people) stating that they had no religion in 2022[4], evidence points to a fading in the importance and significance of religion in Irish society. In addition to the diminishing cultural and moral influence, the involvement of religious organisations in the delivery and governance of services in society has declined for various reasons including reduced religious personnel and an increase in privatisation of care services. However, religion remains (Kitching & Shanneik, 2015). Regardless of statistical decline, close to 84.5% of the Irish population self-reported to be of a formal religion in 2022. Therefore, despite societal shifts and changes in behaviour, it would appear that religion remains consequential for the majority of Irish citizens. Furthermore, religious organisations remain involved with the provision and governance of many state services, albeit to a much-reduced extent. In addition to the salient position of Catholicism, Ireland has seen a progressive growth in religious diversity in recent decades. CSO figures for 2016 and 2022 indicate a significant increase in levels of religious diversity in Ireland in recent years[5]. For example, there

[1] A 2006 poll conducted by RTE revealed 48% of participants attended mass weekly, a reduction from 81% in 1990(faithsurvey.co.uk, 2019). The European Social Survey 2010 indicated further reduction with only 41.3% of participants attending weekly mass.

[2] The number of priests in Ireland fell by 16.4% over the 10-year period 2004-2014 (Barry, 2016). Jones, (2023) reported that the number of religious women in Ireland had halved to 4,494 since 2000 when there were 9,031.

[3] CSO figures from 2022 indicate a drop in the number and proportion of people identifying as Catholic since 2016. 78.3% of the population was recorded as Catholic in 2016 a drop from 84.2% in 2011 total reduction of 132,220 people. This percentage fell to 69% in 2022 with 3,515,861 identifying as Roman Catholic.

[4] An increase of 284,269 since 2016.

[5] There were 100,165 Orthodox Christians in Ireland in 2022, an increase of 37.5% on 2011. The Apostolic and Pentecostal population has increased from just 3,152 persons in 2002 to 13,350 in 2016, an annualised growth rate of over 10.9%. Among other Christian religions, there were 9,724 Evangelical Christians and 6,471 Methodists. Jehovah's Witnesses (6,417 persons), Lutheran (5,329) and Baptists (3,957) were the next largest

were 81,930 Muslims in Ireland in 2022, up from 63,443 in April 2016. The Hindu category more than doubled, having been 13,729 in 2016 and rising to 33,043 in 2022[6]. This largely unpredicted increase in diversity may prove to be a wellspring of the need and demand for a wider perspective and context on the role of religious preferences in the public domain in Ireland. Previous assumptions on the downward trajectory of religion may need to be revisited.

In recognition of the continued salience and potential influence of religion in Irish society and the increased diversity of religious identity, the sufficiency of a traditionally secular approach of clear structural separation might be called into question (Kitching, 2020). A more useful approach to understanding religion in contemporary Ireland may be that closer aligned to post secular theory. This is particularly pertinent in consideration of state service and social service delivery. Avoidance of, or ignorance of, the potential roles and influence of religion in the lives of citizens risks discrimination in the delivery of services and may even result in a failure to deliver adequate and effective services. Ensuring equal access to, and quality of, all state services requires that the religious dimensions of people's lives and circumstances be acknowledged and afforded due regard.

> The emergence of the postmodern society…has challenged the boundary that separates the secular social services from the realm of religion and spirituality.
>
> (Furman *et al.*, 2004:768).

1.2 Religion and Children's Residential Services

Adopting this critical post secular lens, the current research focuses on the positioning of children's residential services through an exploration of the support and facilitation of young people's religious preferences when they are living in residential care. The positioning of these services is considered to be unique due to the complex and deeply entangled historical relationship with religious organisations. Residential children's services in Ireland have undergone considerable change since the establishment of the

groups. A further 37,427 identified themselves as 'Christian', while 5,409 persons stated that they were 'Protestant'. The 14,332 Hindus recorded in Census 2016 was a 135.6% increase in the number in 2006. The number of Buddhists increased to 9,758 (+12.1%) since 2011, while there were 2,557 Jewish people, an increase of 28.9% (573) from five years previously (CSO, 2018)

[6] A more detailed report on religion from the 2022 Census is due to be released on 26th October 2023.

Free State in 1922 (Skehill, 2003; Considine and Dukelow, 2009; Curry 2011). Changes have occurred on both a micro and macro level, mirroring socio-cultural development in Ireland as well as shifts in political and practice-based ideologies (Buckley, Skehill & O'Sullivan, 2018; Powell *et al.*, 2012). Among the most significant of these changes has been the macro-level secularisation of health, education and personal social services provision moving from a position of predominantly voluntary services, mainly through religious organisations, to a sector with a clear legal framework placing more responsibility on the state for service provision and governance (Buckley *et al.*, 1996; Kennedy & Gallagher, 1997; Fanning and Rush, 2006; Mc Caughren & Powell, 2017).

While much of this change aligns with secular developments across Irish society, there have been several additional critical catalysts to the secular progress in residential childcare specifically. Many religious orders saw a consequent need to refocus and narrow their efforts in health, education and social care due to a significant fall in religious vocations from the 1960s on (Ó Corráin & Barr, 2017; Ó Corráin, 2018). This coincides with a growing number of qualified social care professionals and greater state capacity to facilitate less dependence on the voluntary and charity sectors. The expansion of state involvement in social care has been given added momentum by the uncovering of extensive abuse and maltreatment of children in receipt of services and the mismanagement of allegations by religious organisations (Ó Corráin, 2018). Media coverage of high-profile cases of child abuse in the 1990s including the 'States of Fear' documentary in 1999, significantly impacted public opinion and increased pressure on the Government to provide an adequate response (Powell, Geoghegan, Scanlon, 2013). The establishment of several committees of inquiry into abuse of children in religious managed children's residential care services, and the publication of subsequent reports, including The Report of the Commission to Inquire into Child Abuse, 2009 (The Ryan Report) underscored this drive for change. These reports highlighted systematic abuse of children in such care services and emphasized the need for urgent regulation and increased state involvement and monitoring of the sector. Such efforts to improve and monitor safety and quality for children in care are acknowledged as a vital contribution to the sector and are not refuted in this research. The focus of this research is on the religious beliefs and practices of young people in care and how they are supported and facilitated within this more secularised framework of service delivery.

1.3 Contemporary Service Context - Definition of Residential Children's Services

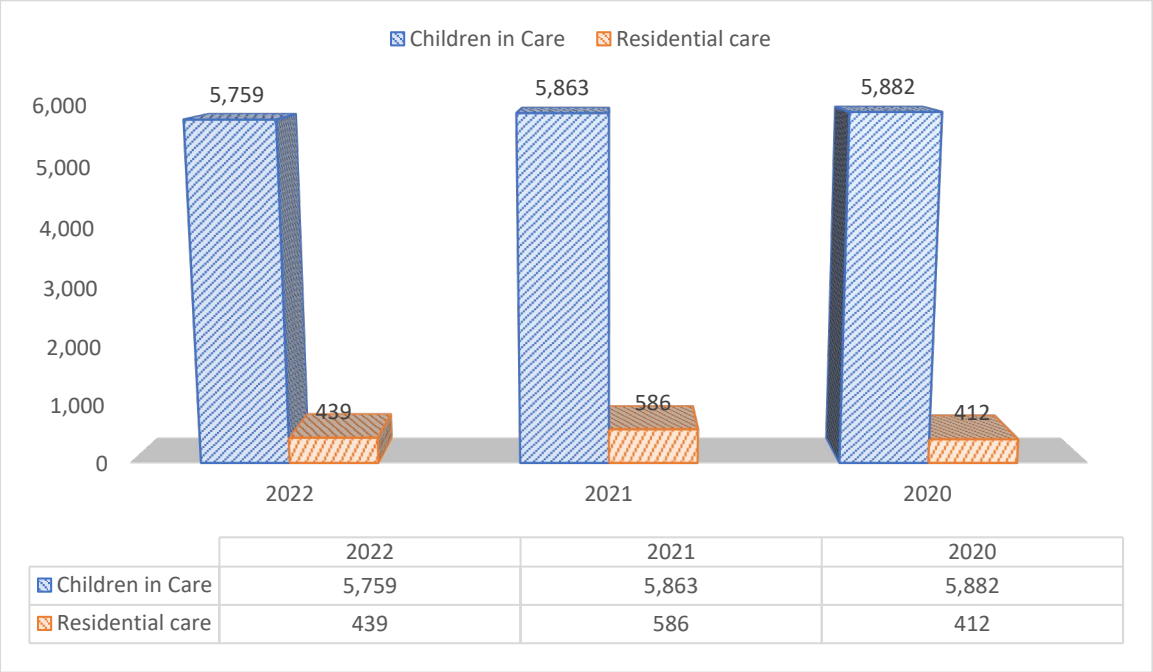
While a multitude of services are offered to children with varying needs in residential settings, the category of service that is of concern in this research is that which is provided to children who are under the care of the State for reasons of child protection and welfare. These services are categorised as Residential Children's Services by Tusla (Child and Family Agency). The majority of children who come under the care of the Irish State, by way of care order, are placed in foster care services with families in the local community. A relatively small number of children are placed in residential children's services where care is provided on a 24hour basis by professional social care workers and a wider team of relevant professionals. It is estimated that 1 in 20 of the children who enter into the alternative care system are placed in Residential Children's Services when, for various reasons, the Child and Family Agency are of the view that the health, development, and wellbeing of the child cannot otherwise be ensured (Tusla, 2023).

There are 142 Children's Residential Centres nationally (Tusla, 2023). 90% of these services are provided in houses in the local community and cater for small numbers of children, a maximum of five per unit. Five services cater specifically for separated children seeking international protection (SCSIP) in Ireland. Children who are over 12 when they enter the country, unaccompanied, may be placed in one of these short to medium term units. Those under 12 will be placed in foster care. There are also three special care secure units run by Tusla catering to children with specific needs.

1.4 Statistics of Children in Care

At the end of 2022, there were 5,759 children in the care of the state in Ireland. Of these placements, 439 (7.6%) were in residential children's services (Tusla 2023; Minister Gorman, Oireachtas Debate 30/3/2023). This is a slight decrease to figures from the previous year. At the end of year 2021, 5,863 children were in the care of the state in Ireland, of which 10% (586) were living in residential children's services (Tusla, 2022). At the end of 2020, there were 5,882 children registered in care in Ireland, including 79 Separated children. 91% of the children (5,352) were in foster care, and a further 2% were in other care placements. The remaining 7% (412) were living in children's residential care services, (Department of Children, Equality, Disability, Integration & Youth, 2021; Tusla, 2021).

Figure 1; Statistics of children in care



	2022	2021	2020
Children in Care	5,759	5,863	5,882
Residential care	439	586	412

1.5 Cultural and Ethnic Profile of Children in Care

At the time of the research, Tusla had no clear policy or procedure in place for collecting data relating to the ethnicity or cultural identification of children in receipt of child welfare services. Gathering data of this nature can be met with challenges of limited experience, data misuse, categorisations', and cost (Pavee Point, 2012; Rooney & Canavan, 2019). As a result, there is no clear data on the ethnic, cultural, or religious diversity of the children within residential children's services.

However, data gathered during the Child Care Law Reporting Project (2012 – 2015) provides some insight into the extent of ethnic diversity amongst children and families involved with child welfare services. In a review of 1,272 childcare cases that came before the courts between December 2012 and July 2015, the Final Report of the Child Care Law Reporting Project, 2015 stated that children from an ethnic minority (including Traveller children) are seven times more likely to be subject to care proceedings than white Irish children (excluding Traveller children). Cases involving children from ethnic minorities were disproportionately higher, with 27% of the children having at least one parent from an ethnic minority. This statistic excludes

members of the Travelling Community (Coulter, 2015).

Children from the Travelling Community were overrepresented, with 4.4% of the cases including at least one parent from this ethnic group[7]. It was noted in the report that this statistic did not include settled Travellers who were not recorded as Travellers in the research. This indicates that a higher percentage of the cases than recorded involved members of the Travelling Community. 8% of the cases reviewed involved African respondents, 1.4% involved respondents from the Roma Community and 5% related to other European countries. Of the 8% of African cases, many involved separated children or children whose parents had spent an extended period of time in direct provision while seeking asylum.

The report does not link ethnic identifications with the outcomes of the cases before the courts. Therefore, while it is evident that there is a diverse ethnic cohort in cases seeking childcare orders, it is not clear how many of these children entered residential care. It is, however, safe to assume that the level of ethnic and cultural diversity amongst children in care is disproportionately high when compared to the general population, therefore determining consideration of religious and cultural diversity as relevant to the sector.

1.6 Legislative Provisions for Children's Residential Centers

The Child Care Act, 1991, as amended by the Children Act 2001 and the Child and Family Agency Act 2013, provide for the placement of children in residential care services under various care orders. These legislative provisions operate in conjunction with Article 42A of the Irish Constitution which provides for the State to supply the place of the parents in such exceptional circumstances where parents fail in their duty towards the child. In such circumstances, Tusla, the Child and Family Agency, may apply to the courts for several different care orders that give the courts a range of powers. These include authority to make decisions about the kind of care the child will receive and the level of access and involvement of the family (Tusla, 2022; O'Mahoney, Shore & Parkes, 2016; Buckley, Skehill & O'Sullivan, 2018). Save in the provision of a

[7] Travellers make up 0.7% of the Irish population (CSO, 2022).

voluntary care order,[8] once a care order is in place, the state adopts the role of *loco parentis* (in place of parent), taking legal responsibility for the care of the child and for many of the functions of parenthood. These functions extend to the professionals providing the everyday care to the child.

1.7 Contemporary Residential Care – Regulatory Context

The statutory framework for the operation and registration of children's residential services is laid out in the Child Care (Placement of Children in Residential Care) Regulations 1995. All services, whether run by the State or private bodies, are subject to statutory inspection. At the time of the research, services were inspected using the National Standards for Children's Residential Centres, 2001[9]. The Office of the Chief Inspector of Social Services, situated in the Health Information and Quality Authority (HIQA), is responsible for carrying out these inspections. At the time of the research, HIQA were carrying out inspections for registered statutory centres and Tusla were carrying out inspections and registrations for voluntary and privately-run children's residential services[10] (Tusla, 2021).

The aim of the inspection process is to ensure that young people receive the highest possible quality of care through the support of best practice and the promotion and protection of children's welfare. Information is gathered during the inspection process through interviews and meetings with the centre management, staff members and young people, analysis of case files and centre records, and contact with guardians, social workers and other professionals deemed relevant by the monitoring officer (Tusla, 2021).

1.8 Constitutional, Legal and Regulatory Provision for Children's' Religion in Ireland

Irish religious laws are nested firmly within national and international rights framework. Article 9 of the European Convention on Human Rights states that

> Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in

[8] In these circumstances parents voluntarily agree to the placing of the child in care and can continue to play a very active role in decisions regarding the care of the child.

[9] The National Standards for Children's Residential Centres, 2018, were introduced shortly after completion of data collection.
[10] With the introduction of the National Standards for Children's Residential Centres, 2018 the inspection and monitoring process will change. The research was completed before these new standards were in operation.

worship, teaching, practice and observance.

Article 14 of the UN Convention on the Rights of the Child (UNCRC) provides that children can choose their religious beliefs. There is an acknowledgement of the role of the family in supporting and guiding children in these choices. These rights are also promoted in the EU Strategy on the Rights of the Child 2021-2024 (European Commission, 2021).

In the national context, Article 44, Section 1 of The Irish Constitution[11] recognises "Almighty God" and prescribes that religion be respected and honoured. It also provides for freedom of religious belief and practice under Article 44.2.1. However, Article 44.2.2 decidedly places religion, for the most part, outside of the State remit and precludes endowment (or discrimination). Religion is mainly positioned in the private domain, and the religious support of children is predominantly considered a family matter, left in the hands of family and their religious community.

Consideration, then, must be given to the extent to which this role changes once a child comes into care and the role of *Loco Parentis* is adopted. Unlike most other state services, residential children's services firmly cross the public- private divide, blurring many of the usual boundaries to state involvement in the lives of citizens. In adopting this quasi-parental role, the state must ensure adequate care, support and facilitation that responds to the unique personal circumstances of each individual child that enters the care system. This may include responses to religious preferences and the meeting of related cultural needs such as preferences not to practice religion as well as those who prefer to practice and observe from a complete catalogue of religions in diverse ways.

Some clarity in this issue was offered by the provision for childrens' religious practice outlined in the National Standards for Children's Residential Centres 2001, which were developed by the Department of Health and Children in conjunction with the

[11]Art 44

1° Freedom of conscience and the free profession and practice of religion are, subject to public order and morality, guaranteed to every citizen.

2°The State guarantees not to endow any religion.

3° The State shall not impose any disabilities or make any discrimination on the ground of religious profession, belief, or status.

Art42.1 The State acknowledges that the primary and natural educator of the child is the Family and guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children.

Social Services Inspectorate in 2001[12]. Standard 6.14 stated: "Young people are facilitated to practice their religion, taking account of views expressed by their parents." Therefore, an onus is placed on services to facilitate each child to practice their religion. Religion is situated in the context of broader culture and heritage in the service standards recognising the role that each play in the child's identity and indeed their connection to the family and their wider community. This standard tasked the individual residential centres with the everyday support and facilitation of the child's religious practice and observance. It was monitored through inspection by Tusla, and by Health Information Quality Authority (HIQA)[13], The 2001 standards were in operation at the time of data collection. They have since been replaced by the National Standards for Children's Residential Centres, 2018. These also provide for the religious practices and choices of children. Standard 1.1 provides that: 'Each child experiences care and support which respects their diversity and protects their rights in line with the UNCRC'. Feature 1.1.15 under this Standard further stipulates that

> Each child's dietary requirements, social, cultural and religious beliefs and values and the views expressed by the child and their parents, are taken into account in the daily activities of the residential centre.

It is clear from these provisions that recognition of children's religion is supported at policy level and that there is an onus on residential care centres and staff to actively respect, facilitate and support children in the continuation of their religious beliefs and practices during their time in care. Despite these directives, and as is the case with many aspirational standards, there is an absence of clear guidelines on the expected practices relating to religion and wider cultural aspects. This is coupled with the paucity of open academic and practice-based discourse in the social care field that pertains to the complex arena of religious practices and supports.

Recognition of religion within this rights-based context provides further rationale for consideration of practice that supports and facilitates childrens' religious practice and development while they are in care. It also indicates some of the complexities in determining the appropriate role of social care practitioners in this regard. This raises

[12] These standards are now replaced by the National Standards for Children's Residential Centres, 2018; however were still in operation at the time that the research was completed and are the basis of the research.

[13] With the introduction of the 2018 standards, it is anticipated that HIQA will take over inspection of all Residential Children's Services.

questions on the training, support and leadership social care professionals require to navigate some of the complex ethical and practical dilemmas that they may face in service provision in this regard. Lack of guidance and training leaves matters of negotiation and relevant rights protection as an area of subjective determination by the social care workers and the services in which they work (Gilligan & Furness, 2010). On the one hand, this allows for flexibility to cater for individual case situations; however, it leaves the place of religion open to interpretation by the individual social care worker's convictions or lack thereof (Doyle & Gallagher, 2006).

1.9 Professionalisation of Social Care

One of the many changes to occur in residential children's services has been the increased emphasis on professional social care practice and service delivery. Social care has been a growing profession in Ireland since the 1970s, with the development of specific education and training courses, the establishment of a professional body, and the growing body of research, literature, and professional discourse. More recent developments concern the introduction of a professional register[14] that stipulates minimum educational and proficiency requirements for professional social care workers[15]. Increased professional focus has been a welcome development, with higher standards of care and protection being provided to service users (Mc Hugh, 2020; Flynn, 2020). An increase in professional standards has determined an enhancement in evidence-informed practices and a growing emphasis on scientific enquiry. This shift in focus, while beneficial in many respects, could see a reduction in recognition of less tangible aspects of service delivery, such as those that incorporate religion or spirituality (Mulkeen, 2020).

In considering social work practice[16] in the UK, O'Hagan (2001), argues that the move towards professionalisation in the field resulted in a dependence on 'scientific-realism'. This was previously suggested by Smith (1997), who identified that a move towards external measurements of performance in social work within a neoliberal

[14] Professional registration for social care practitioners is provided for in the Health and Social Care Professionals Act 2005. The register is under construction at the time of the research.

[15] CORU 2022.

[16] There is an absence of literature relating to this issue in social care practices.

agenda resulted in a decreased focus on caring and relationships in the work[17]. Similar arguments have since been raised by Rogowski (2014), Simpson, Daly & Smith (2007 & 2020) and Steckley & Smith (2011). Similarly, in the US, professionalisation in social work practices is argued to have led to a reduction in the consideration of religious needs of children[18] (Canda, 1988; Sheridan, 1999).

1.9.1 Professional Principles and Ethical Frameworks

Amongst the benefits of professional developments in social care has been the increased emphasis on agreed approaches, principles, and ethical frameworks. Many of these resonate with a postmodern concern for individual rights such as the principles of autonomy, self-empowerment, and self-determination (CORU, 2019; Share & Lalor,2013). Furthermore, the delivery of person-centred and holistic care that encompasses individual needs in their entirety, shows effective progression towards concern for individual rights in services delivery. Where religion arises as an important aspect in the lives of a service user, the principles of holistic care and self-determination require an ability on the part of the service and the professionals involved to respond appropriately to that aspect. In addition, the potential role of religion as an environmental factor in an individual's situation, for example, in their identity, culture, or family relationships, must be acknowledged in order to ensure adequate assessment practices (Canda, 1998; Besthorn & Canda, 2002; Furman *et al.*, 2004; Gilligan and Furness, 2010 & 2014; Howarth and Lees, 2010).

1.10 Increased Multicultural Focus in Social Care Work

Some consideration of the issue of religion is offered through the focus on multiculturalism in social care practice in Ireland. This has developed in response to the increased cultural and ethnic diversity in the population. Much of this focus concerns the growing number of separated children arriving in Ireland. Ireland's first recorded separated child was in 1996 with only one child on record. There was a sharp increase in the following years with a peak number of separated children on record (1,085) in 2001 (Tusla, 2022). This number has since decreased. In 2011, there were

[17] Neoliberalism itself is a political ideology/philosophy which aims to transform the welfare state and, in turn social work by liberating markets and corporate capital from the constraints of post-war social democracy (Clarke, 2004).

[18] This will be discussed further in Chapter 4.

180 separated children in Ireland (Department of Children & Youth, 2012). In 2017, 175 referrals[19] for separated children were made to the Social Work Team for Separated Children Seeking Asylum (Groake & Arnold, 2018). In July 2022, it was reported that the numbers referred to the Social Work Team for Separated Children Seeking International Protection (previously known as Social Work Team for Separated Children Seeking Asylum) have dramatically increased due to the war in Ukraine. From January to July 2022, 340 separated children were referred, 161 of whom were from Ukraine. In July 2022, 164 Separated Children Seeking International Protection were in state care or accommodation, 66 of whom were from Ukraine. It is reported that, on average, 90 SCSIP will be placed in the care of the state per year.[20] On 16 February 2023, Minister O'Gorman, Minister for Children, told the Dáil that 265 unaccompanied Ukrainian children have entered Ireland since the Russian invasion in February 2022.

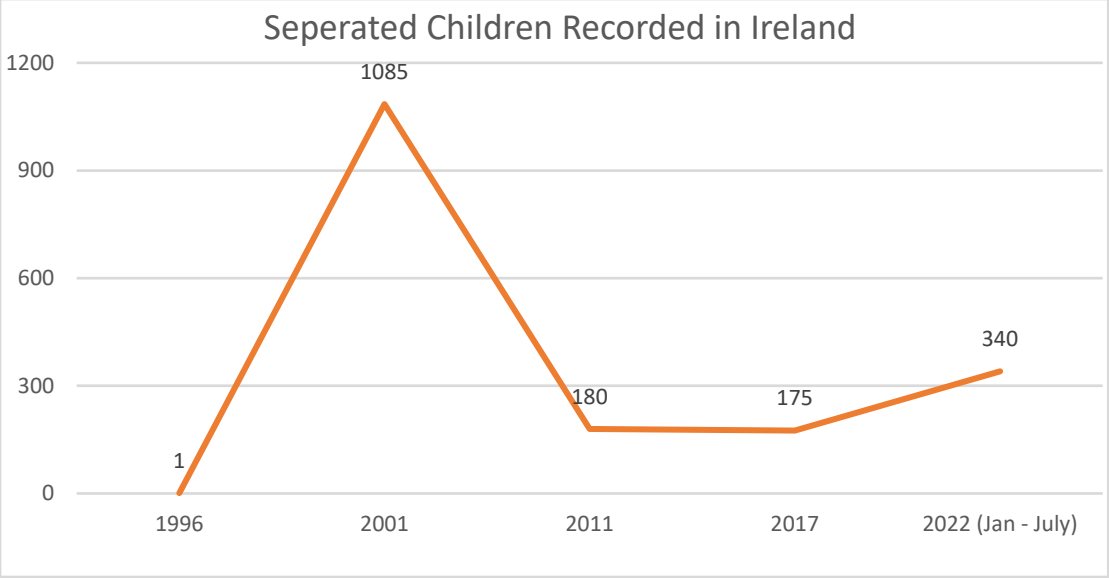


Figure 2; Separated Children Recorded in Ireland

Prior to 2010, separated children were accommodated in hostels in Ireland. These hostels were closed in 2010, and a new system of 'equity of care' with Irish-born children involving foster carers (for those under 12) and specialised residential units for separated children was established (Martin *et al.*, 2011). The unique needs of these children presented several challenges for social care services and required immediate

[19] The dedicated social work team for separated children seeking international protection - SWTSC(IP) works exclusively with referrals of separated children in Ireland and looks to either reunite them with family or accommodate them in specialized foster or residential services.
[20] There are no available figures at the time of writing as to what services these children are placed in.

and significant responses on the part of services and professionals in the field[21].

Cultural barriers have been identified as a block to effective and meaningful social care practice when working with separated children and children from cultural minorities in other circumstances (Ní Raghallaigh, 2018). This has determined a need for the social care profession to inform itself with adequate knowledge, skills, experience, and attitudinal competence that reflect an inclusive, multicultural Ireland. The critical role of culture in the lives and circumstances of these young people must be recognised (Ní Raghallaigh, 2011, 2014, 2017, 2018; Ní Raghallaigh & Sirriyeh, 2015; Ní Raghallaigh & Gilligan, 2010). Incorporating ideologies of multiculturalism into social care has emphasised the need to consider all aspects of culture, including religion, in assessment, planning, and intervention (Mc Cann James, 2013; Horgan & Ní Raghallaigh, 2017).

1.11 Research Focus

Set within broader practice and theoretical contexts, the overall objective of this research is to explore the support and facilitation of religious diversity amongst young people living in residential children's services in Ireland. The primary exploration focuses on micro-level service delivery and everyday practice; however, consideration is had for macro aspects of service delivery, including legislation, policy, and practice structures, as well as the meso-level impacts, including relevant staff support, education, and training in order to contextualise the research.

Adopting an interpretive approach through an emergent, mixed-method research design, this study seeks to explore how the religious preferences of young people are supported and facilitated while they are in residential children's services. The following questions were employed to focus the exploration of relevant practice areas.

1. Is religion considered to be an important aspect of care planning and delivery by professionals involved directly or indirectly with children's residential service provision?

[21] A National Service for separated children was established within the child protection services in 2012.

2. What professional practices and aspects of service delivery are in place in children's residential care services aimed at the support and facilitation of children's religious preferences?

3. What aspects of the broader structural frameworks affect the support and facilitation of children's religious preferences in residential care?

4. How well equipped are social care workers and residential care services to provide neutral support and facilitation to diverse religious preferences amongst young people?

1.12 Rationale for the study

The rationale for this study is provided by multiple factors. Despite considerable changes in the role of religion in society and in many people's lives, religion remains prominent and influential. In recognition of the continuing importance of religion in the lives of many and the increase in diversity in religious practice and identification in Ireland, it is valid to consider how religious diversity amongst young people in care might best be responded to.

The author, having worked as a social care worker in residential services for several years is aware of the unique temporal, legal and policy framework in which these services operate. This makes them an interesting case for exploration in a critical post-secular context. Unlike other state services, when a child comes into care, the state crosses into the personal realm of family life, disrupting the usual personal/private divide. Further rationale is provided in recognition of the complex and deeply entwined historical relationship between religion and residential children's services, as well as the rapid secular progress in recent years. This research seeks to explore the appropriate balancing of practice-based secularism in these services commensurate with the continued presence of religion in Irish society and this unique position of services. Where there has been a near complete removal of religious from the governance of social care in Ireland, are these services sufficiently equipped to respond effectively to the religious needs and preferences of children in care of the state?

While the support and facilitation of religious preferences for children in care is provided for directly in the National Service Standards and less directly in the

recognition of rights relating to religion in the Irish Constitution, legislation and the UNCRC and the European Convention on Human Rights, there is an absence of consideration of such in professional discourse and literature. Religion is somewhat captured in professional discourses of multiculturalism. However, there remains a lack of in-depth and critical discussion of the potential complexities of issues relating to religion both for minority and majority cultures. In addition to wider cultural issues, social care professionals need to be sufficiently knowledgeable and skilled to effectively support diverse religious preferences and none. The potential role of religion in the lives and circumstances of service users, the views, beliefs, and attitudes of religion held by social care professionals have the potential to influence their practice, contributing to unconscious bias. These matters require reflection to ensure effective, anti-oppressive, and anti-discriminatory practice on the part of social care workers and broader service provisions.

> 'Whether atheist, agnostic, nominally religious or devout …workers' own views about religion will consciously or subconsciously influence practice.'
>
> (Howarth & Lees, 2010;92).

1.13 Theoretical and Methodological Foundations of the Research

The issues at the focus of this research sit at the nexus of a series of interlocking philosophical, legal, human rights-based, social, moral, and ethical literatures. While the primary focus of this research relates to the micro-level everyday practices that support and facilitate the religious needs and preferences of children and young people in residential care, it is necessary to appreciate the political, legal, temporal, and theoretical frameworks in which such practice exists. Furthermore, engagement with diverse discourses is required to ground the study in a clear theoretical framework and provide a lens through which to interpret and analyse the data gathered and interrogate the research questions. Consequently, a dual theoretical lens of Secularism and Multiculturalism has been adopted to support a broader and more thorough exploration of the issues at hand. The negotiation of secular frameworks and the application of multicultural ideals to everyday professional practices are foundational to this research focus. Building on epistemological underpinnings of interpretivism,

an appreciation for the importance of micro-level processes and the impact that they may have on the experiences of young people in care was crucial to the adoption of a social constructivist approach throughout the research design. The research aimed to identify some of the key social actors involved and to explore their experiences, opinions, and interpretations of religion in residential children's services. The use of an emergent research design has facilitated a far-reaching insight into everyday practices and the factors that impact them.

1.14 Concluding Comment

The research topic sits within various theoretical debates and must be considered in a variety of social, legal, political, and professional contexts to fully encapsulate the complexity of the issues at hand. This introductory chapter has laid the research foundations, outlining various contextual frameworks, including legal, political, temporal and practice. Delineation of these contexts has provided a rationale for the research and has established a baseline for more in-depth consideration of the relevant theoretical and practice considerations in the coming chapters, which are outlined below.

1.15 Structure of the Thesis

This thesis can be considered in four parts; Chapters 1 and 2 introduce the research aims and objectives and outline the study's historical, socio-political, and professional contexts. Chapters 3 and 4 establish the theoretical frameworks for the research and consider practice-based and theoretical literature from aligning professions. Chapter 5 and 6 outline the research process and outcomes. Chapter 7 and 8 discuss the findings within the theoretical frameworks of the research and revisit the research questions in drawing the thesis to a conclusion.

Chapter 1 has introduced the research and established the research focus and questions by outlining some of the broad frameworks, as well as the rationale for undertaking this research study. Chapter 2 will develop this focus further by considering the historical context of residential children's services in Ireland and exploring the unique and complex relationship between residential children's services and religion.

Chapter 3 establishes the theoretical framework of the research, incorporating a dual theoretical focus. The chapter begins with a consideration of secular/post-secular debates encompassing the concept of religious literacy to provide a bridge to the professional practice context. Theories of multiculturalism are then examined as a theoretical lens in light of the common categorisation of religion in a cultural context in professional practice discourse.

Chapter 4 provides an exploration of literature relevant to the research focus. Literature directly focusing on the research topic is limited in relation to children's residential care services, determining a need to expand the review to other related professional fields and aligned practical and professional discussions.

Chapter 5 considers the methodological underpinnings of the research and outlines the overall design of the research. Adopting an interpretivist mixed-method approach to the research allowed for a thorough exploration of the micro-level practices that support and facilitate children's religious preferences and for identifying some influential factors surrounding micro-level service delivery. By utilising an emergent approach, areas of relevance were highlighted and incorporated into the resulting research design, which consisted of three phases each gathering data from a different professional cohort - Social care workers and managers, social care educators and service inspectors.

Chapter 6 presents the findings of the research, delineating them thematically. Preliminary findings from the survey that informed the later phases of the research through an emergent approach are briefly outlined and then incorporated into the three overarching findings themes that emerged through the process of data analysis. In an effort to provide an integrated flow through the empirical evidence, qualitative and quantitative findings from across the different data sets are amalgamated, thus providing more rounded evidence as a basis for discussion in Chapter 7.

Chapter 7 revisits the germane theoretical framings of the research in order to situate the findings for consideration. Through the application of the theoretical lens and the incorporation of historical, socio-political, and professional frameworks, the discussion here moves to engage with the overall research questions.

Chapter 8 provides a summary discussion of the research and the concluding findings. It further outlines the contributions of this research, highlighting potential impacts for

practice, policy and governance, as well as indicating areas that would benefit from further research.

Chapter 2 – Historical Context – Children's Residential Services and Religion in Ireland

The purpose of this chapter is to outline the historical context for contemporary service structure, governance, and practice in social care/children's residential care services. In examining current day services, it is necessary to consider some significant elements of change and development over the years in residential children's services. Most notable amongst these, for the current purposes, are the change in service model. Outlined below is a dramatic shift from a philanthropic system of care provision, heavily associated with religious organisations, to a service model with increased state involvement both in terms of provision and governance. This secular shift mirrored wider changes in Irish society and culture with the gradual decrease in the role of the Catholic Church in Ireland (Ó Corráin, 2018; Inglis, 1998). This process was complex and involved many factors. While a discussion of all is beyond the scope of this thesis, those that were significant regarding changes in residential care services are outlined below including the publication of inquiry reports, the revelation of child maltreatment in services and a change in thinking about the role of the State in the protection and welfare of children with increased emphasis on state duty and children's rights (Powell *et al.*, 2012).

Following a brief look at the history of residential childcare services in Ireland that serves to highlight the extent of religious involvement in the delivery of these services, more recent developments and changes that have occurred will be outlined in chronological sequence from the early 1900s to current day.

2:1 History of Residential Children's Services in Ireland

As previously outlined in Chapter 1 (Section 1.3) the category of service that is of concern in this research is that which is provided to children who are in the care of the State for reasons of child welfare and protection. These services are categorised as Residential Children's Services by Tusla (Child and Family Agency)[22]. This includes the residential children's services established specifically to cater for the care of

[22] "Children's Residential Services aim to provide a physically, emotionally and psychologically safe space in which children and young people can heal, develop and move forward in their lives." https://www.tusla.ie/services/alternative-care/residential-care/what-are-childrens-residential-services/ accessed 8/July 2021.

separated children seeking asylum in 2010.

Residential childcare has undergone considerable change since the establishment of the Free State in 1922 (Earner-Byrne, 2017; Skehill, 2003; Considine & Dukelow, 2017; Curry, 2011). Changes have occurred on both a macro and micro-level mirroring socio-cultural development in Ireland as well as shifts in both political and practice-based ideologies (Earner-Byrne, 2017; O'Connor, 1992; Inglis, 1995; Buckley, Skehill & O'Sullivan, 2018, Powell, 2003). The most significant of these changes has been in the macro-level secularisation of service provision moving from predominantly voluntary services, mainly religious organisations, to a sector with a clear legal framework placing responsibility on the State for service provision and governance (Buckley *et al.*, 1996; Kennedy & Gallagher, 1997; O'Connor, 1992; Fanning & Rush, 2006, Mc Caughren & Powell, 2017).

2.1.1 Reformatory Schools

Before 1970, residential care was the main service available for children in Ireland who were, for whatever reason, thought not to be receiving adequate care and protection in their home environment. Up to this point, there were two main forms of residential childcare both originating in the Victorian era prior to the formation of the Irish State: These were reformatory schools, and industrial schools[23].

Established under the Reformatory School (Ireland) Act, 1858, these institutions were developed as a way of dealing with children who had engaged in criminal or delinquent activity. Later defined in S44 of the Children Act, 1908[24] as 'schools for the industrial training of youthful offenders, in which children are lodged, clothed and fed as well as taught' these schools had dual objectives of reforming character and teaching skills required for children to support themselves through work (O'Connor, 1992). Previous to the establishment of these schools, there was no separation of the child and adult criminal justice systems, and children were sent to adult prisons (Ludy, 1995; O'Connor, 1992; Fahy, 1942). The legislation, somewhat liberal and progressive in

[23] Prior to the establishment of this structure, many children were lived in workhouses established under the Poor Relief (Ireland) Act, 1838. These services were not child specific however by 1853, 77,000 children under the age of 15 were living in workhouses (O'Connor, 1992; Earner-Byrne, 2017). These services did not sufficiently cater for the quantity of children who were orphaned or without a home following the Famine (1845-1849) and many remained living on the streets or in philanthropic orphanages. Further information available in Chapter 2 – The Report of the Commission to Inquire into Child Abuse, 2009 (The Ryan Report).
[24] Children Act 1908; Part IV Sect 44 (1) p27.

nature for that time, provided for the establishment of these institutions on a philanthropic basis by voluntary organisations with state capitation grants. By 1870, 10 of these schools had been set up, 7 of which were run and managed by the Catholic Church (Ó Corráin & Barr, 2017; Hempton & Hill, 1992; Curry, 2011). By 1900 only 7 of the schools remained. They gradually declined, with some being re-certified as industrial schools. In 1922 only 5 remained (The Commission to Inquire into Child Abuse, 2009).

2.1.2 Industrial Schools

Established under the Industrial Schools Act 1868, the industrial school system was based on a continental model already in existence in Germany, Switzerland, Scandinavia, Scotland and England. Services were provided for children who had not committed offences but were deemed at risk of doing so due to various circumstances. The dichotomised system of the industrial and reformatory schools was in line with the well-established distinction between previously run 'penal schools' for young offenders and 'ragged schools' for the poor across the UK (The Commission to Inquire into Child Abuse, 2009).

The objective of the Industrial schools was to provide children with practical work skills so that they could support themselves upon leaving the school. This approach fit well with the Victorian idea of utilitarian progress (The Commission to Inquire into Child Abuse, 2009). Many orphanages already in existence readily converted to Industrial schools while others were newly established (O'Connor, 1992). A capitation grant[25] was made available for services if they committed to regular inspection by State agents. Many of these organisations remained outside the inspection and funding system, instead continuing to be funded by donations through philanthropic means (Curry, 2011). By 1898 there were 71 industrial schools across Ireland with a total of 7,998 residents[26] (Powell *et al.*, 2012). Industrial schools were abolished in the UK in 1933 but remained in Ireland until the recommendations of the Kennedy Report, 1970 were implemented seeing a move towards a family-based model of care.

[25] These grants were paid per child which contributed to high numbers of children in the schools.
[26] Despite the vast provision of these services, there was 6000 children reported as living in workhouses that year also.

2.1.3 Religious Ownership and Management

While both category of school was subject to state approval and inspection, they were run and managed independently, largely by religious philanthropy (Ó Corráin, 2018; The Commission to Inquire into Child Abuse, 2009; Earner- Byrne, 2017; Whyte, 1980). The Catholic Church was a central institution in Ireland since Catholic emancipation in 1829. The Catholic Church played a significant role in the delivery of these schools[27]. The Established Church across Ireland, however, was the Protestant Church of Ireland (Hempton & Hill, 1992). The Protestant Church founded and ran large numbers of the schools also, with access to greater resources, both financial and administrative influence, than Catholic services. The admission of Catholic children to the Protestant services was of great concern to the Catholic Church. The extent of religious teaching and observance within the school activity contributed to justified fear of proselytisation (Rogan, 2018). The schools allowed an opportunity to imbue children with religion and to strengthen the caring image of the Churches in the community (Ó Corráin, 2018). This concern persisted into the 20th Century with a drive to provide Catholic services for Catholic children and to keep them from the 'Birds-nests home[28]' (The Commission to Inquire into Child Abuse, 2009). In response to these concerns, The Industrial School (Ireland) Act, (1868) contained safeguards to prevent any change in the religion of the committed child (Rogan, 2018).

2.2 Independent Ireland and the Role of the Catholic Church

Social welfare service provisions changed little with the initial establishment of the Free State. The Catholic Church held a prominent role in Ireland in 1922 on both political and cultural levels (Whyte, 1980; Inglis, 1998; Raftery & O'Sullivan, 1999; Considine & Dukelow, 2009). Catholicism was ingrained in the very identity of the Irish people and the structures of the state were heavily reliant on the continued service provision from the Catholic Church. Catholicism was a marker of the new Irish republic and with that came an increasingly close relationship between Church and State (Ó Corráin, 2018; Rogan, 2018; Raftery & O'Sullivan, 1999). It is important to note that, whereas the institution of the Catholic Church was hierarchical and presided over by an episcopal regime of bishops, dioceses, parishes and a structured patriarchal

[27] In 1898, there were 61 schools in operation in what is now Republic of Ireland. 56 of them were run by the Catholic Church and 5 were Protestant organisations.
[28] Protestant run Industrial homes.

clergy, the main social care mission was carried out by religious orders that were separately constituted and largely self-directed. Although largely deferential to the bishops they were independently constituted and financed (Fahey, 1998). Education, health care and residential childcare services amongst others were predominantly provided by these religious orders and other voluntary organisations (Whyte, 1980). The Catholic Church had adopted a role as welfare provider in Ireland in the mid-19th Century focusing mainly on services for women and children (Ó Corráin, 2018; Earner-Byrne, 2017). It is widely understood that these charitable efforts were operated under an overarching concern with anti-proselytisation (Rogan, 2018; Skehill, 2003; Considine & Dukelow, 2017; Curry, 2011; Powell, 2003). The Church was eager to provide Catholic services for Catholic people and to counteract the efforts of Protestant Churches and missionary societies to convert Irish Catholics (Hempton & Hill, 1992). Their efforts were successful, and the 'good conduct' taught in these Reformatory and Industrial schools was widely reflected in the 'good conduct' of the wider society (Inglis, 1998;54). Furthermore, the moral codes of the Catholic Church provided the frameworks for socialisation in Irish society. To be Irish was to be Catholic and to be a good and decent Irish person was to live within the teachings and moral guidelines of the Church (Earner-Byrne, 2017; Inglis, 1998).

This strong cultural position, combined with their strong presence in the institutional structures of the state, meant that the Catholic Church was an integral part of the success of the independence movement. Not only did the State lack the resources to subsume the role of welfare service provider, but there was also no will in government to do so (Inglis, 1998). The powerful position of the Catholic Church at the time meant that they were subject to little criticism and the services they provided were subject to at best, cursory inspection or monitoring by the State (Curry,2011; Inglis, 1998; Powell *et al.*, 2012). This remained the case until the 1960s when the moral authority of the Catholic Church began to decline and their powerful dominance of Irish society, for several reasons, began to retreat (Ó Corráin, 2018; Inglis, 1998). Although this retreat concerns a number of complex factors, the current discussion is concerned only with those directly associated with the secularisation of residential care services, some of which are outlined below.

2.2.1 The Children Act 1908

The late 19th and early 20th Centuries were a time of social reform in the Edwardian United Kingdom. Reformers such as Sebohm Rowntree and Charles Booth sought to understand the causes and characteristics of poverty. As a result, views of children began to shift and they were identified as individuals susceptible to ill treatment and neglect (Earner-Byrne, 2017; The Commission to Inquire into Child Abuse, 2009; Smith, 2017). This reform contributed significantly to the establishment of the Children Act 1908, also known as the Children's Charter. As well as addressing issues of cruelty to children and provision of juvenile detention, this piece of legislation provided a unified system of law for both types of school. This continued to be the primary source of legislation until the introduction of the Child Care Act 1991.

2.3 State Governance of Childcare Services

Traditionally in Ireland, the role of the state with regard to children has been minimal. For the most part, the care and protection of children was viewed as a private family matter with sole responsibility remaining with the parents. Therefore children, in their own right, were not well catered for in Government policy or in legislation. The protection of the family in the Constitution of 1937 as the 'primary and fundamental unit group of society' reinforced this position, placing private family matters largely outside the remit of the Government (Kennedy & Gallagher, 1997; Fanning & Rush, 2006). Given their educational function, Industrial and Reformatory Schools came under the remit of the Department of Education prior to the publication of the Kennedy Report. Other than financial assistance, the Government took a *laissez-faire* approach to these services, leaving the governance and day-to -day functioning to the voluntary organisations concerned.

Powell *et al.* (2012) outline how despite significant change in public attitude towards the institutionalisation of children from the 1950's on, it was the prospect of joining the European Union that was of key influence in the change. A 1966 OECD committee report on education which highlighted human rights issues in the Industrial School systems made it clear that as it stood, Ireland would not pass the necessary human rights threshold tests to enter the EU. 'Ireland's dark secret of institutionalised child abuse could have stopped its application on human rights grounds' (Powell, *et al.*,2012;5). In 1967 the Government set up a committee to carry out a survey of the

Reformatory and Industrial schools. The Inquiry was carried out between 1967-1970 chaired by District Justice Eileen Kennedy.

While the increase in state welfare functions regarding children was gradual and ad hoc, the Reformatory and Industrial Schools Report, 1970, (commonly known as the Kennedy Report) acted as a significant stimulus for change in children's residential services. In line with recommendations in the Kennedy Report, the Department of Health, assumed responsibility for all children's services in 1974.

2.3.1 1970-1990

The 1970s were a period of considerable change in many aspects of Ireland and Irish society. The Lemass era recognised the political, economic, and social stagnation of the State and sought to open the country to the winds of change. Industrialisation and modernisation spread rapidly and for the first time the State was in a position to take on the duties and responsibilities that it had devolved to the religious institutions. The advent of television and the new outward perspective increased public pressure to force social and cultural change (Powell, 2015). It also highlighted a need for further change in many matters relating to human rights, service access, and delivery. This period is significant in the history of residential care services and in child protection and welfare issues in general (Considine and Dukelow, 2017; 2017).

The publication of the Reformatory and Industrial Schools System Report 1970, was a catalyst for change in the residential child care system in Ireland. The report called for 'the present system of residential care to be abolished' and made several recommendations on providing a less institutionalised and more child and family centred service for the care and protection of children. The report called for the deinstitutionalisation of services into a smaller group home model of care. It further stated that the admittance of a child into residential care should be a final resort when all other options have been exhausted. What was recommended instead, was increased investment in family support and prevention/early intervention services that would minimise the need for residential care. In addition to this, several other recommendations were aimed at making the services more suitable to the needs of children and to emphasise their welfare. These included an increased responsibility on the part of the State in the provision and monitoring of the services; the introduction of new legislation governing the care and protection of children and the need for

specific training for staff caring for children in the centres (Kennedy, 1970; Skehill, 2003: Considine & Dukelow, 2017; Powell *et al.*, 2012).

In line with recommendations in the Kennedy Report, responsibility for overall childcare was allocated to the Department of Health in 1974. This was a significant move towards greater State involvement and responsibility for children in the residential care system. A task force was established quickly to make recommendations for a new Child Care Bill. The Final Report of the Task Force on Child Care Services was published in 1980 echoing several of the recommendations made in the Kennedy Report including using residential services as a final resort and updating the legal framework (Kennedy & Gallagher, 1997).

Following these two reports, there was a dramatic decrease in the numbers of children admitted to residential care. In 1968-9 there were 4834 children in residential care, three quarters of these were in residential institutions and a quarter in foster care. By 1980 these divisions had reversed with three quarters of the children in residential care now placed in foster care services. A decrease in the overall numbers of children in care was short lived however and by 1989 the statistics were on an upward trend with 5,517 in care. The proportionate divide however remained in favour of foster care services with 88.5% of these children being placed in foster care (Kennedy & Gallagher, 1997). The impact that the Kennedy Report had on services is evident here; inspiring greater State involvement and determining a move away from the residential model in favour of foster care provision.

2.3.2 The Emergence of Social Care and the Changing Status of Social Work

The 1970s was also characterized by the emergence of the profession of social care. In response to recommendations of the Kennedy Report (1970) the first social care training course in Ireland, the Kilkenny Child Care Course, began in 1971. This course focused specifically on working in children's residential services. Soon after in 1974, a Diploma in Child Care began in Dublin Institute of Technology. This was soon replicated in Waterford and Sligo again focused on training people to work in residential child care services (Mc Sweeney, et al., 2016). The first representative body for social care workers was also established in the 1970s first known as the Association of Workers with Children in Care (AWCC) and later as the Irish Association of Care

Workers[29]. IASCE remains as a representative body for professional social care workers[30] (Howard & Lyons, 2014; Burke, 2021).

Another significant change for children in care in the 1970s relates to the professional status of Social Work. Once the Health Boards were established in 1971, social workers were employed under the community care programmes in the newly established Health Boards (Considine & Dukelow, 2009). This cemented a place for frontline child welfare services at a community level. This was a significant development in terms of the importance that was placed on child welfare and the responsibility that the State had to adopt for such. The importance of family support and providing the child with services near their community, were at the forefront of service delivery. Such an increased emphasis in community childcare and family support combined with decreasing numbers of religious personnel in Ireland, resulted in the closure of many of the existing Industrial and Reformatory schools in the 1970s (Ó Corráin, 2018). The decreased prominence of religion in Ireland (to be discussed later) saw a rapid decline in the religious staff available to run and manage these institutions. Remaining residential care services began to adopt a community group home approach with smaller numbers of residents located in local communities and housing areas (Inglis, 1998; O'Higgins, 1996; Kennedy & Gallagher, 1997).

2.4 The Child Care Act 1991

Before the 1990's, the main legislation governing child protection issues was the Children's Act, 1908 which allowed for the removal of children from their guardians in circumstances of confirmed abuse or neglect (Curry, 2011; Considine & Dukelow, 2009). This was replaced by the Child Care Act, 1991 which is regarded as a landmark development in the area of child protection and was the first such legislation in almost a century. It placed direct responsibility on the State to promote the welfare of children who are not receiving adequate care or protection from their primary carers. The Act thus marks the end of the *laissez-faire* approach from the state towards children. Furthermore, the Act places the welfare of the child at the forefront of consideration therefore superseding the rights of the parents or the family unit where there is significant cause for concern. However, this continued to be problematic given the

[29] Established in 1972
[30] In 2011, the IASCW joined with Irish Association of SC Educators and Social Care Managers to form Social Care Ireland, an umbrella representative body.

primacy of parental rights of married couples in Art 41 of the Constitution. The Act also provides frameworks for admission to care under various care orders. Importantly for the current discussion, the Child Care Act 1991 also provides for the registration and Inspection of Children's Residential Services. The Child Care Act, 1991 was to be introduced over a phased period and was not fully implemented until 1996. It continues to be the legal framework for the operation of child welfare and protection services and the main legislative underpinning of Children's Residential Services in conjunction with the Child Care (Placement of Children in Residential Care) Regulations 1995 and the Children First Act, 2015 (Fanning & Rush, 2006; Considine & Dukelow, 2017; Skehill, 2003).

2.5 Children's Rights 1990's - Present Day.

Since the introduction of the Child Care Act 1991, there has been increased emphasis on the rights of the child in society and increased discussion on the appropriate role of the state in protecting those rights. Critical to developments post 1990 has been the UN Convention on the Rights of the Child (UNCRC) which was published in 1989 and ratified by Ireland in 1992. This was significant in reflecting a formal shift in the position of the child in society (Kilkelly, 2008). The UNCRC is an internationally binding framework for realising the rights of the child (Considine & Dukelow, 2009; 2017). The implementation of the Convention is monitored by the Committee on the Rights of the Child in each individual ratifying country. It describes 42 separate rights that each child has, and it holds the State accountable for these rights to be promoted and protected. A report issued by the committee on Ireland in the Mid 1990's highlighted an 'absence of a focused governmental approach to the needs of the child' (Langford, 2007;251, cited in Considine and Dukelow, 2009;376). This report resulted in several policy developments over the following years aimed at bridging this gap in children's rights recognition. A designated Minister of State for Children was appointed in 1994 and the Department of Health became the Department of Health and Children in 1997.

The first National Children's Strategy was published in 2000 following widespread consultation with key stakeholders. The strategy is significant in its acknowledgment of the multi-dimensional aspects of child development and the multiple sources of both formal and informal developmental support. The strategy committed to three

overall goals in a long-term plan. These goals focused on giving a voice to the child; increasing understanding of childhood through research and education and the provision of services to support the development of children. The National Children's Office was established in 2001 to oversee the implementation of the strategy. The NCO was subsumed into the Office of the Minister for Children and Youth Affairs (OMYCA) in 2005, bringing together a range of relevant policy units from various departments. An independent Ombudsman for children post was established and the first incumbent was appointed in March 2004 tasked with promoting the welfare and rights of the children and dealing with complaints made by or on behalf of children in relation to the actions of public organisations (Buckley, Skehill & O'Sullivan, 2018; OCO, 2021). The shift from being a reactive agency investigating complaints to a proactive agency promoting and highlighting children's rights directly reflects the UNCRC's mission. In 2011, the Department of Children and Youth Affairs was established as a separate government department with a full government minister holding responsibility for all child related functions (Considine & Dukelow, 2017). This Department has since become the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

These developments are significant in marking the rapid and dramatic change in the functions of the state regarding children. Furthermore, they evidence a shift in how children are viewed and the emphasis that is placed on the care and protection of children in Irish society. Developments have continued in this direction in Ireland with increased provision for children's rights, protection and their participation in society. The Committee on the Rights of the Child continue to provide periodic reports on children's rights in Ireland. Recommendations from the 2016 and 2023 reports have been incorporated into several developmental strategies and legislation addressing a range of issue affecting children. These include but are not limited to;

> …the Children First Act, Children and Family Relationships Act and Irish Sign Language Act; and adoption of many new progressive pieces of legislation and strategies, including the National Traveller and Roma Inclusion Strategy 2017–2021, the third National Strategy on Domestic, Sexual and Gender-based Violence 2022, the National Strategy for Women and Girls 2017–2020, the LGBTI+ National Youth Strategy 2018–2020, the National Disability Inclusion Strategy 2017–2021, the Youth Justice Strategy 2021–2027. It notes with appreciation the ratification of the Convention on the Rights of Persons with Disabilities in 2018.

(Committee on the Rights of the Child, 2023)

The Children Act, 2001 provided new legislative frameworks for children in the criminal justice system and established children's detention centres. These centres fall outside of the category of Residential Children's Services that this research is concerned with; however, the clear distinction that has now been drawn between residential services and services addressing criminal behavior is noteworthy. The Children First Act, 2015 commenced in full in December 2017. This Act operates in conjunction with the Children First National Guidelines for the Protection and Welfare of Children 2017 (amended in 2019). Both publications aim to increase protection for children against abuse and neglect through raising awareness, improving child protection arrangements in children service organisations, and providing for mandatory reporting by several key professionals (Tusla, 2023). These legislative developments mark an increase in State involvement in secular service provision for the protection and care of children.

Other recent policy and strategy developments promoting the rights, protection, and participation of children in Ireland include Better Outcomes, Better Futures; The National Policy Framework for Children and Young People 2014-2020, which represents the first overarching national policy addressing ages 0-24. It contains 163 policy commitments across Government Departments towards positive outcomes for children and young people. Children's rights have moved from being an adjunct to government administration towards being mainstreamed. The National Strategy on Children and Young People's Participation in Decision Making 2015-2020 which provides for children's voice to be heard in decisions affecting them. This strategy specifically refers to alternative care arrangements and young people's right to be involved in decision making processes.

2.6 Child Abuse in Childcare Institutions and Public Awareness

As outlined above, there has been increased emphasis on child protection issues in Ireland since the 1990s. This has been a multi-factor development combining influences from both international and national sources (Powell, 2015). Of key relevance in the national context were a number of high-profile cases of reported child abuse in the 1990s. These well reported cases saw increased public awareness of issues

of child protection and increased national pressure on the Government to take preventative action. The Kilkenny Incest Investigation in 1993 was one of the first of these cases to report sexual and other forms of abuse in the family home and to highlight the absence of adequate protective and preventative measures in place. Throughout the 1990's, a number of other cases came to light in the public forum, many of which had reported abuse within residential and other institutions run by religious organisations. The 'States of Fear' documentary aired on RTE in 1999, produced by Mary Rafferty, concerned some of these reported cases and highlighted the prevalence of abuse within former industrial and reformatory schools (Powell, 2015; Powell *et al.*, 2012). The series along with her book, with Eoin O'Sullivan, exploring maltreatment in Reformatory and Industrial schools[31], generated public outrage and much controversy which in turn, put considerable pressure on the Government to act. An Taoiseach at the time, Bertie Ahern, issued a public apology in 1999 to all those who had suffered abuse within State institutions.

> 'On behalf of the State and all its citizens, the Government wishes to make a sincere and long overdue apology to the victims of childhood abuse for the collective failure to intervene, to detect their pain, to come to their rescue…'–

A Commission to Inquire into Child Abuse was established in 2000 to investigate accounts of child abuse in state funded institutions and to coordinate a system of compensation. The Final Report of the Commission to Inquire into Child Abuse, more commonly known as the Ryan Report, was published in 2009 detailing horrific accounts of abuse and neglect in residential institutions. The report contains accounts of physical, sexual, emotional abuse and significant neglect at the hands of the people working in and running the institutions, predominantly personnel of the Catholic Church (Ó Corráin, 2018; Powell *et al.*, 2012)[32].

The controversy arising from the publication of the report forced immediate action on the part of the State. Within two months of the report the Office Minister of Child and Youth had published a 99-point plan for implementation of the recommendations contained in the report with the addition of some extra actions to be taken. These included placing the Children First Guidelines on a statutory footing, which did not

[31] Rafferty, M & O'Sullivan, E (1999) Suffer the Little Children
[32] A redress scheme was established in 2002 to compensate people who were abused as children in industrial and reformatory schools and other institutions between 1930s and 1970s.

occur until 2015, and increasing the deployment of social workers ensuring that each child in the care system has an allocated social worker.

In addition to the Ryan Report, the early 2000's saw other investigations carried out by the State into clerical abuse in the Catholic Diocese of Ferns, Wexford, and the Dublin Archdiocese among others[33]. These reports highlighted the powerful position of the Catholic Church in Irish society by evidencing attempts to cover up reports of abuse and a failure of the Church to report these incidents to the Gardai or anyone outside of the organisations. Efforts from the Church were often directed at protecting the accused and the Church rather than protecting the victims (Murphy, Buckley & Joyce, 2005; Buckley, Skehill & O'Sullivan, 2018).

The extent of the abuse uncovered at the hands of religious personnel and the inaction on the part of the religious organisations to protect children, accelerated the already declining prominence of religion and the decreasing role of the Church in Ireland (Ó Corráin, 2018). The outrage of the public at the crimes and mistreatment of vulnerable people by those entrusted with their care was significant and marked a seminal moment in Irish social history.

2.7 Legacy for Contemporary Children's Residential Care Services

The combined factors outlined above highlight how residential childcare services in Ireland have undergone rapid and considerable change, particularly in the past 50 years. Most significant of these changes is the increased role of the State in the provision, governance and monitoring of services and the overall move to a secular delivery framework. The placement of child welfare at the centre of all service development and standards has occurred along with a general increase in concern for the welfare of children. The uncovering of abuse that occurred against children living in religious affiliated residential care services, signaled the final demise of the role of the religious orders in institutional childcare. Though religious institutions may be withdrawing, and their place taken by secular professional social care workers this does not mean that religion itself is excluded. As the state becomes more culturally and religiously diverse a need has been identified for service providers to be sensitive to a

[33] Ferns Report into Clerical Sexual Abuse, October 2005; Murphy Report into Clerical Sexual Abuse, November 2009; Cloyne Report into Clerical Sexual Abuse, July 2011; Magdalene Laundries Report, February 2013.

society where religion, spirituality, ethics, and tolerance present greater challenges than the previous monocultural paradigm (Triandafyllidou, 2011).

2.8 Concluding Comments

This chapter has provided detailed insight into the history of child protection and welfare and Residential Children's Services in Ireland. The unique and complex relationship between residential services and religious orders has been highlighted and the rapid changes to the sector have been mapped. This discussion has clarified the legal, political, social, and historical framework of the research topic and in doing so has further strengthened the rationale for the research. Having outlined these parameters, the focus can now move consider the theoretical parameters of the research in Chapter 3.

Chapter 3 - Theoretical Framework

The issue of supporting and facilitating access to religious belief, practice, and development for children in the care of the state sits at the nexus of a series of interlocking philosophical, legal, human rights-based, social, moral, and ethical literatures. While the primary focus of this research relates to the micro-level everyday practices that support and facilitate the religious needs and preferences of children and young people in residential care, it is necessary to appreciate the political, legal, temporal, and theoretical frameworks in which such practice exists. It is necessary to engage with diverse discourses to ground the study in a clear theoretical framework that supports and clarifies the context and provides a lens through which to interpret and analyse the data and consider the findings. Having previously outlined the legal, political, and historical frameworks of children's residential care in Ireland in Chapters 1 & 2, discussion will now move to develop the conceptual and theoretical framework of the research. The adoption of an integrated theoretical framework allows for a more robust consideration of the nuances of the focus area and will enable a thorough examination of practice in this area. The conceptual framing will therefore incorporate two theoretical perspectives: Secularism and Multiculturalism.

The first theoretical framework that will be outlined and discussed is that of Secularism. In recognition of the deeply entwined and complex relationship between religion and residential children's services in Ireland, it is vital to critically consider the appropriate secular determination of such services. Although the principal aim of this chapter is to situate the research within a theoretical context, an understanding of the evolving concept of secularism and the surrounding theoretical debates requires an appreciation for the impact of socio-political shifts and changing philosophical viewpoints. Adequate depth of discussion into the theoretical concepts necessitates an insight into the multi-layered process of secularisation involving political shifts, structural differentiation, and the evolving ethos. These layers will be outlined to support the clear discussion of secular theories and some of the critique which has led to the development of post-secular considerations.

Discussion will then move to consider the concept of religious literacy and the application of post-secular theories to professional practice contexts. This provides a means to draw the discussions into a micro-level focus, highlighting some of the key

areas of importance for secular determination in everyday practice and service delivery.

A second theoretical framing will be applied to this research. While religion and culture are recognised as separate concepts[34], they are often categorised together or in close relation. This is specifically the case in a lot of practice-based literatures in the field of social work where appropriate approaches to facilitating and respecting religious diversity are encompassed in 'culturally sensitive/humble' approaches or 'culturally competent[35]' models of practice. For this reason, theories of Multiculturalism will be an essential element in framing the research. Section 3 of this chapter, then, will outline some of the socio-political concepts of Multiculturalism before moving to discuss the application of multicultural ideals in professional practice contexts. Exploring culturally sensitive practices in different professional contexts will allow for examination of some of the often-conflicting epistemological positions surrounding cultural diversity and the 'best' approaches to be taken in society and in practice. Debates concerning culturally sensitive practices and approaches link closely with wider deliberations focused on racial and cultural discrimination and the decolonisation of state institutions which may be inadvertently reinforcing Eurocentric ideals and cultural discriminations.

The chapter will begin with a look at the changing role and place of religion in Western societies which provides a foundation for consideration of secular theories.

3.1 The Changing Role and Position of Religion in Western Societies

The changing role and positioning of religion in society is not unique to Ireland. Adaptations to the positioning, role and practice of religions can be identified across the globe. Kurtz (2014, 2016) highlights that the historically transient nature of religion and the changing role and influence of religion in society must not be ignored. Religion has always been a changing phenomenon impacted by political, social, and cultural norms of the surrounding environment and continues to be so (Bruce, 2011). In consideration of the changes that have occurred with religion in Western societies in recent years, Kurtz (2016) identifies two periods of crisis for religion in Europe:

[34] For further information on the relationship between religion and culture see, Fitzgerald, T. (1997), Roy, A (2015), Beyers, J (2017), Rawan Abdulla, M (2018) – full references in bibliography.
[35] Discussed in further detail in the Literature Review – Chapter 4.

modernism and multiculturalism[36]. These he suggests have contributed to large-scale changes in the position and practice of religion across many parts of Europe constituted by dual processes of secularization and privatization. Modernism and the changing views towards religion in political and scholarly concepts, will be discussed in this section. Multiculturalism will be discussed in Section 3.6 later in the chapter.

3.1.1 Modernism

Kurtz (2016) defines modernism as the emergence of the global scientific – technological culture. This has resulted from the industrial, scientific, and technological revolutions, commencing at the time of the Enlightenment - dating from the end of the 17th and 18th centuries. It was then that the concept of reason emerged as the primary source of authority and legitimacy and there was a decided shift towards separating church and state. In considering the impact of this cultural, economic, and political shift on religion in Western societies, Kurtz (2016) attributes the adoption of a secularized approach across many countries to this period. He suggests that perceptions among many European intellectuals in the 19th Century was that religion was losing its salience as a result of two interrelated social movements: the democratic and scientific revolutions.

The democratic revolutions of the 18th Century France[37] were particularly important in impact. If the monarch derived his mandate to rule from Heaven, as Absolute Monarchies considered themselves to do, then religious and secular authority were at least conjoined. Resistance to State authority was considered as an affront to the Deity. The identification of religion with the ruler in practical terms derives from the *Cuius regio, eius religio*[38] concept adopted at the Peace of Augsburg in 1555. The Crown and Church in France stood side by side in defending the *Ancien Régime* during the French Revolution, a solidarity that forced together positions of pro-democracy and anti-religion. Kurtz suggests that those who opposed the monarchy automatically stood in opposition to the Catholic Church due to its close support of the old regime. The resulting demise of the monarchy in France had a significant impact on the position of the religious institutions and commenced a period of structural differentiation where

[36] Multiculturalism will be discussed separately below in section 3.7.
[37] French Revolution 1789-1799

[38] From Latin: "Whose realm, their religion" i.e. the religion of the King determines the religion of his realm (state).

the Church was removed from the delivery of state services and function. The passing of the old regime resulted in the secularisation of many spheres of European society, notably education and politics. During the revolution, advocates of democracy recognised the power of the Catholic schools in promoting monarchical ideas and made the creation of state schools a priority with the introduction of democracy (Durkheim, 1961; Kurtz, 2016). With the demise of Absolute Monarchy and the abandonment of the concept of political power deriving from a Deity, the principle of religious conformity and its enforcement by the State, effectively ended as an essential element of state functioning at least where popular democracy was getting traction.

Christianity and the Roman Catholic Church bore the brunt of the modernist crisis in Europe because of their political alliances with the *Ancien Régime* and the concept of Absolute Monarchy. Although originating in France, the democratic revolution had a significant impact on wider Europe and saw influence on many neighbouring countries in relation to both governance issues and those of the positioning of religious institutions. Over time, the role and practice of religion in Europe changed albeit at different rates in different states. With religion becoming more of a private and personal choice it also set in train religious disengagement. This process was facilitated by the emerging popularity of a secular ethos and secular theories that promoted the separation of the state function and religious organisations. Furthermore, the Industrial Revolution and the Scientific Revolution[39] greatly impacted the dominance of the religious institutions particularly among educated and affluent classes (Cook, 2017). It was the Christian religions that again experienced the greatest impact due to their monopolistic truth claims and their dominant positioning in areas of culture and education.

This multi-layered process of secularisation, which involves the differentiation of religious institutions from other spheres of life, was a hallmark of religious and

[39] Western science was historically entwined with the Judeo-Christian tradition. However, scientists came into direct conflict as science began to question the monopolistic truth doctrines offered with church authorities beginning in the 17th Century when church authorities charged Galileo with heresy due to his claims that the earth revolved around the sun. As the conflict between scientists and church authorities escalated, their positions polarized and it became increasingly difficult to be both a Christian and a 'champion of scientific enquiry' (Kurtz, 2016;215). For more information of the scientific revolution see Kurtz (2016) p;215-219.

political reform following the French revolution.

> '*In country after country in Europe the official relationship between the State and the Church was terminated*'
>
> (Kurtz, 2016;224).

3.2 The Ethos of Secularism

Emerging in conjunction with the process of structural differentiation were theories and an ethos of secularism. It is important to understand secularism as a process that has evolved over time and been refined by experience and observation. Its original predictive claims of an end to religion as inevitable and conclusive are challenged in more recent theories. This section of the discussion takes time to understand the origins of secularism and the widespread scholarship and empirical developments that have refined its application.

3.2.1 Origins of Secularism

The word 'secular' is of Latin origin and is translated to mean, *inter alia* 'of this world'. The term was originally used in relation to things that can be seen and experienced directly as opposed to through faith. However, the contemporary use of the word and the thesis of secularisation are more complex and do not necessarily place religion in opposition to all else.

George Jacob Holyoake first used the term in the theoretical context in 1846. Holyoake was the leader of the English secularist and free thought movement. He did not explicitly portray the concept in opposition to religion; instead, he used it to describe 'a form of opinion which concerns itself only with questions, the issues of which can be tested by the experience of this life' (Kurtz, 2016;60). These ideas were closely aligned with emerging trends of scientific enquiry. The concept of secularism was originally developed as a non-religious philosophy focused on the needs and concerns of humanity in this life. Theories of secularisation are closely linked with the Age of Enlightenment (1685-1815) and what are commonly characterised as the 'modern' theories of society. Ever since the Age of the Enlightenment, leading figures in philosophy, anthropology and psychology have postulated that theological superstition; symbolic liturgical rituals and sacred practices are the product of a shadowed past that will be outgrown in the modern era (Norris & Inglehart, 2004).

3.2.2 Secularisation as a Determinist Process

The seminal thinkers of the 19th Century including Auguste Comte, Karl Marx, Herbert Spencer, Sigmund Freud, Emile Durkheim, Max Weber, all believed that religion would gradually fade in importance in society and cease to be significant with the advent of the industrial society (Norris & Inglehart, 2004; Kurtz, 2003). The Enlightenment era called into question the concept of absolute religious truth replacing it with the doctrine of relativism that purports knowledge, truth and morality exist in relation to cultural society and context (Kurtz, 2003).

Furthermore, secularisation was ranked with bureaucratization, rationalization, and urbanization as the key historical revolutions transforming medieval into modern industrial nations (Norris & Inglehart, 2004).

As C. Wright Mills stated;

> 'Once the world was filled with the sacred in thought, practice, and institutional form. After the reformation and renaissance, the forces of modernisation swept across the globe and secularization, a corollary historical process, loosened the dominance of the second. In the course, the sacred shall disappear altogether except, possibly, in the private realm'
>
> (cited in Norris & Inglehart, 2003; 8).

3.2.3 Evolving Concept of Secularisation

It is important to note the evolving concept of secularisation. Originally used in an ontological sense, the term secular gradually adopted a more political sense with its application to social policy and sociological discourse. Through that lens, the term generally refers to societal function and structure that is either separate from, or, neutral to religion. This focus finds its roots in the move for structural differentiation championed in the time of the French revolution and in the close links to scientific ethos of the Enlightenment period. This ethos insists that through the substitution of religion with scientific rationality, it is possible to adopt an objective viewpoint that stands above religious or cultural bias (Kurtz, 2016).

3.3 The Stubborn Persistence of Religion

Although evidence of secularism, in both a structural and a doctrinal sense, is widespread with the reduction of influence of religious bodies in society and the increasing positioning of religion in the private domain of people's lives (Giddens,

2021; Renehan & Williams, 2015) theories of secularisation have come under scrutiny in recent years in recognition of the remaining relevance of religion in contemporary societies (Baker *et al.*, 2018). Religion continues to play an important part in the lives of many people and continues to be relevant to everyday life practices as well as national and international political affairs (Dinham, 2020; Dinham & Francis, 2016; Prothero, 2010; Habermas, 2010). Critics of secularism highlight the multiple indicators of religious relevance in society including continued involvement in religious ritual such as church attendance, the emergence of New Age spirituality in Western Europe and the surge of fundamentalist movements and ethno-religious conflicts around the world (Cassanova, 1994, 2015; Norris & Inglehart, 2004; Reder & Schmidt, 2010, Habermas, 2010; Kurtz, 2016). Reder & Schmidt (2010) and Baker *et al.* (2018) argue that instead of disappearing from society, religion has undergone multifaceted transformations. People approach religion in different ways, and it plays an altered role in society, but it is in no way obsolete.

Theories of secularism have been criticised for their lack of foundational research and the extent of presumption involved in their development.

> 'Theorists who postulated the death of religion under modernity's crush (or at a minimum, its retreat into the closet of the private) often based their predictions on nothing more substantial that a vague air of scepticism…if academia is marching away from God… the rest of the world would surely follow'
>
> (Prothero, 2010;40).

3.3.1 Recognising Regional and Cultural Limits to Secularisation

An additional critical point of the secularisation thesis is that much of the evidence of it is within developed Western countries. Outside of the Global North, there is little evidence of a decreasing role and prominence of religion (Giddens & Sutton, 2021; Norris & Inglehart, 2003; Mawhinney, 2007). As highlighted by Davie (2010), the majority of people in the world continue to live in sacralised societies where religious traditions are a natural part of everyday life and where religion and religious institutions continue to hold prominence in society and culture. These, however, are not the people that develop theories of secularisation and contribute to contemporary debate regarding the role of religion in society (Kurtz, 2014). As outlined above, the philosophical foundations of secularism developed alongside structural differentiation

in Europe. This conversation did not occur in other parts of the world to the same extent and ideas of secularism did not gain the same popularity outside of Europe[40].

Furthermore, emerging theories of anti-secularisation acknowledge the continuation and growth of religion in American societies. These theories call into question the prediction of reduced relevance in modern societies proposed by original secular thought (Alvey, 2003; Harvey, 2009). Maffesoli (1996) draws attention to what he terms 'neo-tribes' in today's society. These include social groupings based on common interest, appearance, or social issues. Building on Durkheim's theory of the 'religious search' (1912) Maffesoli (1996) argues that these neo-tribes in society are evidence of a very strong need for social contact and interaction, a need that was once embodied in religious congregations. This ideology of neo tribalism suggests these new groupings are one of many new forms of religious expression (Putnam, 2000; Mc Pherson *et al.*, 2006). Kurtz (2016) supports this argument in suggesting that amongst the direct outcomes of the crisis of modernism is the construction of quasi-religious forms that fulfil many of the social and psychological functions of traditional religions.

In sum, the position of religion in developed countries is much more complex than the original secularisation thesis suggested. It is argued that theories of secularisation need to be updated and adapted in order to recognise the continuing ubiquity of religion (Habermas, 2010; Norris & Inglehart, 2004; Maffesoli, 1996).

3.3.2 The Demand for Post-Secularisation Theory

Despite the transformation of practice and influence of religion in modern and postmodern societies, religion remains an important social phenomenon. From the 1990s onwards, Jürgen Habermas has addressed the topic of religion in postmodern society (Habermas 2006; Habermas *et al.*, 2010). He suggests a need for a theory of 'post-secularism' to address the continuing importance of religion in the postmodern or 'post-secular' society as he refers to it. Contemporary societies must expect that religions will continue to exist and should seek to engage with them in constructive dialogue. He purports that democracy in society depends on a moral stance that originates in religious faith and moral teachings from the past. He argues that faith

[40] In support of this argument, it is noted that in researching for this review, literature of secularism was predominantly from European and American sources. Despite serious efforts, limited literature was found that discussed secularism in underdeveloped or non-Western countries.

and reason have the same origin and they must be accommodated to coexist in today's society. Reason by itself, cannot maintain the morality and sense of collective solidarity that are required for a democratic society or a liberal state. This, he argues, will require a complementary learning process in which the secular and religious sides involve one another (Habermas, 2010; Ungureanu & Thomasse, 2015).

Norris & Inglehart (2004) agree that an adapted version of the secularisation theory is required for contemporary society. Furthermore, they argue that different levels of consideration and acknowledgment are required for different societies and indeed different people within society. Exposure to physical, societal, and personal risks drives religiosity and therefore will have different levels of meaning and relevance in the lives of different people depending on their life circumstances and experiences. 'People who experience ego-tropic or socio-tropic risks tend to be more religious than those who grew up under safer, more comfortable, and predictable environments' (ibid; 8). In largely secure societies, the importance of religion in the lives of many has decreased; however, the remnants of religion have not died away. 'Conversely, a systematic erosion of religious practice, values and beliefs has occurred among more prosperous strata in rich nations' (ibid; 8). They therefore suggest that theories of secularisation need not only account for the remaining importance of religion but also allow for the varying levels of importance amongst different societies and individuals within the same societies (Spohn, 2015).

3.4 In Defence of Secularisation Theory

Arguing for the continuing validity of secularisation theory, Bruce (2011) highlights evidence of a continued decline in religion across the world. However, he does not claim that secularisation concerns the 'death of religion' and instead advocates that the aim of the secularisation paradigm is to explain one of the greatest changes in social structure and culture that is the 'displacement of religion from the centre of human life' (ibid;1). Bruce outlines the various elements of societal change that quantify secularism including the decay of religious institutions and the decline of influence of religious teachings on behaviour and social activity. These he argues are increasingly evident in Western societies. He further suggests that the influence of religion on societies is evident through many of the remaining physical structures.

Despite the example of Cathedrals however, he does not provide any further evidence of religious influence, empirical or otherwise.

Secularisation, Bruce suggests, is not a new phenomenon in Western Europe and there have been changes in religion and religious organisations throughout modern history. 'Christian Churches have gained and lost influence, popular religiosity has ebbed and flowed' (ibid;5). In providing a brief history of many of the dominant religions across Europe and the influence of several historical events, he suggests that Christian Churches have been subject to much change, mostly self-determined, in response to the liberalisation of the general environment[41]. Christian Churches themselves have become more liberal in doctrine:

> …post 1945 histories of Western and Eastern Europe have been very different, the outcomes for the Christian Churches have been sufficiently similar… the hegemonic churches have lost significant power, prestige and popularity and the new entrants to the market have made little headway in filling the gaps' (ibid;14).

These are similar to the views of Kurtz (2016) who contends that secularisation is evident in the significant decline in doctrinal orthodoxy, a shift in the focus from the next world to this one and in the weakening in the 'ties of obedience' (ibid;15) across all strands of Christianity in Europe. He highlights similar trends to, across USA, Canada, Australia, and New Zealand.

Voas (2009) completed extensive research on generational shifts in religiosity across 21 European countries. When he compared the religiosity of Europeans born in the 1920s and those born in the 1980s, he found that the older generation were exactly twice as likely as the younger generations to be religious. This same two-generational difference was evidenced across most of the European countries with some small variations of increased or decreased difference. Hungary, Ireland, and Spain were found to have a slightly bigger gap and Finland, Norway, Denmark, and Slovenia had a smaller gap. He concludes from these comparisons that the rate of secularisation across Europe is similar regardless of the difference in historical religious relationships and various historical influences. There is a common trajectory of religious decline across Europe, what varies is when the decline began and how quickly it is occurring.

[41] For more information on these societal influences, see Bruce (2011) Secularization, New York, Oxford University Press.

3.4.1 The Case of Ireland

Ireland is specifically referred to by Vaos (2009) due to the conventional understanding of Ireland as traditionally an exceptionally religious place. Here he explains, the decline of religion started later and has been more rapid than other European states. This is supported by survey[42] evidence completed in the 1980s in Ireland that found mass attendance rates among Irish people to be close to 80% while twenty years later this figure had reduced to just over 40%. This is also evidenced by an RTE poll conducted in 2006 which revealed that 48% of respondents attended mass weekly, a reduction of 81% from a similar poll in 1990. A 2010 European Social Survey indicated further reduction with only 41.3% of participants attending weekly mass in Ireland. CSO figures demonstrate significant decline in the percentage of the population identifying themselves as Roman Catholic in recent years. Figures from 2022 show that 69% (3,515,861) of people in Ireland identified as Roman Catholic, a near 10% drop from the 78.3% recorded in 2016 and 94.9% identifying as such in 1961. Figure 3.1 below shows the distribution of religious populations in Ireland at intervals starting from 1881. A rapid increase in the numbers categorised under 'no religion' can be seen since the 1990s. This number rose again in the 2022 Census, and is now at 736,210.

[42] He does not indicate who completed this research.

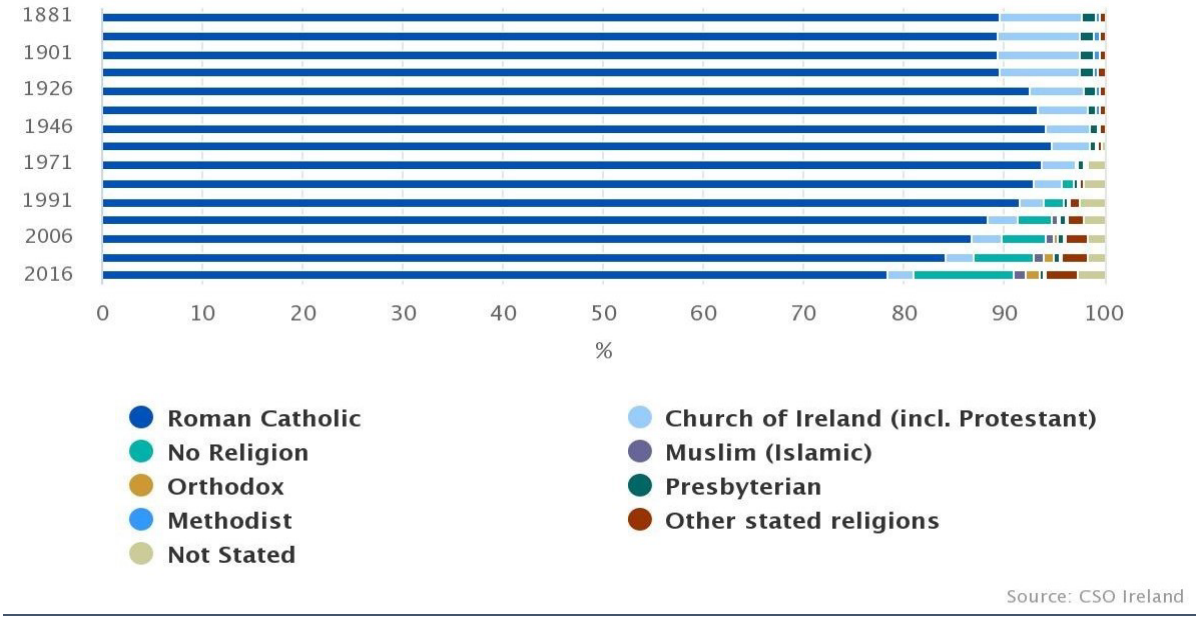


Figure 3; Percentage Religious Population Change 1881-2016 (CSO, 2017).

Further evidence of rapid decline can be found in looking at the rate of religious vocations. In 1965, 1,375 men in Ireland joined the priesthood. In 1994 it was 201 and in 2000 the number was just 61. The Irish Catholic (2016) reports that the number of priests in Ireland fell by a further 16.4% over the 10-year period 2004-2014. A total of 64 seminarians were studying for priesthood across Ireland in 2021. Similar trends can be seen in female religious. In 2022, The Irish Catholic reported that the number of religious women in Ireland had halved since 2000 when there were 9,031 nuns and sisters. In 2022 this number was just 4,494.

3.5 Towards a Modus Vivendi for Secularism and Religiosity

More recent secular theories advocate for societal structures that are neutral toward religion therefore allowing for the liberal engagement of religious belief or practice to all citizens (Habermas, 2010; Francis & Dinham, 2016; Dinham, 2020). A separation of state bodies and functions from religion and religious organisations is not to deny the importance of religion in the lives of citizens. Instead, such separation should aim to prevent favouritism from the state towards any one religion and in doing so allowing for equal and liberal practice of religion without interference from the state authorities. Arguments for secularisation recognise the increasing multi-religious

aspects of society and promote greater equality of access and participation of minority religious groups and non-religious people in society (Mc Ghee, 2013; Francis & Dinham, 2016).

Appropriate positioning of states and services is suggested to be a matter for liberal consideration. While traditional moves towards secular governance were aimed at increased liberation from religious dominance and control, they lack consideration of the diversity that exists amongst religions and amongst religious people (Mc Ghee, 2013). Furthermore, it is argued that due to the all-encompassing nature of religious doctrine, it cannot simply be removed from the public domain or ignored,

> 'religion intrudes on all other spheres because its ethics generally apply to all areas of life…a modern society compartmentalizes institutions, but we cannot compartmentalize people'
>
> (Kurtz, 2016;229).

What theorists such as Habermas (2010), Bruce (2011) and Mc Ghee (2013) suggest is that liberal exercise of religion is not reliant on the complete removal of religion from state function but the adoption of neutrality by the state with regard to religion. Secular views that allow for the rights of people to faith and practice of religion do not require the removal of all things religious to a purely private realm, instead they require religious rights and religious diversity to be treated with equal respect. While appreciating the complexity and evolving nature of the secular discourse, it is these concepts of neutral positioning and liberal engagement that will be applied in analysis of the findings for this research. Application of the theoretical lens of post secularism will facilitate a consideration of the positioning of Children's Residential Care Services on a secular spectrum and for reflection on the adequacy of such positioning to support liberal engagement in line with religious preferences. Extending consideration to include the concept of religious literacy now will assist in application of the theoretical lens to the professional practice context.

3.6 Religious Literacy

Situated in the wider ideological framework of post-secularism, the emerging discourse of religious literacy offers insights into the complexities of realising the required neutrality in post-secular societies. The concept of religious literacy embraces the belief that in order to ensure a neutral approach towards religious diversity,

professionals in service delivery[43] must engage in meaningful and well-informed discussions about religion; what it means to individuals, communities, and nations; and the role that it plays in personal, social, and political contexts. In the practice context it is argued that sufficient knowledge and comfort in discussion relating to religion is necessary to effectively engage and ensure non-discriminatory approaches. The concept of religious literacy has developed recently across a range of academic disciplines debating appropriate approaches to religious diversity in various political and professional practice fields. Two notable areas are the increasing use of the term in literature on education, specifically religious education, and in social policy development. These discussions coincide with, and are strongly influenced by, the increased recognition of the remaining presence and influence of religion in postmodern societies.

The American Academy of Religion defines religious literacy as an ability to;

- 'Discern accurate and credible knowledge about diverse religious traditions and expressions
- Recognize the internal diversity within religious traditions
- Understand how religions have shaped—and are shaped by—the experiences and histories of individuals, communities, nations, and regions
- Interpret how religious expressions make use of cultural symbols and artistic representations of their times and contexts
- Distinguish confessional or prescriptive statements made by religions from descriptive or analytical statements'

(American Academy of Religion, 2019)

This definition indicates that the concept of religious literacy entails more than a knowledge base of the different religions and the orthodox beliefs and practices. It involves an understanding of the personal and ever-changing nature of religion as well as the social and political positioning of all religions worldwide (Dinham, 2020).

Dinham & Francis (2015) expand the conceptual framework from a solely knowledge base, arguing that religious literacy relates not only to knowledge and understanding but also to the ability to use it effectively in dialogue and to engage with the matter of religion free from the presumptions associated with secular modernity and those often arising from a lack of religious knowledge. They suggest that religious literacy entails;

[43] Stemming across various professional and political fields.

> …an improved quality of conversation about the category of religion and belief itself, which first of all irons out the muddled binaries and assumptions about religion versus the secular, private v's the public and perceptions of religion as a threat or risk to an otherwise rational modern world
>
> (Dinham & Francis, 2015;14).

Religious literacy is based on the presumption that religion is a social and cultural phenomenon that is embedded in all aspects of social and cultural life as well as in political aspects of society and the world. Religion is understood to be something that shapes and is shaped by both historical and social contexts (Prothero, 2010; Dinham & Jones, 2012). In line with this presumption, an understanding of political and social conditions, changes, and crisis, must involve an understanding of the role that religion plays in both the historical and current stage (Dinham & Francis, 2016).

Furthermore, arguments for religious literacy are based on the recognition that religion is more than just the basic and fundamental tenets. Religion is a lived experience with different meaning and impact for each person who adopts it (Dinham, 2020). In contemplating and discussing religion, this variety and social construct must be conceptualised and given due recognition. We cannot assume particular beliefs and practices of a person based on their formal identification with a specific religion, the true meaning and experience of religion is a personal one influenced by the ever changing social and cultural surroundings (Prothero, 2010; Dinham & Francis, 2015: Dinham, 2020).

Therefore, religious literacy entails more than just knowledge of the various religions. It also entails the ability to discern and analyse the fundamental intersections of religion and social/political/cultural life through multiple lenses. A religiously literate person will possess a basic understanding of the history, central text, beliefs, practices, and contemporary manifestations of several of the world's religious traditions. This includes an appreciation of how they arose out of and continue to be shaped by particular social, historical, and cultural contexts. In addition, they will have the ability to explore the religious dimensions of political, social, and cultural expression across time and place (Dinham, 2017; Dinham, Francis & Shaw, 2017; Baker *et al.*, 2018; Davie & Dinham, 2018).

By adding religious literacy to the theoretical frame of the research, consideration can be had for the skills and knowledge that might be required to effectively support and

facilitate different religious preferences of young people in care. In addition to knowledge of different religious faiths and practices, an understanding of the role of religion in lives and circumstances of young people as well as an ability to reflect on its potential impact in an individual circumstance may be vital to good practice in this regard. In application of this focus, consideration can be had not only for the skills and knowledge currently informing participants practice, but also the extent to which training and education are increasing literacy amongst social care professionals.

3.6.1 Discourse of Religious Literacy

Discussions of religious literacy tend to arise from an awareness of increasing religious illiteracy and the suggested negative impact that this has in societies (Moore, 2016). Illiteracy in this regard is thought to be a direct result of efforts to remove religious involvement from state function and the removal of religious dialogue from the public domain (Prothero, 2010; Dinham, Francis & Shaw, 2012, Dinham, 2020). This has resulted in generations of people lacking awareness, knowledge, and skill to hold effective debate or meaningful discussion about religious issues or to fully recognise the intersections of religion with all other areas of life in society (Dinham, 2020). Confining religion solely to the private domain allows only for true meaningful experiential knowledge of one's own religion or religious positioning, it does not facilitate awareness of diversity of meaning, and dialogue of difference specifically where this difference is the cause of issue (Dinham, Francis & Shaw, 2017). Dinham & Francis (2012) argue that this is coinciding with a time where such discussion is needed more than ever due to increased global diversity and increased political issues associated with global religions. It is not sufficient to know of the basic aspects of various religions, they must be understood in the matter of how they are lived and experienced; the manner in which they adapt and cause change within contexts; and the relationship between religion and all other aspects of life (Moore, 2015; Davie & Dinham, 2018; Dinham, 2015).

3.6.2 Religious Literacy in Education

Attention to religious literacy is increasing in the discourse of education, particularly religious education[44]. For the purpose of the current discussion, relevant literature from Europe and America will be briefly considered so as to shed light on some of the critical debates concerning religious literacy, the perceived impact of religious illiteracy and the achievement of neutrality in public forums (Kuzman, 2006; Moore, 2007, 2015; Noddings, 1993, 2008; Nord, 2011; Nord & Hayes, 1998; Prothero, 2008; Richardson, 2017; Dinham, Francis & Shaw, 2017; Dinham 2020).

It is argued that religion cannot be fully removed from the public sphere and ignoring the matter does not equate to a neutral approach. Religion is being taught in intentional and unintentional ways in schools regardless of the activities of families and wider communities and therefore the way it is being taught needs to be considered (Moore, 2015; Dinham, Francis & Shaw, 2017). Uninformed and unconscious assumptions about religion are transmitted on a regular basis to students who in turn absorb them without interrogation (Moore, 2015; Dinham, 2020). This form of teaching about religion is not neutral. Nord & Haynes (1998) share this view arguing that the obligation on schools is to remain neutral towards religion but that this does not involve silence or hostility towards it. 'Neutrality requires fairness to religion (ibid;18).

The second focus of discussions relates to the teaching of religious education and the format in which it should be approached to increase religious literacy while still respecting the rights of students and parents with regard to freedom of religion. Again, this mirrors considerations of the appropriate positioning of the state regarding religion to allow for the liberal practice of religion in wider society. Many argue that there is no place for religious education in state education systems (Boylan, 2017; Davies, 2009; Hemmings, 2011; Stepan, 2000). Arguments against the inclusion of religion in schools originate in a viewpoint that sees religious education being a role of family and faith communities. It should therefore remain outside of public-school systems. A fear of proselytising is also central to arguments against inclusion of religion in school curricula. This, Dinham (2015) suggests is due to a lack of

[44] Dinham, Francis & Shaw (2017); Moore (2015); Richardson (2017); Noddings (2006); Nord & Haynes (1998); Kuzman (2006); Prothero (2007, 2010).

understanding between an academic and devotional approach to religion. Religious education need not specifically relate to faith formation.

3.6.2.1 Education for improved religious literacy

Increasing religious literacy amongst students requires a specific approach to academic teaching of religion. As outlined above, religious literacy goes beyond knowledge of the tenets of the different religions, requiring the development of aligned viewpoints and approaches. While some suggest that it is as simple as teaching about religion from a non-sectarian viewpoint, others argue that the process is more complex and education of religious literacy is more entwined with exploration of competing views in a safely critical environment (Dinham, Francis & Shaw, 2017; Moore, 2015; Noddings, 2006). Moore (2015) argues that recognition must be had for the internal diversity within religious traditions. Furthermore, religion must be recognized as constantly evolving as opposed to uniform, absolute, and ahistorical, this needs to be understood and accounted for. She continues in outlining three central assertions about religion that should be encompassed in an academic study of religion as opposed to devotional teaching. Firstly, the internal diversity of religion is recognized allowing for the religion to encompass more than the orthodox outlines. Secondly, the evolving nature of all religions is recognized allowing for an awareness of the interconnectedness of culture, religion, social and political structures over time. The third assertion is an awareness of the embedded nature of religion in all aspects of culture, determining the two as inseparable in understanding the role that they play in the lives of individuals. Due to this entanglement, religion cannot be fully isolated to the private domain of a person's life, it needs to be discussed and acknowledged in the public domain (Moore, 2015; Jackson, 2014; Dinham, 2020).

Richardson (2017) agrees with this point stating that:

> Religion exists most fundamentally in a person's way of being with and relating to other people and the world around them. Religious systems exist only in relation to other systems. Particularly, insofar as it exists, is not revealed, but also has it's being in relationships (ibid;369).

Some authors suggest that religions are divisible and that there is an almost 'hermetic seal around each religious system' (ibid;368) ignoring the possibility that each religion is revealed largely in relation to surrounding religions or cultural contexts. This assumption suggests that students can neatly step in and out of different religions and

are therefore protected from being converted or transformed. Therefore, a student can study any religion from the inside or outside while their own worldviews and religion remain neatly intact within their own atomistic self. Richardson suggests that this is unlikely and that full reflection and exploration of one's values and beliefs is necessary, a process that can only be done through awareness and exploration of alternative religious views. As Casanova, (2012) suggests 'Whether implicit or explicit, religious influences can virtually always be found' (ibid;45). Religious literacy in any professional practice setting requires comfortable, open, and continuous reflection on the role of religion in any given circumstance.

3.7 Religion as a Component of Culture

It is important at this juncture to appreciate the emphasis placed on the relationship between religion and culture within the discourse of religious literacy. A key component of the concept is the recognition of religion as inseparable from the wider political, historical, and cultural context. Religion and culture are specifically combined with religion being described as collections of ideas, practices, values, and stories that are all embedded in cultures and not separable from them (Yinger, 1970; Giddens, 2013; Schreiber & Culbertson, 2014). It is suggested that religion cannot be abstracted from culture and the complex and embedded nature of the two must be recognised in acknowledging individual lived experience.

Culture and religion are also categorically combined in many secular and post-secular theoretical contexts. Such theories align closely with the increase in cultural pluralism in Western societies, in line with globalisation. As introduced above, Kurtz (2016) identifies this as a period of crisis for religion in Western society attributing the rise in culture conflict and the increased privatisation[45] of religion to plurality in society. Where religion overlays and interlocks with ethno-cultural differences and conflicting norms it becomes challenging and divisive. Cultural difference challenges attitudes, beliefs, and values of monocultural societies.

[45] Kurtz (2016) suggests that when we encounter a plurality of worldviews on a regular basis in the public sphere, we often accommodate by assigning the explicitly religious to certain times or sectors of our lives. This is the process of privatization. The process is enforced by the social norms of modern Western urban life. When people openly or consistently discuss Gods or religious convictions, they are set apart, or shunned, as religious professionals or 'religious fanatics'. In everyday life, people in heterogeneous urban societies usually approach the sacred with some ambivalence. People are hesitant to engage in religious talk in a multicultural society, and therefore, religious convictions.

Religion and culture are recognised as separate phenomena (Fitzgerald, T. 1997; Roy, A. 2015; Beyers, J. 2017; Rawan Abdulla, M. 2018) however, the embedded relationship between the two and their joint categorisation in much theory must be acknowledged in the framing of this research. In addition to the above, religion and culture are further amalgamated in much of the practice-based literature to be discussed in Chapter 4. Practices that are cognisant of religion are frequently categorised within the wider concepts of 'cultural sensitivity' and 'cultural competency' in this literature. This highlights a potential for blurred lines between the two with practices aimed at the support and facilitation of religious diversity falling under the category of multicultural approaches. For this reason, multiculturalism will be integrated into the theoretical considerations of the research.

3.7.1 Multiculturalism

> Multiculturalism describes an ideology and subsequent social policies or institutions that imply recognition and validation of ethno-cultural minorities as well as the promotional acceptance of difference, including societal structures that support ethnic organisations and common concerns, such as human rights or fear of racism.
>
> (Mc Cann James, 2013;363).

The term multiculturalism is increasingly used within various discourses referring to ideological and practice-based approaches. Noor & Leong (2013;714) outline that the term can be used in a number of different ways, including:

1. To refer to demographic features of a given society
2. An ideological approach that recognizes and accepts racial, religious, and cultural diversity.
3. To refer to a set of state policies on governing a diverse society.

While often divided, all three of these categorisations are interlinked. Earlier conceptualisations of multiculturalism developed in the 1960s in Western societies concerning political ideals that 'valorised incidents of harmonious cultural difference' (Hesse, 2000; 1). The more contemporary conceptual framing of the term emerged in the 1980s amidst growing concern about racism and ethnic conflict in many Global North/ Western Liberal/Pluralist countries as diversity amongst societies increased. Multiculturalism, as it is more recently understood, refers to political and practical

approaches that affirm ethnic diversity and aim to improve societies by valuing various cultural contributions (Cohen-Almagor, 2021; Payne, 2020; O'Hagan, 2001). It stands in opposition to previous approaches of differential exclusion[46] and assimilation [47] encompassing ideals of pluralism (Castles, 2002; Goodman, 2014; Moran, 2011; Barn, 2007)[48]. Multicultural theory moves towards an inclusive ideology that works to integrate diverse cultures and traditions into society thus avoiding any single dominant culture (Song, 2009). Implementing shared value principles and a concern for rights, this ideological approach emphasises empowerment objectives, and aims to preserve and promote cultural diversity within a pluralist society (Patel, 2023; Apteker, 2019). Berry (2011) argues that a true multicultural society sees all ethno-cultural groups maintaining their cultural heritage and identity while also participating in wider society. Patel (2017) indicates that in order for this to happen, successful intercultural contact between members of societies must be under fair and equitable conditions that respect and accommodate differences.

Although there is some recognition of structural aspects of discrimination in society, multiculturalism mainly emphasises concerns for cultural and social inclusion in relation to the personal and social domains. Multicultural literature focuses for the most part on cultural and social domination rather than the economic and class analysis associated with other theories of social inclusion/exclusion (Mc Cann James, 2013; Aptekar, 2019).

Noor & Leong's (2013) second categorisation concerning ideological approaches of multiculturalism encompasses the increasing emphasis in professional practice literature relating to cultural competence, culturally sensitive approaches, and culture awareness. This literature has emerged in response to increasingly diverse cultural populations to which some services are delivered and the recognition of a need to provide services that are appropriately responsive to cultural diversity and the role of culture in the lives of individuals or groups.

[46] Incorporation of ethnic minorities in certain areas of society and exclusion from others

[47] Policies and approaches that aim to incorporate and integrate minority cultures into society through a process of one-sided adaptation. Such approaches require the minimization or abandonment of ethnic and cultural identity and practice. Assimilation seeks to keep the national culture homogenous, therefore placing the dominant culture in a position of relative power and authority (Zanfrini, 2006).

[48] The history of Jewish people in Europe provides an insight into these differential approaches over the long term.

3.8 Cultural Competence and Multicultural Sensitive Practices

Multicultural sensitivity approaches, which include ideas such as cultural competence and cultural diversity and humility, promote responses to the cultural and ethnic diversity found in societies. These practice ideas emerged alongside anti-oppressive[49] and anti-discriminatory approaches in response to increasing diversity in people accessing a variety of services as well as increased concern for discrimination, racism and oppression that have the potential to be reinforced through professional services (Padilla *et al.*, 2020; Payne, 2014; Thompson, 2008; Devore & Schelsinger, 2007; O'Hagan, 2001). Multicultural sensitive practices build on the study of culture and their interaction with behaviour and relationships in society. While it primarily focuses on ethnicity, race, and spirituality, it is increasingly applied to other social divisions (Payne, 2014).

Multicultural sensitive approaches focus on micro-level social interactions highlighting the important role played by professional services and individual practitioners with regard to cultural affirmation[50]. Cultural competence or cultural sensitivity can be defined as 'the abilities and skills of a practitioner to be able to engage in culturally sensitive practice' (Mc Gregor *et al.*, 2019; 3). This, they suggest, includes the ability to maximize sensitivity and minimise insensitivity in delivering services in an increasingly diverse population. Cultural competence implies a greater understanding of cultural diversity as well as an increased awareness of the role that culture may be playing in different situations (Devore & Schlesinger, 2007; Payne, 2014).

Cultural competence has faced sharp criticism despite achieving wide acceptance and a highly positive status in its short career (Furlong & Wight, 2011). Cultural competence has been blamed for the tendency to be tokenistic (Furlong & Wight, 2011; Herring *et al.*, 2013); for assuming that the worker is from a dominant culture; for treating culture as a neutral phenomenon; and for lacking power analysis (Garran & Rozas, 2013; Sakamoto, 2007). Many critics, especially healthcare practitioners and some social workers (Abell, Manuel, & Schoeneman, 2015; Duntley-Matos, 2014;

[49] Anti-oppressive approaches take a social change view focusing more on structural aspects of unequal treatment of certain groups in society.

[50] While focus remains on the social interactions at this level, there is a recognition of the political and structural contexts in which such interactions exist.

Kools, Chimwaza, & Macha, 2015; Lund & Lee, 2015; Tervalon & Murray-Garcia, 1998; Yeager & Bauer-Wu, 2013) have called for the replacement of cultural competence with the idea of cultural humility. While both concepts promote an ability to respond to culture appropriately and incorporate it into planning and service delivery (Heer *et al.*, 2016), cultural humility emphasises a need for lifelong learning and reflective engagement on the part of the professional (Danso, 2016; Ortega & Coulborn-Faller, 2011). Tervalon & Murray Garcia (1998) were critical of the idea that one could gain finite levels of knowledge in becoming culturally competent, suggesting instead a shift to practice of continuous reflection and self-evaluation in relation to culture. Similar to the concept of religious literacy, it is suggested that culture is a lived experience with individual differences that must be considered objectively in different cases (Laird, 2008). Furthermore, theories of cultural humility emphasise a need to shift cultural power imbalance and to determine institutional accountability for culturally affected practices (Fisher-Borne *et al.*, 2015; Hook *et al.*, 2013; Danso, 2016; Ortega & Coulborn Faller, 2011). The concept of cultural humility warns against potentially paternalistic approaches to cultural difference that may result in unintentional oppression and 'othering'. A critical review of the dominant culture must be at the heart of a culturally humble approach breaking down power imbalance and practices that reinforce cultural ideals (Ortega & Coulborn, 2011; Padilla *et al.*, 2020).

Furthermore, culturally appropriate responses require a level of self-awareness and self-reflection on the part of the practitioner relating to their own culture as well as their views, opinions and presumptions that relate to other cultures or ethnic groups. The potential for such to impact professional interactions and relationships is significant and therefore requires attention (Tervalon & Murray Garcia, 1998; Danso, 2016; Dominelli, 2002; Thompson, 2008; Mc Cann James, 2013; Hook *et al.*, 2013; Mc Gregor *et al.*, 2019; Fisher-Borne *et al.*, 2015; Fitzgerald and Campinha – Bacote, 2019; Padilla *et al.*, 2020).

3.8.1 Focus Areas for Culturally Competent and Culturally Humble Practice

Arguments for culturally competent/ humble practice encompass two focus areas. Firstly, these approaches acknowledge the potentially important site of professional interaction and relationships in reinforcing or challenging culturally based discriminations (Tervalon & Murray Garcia, 1998; Dominelli, 2002; Thompson, 2008;

O'Hagan, 2001; Seeley, 2004; Mc Cann James, 2013; Hook *et al.*, 2013; Patel, 2023; Mc Gregor *et al.*, 2019).

Secondly, models of cultural sensitivity/ humility acknowledge the importance of delivering culturally sensitive practices that recognise the differential needs for specific minority groups (Padilla *et al.*, 2020; Mc Cann James, 2013; Mc Gregor *et al.*, 2019; Sawrikar & Katz, 2017; Horgan & Ní Raghallaigh, 2017; Ní Raghallaigh *et al.*, 2017; Dalikeni, 2013; Okitikpi & Aymer, 2010; Devore & Schlesinger, 1999; O'Hagan, 2001). Most discussions incorporate both aspects simultaneously; however, they will be outlined separately below.

3.8.2 Everyday Multiculturalism

Practice models of multiculturalism focus on micro-level social actions considering the impact of social interactions and communications in reinforcing or challenging social exclusion and the experiences of culturally diverse groups in society. In this they are closely aligned with the emerging discourse of 'everyday multiculturalism' which focuses on the everyday lived experiences and reality of cultural diversity. The everyday multiculturalism perspective explores how diversity is experienced and negotiated on the ground in everyday situations. Building on the longstanding traditions of sociological examination of everyday life, that focus on everyday social interaction, rituals, and order, everyday multiculturalism explores how social actors experience and negotiate cultural difference on the ground and how their social relations are shaped in the process.

Noble (2005) and Watson (2009) suggest that it is necessary to consider the mundane and 'messy' everyday interactions in understanding the reality of multicultural experiences. In exploring micro-spaces of contact more can be revealed about the 'complex realities of inclusion, exclusion, and agnostic negotiations across differences' (Watson, 2009;627). Using a socio-ecological model the importance of interpersonal interaction within a wider systemic context is emphasised.

Patel (2023) supports this position, acknowledging the socially constructed nature of concepts such as race, ethnicity, and culture. In considering the continuing presence of discrimination and oppression against diverse groups in society, she explores the processes of meaning making and power relations in social interactions at various levels. Patel argues that many aspects of diversity including ethnicity, culture, and

religion have experienced a process of racialisation through processes of social interaction. The term racialisation recognises the socially constructed nature of race[51] and importantly, the term considers power and its relationships to racial categories. The redefined concepts allow for continued discrimination against a minority group in what she calls 'post – race' times. Similar views are expressed by Bhattacharyya (2008); Bryman (2010); Lugo-Lugo & Bloodsworth Lugo (2010) who all speak of 'browning' as a discrimination process that draws on ethnic, cultural, racial & religious features. Following these processes is the unequal treatment of people based on perceived views of group membership. Discrimination through social construction takes place via power relations in society. This is maintained and perpetuated due to dominance of ethnocentric and Eurocentric ideology and power structures. In order to fully comprehend and challenge these processes, Patel argues, sufficient attention needs to be given to the everyday social interactions and communications of dominant concepts[52].

Everyday micro-level interactions are potential sites for the reinforcement of ethnic, cultural, or racial discrimination that exists within society. The power imbalance that exists in many professional-client relationships increases the risk of such but also increases the opportunity for these sites to act against such discrimination or social exclusion. Building on principles of rights recognition and affirmation of diversity, multicultural practice approaches aim to ensure that the role of culture is recognised in effective service delivery (Patel, 2017).

3.9 Critical Consideration of Multiculturalism

Multicultural ideologies and cultural competence frameworks have been subject to various criticisms on both an ideological and practice level. The lived experience for many suggests that the liberal multicultural ideal is not attainable and that it has a downside of alienating less advantaged groups within the 'indigenous' population e.g. poor working-class whites in de-industrialised urban areas. Multiculturalism has been

[51] Which includes elements of ethnic, cultural, and religious classifications in addition to or separate to biological determinants of race.

[52] These ideas build on the earlier work of Durkheim in examining the relationship between society and the self. Durkheim suggested that society has the power to shape individual thoughts and behaviours through the internalization of social facts. These included social norms, values, structures, and religious beliefs that are widely accepted in society and communicated through social interactions. These social facts act to reinforce the collective rules of society.

challenged from the Left as an "enemy of community cohesion" (Crowley & Hickman, 2008:1232); from the Right as a "pathology of the interventionist state"; and from Neoliberalism as inhibiting individualism and the transition to market participation (Kymlicka, 2012). Some Neoliberals take a counter view and see multiculturalism as desirable as a source of social capital. Such social capital enables effective market participation. Traditional assimilist nationalists appeal to the primordial power of ethnicity and the prioritisation of 'Blood and Soil' attachments to the nation. Others fear that minority political mobilisation will be stigmatised as disloyal, backward and Balkanising. Many positions opposing multiculturalism can and are interpreted as thinly veiled evidence of xenophobia and racism (Lentin & Titley, 2011).

In political forums in many 'Western liberal democracies, critics attack multiculturalism as a failed experiment' (Huntington, 2004:54). In speaking of political approaches toward multiculturalism in the UK, David Cameron (2011) declared that 'state sponsored multiculturalism has failed' (Cohen-Almagor, 2021). As pointed out by Younge (2011) this comment was typical of a shift in attitudes to multiculturalism and the appropriate state response to minority communities. Former EU President Barroso spoke of the consequences of privileging sensitivity towards 'others' over core values that define 'us'. On the same day UK Prime Minister Blair warned of consequences of privileging freedom over security. Later German Chancellor Angela Merkel declared that *"'MultiKulti'* (multiculturalism) had failed spectacularly in Germany" (Bauman, 2016; 384).

Whatever the specific political circumstance these comments signal a major shift in attitudes to multiculturalism. 1960s inspired multiculturalism set out to foster a tolerant national citizen who was concerned for the disadvantaged in society and sought to remedy such challenges. Paternalism aside, it linked to nationalist hopes to foster good citizenship that could work across differences for the good of the nation. The Liberal, National and even the Internationalist views shared goals to eliminate disadvantage, empower 'new' migrants and foster full social and political participation. Neoliberals concurred but primarily as a stimulus to market participation (Hage, 2003).

Economic downturns, unemployment and a degree of militancy and resentment saw multiculturalism coming under pressure as evidenced by the political comments seen above. Much of these views of failure can be attributed to continuing ethnic conflict

and a populist view that sees multiculturalism as a threat to social cohesion and national identity, something that Hage (2003; xii-2) refers to as 'paranoid nationalism'. Proponents of multiculturalism and supporters of pluralism are suspicious of concepts of national identity seeing it as a homogenising force that threatens cultural diversity (Hage, 2003). Arguments of national identity return to ideologies of assimilation and promote notions of legitimate citizenship (Smith, 1991; Patel, 2017). It is further argued that much of the attack on multiculturalism in Europe is simply a mask for intolerance and bigotry and is inextricably linked to discrimination in post-race times (Patel, 2017).

Multiculturalism has evolved as a concept seen in political arenas as a matter to be carefully managed to avoid threats to national identity, social cohesion, and national security. The concept has subsequently emerged in discussion of legitimate citizenship and is therefore entangled with processes of racialisation of ethnic and cultural groups (Patel, 2023; Cohen-Almagor, 2021). This has been particularly prevalent in illustrations of the 'asylum problem' in many parts of Europe (ibid;42). Mc Ghee (2005) & Sivanandan (2006) suggest that the frequency of such discourse in the mass media in Britain has led to the creation of a xeno-racist[53] culture involving unequal treatment of diverse people based on negative stereotypes and presumptions. The proponents of Brexit in UK appealed to the fears of uncontrolled immigration and proposed that Brexit would return border control and immigration policy to Westminster (Kaufman, 2019; Eatwell & Goodwin, 2018).

From a more liberal perspective another fear is that the tolerance of ethnic group differences can go hand in hand with intolerance of other forms of difference within ethnic communities, for example gay Muslims (Moran, 2011). Plaut *et al.* (2011) found the inclusive ideology of multiculturalism is not perceived by the majority white population as actually inclusive or relevant to themselves. Many continue to maintain a patriarchal 'tolerance' approach to cultural diversity that situates the majority groups outside of the multicultural lens and adopting principles of tolerance as opposed to full equality and inclusion. This has the potential to perpetuate a dominance of ethnocentric and Eurocentric ideals and power structures (Patel, 2017).

[53] A combination of racism and xenophobia that produces discrimination that is not necessarily colour coded but racializes certain groups.

Politicians and intellectuals argue that multiculturalism should be replaced by a renewed emphasis on community citizenship and shared national identity (Meer, Modood & Zapata- Barerro, 2016; Castles, 2000; Moran, 2011; Hage, 2003). Some countries have moved away from a multicultural framework presenting themselves instead as bicultural[54] or embracing the lens of super-diversity[55]. On the other hand, many continue to view multiculturalism as positive for progressive society (Berry, 2000).

The concept of multiculturalism remains subject to critical consideration both theoretically and in practice application. An expanded discussion of cultural sensitivity in various professional practice fields in Chapter 4 will further align the multicultural discourse with the current research focus.

3.10 Concluding Comments

This chapter has mapped out the extensive integrated theoretical considerations framing the research topic. Theories of secularism/ post secularism provide a wide theoretical lens considering the relationship between state services and religion. Through incorporation of the concept of religious literacy, under the wider context of post secular neutrality, discussion has been bridged to the microlevel in consideration of everyday professional practice contexts. In addition, theories of multiculturalism have been critically considered in light of the interdependent nature of religion and culture and their relevance to service delivery. Having outlined the main theoretical parameters, Chapter 4 will now consider application of such in practice-based research and literature.

[54] Involves 2 original distinct cultures that co-exist on equal terms. Examples include New Zealand, Belgium, and Switzerland (Patel, 2017)

[55] The super-diverse condition refers to countries and cities that have recently experienced a rapid increase in cultural and ethnic diversity, often seeing no one cultural group as the majority. Focus under the super diverse lens shifts away from racial or ethnic classifications to focus on multiple intersecting aspects of identity.

Chapter 4 - Literature Review

This chapter will shift in focus to review research and literature relevant to the support and facilitation of children's religious preferences in residential children's services. The gap in research and literature specifically related to this topic has been previously highlighted as a justification for the research study. The existence of this gap has determined a need for the expansion of the literature search to other professional fields closely aligned with residential children's services both nationally and internationally. Despite serious effort, limited literature relating to the support and facilitation of religious preferences was found in wider professional discourse also. The literature review, therefore, takes a wider look at the matter of religious supports and facilitation incorporating research and discussion focused on wider cultural supports and responses for children in residential care, social work, youth work, education and some other human based services.

Mirroring the structure of the previous chapter, discussion here will begin with consideration of literature specifically relating to religion before widening the scope to the more generalised category of culture. While strong links are evident between the theoretical framework and the current discussion with some clear thematic cross over, the focus of this chapter is on the application of the philosophical components in professional practice settings. In exploring the experiences of aligned professionals, some of the main points of critical consideration in the area can be determined.

4.1 Recognition of a Need to Consider Religion in Service Delivery.

As a starting point it is helpful to explore increasing consideration of religion in some human based service delivery. Nursing, youth work, social work and education literature demonstrate increased awareness of the need to recognise and respond to the religious and spiritual dimensions of people's lives in service delivery. An example of this can be found in nursing literature which provides one of the best developed discussions of religion in service delivery with well-established discourse in both Transcultural and Holistic nursing practices. Mendes (2018) discusses how care is increasingly planned and delivered in partnership with patients and therefore, an awareness and understanding of their belief and value system is necessary to do so. The need for nursing to respect and accommodate the religion of their patients in delivering appropriate care is well determined (Mendes, 2015; Paul-Victor &

Treschuk, 2020; Green, Kim-Goodwin & Jones, 2020) as are some of the ethical dilemmas that may arise in determining the balance between respect of religious views and professional duty of care (Bandata *et al.*, 2021; Fowler, 2012). Badanta, *et al.*, (2021) following a review of literature in critical care nursing, suggest a strong need for critical care nurses (and other medical professionals) to be well equipped to respond to the religious and spiritual needs of their patients. They emphasise the need for knowledge and awareness to be a built-in aspect of care response due to the often urgent and fast pace of the care delivery.

Similar discussion has recently developed in youth work literature with the increased recognition of religion, in conjunction with culture, as a significant factor for consideration in service planning and delivery and in the effectiveness of inclusive youth work practices (Mc Crea, 2003; NYCI, 2012). Mc Grath & Mc Garry (2014) highlight the potential impact of culture and religion in youth work engagement for some ethnic minority communities. It is suggested that traditional forms of youth work and services may unintentionally exclude some young people from these communities despite an identified need for youth work supports (NYCI, 2020). Amongst other aspects, religious identity and practice have been recognised to have implications for participation in youth work projects by the National Youth Council of Ireland (2012,2020). A report published by NYCI in 2020, based on research aimed at exploring the role of youth work in the lives of young people from ethnic minority communities, further explains this point in relation to Muslim children. It was identified that parents or religious leaders in the community may fear that young people's participation in youth work activities may dilute from their practice of Islam and from the teachings and therefore may dissuade them from engaging. In addition to this, some of the children did not have the same social freedom or ability to engage in the range of activities that other children in youth work projects did due to the expectations or restrictions placed on them as part of their religious and cultural communities. Therefore, to promote engagement for these young people, adaptations need to be made to the service delivery models.

Fagg (2023) considers the place of religion in youth work in Australia. Similar to Ireland, youth work in Australia originated with close ties to religion and has moved to a largely secular framework. Despite this secular development, Fagg suggests, there remains a lot of cross over with religious teaching and youth work values, principles

and practices. His research focusing on Christian youth workers in secular services found that any explicit expression of religion 'evoked feelings of awkwardness' (ibid;288) amongst the youth work team. This had caused tension amongst the teams specifically where young people had asked for support to engage in religious activity, such as prayer. However, the religious youth workers that participated in the research, spoke of how they viewed much of the professional practice in line with their religious views through the theological motif of *Imago Dei*[56] incorporating concepts of human rights, dignity and respect for the individual as they are. Fagg highlights that despite secular development, religion remains as an implicit aspect of youth work due to the religious views of both youth workers and young people and is therefore something that needs to be spoken about and considered in greater detail. Green (2010) supports this view in relation to Australian youth work suggesting that the belief that youth work can operate from an ideological neutral base without consideration of religion is untrue. He further purports that to ignore religion as an aspect of young people's lives is contrary to youth work values. He cautions against fully faith-based youth work however, indicating that a balance must be struck to ensure adequate acknowledgement of religion without indoctrination (Green , 2010). Harris (2015) agrees with this view suggesting that youth workers need to be comfortable to engage in coversation about religion, values and beliefs. He states;

> Young people need opportunities to make choices about their values and they cannot do this without engaging in dialogue…Dialogue is only possible however if we state what we value and believe…and seek to understand what the other values and sees as true.
>
> (Harris, 2015;89).

As long as there is a commitment to listening and respecting the views of the other, such dialogue will not result in indoctrination. King (2007), speaking of youth work in America, suggests that religion can be incorporated positively into youth work and it is important to do so to respond effectively to the needs of many young people.

Religion is increasingly recognised to be associated with the needs of young people coming to youth work services. In the Irish context, this is true of children from ethnic minority communities whose needs were sometimes either directly or indirectly related to religion (Mc Garry, 2012; Ní Laoire *et al.*, 2009; Soni, 2011). For example,

[56] Imago Dei (Image of God) – each human is created in the image of God with strength in them (Fagg, 2023)

young people engaged in the NYCI research all discussed experiences of racism and discrimination, which they believed was, in part, linked to their religious affiliation and stereotypical views of such. The NYCI (2020) calls for a flexible response to religious diversity in service delivery. It is suggested that youth workers need to increase their 'religious literacy in order to understand and accommodate young people from observant families' (ibid;9*)*. The report further states that an open-door policy is insufficient to support participation and there is a need to understand the complex issues that arise for young people in line with their religious and cultural identity, value system and family or community expectations. Without this understanding, it is not possible to provide fully inclusive practices.

The secular positioning of other social services has come under increased scrutiny in recent years with a growing recognition of the remaining importance of religion in society and in the lives of social work clients (Crisp & Dinham, 2019; Oxhandler & Giardianna, 2017; Denton, 1990; Kilpatrick & Holland, 1990; Cowley & Derezotes, 1994; Sheridan *et al.*, 1999; Furnam, 2004; Gilligan and Furness, 2014; Derezotes, 2006; Holloway, 2007; Crisp, 2014; Moss, 2012; Russel, 2006). Religion is increasingly being seen within a rights-based framework in European and American social work literature (Sue, 2016; Prospera, 2021; Ricucci, 2021; Howarth and Lees, 2010; Furness & Gilligan 2014; Gardner, 2022; Smith, 2019), determining a need for service users to be supported in practice and continuation of their faith while they are engaged with a range of services. Furthermore, it is being highlighted that if social workers are to take a fully holistic approach, those delivering social services must be appropriately skilled and supported to meet the needs of the service users and encompass this aspect of the person (Oxhandler *et al.*., 2022; Crisp & Dinham, 2019; Carlisle, 2016; Coulter, 2014; Furman *et al.*, 2004; Gilligan and Furness, 2006; Furness & Gilligan, 2014).

Calls for the adoption of post secular framing in social work are evident in literature on both a theoretical and practice-based level. Like Ireland, the origins of social work and social services in many parts of Europe and America[57] are situated within religious organisations suggesting the existence of some similar complexities in secular progress and determination. As Sheridan *et al.* (1999) suggest of American social work,

[57]Heavily influenced by the Elizabethan poor law system in the 1600s, religious organisations remained the main sponsors of the social services programs in America until the 19th Century (Lowenburg, 1988). Even in the current day, many services still operate in conjunction with religious organisations and on a voluntary basis.

the complex relationship between religion and social work is 'often characterized by conflicts between social work goals and values and religious teachings' (ibid;363). This tension has been suggested as a reason that the arena of religion and spirituality has largely been ignored by social work, something that challenges social work's commitment to holistic practice (Canda, 2008).

Despite strong religious roots, social work in both the UK and America has adopted a largely secular framework with increased emphasis on professionalisation, regulation and scientific enquiry (Smith, 2017; Gardner, 2022). Russell (1998) argues that through the process of structural division in America, recognition of religion and spirituality has been predominantly removed from social work practice.

> Empiricism, secular humanism, and liberation and morality replaced religion and spirituality as the leading professional sources of ethics and values. Religion and spirituality were increasingly viewed at best as unnecessary and irrelevant and at worst, as illogical and pathological.
>
> (Russell 1998;17).

According to Dinham (2017), previously held beliefs regarding the decreasing prominence of religion have been challenged as Western societies move into a post-modern era. In the UK, like other European countries, there is evidence of a reduction in attendance at religious services, however, it is argued that religious practice is changing as opposed to disappearing and that religion remains an important aspect of society that requires recognition. Furthermore, with increased religious and cultural diversity in the population, it is timely to consider the ways in which religion can and should be incorporated and recognised in social work practice (Abrams & Moio, 2009; Gilligan and Furness, 2006, 2014).

> Religion, spirituality and social work practice has held a tenuous and conflicted position within the social services of secularized nations. The emergence of the postmodern society, however, has challenged the boundary that separates the secular social services from the realm of religion and spirituality. The profession's focus on the person-in-environment model, the concept of self-determination, and the issue of empowerment in social work practice, resonates with the postmodernists' concern with individual rights. While social work has long acknowledged the importance of the whole person, the degrees to which religion and spirituality are integrated into practice and education and their acceptance by social workers in a secular setting remains unclear.
>
> (Furman *et al.*, 2004; 768).

Shaw (2018) calls for social work in the UK to progress towards post-secular approaches engaging in a broad critique of political, ethical, and historical paradigms that inform social work practice in the UK. She contests that post secular social work aligns with changing politics of social work theory and practice which 'subverts former secular, liberal and neo-liberal hegemonies within the profession' (ibid; 413).

Shaw proposes that in the interest of 'deliberative and participatory democracy' (ibid:412) social work is obliged to engage with public religion and not merely acknowledge religion in the private realm. This view is supported more recently by Crisp & Dinham (2019) in suggestions that social work must adapt to changing needs of society, equipping social workers with the religious literacy that is required in the 21st Century. Acknowledging increased recognition of spiritual needs of clients in social work discourse in recent years, Shaw critiques the application of a liberal framing in which spirituality and cultural contexts are applied to religion. She does not consider such approaches to sufficiently incorporate the significance of religion in the public sphere to social work. Expanding on the arguments of Whiting (2008), she suggests that the adoption of secular approaches in social work are unable to respond sufficiently to religious diversity and has in reality involved 'a tacit imposition of practical atheism' (ibid;414). She identifies a need to increase religious literacy amongst social workers in order to more effectively respond to religion in society and in the lives of social work clients. It is argued that inattention to religious or spiritual issues produces social workers who are ill equipped to deal with the real needs of clients and communities (Abrams & Moio, 2009; Crisp & Dinham, 2019; Oxhandler *et al.*, 2022; Sheridan *et al.*,1995; Canda & Furman, 2010).

Specific consideration in Ireland has developed in relation to asylum seekers and separated children seeking international protection (Christie, 2003; Ní Raghallaigh, 2014; Ní Raghallaigh & Sirriyeh, 2105; Ní Raghallaigh *et al.*, 2016; Foreman & Ní Raghallaigh 2017; Horgan & Ní Raghallaigh, 2019; Ní Raghallaigh, 2018). Among wider cultural contexts, religion is highlighted as a key factor for consideration in planning and delivering social services for these individuals and groups. Religion is identified as an important aspect of identity and resilience for asylum seekers and separated children (Gilligan *et al.*, 2010; Mc Crea, 2003; Mc Grath & Mc Garry, 2014; Mc Garry, 2012; Ní Laoire *et al.*., 2009). Sufficient attention must be given to culture, and specifically religion, in understanding the circumstances of individuals and groups

and ensuring effective services and supports that not only respect religious and cultural diversity but aim to protect it. Furthermore, the diversity that exists amongst these groups needs to be considered and responded to. Application of culturally based stereotypes does not allow for exploration of intersectional diversity, again impacting the effectiveness of services delivered (Mc Gregor *et al.*, 2019; Ní Raghallaigh, 2018; Soni, 2011). These discussions are predominantly focused on minority religions and cultural groups, with little consideration for religious diversity amongst the majority Irish population who may be accessing a range of social services. Diversity in religious identity amongst the wider population in Ireland is considered to a greater degree in debates concerning religious patronage in education.

4.2 Religious/ Secular Discussion in Education Policy and Practice

The relationship between religion and education is another well-established area of research and literature. This concerns the place of religion in the classroom as well as the role of religion in the governance of education. Although the role, function and engagement of primary schools in the lives of children is very different than that of residential children's services, some of the key areas of debate are relevant and useful to current discussion. Debates relating to the appropriate secular positioning of schools are well established in many modern liberal societies (Kitching, 2022). In Ireland, these debates are common in both public and policy discourse of education (O'Mahoney, 2006; Mawhinney, 2007; Devine, 2011; Kitching, 2020). As of 2022, 89% of primary schools in Ireland had Catholic patronage with another 6% aligning to another religious ethos, mainly the Church of Ireland. The remaining 5% of primary schools have a multi-denominational ethos (Dept of Education, 2022). In light of these high levels of religious patronage, concern is frequently expressed about access to education for non-Catholic and non-religious children (Byrne & Kieran 2013; Hession, 2015; Fisher, 2016; Shanneik,2016; Kitching, 2017). In consideration of the decreased authority (moral and political) of the Catholic Church in Ireland in recent decades (Ó Corráin, 2018; Inglis, 1998: Kitching, 2020) and growing diversity in religious identification amongst people living in Ireland, it is argued that the primary education system must adapt to ensure equality of access and fairness in response to religious

plurality (Kitching, 2022). Key stakeholders have campaigned for a move to a more secular framework of school patronage[58].

Adopting a critical post-secular viewpoint, Kitching (2020) critiques the ability of an education divided along a secular-religious dichotomy to respond adequately to religious plurality in Ireland. Findings from his research with Shanneik (Kitching & Shanneik, 2015) demonstrates that religious identity in children is complex, dynamic, and even 'fluid' (ibid;36). It is not as simple as choosing to opt in or out of ideas and practices or a straightforward matter of 'adult imposition or child choice' (Kitching & Shanneik, 2015; 36). Kitching's 2017 work explores pluralities not only in religious identity but also in the encounters that inform their religious experience, identity, and faith. The suggestion here is that commitments to religion and experiences of religion occur from 'multifaceted everyday engagements with plurality' (Kitching 2020;47) and cannot be determined by pre-defined levels of religiosity or non- religiosity. This view challenges the traditionally dichotomised approach to education being either religious or secular. Furthermore, he argues against the idea of secular education being 'neutral' towards religion or equally accessed and experienced. He purports that a large part of the historic secular consensus informing education policies are not neutral and are informed by 'Christian-centric, classed and racialised hierarchies' (ibid;3).

> '…the idea that Western secular modernity is a universal, or even desirable human experience, disregards its emergence through colonial, capitalist, and racist structures'
>
> (Kitching, 2020;4).

While Kitching's critique relates to education policy only, some of the critical focus is transferrable to other children's services. His discussions raise interesting insight into the complexity of religious identity and practice for children and the multiple impacting factors. Furthermore, he successfully sheds light on the potential inadequacy of situating approaches in opposing religious or secular corners. In advocating for the adoption of a post secular approach he contends that:

[58] In 2012, the Forum on Patronage and Pluralism in the Primary Sector recognised the need for change, recommending that some schools divest their religious patronage. It was reported by the forum that 90.6% of primary schools had a Catholic ethos in 2012. As referenced above, in March 2022, the figure dropped only marginally to 89%, indicating slow progress in the divestment process (Department of Education, 2022). In July 2020, the Irish Human Rights and Equality Commission shared concerns with the UN Expert Committee on the Rights of the Child about the slow progress in plans to change school patronage and the impact on children in line with rights to education and religious freedom. In conjunction with an evident need to respond to religious plurality in relation to patronage, debate further concerns the suitability of traditionally secular approaches in responding to religious diversity amongst children.

> …the post secular is not merely a period following secularism but is a perspective on the world that recognises the complex entanglement of secular and religious in all aspects of the social'.
>
> (Kitching, 2020;26).

What is evident above is that there is an increasing awareness of a need to respond to the religious dimensions in the lives of service users in human based services. This is determined by the potential role of religion in the lives, identity and situation of the individual and the impact that it may have on determining the effectiveness of any given service. Furthermore, the matter of providing adequate response and respect for religious belief and identity is complex.

4.3 Barriers to Adequate Response and Incorporation

Amongst the discussions above are considerations of the barriers to effective responses to religion in service delivery including attitudes towards religion, inadequacy of religious education and training for professionals (Crisp & Dinham, 2019), lack of in-work support structures and models of practice and the secular/ religious positioning of professional fields (Oxhandler *et al.*, 2022).

4.3.1 Barriers to Incorporation - Attitudes towards religion and the inclusion of religious aspects in professional practice.

Several research studies have focused on the impact of attitudes towards religion on professional practice. Mendes (2018) suggests that the attitude of individual nurses towards religion, their own and others, can have a significant impact on their ability to recognise its role in any given situation or interaction. A similar argument is put forward by Fowler (2012), who believes that professionals' attitudes towards religion will impact their decision-making ability where ethical questions arise in nursing. Murgia *et al.*, (2022) in a scopic review of research examing attitudes and practices in nursing found that attitudes towards religion were largely positive across the board. Differences were found in the interpretation of religion and how it impacted care amongst individual nurses. This correlated with the nurses culture, religion and their professional experiences. Lack of education and skills, insufficient time, role ambiguity and different religious beliefs were identified as the hurdles for care.

Research completed in Indonesia by Syamsiah, Rahma & Hassan (2020) found no correlation between the attitudes of nurses towards religion and their practice in supporting or responding to a patient's religion. They found however, a strong correlation between practice and the knowledge and the training that nurses had received (Syamsiah *et al.*, 2020). Dillard *et al.*, (2021) in contrast found that medical professionals' attitudes towards religion and spirituality greatly impacted the cultural competence of the professional and their ability to incorporate these aspects into care delivery.

Oxhandler & Parrish (2018) drew a comparison between social workers, psychologists, counsellors, marriage and family therapists and nurses in relation to their integration of religion into clinical practice. Attitudes found across the study were positive and did not differ between the professions or impact the level of integration of religion.

Attitudes of professionals towards religion are considered to have a significant impact on social work practices (Stewart & Koeske, 2008). Both Furman *et al.* (2004) and Gilligan and Furness (2006,) carried out survey research aiming to explore the attitudes, opinions, and experiences of practicing social workers and social work students in the UK about religion and its incorporation into social work practice. Findings from both pieces of research identified a positive attitude towards religion from social workers and students, with recognition of the important role of religion in the lives of service users. Furman *et al.*, (2004) found that 75% of the respondents to their survey understood religion to be a 'fundamental aspect of being human' (ibid;788). While the majority agreed that it was appropriate to involve religion or spirituality in some aspects of their practice, there was no consensus on the manner of involvement.

Gilligan and Furness (2006) concluded in a review of attitudes towards interventions involving religion that social workers appeared critical of any intervention that could be viewed as judgemental towards a client's religion. Furthermore, they were reluctant to partake in any practice in which they would appear to be active participants in particular religious or spiritual practices. While some differences were evident in the types of interventions including religion that were deemed to be appropriate between different religious groups, overall, they did not discover any correlation between the religious affiliations of the respondents and their use or willingness to use religion in practice. This contrasts with findings from Furman (2004) who found a clear

correlation between the respondent's religious affiliation and their attitudes towards the use of religion in practice (Gilligan & Furness, 2014). Muslim respondents were found to be the most willing to include religion in their practice.

Research focusing on social workers and social work students in America shows similar findings. Attitudes towards religion were generally positive and viewed as an important aspect of service delivery (Oxhandler & Giardina, 2017; De Coster *et al.*, 2010; Sheridan *et al.*, 1992; Sheridan, Wilmer & Atcheson, 1994; Derezotes, 1995; Canda *et al.*, 2019; Cromption, 2017; Dudley & Helfgott, 1990). Oxhandler & Giardina (2017) found the personal religiosity of the American social workers in their research to be significant in their attitude towards responding to the religion of the client. Survey respondents who were religious themselves demonstrated a more positive attitude and a recognition of the role of religion and spirituality in the lives of clients. There was no difference found between different religions.

While the attitudes recorded were largely positive in research, there were some attitudes identified that may act to impede effective responses to religion in the lives of social work clients. Negative attitudes and misconceptions towards religion were a factor impeding progress of implementation of religious supports identified in several research studies. Such negative attitudes were found to exist towards religion in general or towards specific religions or religious practices (Canda & Furman, 2010; Derezotes & Evans, 1995; Russell, 1998). Otter & Hussain (2005) suggest that these negative attitudes are fuelled by media coverage highlighting negative aspects of religion, mostly religious fundamentalism, and its link to violence.

O'Hagan (2001) suggests that negative perceptions of religion can result in practitioners avoiding the topic or focusing only on negative (or perceived negative) aspects. Such negativity or insensitivity is likely to mean that the topic of religion is not raised, and issues are not addressed. Furthermore, the worker may consciously or unconsciously communicate their negative views and inhibit families from discussing the importance of religion to them (Dinham, 2015; Howarth & Lees, 2010). O'Hagan (2001) describes some of the reasons why practitioners may hold negative views such as a belief that religion played a role in many incidents of oppression throughout history and in modern day society. Some may hold a conviction that religion exercises far too much authority and control over individuals, particularly women (Kanol, 2021). Furthermore, the recent highlighting of children and adults being subject to abuse by

members of religious organisations has contributed significantly to negative opinions of religion among social workers (O'Hagan, 2001; Hogan, 2011; Donnelly & Ingles, 2010).

In addition to negative views towards religion, ambivalent views have also been identified. Frosh (2004) states that professionals tend to consider religion either as an add-on when exploring child rearing, or believe that values are common, irrespective of belief and therefore not worth exploring (Frosh, 2004; Gilligan & Furness, 2014; Seden, 1995).

Practitioners may avoid engagement with religious influences where they find the topic too complex or uncomfortable to deal with (Gilligan and Furness, 2010). Similar issues were identified in youth work practice (Green, 2010). Practitioners cited feelings of embarrassment as reasons not to engage with the topic of religion. This impacted their engagement with the service users' religious practices and beliefs, and the influence of the practitioner's religion on his or her practice. Some social workers also expressed the view that religion was a private matter that it was not the business of anyone else (Furman, 2004).

> To talk about religion and spirituality is for many people as embarrassing as talking about sex, death and money
>
> (Crompton, 1996;41; Cited in Gilligan & Furness 2006).

A major fear amongst social workers in a 2003 study conducted by Gilligan and Furness (2006) was the possibility of proselytising, if religion and spirituality are integrated into practice. This was also a finding in more recent research completed by Oxhandler & Giardina (2017). There is however a

> …possibility that the social worker will engage in another form of proselytization, one that minimizes or ignores the religious and spiritual dimensions of the clients' experiences.
>
> (Furman *et al.*, 2004;788)

Many practitioners continue to equate 'religious-blind' and spirituality–blind' approach to what they see as anti-oppressive practice. As a result, they frequently risk imposing culturally incompetent 'secular' and 'rationalist' interventions on service users who have very different actual needs and wishes (Furman *et al.*, 2004; 769).

4.3.2 Barriers to incorporation – Training.

Crisp & Dinham (2019) completed research looking at reference to religion in social work education standards in the UK, Ireland, Australia, Canada, Hong Kong, India, New Zealand, South Africa and the USA. They determined that across the board, there was insufficient consideration and inclusion of religion in the standards to equip graduates with the level of religious literacy that they deem to be necessary in the profession today. They found religion and belief to be mentioned 'briefly and incoherently' (ibid;1559) across the standards internationally, often being deprioritised. Religion was found to be prioritised to a greater extent where it was problematic or potentially problematic, in countries such as Northern Ireland or Australia in working with indigenous populations. Across the different standards, religion was frequently addressed through the use of over-arching frameworks of anti-oppressive or anti-discriminatory practice and therefore not specifically highlighted as something to be addressed in professional education.

Findings from studies in both the UK and America indicate that there is a lack of skills and knowledge amongst social workers in the area of religion which has an impact on the level of effective responses in practice (De Coster *et al.*, 2010; Seden, 1995; Crompton, 2017; Gilligan, 2012). This is due in part to their absence in training and social work education programmes (Darrell & Rich, 2017; De Coster *et al.*, 2010).

Research in the UK and America, indicates that the extent to which religion is covered in social work education is limited and varies across programmes. In the survey completed by Sheridan *et al.* (1992) with social workers in the UK, 79% indicated that matters of religion and spirituality were not addressed in their professional training and education. Derezotes & Evans (1995) found that only 27% of the social work respondents in the UK had learnt how to integrate religion and spirituality into their practice through professional education and training. Similar findings emerged from research completed by Moss (2005) and Dudley & Helfgott (1990) and Graff (2007). Sheridan, Wilmer, and Atcheson (1994) in a study covering 25 graduate training programs in the South-eastern States of America found that 89% of the faculty surveyed reported that content on this matter was rarely or never covered in their courses. In their 2003 survey of social work students in the UK, Gilligan and Furness (2006) found that 41% of the students considered matters of religion and spirituality

to be covered rarely throughout their current education course. 38.5% responded sometime and 20% responded never. 76% of respondents to Furman *et al.* (2004) reported little or no input on religion and spirituality in education and training.

O'Hagan (2001) argues that with a move towards professionalisation, the social work curriculum has become 'overly dependent upon scientific-realism' (ibid;138) moving away from religious or spiritual consideration. This argument is supported by Smith (2017), Simpson, Daly & Smith (2020), Darell & Rich (2017) and Hutchinson & Read (2016) who highlight the reliance of social work on scientific empiricism and secular humanism (Simpson *et al.*, 2020). While there are evidently some topics of religion being covered, there is no consistent curriculum format for these topics across the various training and education programmes. Hodge (2005) suggests that in addition to the gap in the curriculum, current social work educators may be lacking in sufficient skills and knowledge to prepare students for issues relating to religion and spirituality. In addition, access to materials that support effective explorations of the influence of religion in practice may be limited further impeding the effective training of future social workers on these matters. Some of the qualitative comments provided by respondents to Furman *et al.* (2004) indicate that in some situations negativity towards religion is being expressed by educators. Respondents suggested that religion and spirituality were 'denigrated by educators of social work' and that social work education has been 'hostile towards religion despite great emphasis on anti-discriminatory practice' (ibid:786). Data collected indicated that both social workers and social work students thought favourably of the inclusion of religion and spirituality in their education courses and identified a need for these subjects to be covered (Furman *et al.*, 2004; Gilligan and Furness, 2006).

> Social work skills can be enhanced when the worker has a wide knowledge of the beliefs, practices and taboos of different religions and cultures

(Respondent comment, cited in Furman *et al.*, 2004; 787).

Darrell & Rich (2017) advocate that the inclusion of the concepts of religion and spirituality in social work education and training is an ethical responsibility. They argue that teaching students to complete a thorough bio-psychosocial-spiritual assessment is an integral component of the social work educational experience, which enhances the student's ability to engage with their clients in a fully holistic manner. These arguments are similar to those put forward by Syamsiah *et al.* (2020) in

reference to nursing education where they found a strong correlation between the effectiveness of practice and the level of knowledge/ education relating to religion in practice. Murgia *et al.* (2022) similarly found that a lack of education, knowledge and skill were significant hurdles in delivering care that was sufficiently sensitive to the patients' religious beliefs.

The way that religious and cultural sensitivity is included in education is also deemed to be of importance. Tasun (2021) completed a review of transcultural nursing education models and the impact on nurses' cultural competence when in practice. She found that different education models had a significant impact on the effectiveness of nurses in practice in how they responded to religious diversity amongst other cultural aspects. Some of the most useful models were found to be those that included practical learning such as case studies, patient interaction simulations and service-based learning experience. Students benefited from having opportunity to develop and practice skills in this area and not just learn about them.

In addition to learning about religion, there is a need for professionals to reflect on their own religious views and the potential impact that they have on practice. Mendes (2018) suggests that personal beliefs can affect how a nurse views a patient, their situation or illness and ultimately the care they receive. This view is supported in reference to social work where there is a recognised need for social work and social service professionals to critically reflect on their own views, beliefs, and opinions of religion and how they impact their practice professional engagement (Oxhandler, Chamiec -Case, Wolfer & Marracino, 2021).

> Whether atheist, agnostic, nominally religious or devout, social workers' own views about religion will, consciously or subconsciously influence practice.
>
> (Howarth and Lees, 2010;92).

Canda *et al.* (2019) argues that students need to be given the opportunity to explore their own spirituality in order to effectively help clients with religious and spiritual issues. Furthermore, students need to be exposed to diverse religious and spiritual beliefs and practices and to be taught the importance of respecting diversity in this regard. Open and respectful conversation in the education setting is a prime opportunity for both (Kilpatrick & Holland, 2006; Sheridan *et al.*, 1992; Darrell & Rich, 2017). Gilligan and Furness (2006) suggest that this reflection process and the

facilitation thereof need to be embedded in the training and education process in order to be truly effective.

4.3.3 Barriers to incorporation - Lack of in-work support and practice model

Other barriers to incorporation of effective responses to religion in service delivery, relate to wider service structure or models of practice. Research completed by Mc Crea (2003) focusing on impediments to inclusive youth work in Ireland highlighted how traditional forms of youth work may act as a barrier to inclusion for some minority ethnic groups. On the back of these findings, the NYCI ran a pilot project in North Dublin targeting Muslim youth in the area. This project was run in conjunction with Muslim leaders and the Muslim community and was run from their community centre. In addition, changes were made to accommodate different cultural and religious views and practices and to meet the specific needs of the target groups. The project was successful in increasing the rate of these young people involved.

A lack of in-work support and the absence of a clear practice model were also identified as factors impeding the inclusion of religious and spiritual components in social work practice. The work environment was suggested to influence the consideration of religion in two ways. Firstly, the common practices of assessing and supporting religious needs or incorporating religion into practice, is heavily influenced by the policies and common practices of the organisation (De Coster *et al.*, 2010; Graff, 2007; Stewart & Koeske, 2008). Howarth and Lees (2010) report that social workers did not feel confident to explore issues of religion with service users due to the lack of support offered by their supervisors in doing so. Murgia *et al.*, (2022) found a similar lack of support in nursing was a significant barrier with work load and time allocation being a significant structural block.

Secondly, literature has highlighted the likelihood of the social worker to reflect on their own religion and the ways in which it might be influencing their work or approach to their work. This will be influenced by the support they get to do so particularly in supervision (Gilligan & Furness, 2006; Howarth and Lees, 2010). Howarth and Lees (2010) highlight the importance of reflection on the influence of religion in practice. They suggest that practitioners should regularly consider their practice and decision making to ensure that they are informed by the clients' religious beliefs and practices

rather than their own. It is acknowledged however that effective reflection of this sort requires facilitation, something that is thought to be lacking across the social work field in the UK. Gilligan & Furness (2006) argue that religion and its influences must be acknowledged and reflected upon in order to mitigate negative influences in everyday practice. Such negative influences were one of the significant factors highlighted in the Victoria Climbie Inquiry Report. It was expressed in the report that the professional's emphasis on religion had overshadowed their focus on the child and the child's needs separate to religion (Laming, 2003; Godina, 2012). This further emphasises the need to effectively reflect on the role of religion ensuring that it is not given too much or too little consideration in any individual circumstance. Badanta *et al.*, (2021) indicate that such reflection is vital in nursing, especially where a patient's religious beliefs raise potential conflict with the nurse's duty of care and ethical responsibility. Support in decision making and critical reflection on the issues is an important aspect of the professional structure in such circumstances.

Howarth and Lees' (2010) study supports this argument. Supervisors in social work in the UK that they spoke to, did not routinely consider the influence of supervisee's beliefs on their practice. Reasons cited for this were feelings of embarrassment or feeling awkward about the subject of religion. Religion was found to be discussed only if the supervisee raised it. They suggest that this is insufficient as the professionals' religious views or lack thereof will undoubtedly impact their work.

Another factor highlighted in the literature is a lack of clear practice models regarding matters of religion and spirituality (Furman, 2004; Gilligan and Furness, 2006; Howarth and Lees, 2010). As noted by Howarth and Lees (2010) the ambiguity of definition in literature, highlights a likely challenge in social work practice. Where one person's definition of religion differs from another, there could be serious consequences when it comes to assessing client needs with regard to religion and providing appropriately to meet these needs. They suggest that a clear definition of religion and spirituality must be provided as a basis of a practice model that is consistent across different areas of social work. Similarly, Furman *et al.* (2004) and Furness (2016) all conclude that a need exists for a practice model of religious and spiritual interventions to be drafted.

> As clients increasingly raise issues of religion and spirituality with social work practitioners, and as practice models continue to move towards a holistic approach, the inclusion of religion and spirituality in training and practice offers

> many opportunities to both practitioners and students to develop an innovative and empowering practice that respectfully and competently responds to human diversity.
>
> (Furman *et al.*, 2004;790).

4.4 Cultural Sensitivity and the Application of Multicultural Ideals

Increased concern for the application of multicultural ideals to professional practice has arisen across many professional fields in recent years. This is in light of increasing cultural diversity and an appreciation for the potentially important role of culture in determining the effectiveness of services delivered. The call for cultural sensitivity in practice recognises both the impact of culture on the individual service users as well as the role of culture within professional communications and service delivery (Reinheimer, 2021). The need for people-based professionals to have sufficient awareness of culture and to be skilled to practice in a manner sensitive to cultural aspects is more and more recognised (Abrams and Moio, 2009; Soni, 2011; Brar-Josan & Yohai, 2019).

Social care services in Ireland see an increased concern for multicultural approaches in practice[59] (Reinheimer, 2021). O'Loingsigh (2001) argues that fundamental instruction in communicative and cultural acquisition should be required as part of the curriculum of future care practitioners. This curriculum, he suggests, should explore and apply issues of human rights and respect for diversity instead of consideration of integration of ethnic minorities. Similarly, Mc Cann James (2013) highlights the need for increased cultural competency in Irish social care work in recognition of the significant change in Ireland from a mono-cultural to a multicultural society in recent years. She argues that language and cultural barriers limit the provision of effective and meaningful social care work and therefore they are a necessary component of professional training and development. It is also noted that most social workers and social care students in Ireland are part of the majority culture although there is no empirical data available to evidence this.

[59] This is recognised in the inclusion of multicultural terminology in the professional proficiencies required for social care worker registration and in the approved code of conduct and ethical guidelines for the profession (CORU 2018).

In addition to effective practice considerations, potential for systemic oppression in social care services is highlighted (Reinheimer, 2021). 'Although social care workers may not consciously participate in oppressive behaviours, existing mechanisms that surround and support them facilitate the continuation of discrimination (O'Longsigh ;426). Due to the rapid nature of cultural change in Ireland there has been a lack of open and honest discussion regarding multiculturalism and the previously 'institutionalised culture' that informs and influences individuals may continue to define dominant values and behaviours that inadvertently oppress diverse groups in practice (O'Longsigh, 2001;425). Mc Cann James (2013) further argues that services based on best practice in social care 'must have at its core a regard for cultural diversity and a framework that incorporates the inclusion of difference' (ibid;432) She advocates for an approach that will facilitate participants with the ability to contribute fully to society without having to relinquish their cultural identity.

The professional field of social work has a well-established literature and research on the need for cultural competence in practice coming from both Ireland and the UK (Dalikeni, 2013; Dominelli, 2002; Thompson, 2008; Devore & Schlesinger, 1999; O'Hagan, 2001; Payne, 2014; Abrams & Moio, 2009). Alongside developing cultural diversity in Western societies, calls for enhanced training and development of culturally competent and culturally sensitive practices emerge in line with increased emphasis on rights-based approaches and person in-context models in social services. Moleiro, Marques & Pachero (2011) define multicultural competence, in counselling and psychology practice, as three-dimensional encompassing awareness, knowledge, and skills. Awareness refers to self-awareness and recognition of how values, attitudes, and beliefs impact interactions across cultural diversity. Knowledge relates to an informed understanding of cultures including histories, traditions and practices and an understanding of the potential for these to impact personal experiences. Finally, skills relate to the ability to engage in effective and meaningful interactions and to develop professional relationships with diverse individuals (Moleiro, Marques & Pachero, 2011).

Seeley (2005) highlights the importance of focusing on the individual's interpretation of their culture and allowing them to determine the aspects of the cultural experience or cultural identity that are relevant to them. Developing from this is the idea of having 'Cultural Competence (O'Hagan, 2001) or being 'culturally grounded' (Marsiglia &

Kulis 2009). Heer *et al.*, (2016) call for cultural competence to be an integral part of practice by services through the incorporation of 'cultural assessments' into care plans (ibid;114). The aim of such assessments is identifying cultural needs specific to individuals and families, exploring such issues as the family role in caregiving, cultural beliefs, religious values, and acculturation levels (Dungee-Anderson & Beckett, 1995; Forte, 1999).

4.4.1 Critique of Multiculturalism in Practice – Lack of Structural Focus

Although cultural competence was initially coined in relation to working with individuals and groups from non-white ethnic origins, it has evolved to include differences in religion, sexuality, ability and other identity markers (Abrams and Moio, 2009). Cultural competence has been critiqued for focusing on knowledge and awareness of 'others' while failing to address structural factors that shape experiences and opportunities (Fisher-Borne *et al.*., 2015; Abrams and Moio, 2009). Research completed by Kurzawa *et al.* (2022) exploring racial and cultural equity in mental health and addiction services for young people in Ontario, Canada, highlighted how institutional racism and discrimination impact patient experiences. Their findings indicated that structures, processes and ideologies that are within the institution can perpetuate cultural discrimination and inequities in service delivery. This structural discrimination also occurs outside of organisations in the form of legislations, policy, ideologies and national based structures. For example, in the area of disability studies, racial and ethnically diverse children with disabilities were found by La Fleur *et al.*, (2018) to have increased risk for health care disparities. This they suggest is due to funding and access policies which inadvertently create barriers for some groups in society. Similarly, various research studies have found that young people from minority communities that have aged out of foster care systems in America, are at higher risk than their majority culture counterparts (Capers, 2019; Gibson *et al.*, 2021; Jemigan *et al.*, 2015 and the Annie E. Casey Foundation, 2018). These risk areas included education, economic wellbeing and access to healthcare. Bencomo (2022) idenitified that former foster youth in America continued to experience structural racism after care, with measures of success in adulthood being aligned to white majority standards. The supports and guidance offerred to them left them at a disadvantage. These findings indicate that there is a need for multicultural approaches

to consider more than just individual practice. Broader structural and ideological issues need also be included.

Okitikpi & Aymer (2010) highlight the potential problems of overly focusing on the professional practitioner in multicultural approaches. They warn that too much reliance on the agency of the individual workers to ameliorate the negative impacts of structural inequality and oppression from macro-level is a risk especially in working with asylum seekers where the system has such great power. Most literature primarily focuses on cultural competence at an individual professional level rather than at an organisational level, thus failing to adequately address the interconnections between individual and organisational changes (Fisher-Borne *et al*.., 2015; Fitzgerald & Campinha-Bacote, 2019). Donal and Rattansi (1992;2) in considering multiculturalism in social work practice suggest that 'by focusing on the superficial manifestation of culture, multiculturalism fails to address the continuing hierarchies of power and legitimacy that exist amongst different centres of cultural authority'. This argument is supported by Thompson, (2009), Pollack, (2012), Razack (1999) and Yee (2005).

Abrams & Moio (2009) focus on this matter in regard to education and training in multicultural approaches in social work education. Recognising that cultural competence is a fundamental tenet of social work education in the UK in line with the mandated inclusion of matters of race, racism and ethnicity in the standards of education adopted by the Council of Social Work Education. They outline that although the cultural competence model has diverse epistemological interpretations and curricular applications (Williams, 2006) two major ideological underpinnings can be discerned in education, 1. Self-awareness and 2. Self-development. This focus on individual attitudes, they suggest, leaves social workers ill-equipped to deal with institutional oppression on all the levels that it permeates – individual, structural, and global.

They advocate for the incorporation of a critical race theory approach to be used in social work education and practice. Critical race theory (CRT) incorporates multiculturalism and anti-oppressive practices to encompass both personal and structural levels of discrimination. Critical Race Theory goes further in addressing some of the other perceived weaknesses of a multicultural approach to practice. Abrams and Moio (2009) highlight the challenges put forward by CRT to liberal claims

of objectivity and neutrality in political and practical approaches. They suggest that these principles actually normalise and perpetuate racism by ignoring inequalities that permeate social institutions. It is therefore necessary for practitioners and organisations to actively engage in recognising, understanding, and addressing inequalities. It is not sufficient to take what is suggested to be a 'colour-blind' or perceived 'neutral' approach. Racism and inequality are ordinary, everyday occurrences for people in society and are embedded in the social fabric. They are therefore frequently invisible to both majority and minority cultures and are often accepted as part of cultural norms and structures (Knoppers, 1993).

4.4.2 Critique of Multiculturalism in Practice - Ideology

Another critical point of consideration relates to the dominant understanding of multiculturalism and cultural competence which is argued to be very essentialist (Garran & Rozas, 2013). They suggest that the multicultural model views culture as static and unchanging, linking culture with ethnicity and nationality, encouraging the view of Western cultures as superior to other cultures and not questioning Western social practices (Garran and Rozas, 2013). Llewellyn, Agu & Mercer (2015) outline how social work practices have been accused of being ethnocentric, with a knowledge base heavily drawn from white middle class European perspectives. These underlying factors have been accused of contributing to the pathology of diverse cultures and the essentialism[60] of racial and cultural groups.

Barn (2007) considers the changing ideologies of social work practice in the UK over previous decades, shifting from assimilation to a multicultural perspective. He suggests that these ideologies were reflective of the political ideologies of the time. A paradigm shift in the 1970s to an anti-racist ideology, following the enactment of the Race Relations Act 1976, saw an increased recognition of culture, race, and religion in social work education and practice. This was in line with longstanding concerns about the disproportionate number of minority ethnic children involved with child protection services[61]. These early models were criticised for overly focusing on individual practice and not encompassing consideration of wider factors in perceived

[60] A process by which groups become defined as homogenous based on predefined characteristics or dispositions.

[61] Kendrick (2008) highlights the continued overrepresentation of minority families in residential care services in England, something also highlighted in the Irish context by Coulter (2015) in the Child Care Law Reporting Project.

oppressive practices[62]. As a result of the individual practice focus, Barn (2007) suggests that social workers aimed to avoid criticism in cultural relativity models of thinking and practice, with potentially negative results. While such approaches are in line with anti-racist and multicultural frameworks recognising each culture as valid, it is argued that this model in child protection has the potential to not distinguish cultural practices from child maltreatment[63] (Lord Laming, 2003; Patel, 2023; Williams & Soydan, 2005).

Findings from an Irish study concerning challenges for child protection social work services in working with asylum seekers and refugees indicated a similar issue. Dalikeni (2013) highlights a problem of cultural sensitivity vs. cultural relativism[64] in child protection issues accentuating the need for developing education, training, and proficiencies in cultural awareness and competency. Her findings indicate that tensions between social workers and families arise about social norms and appropriate practices and there is a need for further discussion and skills development in dealing with such matters as they arise.

4.5 The Danger of Superficiality in Culturally Sensitive Professional Practice

Further critical discussion concerning multiculturalism on both an ideological and practice-based level concerns the ability of multicultural approaches to engage sufficiently with the depth of cultural diversity and the diversity of individuals within any one culture. Multiculturalism in social work education has been criticised for encouraging people to gain a smattering of knowledge about other cultures without an in-depth appreciation of the origins and reasons for differences. In the professional field of social work some argue that multicultural approaches may encourage a surface appreciation of visible diversity without dealing with substantial social inequalities and discrimination (Houston, 2015; Payne, 2014; O'Hagan, 2001; Abrams & Moio, 2009). Payne (2014) suggests that multiculturalism may find itself valuing and respecting alternative cultures on a surface level however resisting acceptance of

[62] These arguments align with the radical social work movement that developed in Britain, Canada and Australia during the 1960s and 1970s, seeking to tackle structural inequalities and oppression. For more on this see Pease (2013) and Ferguson & Lavalette (2013).
[63] This was one of the key factors highlighted in the Victoria Climbie case in 2000.

[64] Cultural relativism is the actions that should be judged against a person's culture as opposed to by more commonly used standards.

culturally diverse practices into established cultural traditions. This can seem ambivalent or dismissive of the importance of all the traditions that are represented in society. Multicultural policies may lead to a kind of disconnected treatment of important cultural or religious events, they could contribute to the exoticism of a cultural idea.

As highlighted by Griffin (2006), Barker (2012), Share & Corcoran (2008) discussions relating to culture are often conflated with race and ethnicity and don't sufficiently capture the essence of cultural difference. Furthermore, the extent of variety of cultures in contemporary societies may lead to only a partial understanding of each. This may lead to the application of stereotypical assumptions about cultures epistemologically based on *a priori* knowledge (Mc Gregor *et al.*, 2019). This does not allow for sufficient sensitivity to cultural differences (Horgan and Ní Raghallaigh, 2017; Ní Raghallaigh, 2019) or to the continuously evolving nature of cultures in political and social context (Banks, 2009; Payne, 2014).

Similar discussion has occurred in Ireland in relation to asylum seekers and separated children (Christie, 2003; Ní Raghallaigh, 2014; Ní Raghallaigh & Sirriyeh, 2105; Ní Raghallaigh *et al.*, 2016; Foreman & Ní Raghallaigh 2017; Horgan & Ní Raghallaigh, 2019; Ní Raghallaigh, 2018). It is highlighted in these works that improvements in training and practice are vital to ensure that practices are appropriately responsive to the needs and circumstances of refugees and asylum seekers. The diversity that exists amongst these groups needs to be considered and responded to. Application of culturally based stereotypes does not allow for exploration of intersectional diversity, and will impact the effectiveness of services delivered.

Okitikpi & Aymer (2010) argue that we need to take an approach to practice that is based on reflexivity 'where knowledge, values and actions are linked' (ibid;150). They propose continued reflection on aspects of culture to ensure knowledge is current and relevant and links sufficiently with the delivery of effective practice. Houston (2015) presents a similar argument highlighting the pervasive effects of culture which is socially reproduced. He purposes that social workers need to reflect on the symbolic aspects of culture that frame social life, 'the range of ideas, religious beliefs, norms and values that shape how we interact with others' (ibid; 254) and the potential impacts of such. Seeley (2004) also calls for an increased reflexive approach to practice emphasising the role of social and personal interpretation within a cultural context. In

line with this recognition he stresses the importance of acknowledging the interpretation of culture of the individual that you are working with, allowing them to identify the role of culture in their lives and the issues that it may connect to.

4.6 The Challenge Posed by a Lack of Specificity in Culturally Sensitive Training

An additional challenge posed for culturally sensitive/ competent education and practice relates to a lack of specificity. There is no definitive guide provided as to what is needed to attain concrete learning and practice objectives in cultural competence. Gruber (2015) identified a concern around specificity in practice in children's residential services in Sweden. Despite the emphasis placed on cultural competence in professional standards, there is little critical discourse about what the required knowledge or skills are. She states that models of cultural competence are often based on different and even contradictory paradigms. She identified that cultural diversity amongst children using the services has largely been addressed with the employment of culturally diverse staff members. However, the expectations of their role or what is required of them in this regard is unclear (Gruber, 2015). Mizrahi *et al.* (2003) found that social workers' cognitive attitudes about race were more positive than their effective attitudes. Therefore, the transfer of cultural competence learning to practice situations may be an area of concern with a gap in the effective application of theory and critical thought to practice circumstances.

Critical race theory has been incorporated into the field of education in exploring the challenges of integrating cultural competence into professional programmes. Discourse highlights some of the main issues with these approaches including the lack of preparation amongst teachers for the realities of an increasingly diverse student population. Similar to arguments presented by Abrams & Moio (2009), Lopez (2003) highlights the explicit avoidance of race in cultural competency education for teachers and a failure to fully recognise the structurally embedded nature of inequality. Zeickner (1992) further criticised the ad hoc nature of multicultural models in teacher training programmes citing a lack of standardised requisites for cultural competence in teacher training with persistent ideologies of race neutrality. In acknowledging the socially constructed nature of race and the embedded nature of inequality in society, the introduction of Critical Race Theory into education theory in the UK has had some

success in challenging the Eurocentric frameworks that are deeply embedded in education models (Abrams & Moio, 2009).

4.7 Concluding Comments.

What is evident from the above outlined literature is that a need to acknowledge culture and religion as an aspect of professional interaction and service delivery is increasingly recognised across several professional fields. Appreciating the role of culture and religion in the lives and circumstances of individuals coming into contact with services, as well as increasing awareness of the role of culture and religion in the service experience are matters of growing concern in professional discourse. What can be learnt from the experiences of aligning professions and similar professionals in international fields is that the process of developing the required 'cultural competence' or 'culturally sensitive' toolkits' and awareness is complex and multi-layered. It is not simply a case of increasing knowledge of cultural and religious tenets; the incorporation of culturally sensitive practice requires critical awareness of culture and religion as social constructs, ever changing, open to personal interpretation and subject to intersectional diversity. The professional is required to become aware not only of religious/cultural impact in others but also in themselves and to critically reflect on how this might impact their practice. In addition to improved skills sets in individuals, there is increased recognition of the impact of macro and meso level factors on professional practice. Adaptations are required not only in the policies surrounding practice but, in the education, and training of professionals and the resources used. The impact of accepted majority cultural norms, presumptions, and attitudes must be subject to critical focus to ensure open dialogue about cultural matters can take place free from unintentional discrimination or oppression.

The focus of the discussion so far has been on the various contextual frameworks that underlie the research. Attention will now turn to the primary research design and methodological approach that guided the fieldwork and data collection in the next chapter.

Chapter 5 - Methodology

The purpose of this chapter is to discuss the research process, outlining the intention and overall focus of the research as well as the ontological and epistemological foundations, which together provide the framework for the flexible and emergent research design. A primary discussion of the main objectives of the overall research will highlight the need for a design that remained responsive to concepts and issues identified by the key social actors. In adopting a strategy based on the principles of a social constructivist approach, the research facilitated the emergence of key focus areas highlighted by the relevant stakeholders participating in the study. Discussion of the foundational assumptions and values allows for the justification of a reflexive methodological approach incorporating participation from a wide-reaching cohort of relevant participants.

Following identification of the research aims, objectives and theoretical foundations, the research process will be outlined, highlighting the ethical frameworks that were applied to the study.

5.1 Research Aims

To explore the support and facilitation of young people's religious preferences while they are in residential children's care services.

5.2 Research Objectives

Set within the wider practice and theoretical contexts, the overall objective of this research was to explore the support and facilitation of young people's diverse religious preferences while they are living in residential children's services in Ireland. To inform practice with the aim of improving the long-term service provision for the children who enter the system, understanding must be gained of the factors that contribute to the support and facilitation of diverse religious beliefs, practices, and identities through everyday service delivery. The primary exploration focuses on micro-level service delivery and everyday practice. Drawing loosely on Bronfenbrenner's Ecological Systems Theory (1979), broader consideration has been given to macro aspects of service delivery, including legislation, policy, and practice structures, as well as the meso-level impacts, including relevant staff support, education, and training in order to contextualise the research.

5.3 Research Question

How are the religious preferences of young people supported and facilitated while they are in Residential Children's Services?

1. Is religion considered to be an important aspect of care planning and delivery by professionals involved directly or indirectly with service provision?
2. What professional practices and aspects of service delivery are in place in children's residential care services aimed at the support and facilitation of children's religious preferences?
3. What aspects of the broader structural frameworks affect the support and facilitation of children's religious preferences in residential care?
4. How well equipped are social care workers and residential care services to provide neutral support and facilitation to diverse religious preferences amongst young people?

While these questions provided the primary foundations, the nature and design of the study allowed the research to respond, with appropriate depth of focus, to the multifaceted and often complex issues underlying these generalised areas of care service delivery. Using the broad framework of Bronfenbrenner's Ecological Systems Theory (1979), the figure below outlines the multi-layered focus of the research design, that incorporates consideration of the various influential factors surrounding everyday practices and service delivery.

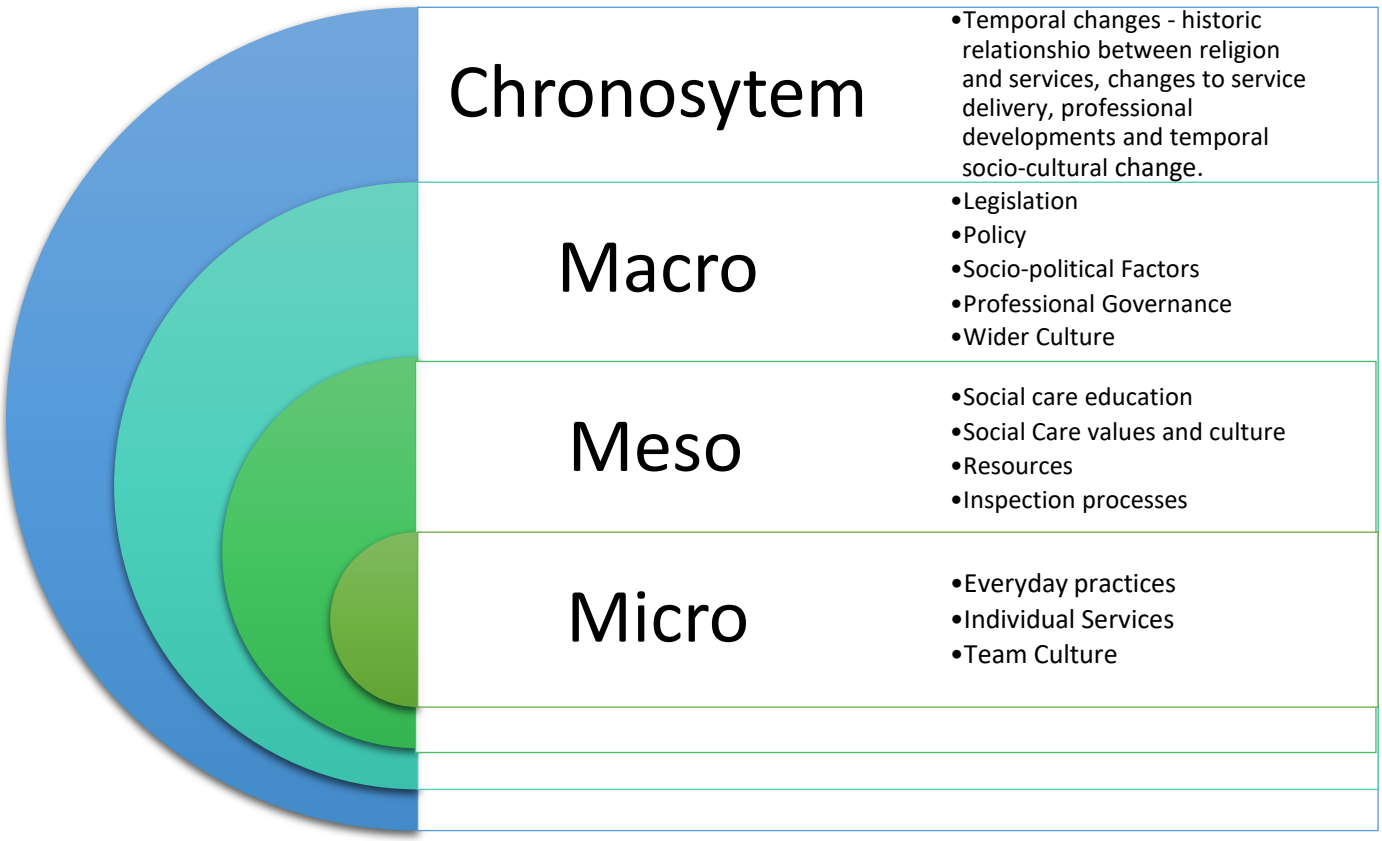


Figure 4;Layered focus of the research design

Having outlined the temporal, structural and socio-political frameworks of religion in residential children's services through literature and policy reviews, the focus of the primary research shifted to the meso and micro-level support and facilitation of religion that occurs within Children's Residential Services on an everyday basis (Bronfenbrenner & Ceci, 1994). In addition to the professional practice conducted in efforts to recognise religious diversity and facilitate religious practice, the interest of the study was expanded to incorporate the meaning-making of such practice by key social actors involved. As outlined in Chapters 3

and 4, everyday social interactions and the constructions surrounding them are central to the theoretical framing of the research. The negotiation of secular frameworks and the application of multicultural ideals to everyday professional practices are foundational to this research focus. Appreciation for the importance of micro-level processes and the impact that they may have on the experiences of young people in care was fundamental to the adoption of a social constructivist approach throughout the research design.

The research aimed to identify the key social actors involved and to explore their experiences, opinions, and interpretations of the structural framings. The use of an emergent research design has allowed for the parameters of the research focus to be determined by the social actors themselves and for matters of importance to be identified through the emerging data. An important objective of the research design was to remain effectively responsive to allow for a thorough and accurate exploration of the professional practice and the factors that impact the support and facilitation of religious practice and religious diversity in residential care settings.

5.4 Ontological Perspectives

Questions of social ontology are concerned with the nature of social entities. The central question here is whether social entities should be considered from an objective lens or whether they should be understood to be socially constructed realities. Snape and Spencer (2003, ;20) state:

> Within social research, key ontological questions concern whether or not social reality exists independently of human conceptions and interpretations; whether there is a common, shared, social reality or just multiple context-specific realities; and whether or not social behaviour is governed by 'laws' that can be seen as immutable or generalisable'.

In other words, is reality something that is constantly under construction through social interaction and, therefore, in a constant state of reconstruction subject to contexts of time and place or is reality consistent with the removal of variables of social actors and context?

The need for a social constructivist approach to the current research is determined by the micro-level focus. As stated above, while the structural, legal, and historical frameworks of practice were recognised as important, the translation of these to practice and their impact was of crucial significance. What is of relevance here is the meaning attributed to the phenomena of religion within the broader cultural categorisation by social care workers and how that is expressed through their everyday practice. Adopting an objectivist viewpoint would not allow for sufficient exploration of the constructed reality of practices that support

and facilitate religious diversity or the complex context in which decisions are made and influenced within Children's Residential Services. Sufficient recognition must be attributed to the importance of the social actors involved in everyday service delivery in determining how their practice can facilitate and respond to religious diversity. Proper understanding of the micro-level perspectives, negotiations, and facilitations of religion requires engagement with the key social actors to capture their reality and interpretation at this specific time and place. Ontologically speaking, a constructivist perspective was deemed the most suitable foundation for the current research, acknowledging its stance that social realities are produced through social interaction and, therefore, constantly created and adapted. For constructivists,

> 'realities are apprehendable in the form of multiple, intangible mental constructions, socially constructed and experientially based, local and specific in nature . . . and dependent for their form and content on the individual persons or groups holding the constructions.'
>
> (Guba & Lincoln, 1994, p. 111).

The context-specific nature of the research focus required an approach that allowed for the recognition of complex factors of influence involved, both those relating to the immediate situations of service delivery and the broader socio-political-cultural frameworks. In line with this viewpoint, the research was designed to engage with relevant social actors to explore their views, opinions, and experiences of practice in this regard but also to allow for recognition of the role of broader environmental impacts. Taylor (2007) suggests that reality is socially constructed through processes of thought and action. He further considers the process to be strongly influenced by the societies in which the social actors live. Individuals attribute subjective meaning to social phenomena based on their own interactions with the society around them and their own subjective experiences. Therefore, social reality is a subjective interpretation that is accessible to the researcher only through the relevant social actors (Clark, Foster, Sloan & Bryman, 2021; Marin & Olsson, 2021; Bryman, 2001, 2012; Williams, 2000; Ritchie and Lewis, 2003; Neuman, 2003). It is recognised that the social reality of practices in this regard is not concrete and is subject to continuous change based on the specific factors at play in any one situation. Phenomena are emergent and in a continuous state of construction and reconstruction. Therefore, appropriate consideration was attributed to the complexity of the situations being explored and the diversity of practices, views and opinions likely to arise.

5.4.1 Limitations of Approach

This ontological framework has implications for the reliability of any research findings. Although a deeper level of understanding will be provided, therefore increasing validity, the findings from this study cannot be exactly replicated (Morin & Olsson, 2021). Even were the same research to be carried out with the same people in the future, the nature of this ontological perspective determines that findings are subject to social and temporal contexts and, therefore, realities will evolve over time (Clarke, Foster, Sloan & Bryman, 2021). Meaning is ephemeral in that it will vary by both time and place. Blaikie (2000) describes how, within constructivism, social reality is a product of process. Social actors negotiate the meaning of action and situations together therefore determining human experience and interaction as a process of social construction. Rather than sensory and material apprehension of the external physical world, human behaviour depends on how individuals interpret the situations and conditions in which they find themselves. It is those interpretations that determine reality and give rise to social phenomena. Realities are multiple, socially constructed, and subject to constant change (Mertens, 1998; Morin & Olsson, 2021).

In committing to the assumptions of a social constructivist perspective, careful consideration was given to how the research questions are formulated and how the research has been carried out. The research had to remain appropriately broad and flexible to respond accurately to the emerging data and to be guided in the directions outlined by the respondents. Furthermore, continuous reflection was required on part of the researcher to ensure that the focus of the research and indeed the interpretations of the data, remained loyal to the social constructivist perspectives. In recognition of the impact of social interaction and construction, the findings from any research study will must also be understood in the context of the researcher's own social construction. An interpretation of social realities will be subject to the social constructs of the researcher and the surrounding contexts. Careful effort was applied to critically reflect upon the impact of such.

5.4.2 A Note on Positionality

Careful and continuous reflection on the researcher's positionality and the potential impact of such on the research design and data analysis was completed. The location of the research focus in the broader cultural, societal, and historical surroundings means that the adoption of an entirely objective position was not possible. However, in acknowledging my

positionality and reflecting upon its potential influence, I have taken care to minimise any impact and protect the validity of the findings.

I am a qualified Social Care Worker with five years of experience working in Residential Children's Services (2001-2006). I am currently a social care lecturer and have been since 2009. This placed me in an insider position for the research, a position with both benefits and the potential for negatively impacting the research (Dwyer & Buckle, 2009). While my professional networks ameliorated the research design, access and interview process, my understanding of the sector and my ability to easily understand professional language and processes, the potential for subjective impact was acknowledged. Careful consideration was given to my professional views, opinions, and experiences concerning the practices explored. Efforts were made to involve participants from various service types and educational institutions to maximise the validity of the findings.

Furthermore, the research questions, surveys and interview questions were thoroughly reflected upon with my supervisors to ensure objectivity in the data collection process. Again, these efforts were applied in the data analysis process to ensure that data was not interpreted in a subjective or self-serving manner. At the beginning of the research, I engaged in a lot of critical reflection on the impact of my professional training, experience, and professional culture. I do not believe it has substantially impacted the research outcomes. This reflection was continued with the use of a research journal and in supervision meetings throughout each phase of the research, analysis, and writing to minimise any potentially negative impact.

Further reflection was required about my positioning in the research, my relationship with religion, my views, and my feelings towards it. I am not religious in that I do not identify with any religious organisations and do not devoutly follow the teachings or practices of any religion. Nonetheless, to lay claim that I have not been impacted by religion or subject to any religious teachings would be untrue. Growing up in Ireland, it would have been impossible to avoid influence from religion given the extent of religious impact on the culture and history of the country. Although I do not purport to follow the teachings or guidance of Christianity, I acknowledge the influence of such on the moral and value standards of the country in which I live and on my culture. This was a careful point of consideration for me in approaching the research and the interpretation of data.

An additional point on my religious positionality is an acknowledgement of my parents' relationship with religion, which, of course, impacted my own. Although both of my parents were raised Catholic, as young adults they joined a Presbyterian congregation. Neither were strongly religious people but for a time, we attended the Presbyterian Church regularly. I was not baptised into any religion but would identify as having been raised Protestant. I attended non-denominational primary and secondary schools and therefore was not subject to direct religious teaching in my education. My religious upbringing was unusual in Ireland and, as such, has provided me with a unique perspective on religion in Irish society. Growing up in a minority religious position has allowed me to recognise some of the conflicted attitudes and approaches to religion in Ireland. I do believe it has influenced me in my choice of research focus and has provided me with unique insight that has benefitted the research. I believe that overall, my professional and personal positions as a Social Care Worker with experience working in Children's Residential Services and as a social care lecturer allowed me to approach this unique research topic and facilitated me in designing and executing an effective and thorough piece of research.

5.5 Epistemological Considerations

The concept of epistemology refers to the theory of knowledge applied to the research approach (Bryman, 2012; Clarke *et al.*, 2021; Crotty, 1998). In social scientific research, epistemological issues concern what is acceptable knowledge in the discipline. In broad terms, it refers to the principles, procedures, and ethos of research and the logic of research procedure (Bryman, 2012; Clarke *et al.*, 2021). The current research adopts an epistemological position of interpretivism, which purports that research in social sciences requires a specific logic of research procedure, one that reflects the distinctness of humans against the natural order (Bryman, 2012; Mathews & Ross, 2010).

Where the positivist approach focuses on clearly defined objective measures to evidence outcomes, interpretivism takes the epistemological position of requiring the social scientist to grasp the subjective meaning of social action (Bryman, 2008;694; Snape & Spencer, 2008). Interpretivist research focuses on the role of the human mind in organising their experiences and socially constructing meanings. Attention is given to the social and cultural contexts and the influence that they may have over attributed meanings (Marin & Olsson, 2021; Clarke *et al.*, 2021; Bryman, 2012; Mathews & Ross, 2010).

5.5.1 Roots of the Interpretivist Approach

The roots of interpretive research can be found across various schools of thought. Although theories differ, they share the fundamental belief that the subject matter of social research is inherently different from that of natural science research. Therefore, a different approach is required. The earliest theories are those of Immanuel Kant (1724-1804) and neo-Kantian theorists. Kant believed that our understanding of the world was not solely based on our experiences but on how we use rational thought to process and understand our experiences (Snape & Spencer, 2008; Bryman, 2012). In doing so, we use a degree of *a-priori* knowledge to determine the structures surrounding us, our culture, and our experiences as influential to all interactions and interpretations. These ideas were developed further by neo-Kantians, including Max Weber (1864-1920). Weber developed the earlier theory of '*Verstehen*' put forward by Wilhelm Dilthey in the 1860s (Snape & Spencer, 2008). The theory stresses the importance of understanding the way people process an understanding of their experiences within a particular social and historical context. Weber argued that on account of rational thought, the attributed meaning was inherently subjective and, therefore, could only be understood from the viewpoint of the social actor. This idea is still dominant in interpretive research, with the focus on individuals involved in the phenomenon instead of empirical data. Neo Kantians also took up the idea of *Hermeneutics* (Von Wright, 1971), which suggests that human actions and interpretations must be understood in their cultural context. Dominant beliefs, norms, or attitudes within a culture will influence the meaning and understanding attributed to any act (Snape & Spencer, 2008).

Schutz (1899-1959) developed this idea, proposing that this meaning attribution is common sense to people in their everyday lives and interactions; it is not consciously thought out. Instead, social facts are inter-subjectively constructed within the framework of social structures and the cultural view of 'common sense'. It is not just the interpretation of one social actor but of all those involved in the action and interpretation. The researcher must acknowledge these cultural constructs and the common sense thinking of the social actors in understanding their social reality. Similar suggestions were made by George Herbert Mead (1863 – 1931) and Herbert Blumer (1900-1987) in the theory of social-interactionism. They suggest that individuals are continuously constructing an understanding of their environment through interpreting symbolic meanings (Bryman, 2012). For the purposes of the current research, these 'cultural' aspects will apply in consideration of broader Irish

culture and religion as well as cultural diversity amongst the young people and their families. Furthermore, it will incorporate the professional culture of social care, heavily influenced by history and the cultures that contribute to understanding within specific organisations involved in the delivery of services.

5.6 Research Paradigm

As stated by Candy (1989;8), 'few pieces of research are ever pure examples of any one paradigm, fitting unequivocally into one category to the exclusion of the others.' With this in mind, a claim towards one specific paradigm will not be made. Instead, a dominant perspective will be adopted as a justification for the approaches taken to the research. The current research design leans heavily towards a social constructionist and interpretivist viewpoint, recognising the critical role of the social actors in interpreting and influencing the social realities being explored. Several conceptual aspects of the research must be explored with the interpretations and meanings attributed by the relevant stakeholders, such as what relevant professionals deem to be practice that supports and facilitates the religious beliefs and practices of children and young people. A true exploration of the factors relevant to the issue can emerge in using socially constructed and socially interpreted concepts as building blocks for the research. This allows for a deeper contextual understanding with findings arguably more usable in informing professional practice.

5.7 Research Design

De Vaus (2001; 9) notes, 'the function of a research design is to ensure that the evidence obtained enables the researcher to answer the initial question as unambiguously as possible'.

As outlined above, the overall aim of this research was to explore the support and facilitation of young people's religious preferences while they are in Residential Children's Services. In adopting an exploratory approach, the research design remained flexible, allowing for the emergence of factors of importance as determined by participants.

The research was designed in a phased process to ensure suitable flexibility and to allow for later stages of the research to be informed by emerging data from earlier stages. The original research design aimed to engage two key groups of participants: 1. Care leavers who had

experience of living in Residential Children's Services and 2. Social Care Workers and managers currently or recently working in residential children's services. These two groups were chosen for their essential role in the social interactions that determine the support and facilitation of religious preferences.

Despite numerous attempts[65] and considerable effort to organise semi-structured interviews with care leavers, only one participant came forward. They subsequently cancelled on the day of the interview. Due to poor uptake from care leaver participants, this research phase was discarded, and research with Social Care Workers and managers currently or recently working in Residential Children's Services became Phase 1. Preliminary findings from this phase of the research informed the design of the latter two phases by highlighting other key social actors and areas of interest and importance. The resulting research design consisted of three phases, each focusing on different professionals relevant to the delivery of Residential Childcare Services. Phase 1 focused on Social Care Workers and managers currently or recently working in Residential Children's Services. Phase 2 explored the views of social care educators, and Phase 3 focused on those involved in inspecting and monitoring residential children's services.

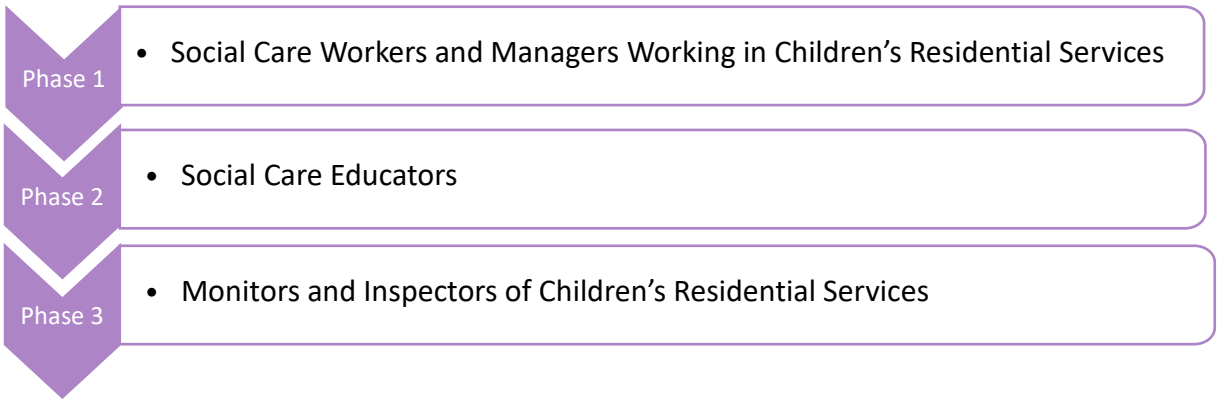


Figure 5: Layout of Research Phases

5.8 Research Strategy

A mixed-method approach was used for the collection of data. The decision to adopt this mixed strategy was influenced by the originality of the research focus. The shortage of research and literature on this specific topic determined that applying such an approach would be helpful to allow for a thorough exploration of this understudied phenomenon

[65] Call for participation were distributed through care leavers organisations and care leavers services as well as through twitter. A website was developed to allow for easy access to information for care leavers and multiple routes of engagement. See Appendix K or ctrl + click https://religionincare.wordpress.com/contact/

(Cresswell *et al.*, 2007). The lack of foundational information available required that some general data be gathered in the primary explorations so as to identify areas appropriate for a deeper level of focus. The incorporation of quantitative aspects of research, in the form of surveys, allowed for the identification of broad trends that served to enhance the further exploration of the subjective meanings attached to social action through the more qualitative aspects of the research design. What was of key importance for the research design was that the methods chosen were well-matched to the objectives of the research and that the data collected was of sufficient scope and depth to provide reliable, valid, and valuable findings. Although a mixed-method approach was adopted, an interpretivist paradigm was dominant in both the design and analysis of the research. The incorporation of quantitative methods of data collection served to guide and support the predominantly qualitative research focus.

Table i; Outline of Research Strategy – Methods and Participants

Phase	**Participants**	**Research Method**	**Responses/ participants**
Phase 1	Social care workers and managers	Online Survey	47 responses
Phase 1	Social care workers and managers	Semi structured interviews	14 interview participants
Phase 2	Social Care Educators	Online Survey	25 Responses
Phase 2	Social Care Educators	Semi Structured Interviews	11 Participants
Phase 3	Inspectors and Monitors	Semi Structured Interviews	4 Participants

The use of online surveys in Phases 1 and 2 of the research served to maximise participation, providing a greater scope of insight into practice. The surveys were completed as a primary measure in these phases. They were instrumental in informing the parameters of the interview sections of each phase by highlighting essential areas of focus.

5.8.1 Phase 1; Social Care Workers and Managers.

Phase 1 of the research was completed over a five-month period between January and May 2018. Participants in Phase 1 were social care workers and managers working in residential children's services. This participant group was chosen due to their identified role in the

support and facilitation of young people's religious preferences while they are in residential care. There were two stages of data collection in this phase. The first was the dissemination of an online survey[66]. Calls for survey participation were distributed as widely as possible to maximise the chances of securing participants in all parts of the country. The only sampling restriction applied was that participants were currently or recently (within the last five years) working in Residential Children's Services in Ireland. In addition to an information letter, an information website was developed to provide all relevant information in an easily accessible manner[67]. Information was distributed via email through the Social Care Ireland organisation and through the Office of the Director of Residential Care Services in Tusla. Twitter was also used to share information about the research and to distribute the link to the information website and the online survey with the author's professional networks. The use of these methods ensured that the call was distributed widely and maximised the chances of participant representatives from a wide range of service types across the country. A total of forty- eight survey responses were collected; one was discarded as the participant was working in England. The survey included an invitation to further participate in the form of a semi-structured interview[68]. Although 25 respondents initially expressed interest in an interview, the final number of participants was 14. Participants for the interview came forward from several different counties, including Cork, Sligo, Galway, Tipperary, Carlow, Kildare, Wicklow, Dublin, Wexford, Waterford, and Louth. Interviews were completed over a 7-month period (March – October) in 2018, mostly in person with one interview completed over the phone due to scheduling difficulties.

5.8.1.1 Design of Phase 1 Survey

The online survey for social care professionals was designed with the dual objectives, as highlighted above, to maximise participation and gather preliminary data to inform the later phases of the research. This initial research tool was broad in focus and based on the overall research question – 'How are the religious preferences of young people supported and facilitated while they are in Residential Children's Services?'. The aim in designing the survey was to gather insight into the everyday practices of service delivery but also to identify any key factors of impact on these practices. In light of the absence of literature specifically

[66] See Appendix C for a copy of the online survey or press 'ctrl + click' on this hyperlink: Staff Survey

[67] See Appendix B or Information website for staff through hyperlink; Information page-staff (https://religionincarestaff.wordpress.com/)

[68] See Appendix E for a copy of Phase 1 interview questions.

relevant to the topic, the survey questions were broadly informed by constructs and concepts that emerged from a review of literature in similar and adjoining professional fields, as outlined in Chapter 4.

Questions 1 to 7 sought to gather potentially important demographic or subsidiary information. Question 8 offered a series of statements to participants, asking them to indicate their level of agreement. This question was designed to gather broad data relating to the attitudes, approaches, and framing of religion in practices. The statements were based on some key findings from research in the field of support of religion, primarily in nursing, youth work and social work[69]. Questions 9-14 were open-ended and focused on gathering information relevant to service delivery in Ireland and explored areas of knowledge, skill, and professional understanding. These questions reflect the unique positioning of both religion and service delivery in children's residential care in Ireland. Due to the lack of foundational research, these questions were designed to gather sufficiently informative data on the parameters of practice. A fully quantitative approach to these questions was therefore deemed inappropriate.

5.8.1.2 Design of semi-structured interviews – Phase 1

In line with the interpretivist paradigm, the use of semi-structured interviews was pre-determined. It was vital to the research objectives that the findings were informed by some key social actors and sufficiently deep as to gain insight into the processes of meaning-making linked to the professional practices captured. The semi-structured interviews allowed for flexibility and responsiveness to the participants' answers. Following some questions that were demographic in nature, the interviews were loosely designed to look at four key areas.

1. Attitudes, framing, and approaches

   These questions sought to discover the overall attitudes to religion within the sector as well as participants' attitudes about the place of religion in Residential Children's Services. Attitudes toward religion and the way that relevant professionals framed religion, were seen to be important to the approaches in practice and how professionals saw their role in facilitation. This focus area was partly informed by practice-based literature in other human-based professional fields[70].

[69] See sections 4.1-4.4
[70] See section 4.2.1 & 4.2.2 for discussion on these points.

2. Understanding and implementation of legislation and standards

   As outlined in Chapter 1, the support and facilitation of religion is provided for in policy and legal frameworks; however, there is an absence of clear guidelines for translating of these provisions into practice. Interview questions were aimed at capturing the translation of these structures to practice and the professionals' understanding of their roles and duties in this regard.

3. Practices, procedures, and experiences

   Questions within this area of focus explored some of the everyday practice experiences of the participants. Individuals were asked about the procedures and practices in place in current or previous children's residential services that they worked in, which were aimed at the support and facilitation of religion. This area of focus was in-line with the overall objectives of the research and was determined as necessary in the original research design.

4. Factors of impact.

   This area of focus was broad and sought to capture an insight into all of the factors that impact frontline practice and service delivery in relation to religion. Again, this focus area was indicated in the research objectives and was anticipated to be an area of interest throughout the research. Data gathered in the survey portion of this phase narrowed the focus of the questioning here and for later phases as matters such as inspection, training, and education were highlighted to be of key relevance.

5.8.2 Phase 2 – Social Care Educators

Phase 2 of the research focused on social care educators to determine the extent to which religion is covered in the education of social care workers and the factors that are influential in determining this. Specific focus was paid to the level 7 and 8 social care courses. Level 7 (BA) is the current required level of professional qualification for Social Care Professionals[71] and is often run in conjunction with a level 8 (BA Hons) course. At the time of the research, there were 14 such courses in Ireland, mainly across the Institute of Technology sector. The researcher's position as a social care educator and a member of the Irish Association of Social Care Educators enabled easy access to professionals involved in delivering each course. Information about the research, and links to the relevant information[72] website were

[71] Coru.ie

[72] See Appendix F or 'ctrl + Click' - Phase 2 website (https://religionsceducation.wordpress.com/)

emailed to lecturers on each course for further distribution amongst their colleagues. The call for participation drew a lower level of participation than hoped and, yielded 25 survey responses and 11 interviews. Interviews were completed with representatives from 10 of the 14 courses. The survey was distributed in May 2018 and was closed in September 2018. Interviews were completed over a 5-month period between June and December 2018. Interviews varied in length from 40 – 70 minutes.

5.8.2.1 The design of research methods adopted in Phase 2

Like Phase 1, a mixed-methods approach was used in this research phase by incorporating an online survey and a series of semi-structured interviews with social care educators. The online survey was designed to maximise validity of the findings from this phase of the research. It was important that every effort was made to gather data from all of the current social care courses so as to get as complete a picture as possible. Based on the preliminary findings gathered in Phase 1, the extent and type of religious coverage on social care qualification programmes were explored. The type of coverage was divided into three broad sections to structure the survey and the resulting data. Educators were asked about the extent of religious coverage in initial qualifying training in all the following areas;

1. The historical and social contexts of religion in social care in Ireland and in other countries.
2. The basic tenets of religious beliefs and practices.
3. Personal and professional reflection on religious beliefs and attitudes or opinions about religion.

Other questions in the survey focused on attitudes and opinions towards religion by educators and the framing by participant educators of religion in social care services and the lives of service users. These questions aimed to explore some of the factors that may impact decisions to include or exclude religious focus from the course material. The interview portion of this phase focused on the same areas as the survey but sought exploration at a deeper level. The interview process allowed for more in-depth discussion of experiences and opinions and provided for greater validity in the findings.

5.8.3 Phase 3 – Inspectors and Monitors of Residential Children's Services.

Phase 3 involved semi-structured interviews with inspectors and monitors of Residential Children's Services. The inspection system at the time of the research involved both Tusla and HIQA[73]. Therefore, contact was made directly with these services to recruit participants. Information was sent to both organisations, and a representative of each was involved in an interview. There were another two interviews completed with individuals who had previously worked in monitoring and inspecting but were not currently doing so. Both participants contacted me independently following a word-of-mouth recommendation.
This phase of the research was the shortest and involved four semi-structured interviews completed over a 6-week period in August-September 2018. Interviews in this phase were completed in person and lasted approximately 50-80 minutes. The design for this phase reflected the small number of inspection personnel and the fact that only two organisations were involved in inspections at the time. It was not considered worthwhile to pursue a wider cohort of participants. The objective of the interviews was to explore the processes of inspection and determine what level of practice in relation to supporting religious beliefs and practices among children in residential care was deemed to be of sufficient standard.

5.9 Ethical Considerations in Designing and Conducting the Research.

Research ethics were embedded throughout the research design, conduct and analysis and were in line with the UCC Code of Research (UCC, 2016[74]). The research was subject to approval from both the UCC Social Research Ethics Committee[75] and the Tusla Research Ethics Committee. The following core ethical principles were central to the design and conduct of the research and will now be discussed briefly: Access, Informed Consent, Voluntary Participation, Confidentiality and Anonymity. All participants and their information were treated with dignity and respect throughout the research process.

5.8.1 Access

Access was sought from relevant gatekeepers where necessary. These gatekeepers included The Office of the Director of Residential Care Services in Tusla for Phase 1 research, Heads of Department of relevant education institutions in Phase 2 and the relevant supervisors in both Tusla and HIQA for Phase 3 of the research. Gatekeepers were initially sent

[73] This process has changed since the completion of the research. HIQA are now responsible for all inspection processes.
[74] This has since been updated - UCC Code of Research Conduct V2.4 (14th September 2021)
[75] SREC Log number 2018-051

information[76] about the study, and, where requested, further information was provided, and, permissions were applied for. Once the research with care leavers had been discarded because of failure to secure participants, none of the remaining participants were deemed vulnerable.

The professional position of the researcher ameliorated the distribution of information and access to some participants. While this was of overall benefit to the completion of the study, care was taken to ensure that participants were accessed in an ethical manner and one that benefitted the research overall. A decision was made not to include in the interview process of Phase 1 Social Care Workers or managers who had previously been or were still students of the researcher due to any potential conflict that this may have raised.

5.8.2 Informed Consent & Voluntary Participation

The call for participation in Phases 1 and 2 included an outline of the research focus and procedures. In addition, a link to an information website was included so that potential participants could access further information about the study and the researcher. An option was available for participants to contact the researcher or supervisors either via phone or email if they wished to ask any questions[77]. The information provided outlined the aims and objectives of the research along with information relating to the researcher and the reasons for embarking on the study[78]. Informed consent was an ongoing process, and participants were given an opportunity to ask questions before, during and after their involvement in the research. The voluntary nature of the research was emphasised throughout. Participants indicated informed consent at the beginning of the surveys by answering the first mandatory question[79]. At the beginning of each interview, participants were asked if they fully understood the research and were asked to sign a consent form in line with their understanding[80]. Participants' right to withdraw from the research was clearly outlined to them, and opportunities to do so were provided. Interview participants were provided with a copy of their transcripts and asked to let the author know if they wished to withdraw any part or all of the interview data. No participants took this option. Contact details of the researcher were clearly accessible to all participants if they wished to withdraw up to three weeks after participation.

[76] See Appendix I
[77] See Appendix B&F
[78] See Appendices A, B, F & I.
[79] Appendices C & G
[80] Appendix D

5.8.3 Confidentiality and Anonymity

All information relating to participants was managed in a confidential manner. A separate, secure email address was established for the purposes of the research so as to increase the security of contact information for participants or potential participants. Using the 'Survey Monkey' platform to disseminate and gather online surveys meant that they remained anonymous, and the researcher did not have access to any identifying information. For the interviews, information about the participants was only used as necessary and was destroyed when no longer required. This included contact information and details relating to times and locations of interviews. Codes were applied to the remaining details so that participants could be matched to transcripts by the researcher only. Great care was taken in the analysis and write-up to remove any identifying information to ensure the anonymity of research participants. Storage of data is in line with the Freedom of Information Acts (2014), the Data Protection Acts (1998-2003) and the UCC Social Research Ethics Committee guidelines (UCC, 2021). All data is stored in password protected files on a password-protected computer in a locked office and will be destroyed following a 10-year period.

5.10 Data Analysis

The process of data analysis for this research process was extensive. Despite the large quantity of data collected, a manual coding system was used instead of any computer-assisted software. The reasons for this were in line with the researcher's personal preferences and the belief that manual coding would allow for more thorough engagement with the data, leading to improved validity. Quantitative data gathered in the surveys was analysed using the tools on Survey Monkey. The qualitative components of the surveys, including open-ended questions and comments, were manually coded. Data analysis was an ongoing and non-linear process that took place across all phases and stages of the research in line with the emergent design (Clarke *et al.*, 2021). Ongoing interpretation and analysis of the data as it was collected allowed for the later stages of the research to be informed by the preliminary findings. Analysis and interpretation of the data continued through the manual coding and in the write-up process. A systematic process of thematic analysis was applied using Braun & Clarke's 6-step Framework (2006). Adopting this framework allowed for a rigorous and reflective process of identifying themes and patterns as they emerged in each data set (Punch and Oancea, 2014). The systematic and in-depth approach increased the

validity and credibility of the overall research findings (Braun & Clarke, 2021). As noted by Cohen *et al.* (2000), the process of data analysis is highly subjective. Using this thematic analysis framework served to maximise objectivity, ensuring that data was analysed deliberately and rigorously.

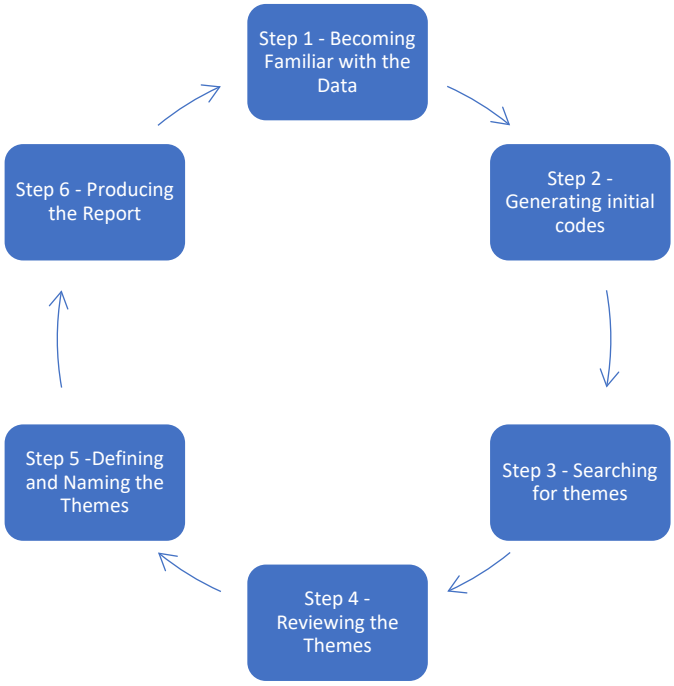


Figure 6;Steps in Data Analysis Process

The data analysis process is outlined below using the 6-steps of the Braun & Clarke framework to structure the discussion. These steps did not necessarily occur in a linear order in practice and there was repetition and revision of steps during the process. For clarity, the process is simplified below outlining the main steps taken and the principal semantic and latent themes that emerged during the process. The process was applied to each data set separately and themes from each phase were subsumed into overall thematic headings in the write-up of the overall findings.

Table ii; Outline of Data Analysis Process

Step 1 – Becoming familiar with the data	Survey responses were reviewed several times. Quantitative data was automatically organised via the use of Survey Monkey analysis tools.

	Transcription of the interviews and frequent review of the qualitative survey responses allowed for maximum familiarity. Interview recordings were listened to a number of times before transcription to become familiar with tone, inflection, etc.
Step 2 – Generating Initial Codes	Patterns and similarities across the data sets began to emerge in the initial review through the identification of common phrases, words or responses. Data was reviewed generating these initial codes and relevant data was colour coded and organised accordingly. Initial codes included: • Training and Education • Skills • Inspection • Attitudes -positive/ negative • Ambivalence • Diverse/different/other • Voice of the Child • Practices • Organisational culture
Step 3 – Searching for Themes	Once the initial codes had emerged and data was organised accordingly in MS word documents, codes could be reviewed in relation to each other. This was not necessarily a linear process and codes had been discarded and merged previous to the search for themes. This phase of the analysis was demarcated by the initial search for the latent themes underlying these more explicit themes identified in the initial codes. Different categories of

	response were grouped under these initially identified themes: • Training and education • Everyday practices • Organisational Supports • Wider Structural Factors • Attitudes • Framings • Motivation for practices • Voice of the Child. • Service type • Diversity – Religion/ethnicity of the child
Step 4 – Reviewing the Themes	This was an inductive process which involved several reviews of the initial themes during analysis and write up. Themes were merged together, and some were discarded. As latent themes became evident some themes were renamed or restructured. The use of several sub themes assisted in defining the overarching themes and providing structure for discussion.
Step 5 – Defining naming themes	Following thorough review, the following themes were finalised:

	1. Inadequate Focus on religion and religious sensitivity in Social Care **Education**, 2. Variance of **Attitudes** to and multiplicity of **framing** of religion in the lives of children in care by professionals 3. Divergence of **Practices** that support and facilitate religion.
Step 6 – Producing the Report	During the process of write-up, themes were revised and revisited frequently. Through this process a deeper insight into each theme and how they related to each other was gained determining this phase as vital to the overall analysis. Furthermore, by situating the findings in the relevant theoretical, practice and policy frameworks, the definitions and relevance of each category in relation to the research questions became clear (Braun & Clarke, 2021).

5.11 Reflection on the Research Design and Process

The different phases of the research and the mixed-method approach allowed for a thorough exploration of the support and facilitation of religion in Residential Children's Services. Although the participation levels were roughly in line with what was initially anticipated in the design process, the quantity of data gathered was more. The result was that the data analysis process took longer than expected. The emergent research design was successful in providing the required flexibility and allowing for organic progression. The outcome has been a comprehensive exploration of support and facilitation of young people's religious preferences while they are in residential care. While it is regrettable that the voices of care leavers could not be captured in this study, the extensive research and sizeable participation of the resulting design have provided broad insight into the practices and constructs of this area of care delivery. The thorough and rigorous process of analysis provided using

the Braun and Clarke model allowed for the management and use of a large quantity of data. The result was clear themes across the various data sets that successfully inform the overall research findings which are outlined in the following chapter.

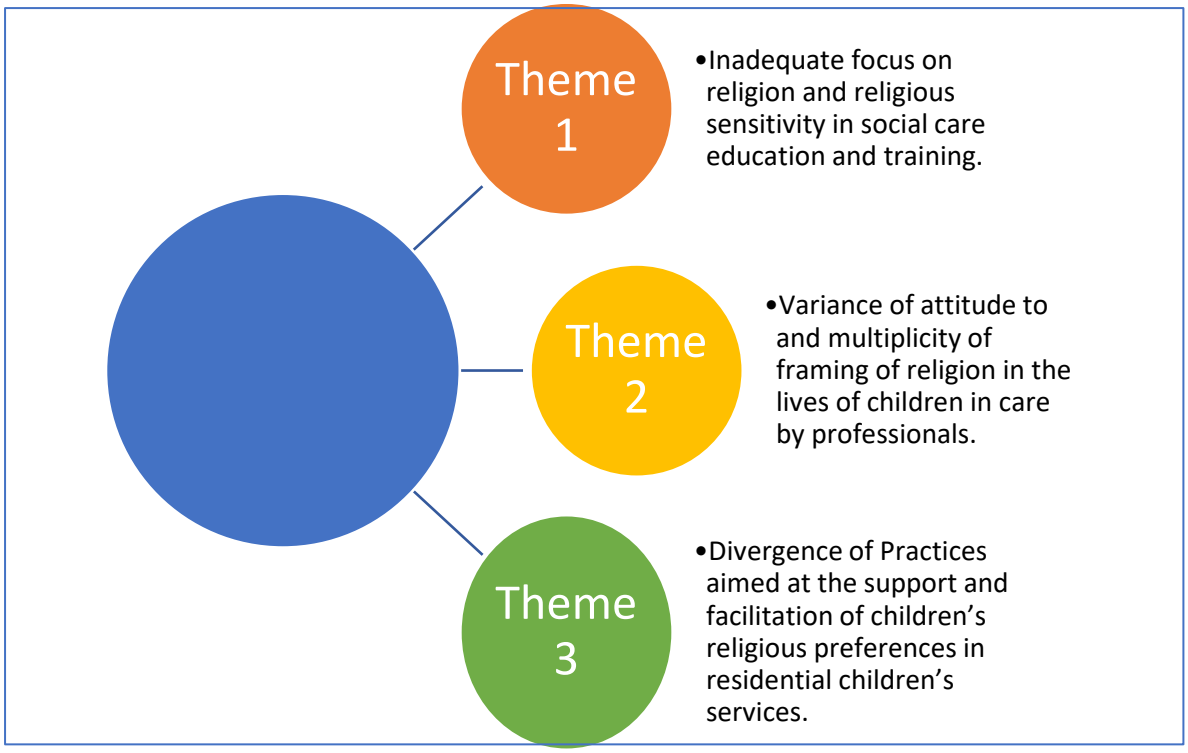
Chapter 6 Findings

6.1 Introduction

The purpose of this chapter is to introduce and outline the main findings that have emerged across the three phases of the research. As discussed in Chapter 5, the overall research design consisted of three separate phases, with the use of a mixed methods approach to gather data from different participant groups - social care workers and managers working in residential children's services; social care educators; and inspectors of residential children's services. Findings that have emerged through analysis of all data sets combined are presented in this chapter and organized thematically.

Data analysis was an ongoing process that began at the beginning of Phase 1 and continued throughout the research and write up process. Preliminary findings that emerged during Phase 1 of the research served to inform the design of later research stages. Two key areas that emerged as significant for further research through the preliminary analysis were 1. Inadequate focus on religion in social care education 2. The impact of the inspection process on support and facilitation of children's religion in service delivery. As outlined in Chapter 5, these preliminary findings warranted the expansion of the research focus to incorporate the participants in the latter two phases of the research. These preliminary findings have been incorporated into the overall thematic headings which are delineated and discussed throughout this chapter. Analysis of all data sets combined identified three overarching themes:

Figure 7:Overarching thematic headings.



Despite the existence of strong cross thematic links, each theme will be discussed separately in this chapter. In an effort to provide an integrated flow through the empirical evidence, qualitative and quantitative findings from across the different data sets will be amalgamated thus providing more rounded evidence as a basis for discussion. Discussion is supported with the integration of participant quotes and quantitative data each coded to indicate the phases of the research and the participant number[81].

6.2 Overarching Findings Themes

The overarching findings that have emerged following a thematic analysis of all data sets combined are now presented. There are three main themes identified which will be discussed separately below.

[81] For example, IP 1.5 =Interview participant 5 in research Phase 1 (social care workers/ managers).

6.3 Theme 1 - Inadequate Focus on Religion and Religious Sensitivity in Social Care Education

Survey participants in Phase 1 were asked if religion and religious sensitivity was covered as part of their formal/qualifying education and training for Social Care.

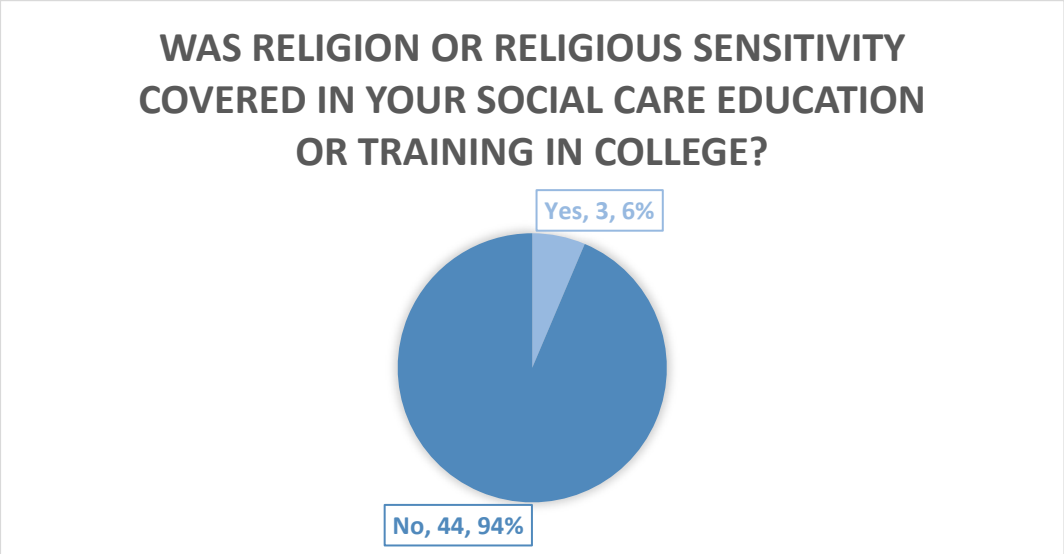


Figure 8;Extent of religion and religious sensitivity covered in social care education.

Responses strongly indicate a lack of attention to religion and religious sensitivity in Social Care Degree programmes with only 3 out of 47 respondents identifying some inclusion of the topic in their qualifying education[82]. It should be noted here that respondents were not asked to identify their specific route of social care education[83] or where they had trained. However, two out of the 3 positive responses provided further information in the comments indicating that they had not completed a social care specific programme in Ireland. Respondent 24 stated '*yes but I trained in the UK*' while respondent 39 had studied social work, '*yes I studied social work and it [*religious sensitivity] *is a very dominant theme in developing good people skills in practice'*.

Data gathered in the interview stage of Phase 1 further supports the general picture of a lack of coverage of religion and religious sensitivity in social care education. Participants were again asked if religion and religious sensitivity was included in their college course or initial training for social care. None of the participants in the

[82]Professional social care work requires level 7 qualification with an Ordinary degree in Social Care or an affiliated discipline area.
[83] At the time of the research the CORU registration board for Social Care Workers was not yet opened and specific education courses had not yet gone through an approval process.

interviews (n=14) could recall a focus on religion or religious sensitive practices in their social care college education specifically. '*Absolutely none*' (IP. 1.4) '*I don't ever remember it being a topic … em no nothing comes to mind*' (IP 1.12).

Participant 1.6 discussed how despite her experiences of religion impacting service delivery in complex ways on practice placement during college, the topic of religion or religious sensitive practices had not been covered in the course.

> *'yeah no I didn't get anything in college. And like I did my placements in residential and while I was there actually there was a thing that they weren't allowed to give them* [teenage residents*] condoms because it was run by a religious organisation. So, there was real reason for it to come up and to be talked about like'*. (IP 1.6).

Data gathered during Phase 2 of the research with social care educators further supports this finding. 68% (n=17) of respondents to the survey indicated that religion is not covered in the social care course that they are involved in. Some of the comments provided in the surveys and interviews indicate that religion or religious sensitivity is not seen as a priority topic to be covered in the programmes. This provides some explanation as to the lack of coverage. Survey respondent 2.4 commented '*to make room in the curriculum something has to be taken out so it all depends on what is prioritised*'. This sentiment was echoed by participants in the interview section of Phase 2. '*If you have to weigh up whether you're going to talk about addiction or religion in a workshop, you're going to give your time to addiction. I'm not saying it shouldn't be done, I'm just saying that if you need to weigh up what's more relevant then…*' (IP 2.2). '*I think there's probably an attitude that there's no need to cover it or that there are other things that are more important to practice…it's a matter of priority'* (IP 2.6).

It is evident from these findings that there is limited coverage of the topic of religion and religious sensitivity in foundational social care education.

6.3.1 A Need for Inclusion of Religion in Education and Training?

It was identified by several Phase 1 participants that there was a gap in the qualifying training course where issues of religion and practice should '*definitely be talked about and explored at least'* (IP 1.6). Several other interview participants expressed a view that religion and religious sensitivity was a topic that should be covered in social care

education '*if it's important enough to be in the standards it's something that needs to be covered*' (IP 1.2). This view was not unanimous however and while the majority consensus was that some coverage was necessary, several survey respondents and interview participants did not see a need for coverage of religion or religiously sensitive practice specifically in social care education. Several suggested that it would be more suitably encompassed into '*non-discriminatory*' or '*culturally sensitive practice*' (both terms used by several participants).

Despite opinions as to the place of religion in social care education, participants in Phase 1 clearly identified a gap in their skills and knowledge relevant to the support and facilitation of young people's religious preferences. Participants in both the survey and the interviews were asked if they felt that they had sufficient knowledge and skills in supporting and facilitating the religious preferences of young people in care. Survey responses indicated that most participants (n=29) did not feel sufficiently equipped with skills and knowledge in the area and would require further training or education to adequately support some religious preferences.

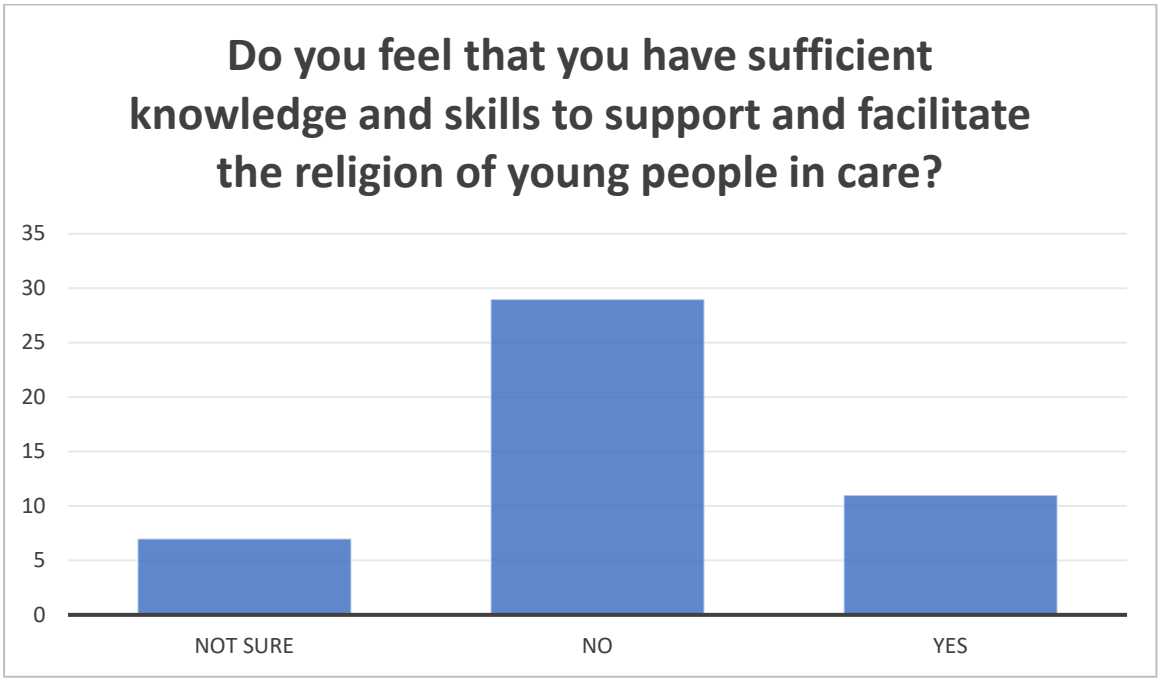


Figure 9;Sufficiency of relevant skills and knowledge among social care staff to support and facilitate religion.

Comments to further support the survey responses showed that some of the respondents felt they had the skills and knowledge to support young people in Roman Catholic observance and practice *'I'm Catholic and know all the prayers and stuff'*

(S.R[84] 1.42) but not necessarily for other religions. '*Generally, yes but not if they were inconsistent with the average Irish child who from my experience is usually either Catholic or Atheist'* (S.R. 1.13). None of the participants clarified what they deemed to be necessary skills or knowledge.

Responses were well matched across the interviews and the survey indicating that Social Care Workers in most cases feel more sufficiently skilled in facilitation of children from a Roman Catholic faith but do not consider themselves sufficiently skilled in working with children from other religions '*Ah no I wouldn't know enough about other religions, I'd need more training I'd say*' (I.P. 1.7). Their skills and knowledge in Catholicism were expressly linked to their own upbringing and religious identification *'sure it's a case of you know we all grew up Catholic…'* (IP 1.7).

The data presented here evidences a self-identified gap in the knowledge and skill levels amongst social care workers in relation to the support and facilitation of religion. Furthermore, it is clear that preparation to support and facilitate religious diversity in practice is not included in the foundational education for professional social care.

6.3.2 Professional Training

Considering the absence of religious coverage in the professional degree courses, it is relevant to consider in-service training or Continuous Professional Development (CPD) once graduates enter the workplace. There was a marked difference in responses based on the type of service that the respondent worked in.

In most cases, there was no training in religious facilitation or support offered by service providers to social care workers who participated in this research. Those working in specialised services catering for Separated Children Seeking International Protection (SCSIP) (n=4) however reported that they had extensive and frequent training in religion and in supporting young people's religious practice and belief. One interview respondent indicated that her team have regular training in the support of different religions that they come across. Where training or information about a specific religion is not available, one member of the team will be tasked with doing research on the religion to share with the team. This research often involved linking in

[84] S.R. = Survey Respondent

with religious communities to get as much accurate information as possible. There was no such process discussed by participants from mainstream services.

As outlined above, Phase 1 participants self-identified a gap in their level of skill and knowledge to support religious preferences. Respondents linked to SCSIP services however expressed that they had a wide range of skills that had taken a long time to develop. '*Well, I do now, I mean I didn't when I started in the service 8 years ago. It's taken a long time and I'm lucky to have a good skilled team and access to information. I still wouldn't say I know it all, I'm always learning but if I don't know now, I know how to find out'*. (IP 1.2).

The limited coverage of religion in education indicates that religion is not perceived as a priority for social care practice. CPD training and skills development appears to be structured as a specialist area of unique need that is only relevant in certain circumstances and for certain children that enter residential care services, namely SCSIP. This raises consideration of the support available to the children from minority religions in mainstream services. The same training and skills development opportunities do not appear to be offered to the social care workers tasked with the care of these young people and meeting their religious needs. This divergence sheds light on a potential gap in practice approaches.

6.4 Theme 2 –Variance of Attitudes to and Multiplicity of Framing of Religion in the Lives of Children in Care by Professionals

Consideration of how the participants view religion in general and how they frame religion in the lives of service users, and their professional duty to support and facilitate religious preferences, was a necessary component of an interpretivist approach to this research. Efforts were made to directly capture these views in both the surveys and interviews in Phase 1 of the research. Relevant data has also been identified through analysis of responses to less direct questioning in all three phases of the research. This has provided further insight into the conceptualisation, by participants, of religion in the lives of service users and has indicated potential practice influence. While a largely positive attitude towards religion on the part of participants was captured, there was some variance identified. Findings indicate the existence of negative and dismissive attitudes towards religion in some practice settings as well as

feelings of fear, discomfort and embarrassment towards religion and facilitation practices. Linking with findings in Theme 1, even where positive attitudes were identified, there was some notable de-prioritisation of religion across all three research participant cohorts and an ambivalence to young people's religion identified in many responses. Variance was further identified in the ways that religion was framed by participants. Religion was framed by respondents in a multiplicity of ways with a notable difference in framing across different services and service user groups.

6.4.1 Overall Attitude of Participants Towards Religion

Overall, a positive attitude was expressed by participants towards religion and the support and facilitation of religion in line with the preferences of the child in care. Practices that support and facilitate religion were aligned with many professional principles and a willingness to incorporate such practices was apparent. Survey respondents in Phase 1 (social care workers and managers) strongly indicated a recognition of the importance of supporting religious preferences of children in care.

Table iii; Opinion - Children in care should be facilitated in line with their religious preferences.

Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Children in care should be facilitated in line with their religious preferences	53.83% (n=26)	43.83% (n=20)	2.13%	0%	0%

It is recognised that respondent numbers are relatively small (n=47) and that those with a positive recognition of or interest in religion were more likely to come forward for participation in this research. Findings in relation to this attitudinal approach therefore may not be generalisable across all services and social care professionals nor can it be inferred that all religions and religious preferences are considered in the same light.

6.4.2 Negative or Dismissive Attitudes

Negative or dismissive attitudes towards religion on the part of colleagues and other professionals were identified by participants in the current research. One interview participant spoke of challenges in incorporating religious facilitation due to the negative attitudes of others on the team '*When I suggest things like that* [supporting religious practice and observance] *to the team though, they could end up looking at you like you had 10 heads' (IP1.5).*

Another interview participant expressed having dealt with a similar experience when she joined as a new team member in a residential care centre. She explained that when she raised the topic of religion for the children, the reaction from other team members was negative. *'I remember the look on their faces, the real judgemental look like …are you mad? Kind of a look…yeah, very negative and judgemental and really indicative of the culture in the units' (I.P. 1.8)*

Another participant identified a dismissive attitude amongst staff teams '*in my experience, that is the one standard people just take for granted, nobody has any interest in it and aren't going to be looking at whether those kinds of needs are looked at or supported.'* (IP 1.4)

Negative attitudes were further expressed in Phase 2 where educators identified negative and dismissive attitudes amongst social care students to religion. IP 2.3 commented '*maybe it's the age group but you'd see, you know, some of them rolling their eyes if it's mentioned'.*

6.4.3 Discomfort, Fear, and Embarrassment

Although not explicitly negative, findings from the current research further identified '*fear*', '*discomfort*' and '*embarrassment*' surrounding the area of religion in social care practice and in social care education. Discomfort was identified by educators in Phase 2, as a factor preventing incorporation of more discussion and focus on religion into their module content and classroom discussion. Several participants identified it as a '*sensit*ive' and '*private*' matter that was difficult to raise for discussion in a large class group. One lecturer identified that she would be reluctant to bring it up in case the discussion offended someone or there was disagreement or conflict '*things like that*

are very difficult to manage in a big group, I don't feel I could manage it really' (IP 2.4).

Another participant acknowledged her own discomfort and sometimes negative view of religion as a reason for the lack of coverage of the topic in her modules. '*I would be scared I'd say something wrong and I'd offend someone, I'm just not great on religion, I don't have a great view of it like growing up and it's just you know…I wouldn't feel ok to go there in a professional sense'.* (IP 2.1). Educators that participated in the interviews in Phase 2 further extended this sense of discomfort and '*awkwardness*' to their students indicating that religion was not something that students wanted to bring up for discussion. IP2.5 believed that there was almost an '*unspoken understanding'* between students about things that could and could not be brought up in the classroom setting, religion being in the latter category. *'A student that does bring it up will do so almost apologetically*'.

Social care workers and managers in Phase 1 frequently identified religion as a '*personal*' and '*private matter'* and several suggested that they would not feel well placed or equipped to deal with matters of religion. '*I would probably need more training if working with someone of a different faith, I wouldn't want to do anything to offend'* (IP 1.5).

Another social care worker postulated *'people would be uncomfortable about it and too awkward in discussing it but that's funny coz like we talk to them* [young people in care] *about their sexuality and all that kinda stuff no problem…even now like gender identity and all…'* (IP 1.8)

Feelings of discomfort were strongly evident in some of the comments made by interview participants in relation to raising the topic of religious preference with young people when they enter care. Participant 1.8 expressed, '*I certainly wouldn't be bringing up the topic of religion with them'*. This discomfort was echoed by IP 1.9 who indicated that she would be '*embarrassed*[to]*ask them if they wanna go to mass'*. She further explained her view that such practice may impede her relationship with the young people which is vital to successful intervention.

6.4.4 Ambivalence and De-prioritisation of Religion/Religious Support and Facilitation

Several of the social care workers and managers who worked in mainstream residential services in Phase 1 of the research indicated that religion was not a matter that frequently arises in their service delivery. '*Religion has never been an issue where I worked, and I've worked there for 6 years. It just never came up…*' (IP 1.10). This sentiment was echoed by a few participants; however, it is not clear whether the lack of engagement in religious support and facilitation is due to ambivalent or even dismissive attitudes on the part of service providers or if there was no apparent need expressed by the young people and their families. As will be expanded on in the next section of this chapter, practices that were carried out in mainstream services to support and facilitate religious practices and beliefs, were of the *'bare minimum'* in a lot of cases. Practitioners in Phase 1 suggested that apart from '*noting the religion of the young person in the care plan'* and '*offering them trips to mass'* on a few occasions not much else was done to support the religious practice of children and young people that enter their services. '*Nah not really, we're supposed to offer weekly mass trips for the young people but it rarely happens to be honest'* (IP 1.1) The emphasis of practice appeared to be on providing evidence of adherence to the relevant standard as opposed to offering effective support or facilitation. Again, it is not clear if this was due to ambivalence on the part of staff or on the part of the young people and their families. It may also be linked to the gap in knowledge and skill identified by participants.

There was a clear message from social care work participants in Phase 1 that religion is not a priority in care planning and care delivery. It was frequently identified that when young people enter residential care services, they have a lot of complex needs stemming from their past experiences and the event of entering care. The process of care planning involves identifying the most urgent and important of the needs that the children present with and planning interventions accordingly. Religion is rarely or '*never*' categorised as a primary issue in the mainstream services. Some Phase 1 participants indicated that they would not initially bring up the topic of the religion with the young person but may do so '*after a few weeks when things have calmed down for them'* (IP 1.4) Others indicated that they would not raise the matter of religion with the young people at any stage '*These kids have a lot going on, I'm not*

going to be asking them if they want to go to mass like' (IP 1.9) '*I, for one, think there are a lot more important things to be dealt with than religion for these kids…* (IP 1.7).'

6.4.4.1 Prioritisation of religion in services for separated children seeking international protection

Interestingly, this approach/view was not echoed in the services catering for SCSIP. Religion was perceived to be a primary factor for consideration in care planning and delivery regardless of their religious or cultural backgrounds. *'It's almost the first thing you would ask.*' (IP 1.2). In these services, religion was considered to be a key aspect of the care plan, impacting all areas of the interventions with the young person. '*It's in all areas of their lives like, so you have to incorporate religion and culture obviously into their whole care plan' (IP1.11).* Religion was identified as a source of resilience for the young people and believed to be a key aspect of their ability to deal with the trauma and adversity that they had encountered in entering the services. All participants in Phase 1 that had experience in working with separated children in residential care service (n=4) indicated this prioritisation of the young person's religion. It is unclear whether this prioritisation stems from the individual needs and preferences of the young people that come to the services or from a service base.

6.4.5 Multiplicity of Professional's Framing of Religion

In addition to gathering information about the attitudes to and practices of support and facilitation of children and young people's religion in everyday residential care service delivery, it was necessary to capture the conceptual framings of religion that inform the social care practice approaches. This was both facilitated and necessitated by the interpretivist approach to the research allowing information to be gathered about service providers' understanding of religion in the lives of young people and the role of services in supporting their preferences. Religion was acknowledged by the participants of this study as being a potentially important aspect of young people's lives and an important aspect of practice in some cases (but not in the majority of cases). Religion and the support and facilitation of religion for young people in care was categorised to align with many important professional values and practice approaches including '*holistic*' and '*person-centred practice', 'rights-based focus', 'non-discriminatory practice/ non-judgemental attitudes' and 'multicultural or*

culturally sensitive practices.' Religion was recognised as potentially important in the lives of individuals, their family, community, identity, and culture by participants in all phases of the research.

Findings indicate both correlations and tensions between the framing of religion and the everyday practices to support and facilitate it. The different categories of framing will be explored at this point and the relationship with practice approaches will be developed upon later in the discussion of findings. Here the focus remains on the analysis of the different data sets from the three phases of the research and outlines the most frequent ways that religion was categorised by participants.

6.4.6 Principles and Values of Professional Social Care Practice

Support and facilitation of religious preferences was framed in conjunction with several key professional principles and practices including '*open minded and non-judgemental attitudes*', '*...to be a social care worker you have to be fairly open to anything that it throws at you*' (IP 1.8).

This flexible and open approach was echoed by several of the participants in all phases of the research. It was combined in framing of religious facilitation as a factor of individual-centred or child-centred approaches, a principle that recognises a need to cater specifically for each individual in receipt of services. IP 1.3 stated '*look the way I see it is if it's important to the young person, it's important.*'

6.4.7 Religion as a Right

As outlined in Chapter 2, the child's rights to choose and practice religion is provided for widely in the surrounding legal and policy frameworks. Despite this clear positioning of religion in a rights framework at a macro/meso-level, only a small number of participants in the current research specifically framed religion in this way. All the interview participants (n=4) in Phase 1 of the research, who had experience in working with separated children, expressly classified religion as a right of the young person, '*Well apart from anything else they have a right to religion...*' (IP 1.8). It was clear throughout the responses of these participants that religion was framed within the rights-based framework and that this was reflected throughout their services delivery. These professionals spoke of their '*responsibility to support the religious rights and freedoms*' (IP 1.2) of the child and indicated that this focus underpins much

of their practice. This was not the case with the respondents from more mainstream services where only one of the social care worker participants involved in mainstream services directly categorised religion within a rights-based framework.

Religion was expressly framed within the rights context most frequently in Phase 2 with social care educators. Where religion was said to be covered in modules of the different courses, it was often linked to Human Rights modules. '*There is a focus on developing the student's capacity to work from a human rights-based perspective and religion you know falls into that.*' (IP 2.1). Religion was not necessarily identified as a standalone right but was encompassed in a '*rights-based approach*' with consideration of rights to *'identity and culture*'. It was noted by inspector participants in Phase 3 that the Standards of Residential Children's Services 2018[85] categorise religion within a rights-based framework[86] placing emphasis on services duty to promote and protect all rights for young people in their care[87] with respect to diversity.

6.4.7.1 The Voice of the Child

While some participants did not expressly identify religion as a right of the child, there was strong evidence of the adoption of a rights-based approach to practice across all areas of service delivery. This approach was specifically evident in the emphasis that was placed on the voice of the child. The voice of the child was universally agreed across all data sets to be the most important component in determining the extent of religious practice and facilitation when the child is living in care. This approach aligns well with the emphasis placed on personal choice in a rights-based framework. Findings from the Phase 1 survey show strong support for the statement that children themselves should be the ones to determine the extent of religious practice with 85% of practitioners surveyed in agreement.

[85] Not yet in operation at the time of data collection

[86] Standard 1.1 provides that 'Each child experiences care and support which respects their diversity and protects their rights in line with the UNCRC'. Feature 1.1.15 under this standard further stipulates that 'Each child's dietary requirements, social, cultural and religious beliefs and values and the views expressed by the child and their parents, are taken into account in the daily activities of the residential centre.'

[87] Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

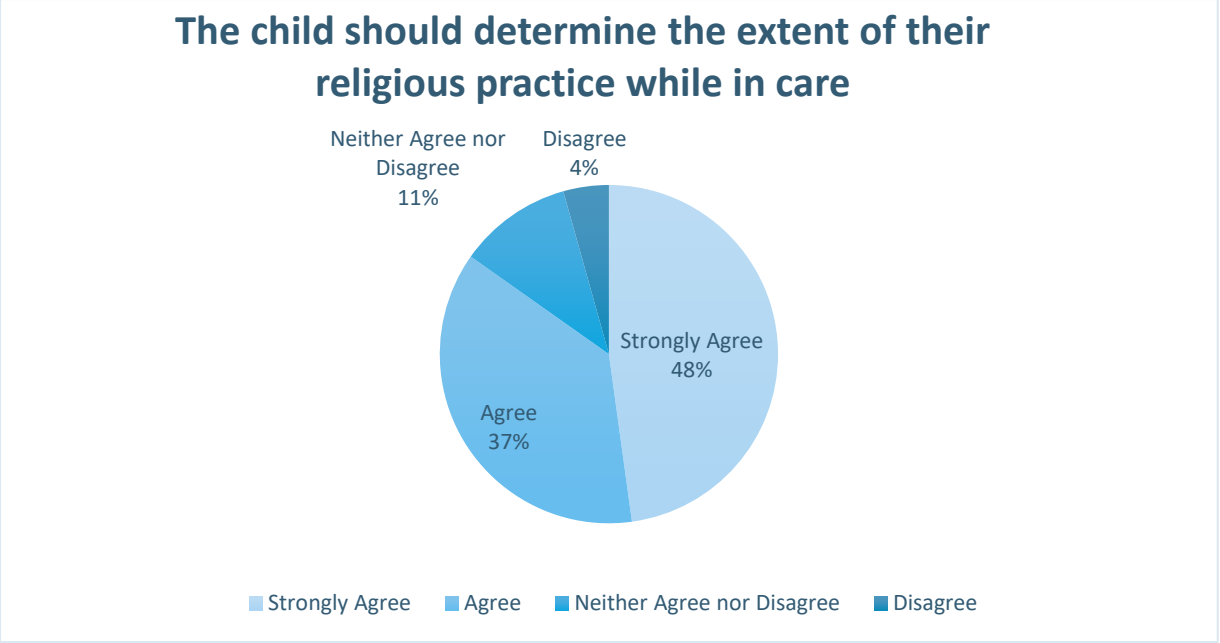


Figure 10;Opinion - Children should determine the extent of their religious practice while in care.

There was unanimous agreement amongst all the social care workers and managers interviewed that the child's decision as to whether they would engage in religious practice was the determining factor in deciding care approaches.

> '*Yeah it will come from them, we don't generally drive it, it's led by the young person and by what they want to do. It wouldn't be seen as like education or health or whatever in that way*' (IP 1.12).
>
> '*It's their choice and we take that approach with everything. If they don't want to do something, we try to empower them and get them so they can make their own experiences*' (IP 1.2).

Phase 3 inspector participants further emphasised the decisive impact of the child's wishes in defining the extent of religious practice and facilitation in the care plan. It was stated by participants that when carrying out inspection of practice in line with Standard 6.14, it is evidence of the young people being asked about their religious preferences that is deemed important. '*I want to see if the child has been asked and if their wishes have been followed*' (IP 3.2). The extent of this enquiry or the facilitation of children in exploring decisions was not expanded upon.

6.4.7.2 Consideration for the wishes of the family

It was further indicated that the views of the child will take precedence over the views of the parents where they differ on this matter. IP 1.11 had worked recently with a 15-year-old boy from a very religious Indian family (living in Ireland). The family were

very keen for him to continue with religious practice while in care, but the young person did not wish to do so. Staff supported him in his decision despite the wishes of his family. This was something echoed by the participants working with separated children that despite the strong wishes of the families in some cases, it was the choice of the young person that they upheld[88]. It was expressed that staff would be sure to support the young person in exploring their '*decision around this fully*' as disengagement with religion could have an '*impact* [on] *family relationships and links with, you know, their whole culture*'. (IP 1.12). This participant further commented that she would not feel adequately skilled or knowledgeable to sufficiently support a decision of this nature and said that in such cases she would ensure the young person had opportunity and access to people of a similar cultural and religious background who would know '*a bit more about the different parts of the religion and what it means to engage or disengage…*'.

It is clear from the findings that most of the respondents frame the voice of the child either directly or indirectly, within a rights-based approach. Within this framing social care worker are acknowledging their role as duty bearers to respect and vindicate the child's right to religious preference allowing their voice to be the determining factor.

6.4.8 Religion as an Aspect of Culture, Identity, Family, and Community - Multiculturalism or Culturally Sensitive Practice.

Standard 6 of the National Standards for Residential Children's Centres 2001[89] expressly combines religion with wider cultural and ethnic identity[90]. Several participants from across the research phases identified religion with the young person's identity, their link to their family and their wider community and culture. The survey in Phase 1 indicated a majority recognition of religion as having a potentially important role in the lives of individuals.

[88] It is noted that this is a rare circumstance as young people are usually keen to maintain their religious observance.

[89] 2001 Standards were still in operation at the time of the research.

[90] 6.14 Young people are facilitated in the practice of their religion, taking account of the views expressed by their parents. Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 10.

6.15 The centre recognises the importance of family as a source of heritage and identity.

Table iv; Opinions – Religion in family, community and identity.

Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Religious preferences are an important aspect of a person's identity.	19.15%	55.32%	14.89%	10.64%	0%
Religion can play an important role in family identity.	29.79%	57.45%	10.64%	2.13%	0%
Religion can play an important role in linking people with communities	31.91%	65.96%	0	0	0

Religion as an aspect of identity was communicated in several answers across the three phases of the research as was the link to family and community. However, there was a difference in the weight of these framings in line with the culture and religion of the child. Notably, these links were only expressly stated in speaking about service delivery for children and young people from diverse or minority cultures. Phase 1 participants who had experience in working with separated children firmly categorised religion as an important aspect of identity and emphasised the need to support links to culture, family and community through religious facilitation.

> *well like religion is such a key part of their identity and who they are, it's part of everything they do and everything we do with them…we would link them in with a*

> *support community like a church or place of worship, it's so important to have that for them and maintain those links with family, culture and community'* (IP 1.2)

Educators in Phase 2 similarly emphasised the role of religion in identity and community in cases of minority religion and culture, and saw it as a growing need,

> '*you see it will in many ways be more important moving forward with the increase in different religions, they need to be able to work with different communities and respect those different beliefs…it's often a strong belief on someone's part and it could be important to them and their identity and who they are'* (IP 2.5).

This emphasis was followed through in the interviews in Phase 3 where inspectors identified an increased need for focus on Standard 6 in cases of religious and cultural diversity. '*Now if it was a case of a child from a different religion, we might consider it more, there's more about the identity piece there you know…' (IP3.2).*

Links between religion, family, identity, and culture were not expressly recognised in relation to the majority Irish children cohort entering the residential care system. However, there was some recognition of increased relevance for children and young people from the Traveller Community, '*Maybe like with* Traveller *kids you know it's a bigger thing to do the funerals and the religion around that like, it's a big thing in the families.'* (IP 1.4).

Religion was commonly framed as a component of a child's culture in all three phases of the research. Social care workers and managers in Phase 1 spoke of religion in conjunction with other cultural activities or components such as foods or celebration of certain holidays. Some expressly recognised the categorisation of religion and culture together in the National Standards of Children's Residential Services and some of the associated paperwork. '*Yeah sure there's a box on the care plan about religion and culture and all that*' (IP 1.9).

Religion was also categorised as an aspect of multiculturalism by Phase 2 participants. While educators indicated minimal coverage of religion across the professional social care courses, it was indicated by several to be encompassed in multicultural and culturally sensitive components of the modules. '*Well it wouldn't be covered directly; we speak of it in relation to principles of respect and tolerance for diversity and multiculturalism' (IP 2.4).*

*'…it [*religion*] comes under cultural competency and cultural awareness and diversity'. (IP2.6)*

6.4.9 Multiculturalism and Cultural Diversity

It was evident from all phases of the research that religion was deemed to be an important aspect of multiculturalism however, there was an evident inconsistency in the significance placed on religion amongst different cultural groups. A much greater emphasis was placed on religion as an aspect of culture by practitioners in Phase 1, where the child or young person was from a minority culture (including Traveller children in some cases). While this was specifically evident in services catering for separated children, it was also highlighted by respondents in mainstream services. '*...in one case I worked with, the child was Muslim, so yeah, we did do things for that you know, special foods and set up a prayer corner for him and that*' (IP 1.7). This increased emphasis was further reflected in the Phase 3 findings where inspectors identified religion to be a significant aspect of culture in circumstances of cultural and religious diversity, indicating that greater focus of inspection would be placed on facilitation of religion in these cases. Two interview participants in this phase expressly stated that they would consider religion and culture to a greater extent when carrying out an inspection on a service catering specifically for separated children or where there were minority cultures in a mainstream service.

In sum, the findings in the current research indicate that religion is framed within multiculturalism but that a multicultural approach may not be incorporating the full extent of cultural diversity and may not be considerate of all cultural groupings. Comments relating to a multicultural approach did not appear to include reference to the majority Roman Catholic culture or other white Irish categories (Travellers/ Protestant for example). These findings will be revisited in chapter 7 (Section 7.3) where there will be critical consideration in relation to the theoretical framing of multiculturalism.

6.5 Theme 3 - Divergence of Practices that Support and Facilitate Religion.

The principal area of exploration in the research was the everyday practices directed at the support and facilitation of children's religious preferences in residential children's services. This exploration focused mainly on the social care workers and managers who participated in a survey and a series of interviews in Phase 1. Additional

supporting information was gathered in the interviews with inspectors in Phase 3 where insight was gained as to the type of practices that are required to meet the relevant standards. Findings from this exploration highlight significant divergence across practices in service delivery and in the perceptions of what was deemed to be sufficient practice in line with Standards 6.14 and 6.15. The most significant division identified across practices relates to service type with very different approaches being adopted in residential care services for separated children seeking international protection and in what is categorised here as mainstream residential care services. There were three key areas of divergence identified across practice.

1. Gathering information on a child's religion for care planning purposes.
2. Practices aimed at support and facilitation of children's religion.
3. The impact of the Inspection and monitoring of the National Standards on support and facilitation of children's religion.

These three areas will be discussed below with emphasis on the divergence of practices amongst different service types.

6.5.1 Gathering information on a Child's Religion for Care Planning.

Interview participants in Phase 1 were asked to outline the process for gathering information relating to the young person's religion when they were entering the service and the care plan was being developed. Findings indicate a lack of clarity about the process of gathering such information and a lack of uniformity across practice in mainstream services in this regard. Some participants working in mainstream services were unclear on the process of gathering relevant information for the care plan.

> *Eh, do you know, I actually don't know. It's just in the care plan like I'm not really involved in getting that stuff' (IP 1.9. key worker)*

While others were more informed on the process of getting relevant information there was an evident lack of standardisation across services despite the use of largely uniform care plan templates. Several of the participants indicated that it is the social workers that provide information on religion, and it is available from the admission case files. Others indicated that information is gathered from the child, but differences were expressed as to when and how that process occurred. Some participants indicated that the child/ young person is asked when they first enter the service while others

expressed that the relevant information would be gathered informally at a later date once the young person has settled in. '*After maybe a few weeks when they've settled in I'd ask you 'do you wanna go to mass?' … but not at the start no'* (IP 1.10).

Other responses indicated that information would not be directly sought, and the onus was on the young person or family to express any preferences.

> *'Well only if they ask for it and bring it up, but that's never happened, like they have a lot going on. I'm not gonna be asking "Do you practice religion? …' (IP 1.3)*

These findings suggest that there may be a lack of a practice model or clear guidelines for the gathering of relevant information pertaining to the young person's religion in place. A degree of flexibility and responsiveness to individual situations in practice is beneficial to a person-centred approach however, lack of uniformity can leave processes open to omissions and to subjective influence of individual social care workers and teams. The risk here is that without a more uniform approach the religious preferences of some young people will not be sought or will be sought but without adequate exploration of the individual meaning and significance. A 'tick-box' approach to gathering information could lead to presumptions and stereotypical categorisation of religious practice, identity, and importance without determining what the individual preferences towards religion are.

Responses from the interview participants that work in services catering for separated children (n=4) indicate a very different approach to gathering information relating to religion. Religion was identified as a key aspect in the development and delivery of the care plan and was therefore an important aspect of information gathering.

'*It's almost the first thing you ask' (IP 1;12)*

'It's central to the whole plan so you need to get all your information. Not just what religion are you but what does it mean to them? How do they wish to practice or follow and…and we link in with other services and organisations and like, you know, maybe a community of that religion to try and get information and set up support. If we don't know enough about it, we find out or we get training' (IP 1.2).

These findings are cross thematic in that they clearly indicate a framing of religion as an important aspect in the lives of individuals and a positive attitude towards supporting religion in practice in the services for separated children. It was evident

from these responses that religion was considered to be important in the lives of separated children and to be a significant factor for consideration in care delivery. Therefore, greater priority was placed on gathering relevant information to inform the appropriate support and facilitation in these specialised services. As outlined above, religion was recognised as a key component of identity and a significant link to family and country of origin for SCSIPs. Religious practice and community were also seen as an important site for increasing the support network of the young person outside of the service. The framing of religion within the category of human rights further increased the importance of facilitation in the eyes of the social care workers involved in the research. The status that was bestowed upon religion in these framings gives some rationalisation to the increased efforts in gathering all necessary information to inform appropriate support and facilitation. This is further evidenced in the other practice themes.

The social care workers involved in SCSIP services appeared to go to greater lengths to understand the individual meaning and level of importance of religion to the young people than their counterparts in mainstream services. There is an inconsistency here that may relate to an application of stereotypes. On the one hand there appears to be an underlying assumption that religion is of increased importance to young people from religious and cultural minorities; however, there is evidently significant effort invested in exploring the individual circumstances of religion for the young person. The findings could suggest that the opposite is true for mainstream services where little effort is apparent in the exploration of the young person's religious preferences based on a presumption of no or limited importance. De-prioritisation of religion was evident in relation to gathering information to inform the primary care plan development in mainstream services.

In consideration of this finding, it is important to reiterate the emphasis that was placed on the voice of the individual child in stating their religious preference and in determining the extent of religion that would be included in their care experience. Despite the unanimity among research participants of the importance of the voice of the child, there is some evident inconsistency as to how the voice of the child is captured. It is necessary here to again consider the different level of relevant skill and knowledge identified by participants and how this may impact the framings and practice approaches. Participants working in SCSIP services identified greater levels

of knowledge, access to knowledge and skill which is reasonable to assume influences their approach to gathering information and leaving adequate space for the voice of the child in these matters.

6.5.2 Evidence of Everyday Practices that Support and Facilitate Children's Religious Preferences.

Another area of significant difference was noted in the everyday practices to support and facilitate the religious preferences of the young people in care. While facilitation in mainstream services tended to be focused on attendance or engagement with formal religious ritual, SCSIP services suggested substantial supports and facilitation in everyday religious practice incorporating many areas of the lives of the young people, *'we will do our utmost., whatever is necessary to support them, as much as we can'.* (IP 1.2)

Practices identified in the SCSIP services included everyday tasks such as the preparation of certain foods and the alteration of eating arrangements in line with religious and cultural practice (for example Ramadan where shift times were changed to accommodate preparation of late meals). There was also significant effort placed in developing and maintaining links with people of similar faith or a religious community. This was indicated to be a significant part of the care plans due to the increased '*resilience*' that such a community can deliver for '*young people alone in a new country and often having experienced trauma'* (I.P.1.8).

Young people were also supported in private religious practice with provision of '*space and equipment, for example prayer mats'* (I.P. 1.2*)*. Comments made by the SCSIP service professional participants suggest frequent discussion about religion and exploration of what religion means to individual young people takes place between social care workers and the young people. The young people are encouraged and supported to talk to each other and to staff about their religion especially where there is religious diversity amongst the young people in the house. It was conveyed that young people often need to be supported in applying '*respect and tolerance'* (I.P.1.8) for each other where religious diversity is present. Facilitation of these discussions in exploring difference was, according to some participants, aimed at increasing understanding amongst the young people who may be coming from a place where there are '*tensions between different religions and communities*' sometimes based on *'misunderstandings or lack of knowledge'* (I.P. 1.8) about the different religions. It

was further noted that these religious tensions may be entwined in current or historic political issues. *'We've had cases where these young people are at war in their home country…and it's like the religion that identifies the side of the war" (IP 1.2).* Such realities draw attention to the potential importance of giving due respect to the religious identity of any young person as well as the often-complex correlation between religion, culture, and wider socio-political factors impacting the lives of these young people. It is noted at this point that recent[91] conflict on the island of Ireland between unionists and nationalists was also largely affiliated with religious identity. The Catholic/ Protestant divide did not arise in any of the findings, it was not mentioned by any of the participants.

In addition to the extensive supportive practices in everyday service delivery, facilitation was evident through wider resource and policy structuring.

> *'Like one night, for example, there was 2 brothers, they were Ethiopian and went to this religious group far away…one night they wanted to do a night service so I changed my shift that week so that I could drive them in at midnight and wait to collect them at 3am. We don't do live nights, but we moved it around for them.'* (IP 1.2)

Practices of facilitation and support discussed by the participants in mainstream services indicated different practice approaches aligning with formal religious ritual and engagements more so than everyday religious observance. Giving the child/young person the opportunity to attend mass was the most frequently identified facilitation practice. Other practices included supporting the young person to make their communion or confirmation. *'A minimum amount, only formal events like confirmations, celebration of Christmas holidays…'* (IP 1.7).

Participants also identified that they have a minimal role in the communion and confirmation process as it is facilitated by the schools a lot of the time and the family also tends to participate on the day. The role of the SOCIAL CARE WORKERS in these rituals was said to be mainly '*dropping them to practice*' or meetings and '*helping them to get clothes ready for the day'* (IP 1.9).

It was acknowledged by the interview participants that although facilitating attendance at mass may be offered it is rare that a child will attend mass or ask to do so. '*What would really happen is if the child is Roman Catholic, 'Do you wanna go to mass this week? The first few times 'no' then that's it.' (IP 1.6).*

[91] 1968-1998

A difference was noted by some participants working in mainstream services where they had catered for children who were not Roman Catholic. They identified '*setting up prayer mats'* and '*cooking special foods'* as additional supports that were offered in practice for these circumstances. They did not elaborate on these practices in the same way that SCSIP staff had, however, they did note these additional practice provisions where the child was from a religion other than Roman Catholic (Muslim was the only religion specifically mentioned).

It is clear from these findings that a divergence exists between practices that support the religious identity and observance of young people who are from an ethnic or cultural minority (not including Traveller children[92]). Furthermore, children from ethnic minorities appear to be offered different levels of support and facilitation depending on the services in which they are placed with increased emphasis being placed on such supports in services for SCSIPs. Where such a variance in practices exists, consideration must be given not only to the reasons for such difference but also for the potential impact. Where certain practices are deemed appropriate and necessary for children from cultural and religious minorities entering SCSIP specialist residential care services, they arguably should be deemed appropriate and necessary for young people from religious and cultural minorities entering mainstream services.

6.5.3 The Impact of the Inspection and Monitoring of the National Standards on Support and Facilitation of Children's Religion.

The potential impact of processes for the monitoring and inspection of the National Standards for Children's Residential Services on practices of support and facilitation was a significant preliminary finding that influenced the decision to include inspectors in the research. Data relevant to this preliminary finding was gathered mainly in the interviews completed in Phase 1. A strong emphasis was placed on adhering to Standard 6 in relation to the support and facilitation of religious preferences.

'Well, we work to the National Standards and encompassed in that is an allowance for religious expression and spirituality' (I.P. 1. 7).

[92] No significant findings emerged in relation to Traveller children, only that it was noted by some participants that they may be more likely to practice religion than settled white Irish children.

'I felt that the inspection service is really what promoted us to look at those things and make sure we are doing what we need to. I mean there's a willingness to do it but if the family aren't pushing it then it was really just about compliance with the standards.' (I.P. 1.4).

Emphasis was also placed on evidencing compliance to the standard and ensuring that any practice was adequately recorded to demonstrate such. *'We'd, you know, offer mass the first few weeks and obviously record that and that they said no'* (IP 1.9).

'*obviously the documentation side, we would record that we had offered and encouraged. We also mention it in reviews …*' (I.P 1.1)

Increased weight was added to this when the young person was engaging in their communion or confirmation '*especially if it's a communion or confirmation year like coz they'd be looking for it a bit more maybe in the files.'* (IP 1.7).

Several of the interview participants spoke further about the process of inspection, stating that it is not a standard that is inspected frequently, and that the examination of practice is minimal.

'*Like all they look for is if you filled in that section of the form. It's never the focus of an inspection and it's rare that they would even ask much about it…but like you'd have the paperwork filled in to say that you'd offered*' (I.P.1.10).

Comments suggest that evidence of compliance with Standard 6 is an important component of practice.

6.5.3.1 De-prioritisation of religion in inspection and monitoring processes

Interview participants in Phase 3 focusing on the inspections process, indicated that Standard 6, which caters for the support and facilitation of religion is not prioritised in the inspection and monitoring process. Inspection of this standard only occurs on a three yearly basis when all standards are routinely inspected. Inspections take place on a yearly basis (more frequently where there is an issue of concern) looking at only a few of the standards or areas of service delivery. Standard 6 was said by the inspectors interviewed, to have never come up as the focus of a yearly inspection, in their experience. It was only ever monitored in the full inspection process which is every three years. Importantly, however, participants stated that this was not the case for inspecting services catering for separated children where culture and religion are deemed to be priority aspects of care delivery and are regularly subject to more frequent monitoring.

A clear finding can be derived across all data sets that the matter of the young person's religion is deemed of less importance than other aspects of their care in many cases. It

is not so clear however whether this lesser importance originates from the attitudes of professionals or from the service users themselves and the practice experiences of the professionals involved. Further research involving the service users or care leavers would be required to gain further clarity to this point. A clear difference in priority can be seen where children are in a minority ethnic group (not including Travellers[93]) or where the service is one catering for separated children specifically. Again, it cannot be determined from the findings whether this is due to a professional attitude or presumption, or whether needs for religious facilitation more frequently arise from SCSIPs and young people in religious or cultural minorities.

6.6 Concluding Summary.

Findings were categorised under three main thematic headings; 1. Inadequate focus on religion and religious sensitivity in social care education; 2. Variance of Attitude to and multiplicity of framing of religion in the lives of children in care by professionals and 3. Divergence of practices that support and facilitate religion. Despite almost unanimous agreement as to the potential importance of religion in the life of a child and strong agreement that services should support and facilitate religious preferences, the majority of respondents did not feel adequately knowledgeable or skilled to do so. There was an evident gap in education in relation to the skills and knowledge and an inconsistent approach to in-service training. Religion appears to be de-prioritised in education and training, something which is evident across much of the service structures including in the inspection process.

Overall findings indicate inconsistencies in the approaches and practices to religion across different residential care service types and amongst individual professionals. In the absence of clear guidelines in relation to adherence to the relevant standards and the absence of foundational and in-service education and training to equip social care workers to support and facilitate children's religious faith and practice, translation of the macro-level policy frameworks to practice is open to subjective influence. The experiences of young people in care therefore may differ based on the service type and the attitudes, knowledge, skills, and approaches of the professionals they are matched with instead of their individual needs and preferences. Furthermore, it may differ based on their religion. A lack of process clarity could lead to omissions, the

[93] Travellers were not expressly noted by participants in these responses and were for the most part considered in relation to shared religious identification with the majority.

application of presumption on the part of professionals and inadequate exploration and facilitation of the young person's religious preferences.

Chapter 7 –Discussion

7.1 Introduction

Having outlined the main findings of the research in the previous chapter, it is now necessary to revisit the germane socio-political and theoretical frameworks and the literature informing the research in order to situate the findings in a context for consideration. In conjunction with the historic, legal, and socio-political framings the research was underpinned by a dual theoretical lens of Secular/ Post Secular debates expanding to consider the concepts of Religious Literacy, and theories of Multiculturalism. It is now necessary to revisit these theoretical framings to contextualise the findings from the research. This chapter will briefly outline the critical considerations within each area with particular focus to the applicability of the evolving hypothesis to the practices and structures identified in children's residential care services in the current research.

To ensure adequate depth of consideration, findings are discussed in relation to each theoretical concept separately. Although Religious Literacy is included in the wider category of Post Secularism in Chapter 3, it was deemed necessary to separate it here for the purposes of analysing and contextualising the findings.

7.2 Secularism – Post Secularism

As discussed in Chapter 3, Post-Secular Theory advocates for a neutral state positioning towards religion, therefore allowing for the liberal engagement in religious beliefs and practices by all citizens (Habermas, 2010; Francis, Dinham & Shaw, 2017). In line with these arguments, state bodies and services should aim to prevent favouritism towards any one religion or religious preference. What theorists such as Habermas (2010), Bruce (2011) and Mc Ghee (2013) suggest is that secular views that allow for the rights of people to faith and practice of religion but do not require the removal of all things religious to a purely private realm. Instead, they require religious rights and religious diversity not to be ignored but treated with equal respect in the public domain.

It is these post secular viewpoints that will be applied to the current research context. In recognition of the potentially important role of religion in the lives of young people

entering the residential care system, as well as the positioning of religion in a rights-based framework, it is suggested here that it is vital for residential care services to operate in a neutral manner that supports and facilitates the liberal engagement of young people in religious beliefs and practices in line with their preferences. Neutrality towards religious preferences cannot be achieved by applying the traditional secular doctrines that aim to completely remove religion from the delivery of services. The reasons for this are two-fold in relation to Residential Children's Services. Firstly, these services cross the boundary of the public-private divide, determining state involvement with the usually private elements of family. Secondly, the complete removal of religion from service delivery is not a neutral approach and may show favouritism to one set of religious preferences over another. It is therefore suggested here that the appropriate positioning of residential children's services, by proxy of the state, concerning religion is one of neutrality that allows young people in care liberal engagement with their religious preferences, whether that be religious devotion or religious avoidance.

Determining the extent of such a position needs to take into account macro-structure aspects as well as the micro-level practices that impact the experiences of young people in care. As previously outlined, the liberal practice of religion by children in care is provided for specifically by Standard 6 of the National Standards for Children's Residential Care Services[94]. This is in addition to the provisions in Article 44 of the Irish Constitution[95] and Article 14 of the UN Convention on the Rights of the Child[96].

Such provisions indicate a neutral positioning on the part of the state and allow for the liberal practice and belief by young people in line with their religious preferences. The application of these provisions into the micro-level service delivery through everyday interactions is essential. It has the potential to further support the neutral positioning of the wider structures or to mitigate against the neglect of these provisions. Findings from the current research suggest that in some areas of service delivery, young people

[94] 2001 Version was still in operation at the time of the research.

[95] Art 44.2.1 Freedom of conscience and the free profession and practice of religion are, subject to public order and morality, guaranteed to every citizen.

44.2.2 The State guarantees not to endow any religion.

44.2.3 The State shall not impose any disabilities or make any discrimination on the grounds of religious profession, belief or status.

[96] Article 14 of the UNCRC says that children and young people are free to be of any or no religion.

are supported and facilitated to practice religion in line with their preferences and therefore the adequate levels of neutrality have been achieved. However, this is not consistent across all services and some of the findings shed critical light on the neutral positioning of the services overall suggesting that more needs to be done in achieving post-secular neutrality.

As outlined in the previous chapter, there were different attitudes towards religion captured in the research. The overall attitude expressed by research participants was positive, with a willingness to support and facilitate religion in line with the preferences of the young people in care. This aligns well with a neutral stance and indicates a post-secular positioning. As noted, however, findings in this regard may not be generalisable to the entire opinion span of social care professionals. It is conceivable that those who came forward to participate in the research were those with a more open and positive attitude towards religion. It is important, therefore, to further consider other attitudes that were identified by participants as well as some that were implied. The negative or dismissive attitudes highlighted amongst front line social care workers that some Phase 1 participants had worked with, and the dismissive attitudes identified by educators to exist amongst social care students are important to consider. Negative and dismissive approaches to religion amongst those responsible for delivering everyday care services do not align with a neutral stance and have the potential to negatively impact a young person's engagement with their religion. Bearing in mind the developmental stages of young people in care, this impact may not be confined to their time living in the service. The impact of their religious belief and practice may continue long after their care experiences (O'Hagan, 2001).

Similarly, attitudes of ambivalence and de-prioritisation as well as fear, discomfort and embarrassment amongst professionals involved with residential children's services, can potentially mitigate the broader provisions aimed at neutrality and liberal practice (O'Hagan, 2001; Howarth and Lees, 2010). Depending on the situation, this could potentially impact the young person's family and community connections, their cultural identity, and levels of personal resilience. The de-prioritisation of religion in the lives of young people was not isolated to the social care workers and was evident in the data sets from all three sets of professionals participating in the research. As noted, the inspection of Standard 6, relating to religion in the lives of young people in care, was subject to inspection only every three years and was 'never' one of the

standards that would be looked at on a yearly basis. Increased importance was expressly placed on religion where the young person was religious but not Catholic, indicating a lack of neutrality in focus and structural application.

Furthermore, the identified lack of focus on religion in social care education is indicative of both de-prioritisation as well as the existence of 'fear' 'embarrassment' and 'discomfort'. In order to achieve the required level of neutrality, it is essential that attitudes towards religion are addressed and professionals are conscious of their attitudes and the impacts they may have. The lack of focus on religion in social care education denies students the opportunity to engage in the self-reflection and critical thinking necessary to achieve this. The absence of religion and religious discussion from social care education is argued here to be at odds with a post-secular neutral approach (Canda E. 1988; Agbawodikeizu *et al,* 2022, Richardson, 2017; Dinham & Jones, 2012).

Despite the potential impact of non-neutral social care education and training, many of the framings of religion identified in the data align positively with a liberal and neutral positioning associated with post-secularism. The alignment of religious preferences with professional values of self-determination, non-discriminatory and non-judgemental attitudes, and person-centred care practices indicates strongly towards the adoption of a neutral stance in practice (Reinheimer, 2021). These values speak of responding to each individual, their situation, and needs without displaying preferences based on personal views, opinions, and life experiences. Therefore, effective application of these values, would ensure a neutral and equal approach to religion in service delivery. One particularly strong indicator of post-secular positioning was the emphasis placed on the voice of the child in determining religious preferences in the care plan. This was echoed throughout all phases of the research and strongly suggests an appreciation of the diversity of religious preferences amongst individuals and a recognition of the child's rights-based freedoms relating to religious preference. While a rights-based framing was inferred from the emphasis placed on the voice of the child, it is prudent to remember here that such framing was only expressly stated about services for separated children seeking international protection (SCSIP) and children from different ethnic and religious groups. This difference in approach and framing may suggest a difference in the approaches towards children of different religions but requires further research to support this suggestion.

In looking at findings relating to the everyday practices aimed at support and facilitation of religious diversity in services, there is again a lack of consistent neutrality evident. There was evidence of a post-secular position, with apparent efforts being made to support the individual religious preferences of the young people in care. The most prevalent of these were in the SCSIP services, where participants spoke of attempts to discover not only the differences in religious identification but what the religion meant to each young person and what their preferences were in incorporating it into their care plan. Findings suggest that significant emphasis is placed on the support and facilitation of religion in these services and that flexibility in the services structures (including resource allocation) allowed for meaningful support to be offered in line with the young people's religious choices. A clear example of this can be seen in the use of an irregular night shift to bring young people to a night-time religious service. Responses provided by the participants working in SCSIP services suggest a neutral approach in support and facilitation of religious preferences. Data from these four interviews signal flexibility and responsiveness based on the individual needs and wishes of the young people as opposed to towards any one religion. Participants spoke of encouraging and supporting open dialogue about different religions, specifically in circumstances where the religious differences could cause conflict amongst the young people in the house. It would appear from the information given by the professionals working with SCSIP services that all religions are treated equally and there is no favouritism towards any preferences brought forward by the young people. However, this research cannot ascertain this as service recipients did not participate in the research and the sample size of professionals in these services was small (n=4).

Findings would indicate that the practices in mainstream services are not as neutral in approach. Participants clearly differentiated between 'diverse religions' and Roman Catholicism with an evident presumption that the majority of the children in care were Roman Catholic. What is interesting from reading the findings is that different approaches are in operation based on the religion of the young person and the perceived level of importance. Apparent differences in support and facilitation were evident between the services in all areas discussed.

In consideration of a post-secular approach, these findings can be interpreted in one of two ways. It firstly could be assumed that a neutral approach is being taken and the differences in services are due to a difference in needs and preferences arising from

the young people. SCSIP services may be more experienced and, therefore, better equipped through additional training, knowledge, and structural support, to deal with religious facilitation on account of presenting needs from the young people entering their services. While this is recognised as a possibility, it is further considered that statistics indicate an overrepresentation of children from ethnic minorities in child protection cases coming before the courts. As discussed in Chapter 1 (section 1.5), the final report of the Child Care Law Reporting Project, 2015, stated that children from an ethnic minority (including Traveller children) are seven times more likely to be subject to care proceedings than white Irish children (excluding Traveller children). It is reasonable to assume in that case that children from ethnic minorities and religiously diverse groups are commonly placed in mainstream residential services and not just in SCSIP services. Such statistics indicate that the differences in services are not attributable to a lack of religious diversity in either service type. It is highly improbable that only those in receipt of SCSIP services have preferences to continue their religious observance while in care. It can, therefore, be argued that the differences, in some part at least, originate from the service level with a lack of adequate focus and recognition towards diversity in religious preferences. These differences may be partly explained by the differences in relevant skills and knowledge identified by the participants in different service types. While there is a distinct lack of focus on religion in the foundational social care education, in-service training on religion appeared to be prominent in SCSIP services, which may be a contributing factor to the differences in focus and approach. It is apparent from the findings that there is a presumption towards the religious identity and preferences of the young people and often a lack of practical exploration as to their preferences in mainstream services. There is no data available to indicate any impact on young people, but a lack of effective determination of preferences in this regard leaves open a possibility of insufficient support and facilitation and inadvertent favouritism towards secular choices.

7.3 Religious Literacy

The discourse of religious literacy is situated in the broader ideological frameworks of post-secularism, acknowledging religions continuing presence and importance. In professional practice arenas, the concept of religious literacy involves the professional having sufficient knowledge and awareness of religion to allow for comfortable and

adequate acknowledgement of the role of religion in any professional interaction. In addition to knowledge of the basic tenets of religion, being religiously literate involves having an understanding of the personal and ever-changing nature of religion as well as the social and political positioning of all religions worldwide. Furthermore, this knowledge must be effectively applied to the professional context allowing for discussion and exploration of religion free from presumption or stereotypes (Dinham & Francis, 2015).

Findings from this research indicate low levels of religious literacy in Residential Children's Services and in the surrounding structures. This is not surprising in light of the absence of religion from social care education and the limited in-service training identified. Aside from those who worked in the SCSIP services, few of the participants indicated that they engage in meaningful dialogue exploring matters of religion in service delivery, what it means to individual young people and the role it may play in their lives or circumstances (Harris, 2015). There was a distinct lack of comfort expressed in discussing the topic of religion, and a voiced acknowledgement of a lack of relevant skill and knowledge.

Despite the overall willingness to facilitate religious preferences that was communicated by the participants of the research, there is an evident lack of effective engagement with matters of religion in most practices discussed. The identified embarrassment, discomfort, and application of stereotypical presumption about the importance of religion all indicate low levels of religious literacy in care delivery. It was noted across the three phases of the research that religion was a topic that caused discomfort for people and that there was an 'implied embarrassment' in raising the discussion. This discomfort was linked to a positioning of religion in the private domain and a fear of saying something about religion that might offend. As one lecturer pointed out, '*I would be afraid I would say something to offend*' (I.P. 2.4).

What is evident here is that the emotional environment required to facilitate meaningful exploration and dialogue of religion is lacking in both the social care education sector and mainstream residential care services. Even where professionals might have the necessary awareness and insight to discuss religion with young people and explore its potential role, the existence of these attitudes within the service and wider professional cultures would serve as significant hurdles.

In addition, the presence of ambivalence and de-prioritisation in all three phases highlights a potential reliance on presumption or stereotypical view without sufficient levels of exploration of religion in the individual lives of service users. While it is not doubted that religion is infrequently raised as a matter of importance by young people entering care, the opportunities for them to do so may be lacking. Attitudes outlined here may act as a block for young people in raising conversations about any religious preferences, as will the operation of presumptions of importance imposed by the professionals. Young people must be supported to engage in conversations that effectively explore the ever-changing role of religion in their lives and their potentially changing preferences towards it (Harris, 2015).

Several framings that were applied to religion throughout the research sit well with the concepts of religious literacy. Being religiously literate requires a recognition of the ever-changing and personal nature of religion. This necessitates an open approach of continuously learning and reflecting on religion in context. The framing of religion with professional principles of open-mindedness, person-centred, and non-judgemental practice all position well with a religiously literate approach in theory. Of most significance here is the emphasis placed on the voice of the child in determining the extent of religious observance. This would indicate the required appreciation for individual differences and interpretations of religion that are emphasised within the model. However, the ability of the child to express their voice may be in jeopardy where there is a lack of knowledge, awareness, and comfort on the part of social care workers with whom they must express it. For children to be given an adequate opportunity to express their voice and explore their preferences, it is vital that the professionals supporting them are sufficiently literate in matters of religion.

In relation to professional practices identified in the research, there was once again, a clear division between different service types under the theoretical lens of religious literacy. Practices that show a religiously literate approach are concentrated mainly in the SCSIP services with a clear exploration of intersectional diversity and the potential role of religion in political and social contexts. Furthermore, each of the participants had received CPD training focused on increasing religious knowledge and facilitation skills. Stage 1 participants from SCSIP services indicated that attention is paid to gathering relevant information about the individual's preferences, and flexibility is applied to facilitating observance both formally and in a day-to-day capacity. Time is

taken to discuss and adequately explore the place of religion in the young person's life, what it means to them and how it impacts all areas of their life. Also, of note was the practice of facilitating conversation about religious diversity amongst young people. Respondents communicated an awareness of the potential political and social role of religion in the lives of the young people, with many having come from situations of political unrest or war linked to religious persecution. It was noted in interviews that it is not uncommon for young people living in the same house to be from opposite sides of religious and political tensions. Such realities increase the need for religious literacy on the part of SCSIP service professionals, as they are tasked with managing potential tensions and issues that arise from such situations (Abrams & Moio, 2009; Dinham, 2015). It is vital that there is a space to comfortably explore matters of religion in recognition of their place in personal matters within the immediate service and on the broader scale. It can be inferred from the findings expressed by relevant participants in this research that a level of religious literacy is present, with open and supported dialogue, continuous exploration, and awareness on the part of social care workers. Further research would be required to include the views of young people in determining the effectiveness and adequacy of this level of religious literacy.

The everyday practices identified in the mainstream services indicate a lower level of religious literacy. It can be determined from the identified 'tick box' approach to gathering information about the child's religion, that active dialogue and exploration of religious preferences was minimal. In addition, support and facilitation offered to the young people were mainly aligned to formal observance such as attending mass, making communions, etc. There was very little evidence of incorporating religion into the everyday lives of the young people unless they were from a minority cultural grouping (excluding Travellers). Even in relation to minority religions, facilitation was said to be in the form of 'setting up a prayer area' or making specific menu changes. There was no expressed acknowledgment of religion in less tangible aspects of care delivery. Furthermore, the only religion other than Roman Catholicism mentioned was Muslim.

One significant indicator of low religious literacy in the research was the expression by participants that they do not have sufficient skills and knowledge to effectively facilitate religious observance on the part of the young people. Most respondents indicated that they would not feel competent in offering support and would require

further training, specifically for non-Catholic children. Once again, a difference was noted for professionals working in SCSIP services who deemed themselves well equipped, however, acknowledged a need to continuously update and expand their knowledge.

The low levels of skills and knowledge to facilitate religion are not surprising considering the evident lack of coverage in social care education and further CPD training. It was clear from findings in Phase 2 (educators) that coverage of religion is minimal across the professional social care courses. In addition to an absence of dialogue about religious tenets, there was a lack of encouragement for students to reflect on religion, their views, and presumptions about other religions and how religion has informed them. This may, in part, be explained by a lack of religious literacy amongst social care educators, with several expressing that they lacked sufficient skills or knowledge to facilitate discussion and learning.

The extent of coverage of religion that could be afforded in a three-year course is minimal, specifically considering the extent of material already required in the professional field. However, as outlined in the previous discussion, religious literacy entails a level of awareness, openness, and comfort with the topic of religion. In the absence of teachings of religious tenets, religious literacy can be fostered through education with increased discussions and reflections that incorporate religion as an aspect of the social, cultural, and political world. Open classroom-based discussion that raises insight into the continued role of religion, challenges misunderstandings and explores intersectionality could contribute significantly to religious literacy amongst social care workers. Furthermore, the involvement of religion and religious literacy in CPD training would significantly contribute to comfortable and open dialogue about religion in services and increase support for young people in care to engage with their religious preferences.

7.4 Multiculturalism

Multiculturalism provides the second theoretical framing for the current research in recognising religion as an aspect of broader cultural practices and identifications. As previously discussed in Chapter 3, the term multiculturalism is increasingly used within various discourses[97] referring to ideological and practice-based approaches. Of significant relevance to the current discussion is the increasing concern for multiculturalism in professional practice literature, highlighting the need for services to be appropriately responsive to cultural diversity in planning and service delivery[98]. Underlying the professional practice discourse is the recognition of racial and culturally based discrimination in societies and the potentially important site of professional interactions in reinforcing and challenging existing discrimination (Payne, 2020; Mc Gregor *et al.*, 2019; Devore & Schelsinger,2007; O'Hagan, 2001; Dominelli, 2002; Thompson, 2008; Seeley, 2005; Noble, 2005; Patel, 2023; Moran, 2011; Smith, 1991). Sufficient awareness, sensitivity, and exploration of culture in professional dynamics is necessary to ensure effective and non-discriminatory service delivery. These arguments, and theories of everyday multiculturalism, which further emphasise the importance of micro-level interactions to the experiences in the social domain, provide an important lens by which to consider findings for this research.

As discussed in the findings[99], religion was directly categorised by participants across all three phases of the research in a multicultural frame. This is deemed to be a positive indicator of the provision of support and facilitation for individual religious preferences where multicultural ideals are effectively applied. As well as the direct framing by participants of religion within a multicultural/ culturally sensitive practice context, the presence of multicultural ideals was evident in some of the additional framings suggested by participants. The linking of religious support and facilitation to professional values of non-discriminatory/ non-judgemental practices, and person-centred and rights-based approaches to care, are essential to a multicultural approach. Furthermore, the recognition of religion as potentially important to family, community and identity implies an inherent sensitivity to the cultural components of

[97] Including social work, education, youth work and early childhood care and education

[98] See Section 3.7 for further discussion.

[99] See section 6.4.9

the case situations[100]. The strong emphasis placed on the voice of the child in determining the extent of religious engagement also aligns convincingly with models of culturally sensitive practice, which highlight the need to recognise individual interpretations and meaning-making about their cultural identification and practice. Furthermore, the weight of determination granted to the voice of the child indicates incorporation of the intrinsic value of empowerment central to a multicultural approach. The emphasis placed on determining individual preferences suggests innate concern for the affirmation and promotion of cultural diversity, again offering positive evidence of multicultural framing.

Despite these positive indications, other findings call into question the depth to which these framings are effectively applied. Evidence from across all data sets suggests an increased application of multicultural ideals in the facilitation of religion for 'diverse' or minority cultures and religions. Differences were noted in attitudes, framings, and practices[101] as expressed by participants in all three phases of the research. The expression of the increased importance of religion in the lives of those from minority religious groups (not including Traveller children) was close to unanimous, as were opinions regarding the diminished relevance of religion in the lives of young people from the majority group (white Irish including Travellers). While there was discussion of the support and facilitation of the religious preferences of Roman Catholic children, this was not framed in the same way as minority religions. Participants did not identify the same links between religion and culture here as they did with other religions. Instead, focus appeared to remain on children from 'diverse' ethnic and cultural groups when highlighting a need for multicultural, non-discriminatory, open-minded and culturally sensitive approaches. It can be inferred from these findings that the framing of religion in a multicultural context is not equally applied to all religious and cultural groupings. Plaut *et al.* (2011) and Cobb *et al.* (2020) found in their research that the inclusive ideology of multiculturalism is not perceived by the majority white group as inclusive of or relevant to them. They suggest that many continue to maintain a patriarchal approach to cultural diversity that situates the majority groups outside of the multicultural lens, adopting principles of tolerance instead of full equality and inclusion. It is also of note that there was little consideration of diversity amongst the

[100] See section 6.4.8

[101] To be discussed in the next section

majority group discussed. Responses from Phase 2 of the research, involving educators, provide further evidence to support this suggestion. As previously outlined, coverage of religion in initial social care education was situated within a multicultural context in most cases. It was apparent from comments made by educators that the focus of multiculturalism in the courses that they were involved with was on diverse and minority religions and did not necessarily encompass consideration of Irish culture and religion (except in the case of historical service focus).

'Well it wouldn't be covered directly; we speak of it [religion] *in relation to principles of respect and tolerance for diversity …'* (IP 2.4).

The statement of increased focus on matters of culture and religion for minority groups by inspectors in Phase 3 further supports the suggestion that multiculturalism is applied mainly to those outside of the majority group. As suggested by Patel (2023), the omission of the majority culture from a multicultural framing has the potential to perpetuate dominance of ethnocentric and Eurocentric ideals and power structures. Approaching cultural diversity in this manner fails to address deeper levels of inequality, discrimination, oppression and needs that are linked to cultural aspects. Without the inclusion of majority cultures in the multicultural mindset, the potential exists for cultural discrimination to be normalised and perpetuated. As Knoppers (1993) argues, racism and cultural discrimination are embedded in the social fabric and are frequently invisible or accepted as cultural norms by both majority and minority groups.

Furthermore, the majority group's cultural and religious preferences and needs risk going unmet where they are not framed in line with culturally sensitive approaches. Removal of the dominant culture from a multicultural framing may result from a lack of concern for intersectional diversity across the cultural group, and individuals' preferences may be overshadowed by dominant views. A note of interest on this point relates to the lack of identification of Traveller children within a multicultural framing in the findings for the current research. Despite minority ethnic status, participants in the research did not appear to frame the cultural and religious aspects of caring for Traveller children in the same way as other ethnic minority groups. This may be explained by the majority religion amongst Travellers being Roman Catholic, like the majority of the Irish population. However, a failure to apply a multicultural framing to this minority ethnic group places them at greater risk of receiving culturally insensitive

services. It further highlights an absence of consideration of intersectional diversity and a lack of deep and effective application of the multicultural concept. It is also noteworthy on this viewpoint that Protestant religions were not mentioned by any participants throughout the study. Protestant religions are the second most common in Ireland with 124,749 identifying as Church of Ireland in 2022 (CSO, 2023). The findings cannot determine the reasons for this.

Some attitudes towards religion captured in the research are at odds with an effective multicultural approach. Negative and dismissive attitudes that some participants discussed have the potential to cause such an impediment to culturally sensitive approaches. Even where other aspects of culture (rituals, traditions, food, dress, etc.) are viewed positively and engaged willingly, a failure to be sensitive to religious influence and preferences will mitigate against a culturally sensitive approach to service delivery. While aspects of culture can be demarcated, they exist in close relation. The removal of religion from broader cultural consideration risks denial of critical historical impacts, traditions, values, and beliefs and may determine efforts of sensitivity ineffective. Attitudes need not be overtly negative to influence the effectiveness of a multicultural approach. A similar impact may arise where the existence of fear, discomfort, or embarrassment surrounding religion exists on the part of a professional. Even where religion is acknowledged, limited engagement with the topic due to discomfort will significantly impact the professional relationship and interaction. Individuals may be denied effective services where there is not sufficient exploration and acknowledgement of the role of religion in their lives and circumstances.

Further identified attitudes of ambivalence and de-prioritisation in the research findings sit in opposition with the application of multicultural ideals. As outlined earlier, a multicultural approach requires an acknowledgement of intersectional diversity and the continuously evolving nature of culture. It can be presumed that religion is not a cultural priority for all young people entering care. However, the application of an assumptive attitude about the weight of importance indicates against the required acknowledgements of the multicultural approach. Culturally sensitive/ humble practices must be willing to acknowledge varying levels of importance of religion between individuals and not only across religious and ethnic groups. Some of the attitudes captured indicate towards the application of presumption and

stereotypes about religion, neither aligning with culturally competent approaches. Culturally sensitive/ competent/ humble practice requires continuous critical reflection on the part of professionals. This reflection is on not only the varying and evolving impact of religion (as an aspect of culture) on the lives of others. It is also on their own attitudes, beliefs, and assumptions about religion, which are also subject to change and influence.

There is evidence to suggest the use of stereotypical approaches in the support and facilitation of religion through culturally sensitive/ humble practice in this study. For example, despite the strong emphasis placed on the voice of the young people in determining their religious preferences, practices aimed at discovering their needs and wants in this regard were somewhat erratic and appeared to lack any depth of exploration in many cases[102]. Responses indicate increased efforts to gather information relating to the religious preferences in cases of religious and cultural minorities. It is reasonable to infer from this finding that efforts in this regard are based on stereotypical presumptions about the importance of religion in the lives of young people accessing care. There was a clear presumption communicated that religion was '*not an issue'* and '*not something that's important'* for the majority cohort of children entering mainstream residential services. Based on this assumption, many Phase 1 participants acknowledged doing the '*bare minimum'* in gathering information about the child's preferences and even taking a 'tick-box' approach to meeting Standard 6.14. Such presumptions relating to the importance of religion in different cultures was echoed in Phases 2 and 3. An increased need to respond to religious needs when working with 'diverse' and minority cultures was highlighted by educator participants. Additionally, inspectors in Phase 3 provided a clear communication of increased focus on matters of religion and culture where a child in care was from a minority cultural group (excluding Traveller children). This suggests the existence of stereotypical views relating to religious importance in the broader macro-structures supporting residential care services, however, further research would be needed to determine this with certainty.

The application of generalisations for culturally sensitive practices is problematic. An application of stereotypical assumptions based on *a-priori* knowledge does not allow

[102] Further discussed in the next section.

for sufficient sensitivity to cultural differences or the continuously evolving nature of cultures in political and social contexts (Horgan & Ní Raghallaigh, 2017). Therefore, adequate consideration cannot be had for the impact of culture on the experiences and needs of young people. Furthermore, cultural stereotypes and presumptions does not allow space for intersectional diversity and individual differences among young people (Mc Gregor *et al.*, 2019). In adopting a generalised approach, there exists a risk that there will not be sufficient effort to explore the individual's interpretation of their religion and culture. It is vital to allow individuals to determine the aspects of their cultural experiences or cultural identity that are important and relevant to them to ensure sufficient depth of appreciation in practice approaches.

7.4.1 Divergence of Practice Service Type – Multicultural Consideration

It is necessary at this point to reemphasise the divergence of practice that was identified throughout the research and the noted inconsistencies in practice approaches. As previously highlighted, the main convergence identified in practices and approaches was between mainstream residential services and those catering to separated children (SCSIP). By applying a multicultural lens, the service divergence can be understood to correlate with differing levels of effectiveness in the incorporation of the ideology into practice. Evidence from the research suggests that the application of multicultural ideals is more effective in SCSIP services with deeper levels of insight and appreciation of the potentially important role of culture and religion in the lives of young people. Whereas the focus of religious support and facilitation in mainstream services remains on what can be deemed a superficial level, the focus in the SCSIP services takes a much more in-depth approach.

This evidence is available in two key areas. The first is the extent of incorporating religion, as a component of culture, into the individual care plans of children. As outlined above, there was a lack of data evidencing sufficient exploration of personal preferences of religious practice and meaning-making in the mainstream services. This was not the case in SCSIP services, where it was apparent that great care was taken not only to find out about the child's religion and to determine their interpretations and preferences. What was apparent from the comments of Social Care Workers in SCSIP services was that their approaches were open-minded with no evidence of applied stereotypes. It would appear from the data gathered that young

people were given the opportunity to communicate what their religion meant to them and what their preference was regarding practice and worship. In facilitating individual preferences, the effectiveness of care delivery in supporting and promoting religious and intersectional diversity[103] can be maximised.

Furthermore, sufficient attention can be given to the impact of religion and culture on the young person's needs, situation, and how it might influence their care experience. Comments indicated that the religion of the separated child had a significant impact on the care plan and the everyday service they received. Responses suggested that in addition to awareness of theological aspects of religion, attention is paid to the evolving social and political components of religious identity. It is noted that the young people's status as separated children determined a need for increased awareness of the social and political dynamics of their situation on the part of the Social Care Workers. Regardless of this overlap, the practice of considering the role of religion in all aspects of the child's life, aligns strongly with in-depth culturally sensitive practices. This level of insight, consideration and adaptation was not evident in data relating to the mainstream services, even where there were minority children resident.

The second key area of evidence relates to the macro-structures supporting service delivery. As previously discussed, SCSIP services appeared to provide an extent of adaptation to maximise cultural inclusion such as increased CPD training opportunities for Social Care Workers, responsive approaches to everyday practices, meals, etc. and in the flexible allocation of resources. The importance of these macro-level facilitations concerns opportunities for services to tackle discriminatory or oppressive practices at a deeper level. In line with the arguments put forward by Payne (2014) and Donal & Rattansi (1992) reliance on surface-level appreciation of culture can prohibit services from addressing deeper levels of structural discrimination, oppression, or exclusion. While the findings from this research do not provide sufficient information about how everyday practices reinforce or tackle discrimination at this level, it is apparent that the opportunity to do so requires adequate responsiveness in surrounding structures of the everyday practice. While not conclusively indicative of their absence, evidence of this level of responsiveness in mainstream services was not apparent in the findings from this study. In its absence,

[103] As research did not speak directly with care recipients, the effectiveness of practices in this regard cannot be confirmed.

Social Care Workers may be unable to provide effective facilitation and support for the religious preferences of young people in care, free from discrimination.

7.5 Concluding Comment.

Considering the findings through the broad theoretical lens applied to the research has allowed for critical insight into the current practice that aims to support and facilitate religious preferences. While there is evidence of neutral post-secular positioning, religious literacy in service delivery and the effective application of multicultural ideals in children's residential care practice, these are inconsistent across religions, services and service types.

The absence of religious facilitation and sensitivity in social care education and a limited coverage through in-service training is of particular relevance. The resulting gaps in the skills and knowledge hinder the ability of professionals and services to respond to religious diversity in a neutral or adequate manner. Without adequate focus on religion in education and training, the sector remains impacted by religious illiteracy, which not only affects the ability to facilitate religion but also wider aspects of culture. It is evident that critical conversation is required across the sector about matters of religion. Negative and dismissive attitudes need to be tackled, and space needs to be provided for open and comfortable reflection on the roles of religion in the lives of young people. Without such, the presence of fear, discomfort and embarrassment will continue, potentially impacting effective support and facilitation of religious preferences.

Practices highlighted in services for separated children offer good examples of neutral approaches, increased religious literacy and the required depth of application of multicultural ideals. Efforts to fully explore the individual interpretations of religion and incorporate religion and culture into all aspects of the care plan suggest cultural humility in approach that allows for recognition of the role of religion and its impact. In addition to frontline practices, the surrounding frameworks of these services, including additional training, flexible resource allocation, team and service culture and the prioritisation of religion in regulation, support effective responses that are neutral and in line with authentic multicultural approaches.

The next chapter will explore these points in greater detail, outlining the study's main contributions and some key areas for improvement in practice and wider service delivery.

Chapter 8 Conclusion

8.1 Introduction

When discussing this research topic with others, a common response is one of confusion, not as to the focus of the research but as to why this topic is considered relevant for exploration. As one person commented during the developmental stages of the research, 'I just don't think that this is an issue'. This sentiment was shared by several research participants who indicated that religion is not relevant to young people in care or their families and that there are far more pressing and urgent issues to be addressed in service delivery[104]. In drawing the thesis to a conclusion, this question is a central point of reflection. Has the research - exploring the support and facilitation of religious preferences of young people in care - been worthwhile? What original contributions to knowledge does the thesis make, and, most importantly, what is the potential impact on professional practice and on the experiences of young people in care?

This final chapter addresses these questions through reflection on the research processes and outcomes. Following the extensive discussion of the findings provided in the previous chapter, this chapter will now employ a broader lens in determining the research contributions and suggest areas for further research.

8.2 Research Overview

The objective of the research was to explore how the religious preferences of young people are supported and facilitated while they are living in Residential Children's Services. As outlined at the beginning of the thesis, the issue of supporting and facilitating children's religious preferences sits at the nexus of a series of interlocking philosophical, legal, human rights-based, socio-political, and ethical literature, the most pertinent of which have been outlined in the earlier discussion framing the research objectives. Gaining adequate insight into the complex and unique positioning of religion and religious organisations in Ireland, specifically relating to children's residential care services, required the use of a socio-political and historical lens prior to theoretical considerations. The role of religion and religious institutions in Irish culture and in the provision of welfare services in the infancy of an independent Irish State were vital aspects for consideration as the starting point of the research. It was

[104] Section 6.4.4

necessary to appreciate the level of entanglement between the two – the Church and Residential Children's Services - and the potential of this historic affiliation to have a continued impact. Likewise, understanding the changing role of religion in Ireland, the evolving position of religious organisations in the State, and the delivery of State functions were important supporting frameworks for the research focus. Only through mapping out these factors that surround contemporary service delivery at the chrono and macro-level could adequate analysis of the micro-level practices that support and facilitate religious preferences in the everyday be developed. While the changing role of religion in the delivery of Children's Residential Services has mirrored broader structural differentiation and an increase in secular attitudes in Irish society, there are circumstances unique to the service area. In conjunction with other influential factors, the uncovering of cases of abuse and mistreatment of many children in care at the hands of religious personnel acted as a significant catalyst for change in structure and public attitude. Changes in the residential care of children were significant and rapid but, in ways, ad hoc.

Parallel with the historic, legal, and socio-political framings, the research was situated in a broad theoretical context, allowing for a deep and more comprehensive consideration of religion in service delivery to children. The theoretical framing of Secularism/ Post-Secularism was expanded to consider the concepts of Religious Literacy, thus allowing for a bridge to everyday professional practices. Due to the common categorisation of religion as a component of culture in practice-based literature and the increasingly diverse cohorts of children in the Irish care system, theories of multiculturalism were also adopted into the theoretical frame. Using a broad theoretical frame allowed for thorough consideration of the topic and a grounding of the discussion in contemporary professional practice contexts, thus increasing the research contribution to the professional field.

8.3 Reflection on Research Strategy

The focus of this research is original in that a study of this sort has not been completed in Ireland or, to my knowledge, in the social care profession. An exploratory approach was necessitated by the absence of previous research and with a dearth of literature to guide the research focus. Building on the epistemological foundations of interpretivism, an ontological position of social constructivism was adopted throughout the research design and strategy. In recognising religion and religious preferences as socially constructed phenomena, due

regard had to be given to the processes surrounding secular determination in everyday service delivery. In line with this viewpoint, the research was designed to engage with relevant key social actors to explore their views, opinions and experiences of practice in this regard. The use of an emergent approach allowed for the research design to remain responsive to concepts and issues of importance identified by the key social actors.

The foundational assumptions and values of the research justified this reflexive methodological approach that incorporated participants from a far-reaching cohort. The resulting research design combined a mixed-method approach consisting of three phases, the latter two of which were informed by the preliminary findings of Phase 1. This allowed for the required recognition of factors of influence in the social construction process as determined by professionals involved in frontline service delivery. Social Care Workers currently or recently working in Residential Children's Services were determined as key social actors due to their direct and everyday involvement. It was their views and experiences that determined the other research participants, educators and inspectors, as key social actors in line with their direct and indirect influence on these everyday social processes and interactions.

Adopting this ontological framing has increased the validity of the findings and the research contribution by allowing for a deeper understanding of the relevant social processes. Findings follow a thorough investigation incorporating a broad cohort of participants from different professional positions and different service types. The validity of the findings was further improved by the use of a mixed-method approach allowing for an increased number of participants from a wider sample and the provision of more supporting data[105].

In line with the research objectives, the primary focus of this exploration was on micro-level service delivery and everyday professional practice aimed at the support and facilitation of religious preferences of young people in care. Drawing on Bronfenbrenner's Ecological Systems Theory (1979), an analysis of the impact of the surrounding environment on the micro-level functioning was foundational to the overall research design. Having considered the macro aspects of care delivery ,including legislation, policy, and practice structures, and the chronosystem surrounding religion in Ireland and the role of religious organisations in the development of welfare systems in Ireland, the primary research concentrated on determining not only what was happening at a micro-level in the everyday to support and

[105] See Figure 6 for research strategy outline.

facilitate religious preferences in Children's Residential Services, but also the key meso-level factors of influence. In revisiting the research questions at this point we can outline what these findings were before critical consideration of the limitations and contributions of the research.

8.4 Revisiting Research Questions

1. Is religion considered to be an important aspect of care planning and delivery by professionals involved directly or indirectly with service provision?

While religion was regarded positively by participants in the study, the majority did not consider religion an essential aspect of care planning and delivery. There was increased recognition of the importance for young people from minority ethnic or religious groups. This was captured in all three phases of the research. In specialised services catering for Separated Children Seeking International Protection, participants considered religion to be foundational to all care planning and delivery. Although this cohort of participants was small (n=4), the difference in emphasis on religion between this and the cohort of participants in 'mainstream' services was stark. For this group, religion was seen as an essential factor in the lives of the children, and such was incorporated into all aspects of their care.

2.What professional practices and aspects of service delivery are in place in Children's Residential Services aimed at the support and facilitation of children's religious preferences?

Findings suggest differences in practice based on service type and the religious and ethnic identity of the child. Practices identified in mainstream services appear to focus supports on formal aspects of religious observation such as attendance at mass and engagement in rituals such as Communion and Confirmation. Other practices mentioned included providing places to pray and preparing certain foods for children who were not Catholic.

Findings relating to services catering for SCSIP suggest that support and facilitation of religion incorporates a higher level of consideration for everyday observation and the role of religion in the everyday life and identity of the child. In addition to formal observations, flexibility around resource allocation, fostering connections with religious communities, staff training, reflection, and open conversation were identified as practices supporting and facilitating religion.

3.What aspects of the broader structural frameworks affect the support and facilitation of children's religious preferences in residential care?

The most significant macro-level structural aspects that were seen to be influential in this study were education and training, inspection processes, workplace supports and ideology/framing surrounding the importance of religion for different groups of children in society. In addition to the differences in practices between the mainstream and SCSIP services, an increased emphasis on religion was noted in these surrounding factors. Staff working in these services indicated that they receive frequent in-service/CPD training in the area of religion and are encouraged to continuously increase their religious literacy. The culture within the organisations appeared to facilitate open and comfortable discussion about religion amongst staff and the young people. In addition, there was evident flexibility of resources to facilitate religious observance on occasion. Participants who worked as inspectors of services also emphasised an increased importance placed on religion in this service type during the inspection process. Findings also suggest a difference in the framing of religion in these services, with participants directly naming religion as a right and an important aspect of the young person's identity, family and community.

4.How well equipped are social care workers and residential care services to provide neutral support and facilitation to diverse religious preferences amongst young people?

Limited coverage of religion and religious sensitivity in social care education was identified in Phases 1 and 2 of the research. Participants in Phase 1 self-identified insufficient skills and knowledge to enable adequate support and facilitation of religion due to a lack of education and workplace training. This was not the case for SCSIP services, where participants appeared to have significant and ongoing training on matters of religion and stated that they were, in most cases, equipped to respond to matters of religion in care delivery. In addition to training, these participants spoke of links to religious communities and access to information and support that increased their ability to respond to religious needs.

8.5 Limitations and Future Research

As discussed in Chapter 5, the original research design sought to engage with care leavers to determine their views and experiences of support for their religious preferences while in care. This phase of the research was not possible due to insufficient participation from care leavers. The absence of the voice of people with care experience is acknowledged as a significant limitation to the findings of the study. While the findings provide a good understanding of everyday professional practices and the surrounding context, the impact of these practices on the young people in care and the experiences and preferences of young people are not captured. Therefore, a key recommendation of this study is that the voice of young people in care or those with care experience be captured about this issue through further research.

Additional limitations are acknowledged in the reliability of the findings. In addition to the relatively small sample size, the underpinning assumptions of a social constructivist viewpoint adopted in this research has implications for the reliability of the findings produced. The views, opinions and realities captured in the findings of this study are recognised as subject to the contexts of time and place and, as such, could not be replicated. This is particularly true in light of the introduction of updated National Standards for Children's Residential Centres brought into effect after the data for this research was collected. These may impact practices and inspection processes. The research completed here does not apply directly to the operation of those standards. Despite these limitations, the research provides important insight into practices supporting and facilitating religious preferences and the context in which these practices are carried out. The lack of previous research and literature in the area determined this study to be of an exploratory nature. The findings are of such and provide a broad introductory insight into the area. Further research would be of benefit in all areas of focus to further determine the reasoning behind the position of religion in Residential Children's Services and the broader social care profession, specifically education. This study provides a solid basis for future research into this and broader areas.

8.6 Research Contributions

An important contribution of this research lies in the originality of the focus. Research or literature considering children's religion when they are living in residential care was not found, indicating that this is an under-researched area. In light of this, the current research makes two overarching contributions to Residential Children's Services and the professional social care field. In addition to providing a preliminary exploration of some current practices relating to religion and the surrounding context, this research has highlighted the potential significance of religious consideration in the lives of children in care and the need for the social care profession to respond appropriately. The continuing presence of religion in Irish society, coupled with the rapid increase in cultural diversity in Ireland in the past 20 years, determines a need for social service provision that is adequately equipped to acknowledge, respect, and facilitate liberal practice in line with various religious preferences across a range of service recipients. This is of increased relevance in Residential Children's Services when the state crosses into the private domain of the family's life, adopting the role of *loco parentis*. This challenges the usual state position, which determines religion to be a private family matter outside of state remit.

Furthermore, as provided for by the Child Care (Placement of Children in Residential Care) Regulations, 1995 and the National Standards for Children's Residential Centres 2001 & 2018, residential care services should be delivered in a manner that does not discriminate on religious or other grounds. These legislative and policy requirements further require that the child be facilitated in the practice of religion. With these provisions in mind, and with recognition of religion in a rights-based context, this research has highlighted the insufficiency of a *laissez-faire* approach or one that maintains religion to be a private matter outside the remit of Children's Residential Services. Such an approach risks failure to fulfil professional duties towards the child and to provide effective holistic services that recognise religions' potential role in their lives or circumstance. Residential Children's Services should adopt an effectively neutral position that allows for adequate and appropriate response to diverse religious preferences and practices in children's lives, whether that be to avoid religion or to engage in frequent practice and observances. Such a neutral positioning would not show favouritism to any one religious preference and would treat all religions with equal regard, allowing for liberal engagement.

Through deliberation of the complex historic relationship between religion and residential children's services in Ireland, the unique contemporary positioning of services on a much reduced and secular scale has been identified. The history of religious involvement in residential care casts a long shadow. Through recognition of the temporal context, this research has gone some way to consider the impact of it on contemporary practice. Secular progression in the children's residential care sector in Ireland has been rapid with the increase of State involvement in governance, management and staffing. Findings from this research indicate that this movement away from the religious ethos and towards a system of increased secular delivery may not equate to religious neutrality on the part of the State or on the part of services. The complete withdrawal of religious from the delivery of Residential Children's Services may not result in the equal treatment of children's religious preferences. In fact, such an approach has the potential to display favouritism towards a secular preference by diminishing or ignoring the role of religion in the lives of young people. Adopting a neutral approach, in line with post-secular framing, recognises the continuing influence of religion in the lives of many and the impact that it may have in everyday professional interactions and experiences. Services and professionals need to have sufficient religious literacy to comfortably engage with topics of religion in conversation and to reflect on the impact of religion not only on the lives of service users but also on their own views, opinions and practices. Furthermore, the application of multicultural ideals requires the recognition of religion as an inseparable aspect of culture and for religion to be adequately included in culturally competent practices.

Findings from this research provide insight into some professional practices and aspects of service delivery that support and facilitate religious preferences, practices and identity of young people in care. What the findings from this small-scale study appear to indicate is that not all residential children's services are operating with a level of neutrality to religion that aligns with either post-secular or multicultural approaches. The majority of professionals involved in this study do not feel equipped to support a range of religious preferences effectively nor do they feel they have the skills or knowledge to do so in many cases. Despite provisions for the support and

facilitation of children's religion at the macro-level[106] the translation of these provisions to everyday service delivery appears to be problematically inconsistent.

Services catering specifically for Separated Children Seeking International Protection offered an exemplar of practice in the area of religious support. While the sample of participants working in these services was small, the findings concerning the cohort were consistent. This group's attitudes, framings and practices demonstrated a degree of neutrality that aligned with an arguably favourable post-secular approach. Furthermore, the extent of effort to determine the individual child's religious interpretations and preferences and the flexible approaches to support and facilitation revealed an effectual application of multicultural ideals. With the provision of additional training and open discussion, increased levels of religious literacy were apparent among staff in SCSIP specialist residential services, along with a sense of comfort and receptiveness to the topic of religion.

Mainstream services did not evidence the same, with inconsistency in how information was gathered relating to a child's religion and how that information was incorporated into the child's care across the services participating. Matters of religion were not prioritised in the delivery of care and there was an acknowledged 'tick box' approach in offering religious supports in order to evidence compliance with standards.

The reasons for the differences in practice amongst service type cannot be fully explained by the findings of this research. While it is reasonable that the importance of religion in the lives of SCSIP should be recognised and supported, there is no apparent reason for any lesser recognition in mainstream services. As outlined earlier in the thesis, children from ethnic minorities are at increased likelihood of care proceedings in Ireland, leading to a probability of over-representation in Residential Children's Services. If the disparity in practices relating to religion is to be explained by the presence of cultural minorities in SCSIP services, the findings from this research raise questions as to why the same recognition is not afforded to children from minority cultures in mainstream services. In addition, questions can be raised as to why there might be an increased focus on the religious preferences for minority cultures over the majority culture. An evident presumption of the lesser importance of religion in the lives of most children in care was communicated through the research. While it is

accepted that the majority's position towards religion may be one of decreased importance, the application of any such presumption is problematic. Services based on cultural presumptions and *a-priori* knowledge risk failing to acknowledge intersectional and individual differences in the needs of young people.

8.7 Recommendations Arising from this Research.

- In recognising the potential impact of everyday professional interactions in reinforcing or challenging factors that contribute to discrimination and oppression, it is suggested that further light needs to be shed on some of the questions raised by this study. Most importantly, the voice of young people in care needs to be captured to determine their needs, experiences and interpretations.
- To ensure service delivery founded on respect and affirmation of religious diversity, the inconsistencies in practice and approach need to be addressed. Religious literacy across the profession needs to be developed through pre-qualifying and in-service education and training to better equip professionals in negotiation of these complex factors. Professionals must be able to recognise where religion has an impact and, know how to explore its role in the lives of service users effectively. Skills in facilitating comfortable conversation about religion in care need to be developed, as does the ability to reflect on one's own religious views and opinions in practice.
- In absence of clear directives and guidelines for practice approaches, the translation of policy provisions to practice is open to subjectivity on the part of the frontline professionals and service organisations. Changes to front line practice cannot sufficiently occur without adaptations in the broader professional sector. In addition to increased focus in social care education, changes are required in the inspection of the relevant standards in the National Standards for Residential Centres, ensuring that religion's potential importance is not being diminished at this level and that equal regard is given to all religions. Furthermore, processes need to be examined to ensure that tick-box approaches are not deemed sufficient and that the requirements to meet the relevant standards of practice include meaningful exploration of the child's preferences and practical adaptations to service delivery where needed.

- More direct practice supports also need to be considered in light of how organisational culture impacts approaches to religious supports and the extent to which social care workers are encouraged to reflect on matters of religion in their supervision processes. Increasing religious literacy requires development within teams and organisations to ensure an emotional climate and culture that facilitates open, comfortable conversation, and critical consideration of these aspects of practice.

8.8 Concluding Comments.

As a final point, I will address the overall question that has been central to this reflection. In addressing the question of whether the support and facilitation of children's religious preferences in care is an issue - for the majority, probably not. However, in matters of residential childcare, a utilitarian standpoint is inadequate. The care delivered to each young person must be individual and based on their specific needs, circumstances, and what is important to them. In effectively applying the principles of individual person-centred care, it is not sufficient to rely on the majority view in determining matters of importance to service delivery. To remain effective in care delivery, Residential Children's Services and the broader social care profession must be responsive to shifts in the socio-cultural landscape. We must be open to critical reflection on the norms and assumptions that inform everyday professional practice and consider the impact of our history on our contemporary approaches.

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Appendices

Appendix A :Flyer for Distribution calling for Phase 1 participants.

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Are you a social care worker or manager with experience of working in residential children's services?

Research Opportunity



Do you have 20 minutes to take part in a confidential online survey?

If so would you like to take part in a research project exploring religion in residential children's services?

I would like to hear the views, opinions and experiences of social care practitioners and managers that have worked in residential children's services in Ireland. I am hoping get a variety of participants from all over Ireland in a wide range of services.

Contact

If you fit this criteria or would like to find out more about the research please visit the information website at www.religionincarestaff.wordpress.com

You can contact me on 0874143078 or at religionincare@gmail.com

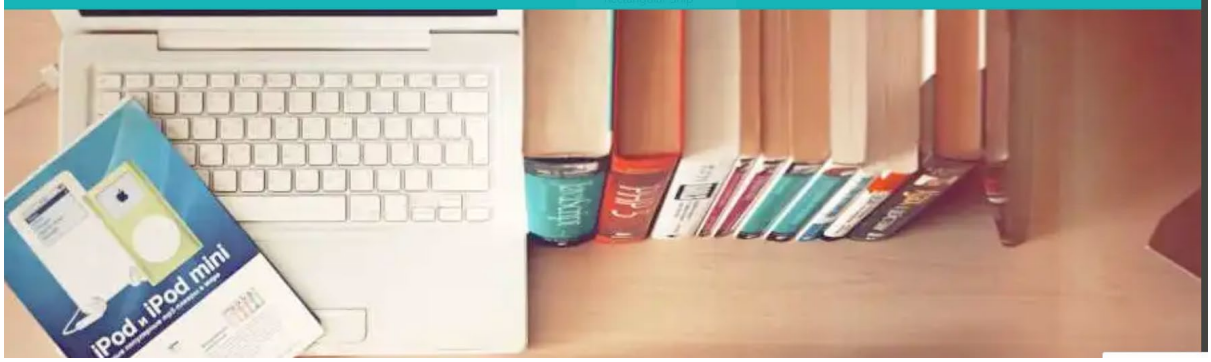


Appendix B; screenshots of information website – Phase 1

Religion in care

- An exploration of views, opinions and practices -

HOME · ABOUT THE STUDY · CAN I GET INVOLVED? · WHAT WILL HAPPEN IF I TAKE PART? · CONTACT



Home

Welcome!

Thank you for taking the time to visit this website and to find out about my research.

My name is Vicki Anderson and I am a Doctoral student in UCC. In my research I want to explore if the religious preferences of children and their families are supported and facilitated while they are living in residential care.

I hope you find all the necessary information on this site, if you have any further questions please feel free to contact me at religionincare@gmail.com or at 0874143078. Alternatively you can complete the contact form on this website.

- About The Study -



The aim of this research project is to explore the facilitation of religion, religious practice and religious development in children's residential care services. I am conducting research with social care practitioners and managers to explore their views on religious facilitation and support for children in residential care. I will be collecting data in two ways.… Continue reading

- Contact -



This is a contact page with some basic contact information and a contact form.

- Can I get Involved? -



Are you a social care worker or manager with experience of working in residential children's services? Do you have 20 minutes to take part in a confidential online survey? I would like to hear from anyone who has worked in residential children's services in the past 15 years either as a social… Continue reading



What will happen if I take part?

You can take part in this research by completing the confidential online survey. If you feel you have further information or opinions you would like to contribute to the research I am also looking for people to take part in an interview process.

Survey

You can complete this survey by clicking on the survey link below. All information gathered through the survey will be confidential, I will not be able to identify you from the information that you provide. All data will be stored securely and used only for the purposes of the research project.

Staff survey

Interview

If after completing the survey you decide you would also be willing to take part in an interview I will arrange to meet you at a time and place that suits you. The interview will last for roughly 1 hour. During that time I will ask you a few questions about your experiences, your thoughts and your opinions on the topic.



The interview will be recorded with your permission. This recording and all of the information that you provide will be securely stored and only used for the purposes of the research. Your details will be kept confidential and nobody will know that you took part in the research or that information came from you.

If you have agreed to take part and later change your mind, you are absolutely free to do so.

- Search -

Search …

- Contact the Researcher -

Vicki Anderson

Email; religionincare@gmail.com

Phone; 0874143078

- Contact the Supervisors -

Fiona Dukelow -F.Dukelow@ucc.ie
Hilary Jenkinson – hj@ucc.ie

Appendix C; Phase 1 Online Survey

Support and Facilitation of Religious preferences in Children's Residential services

* 1 I have been provided with information about this study which I have read and understand and I consent to take part in this survey.

- [ ] Yes
- [ ] No

2 Please indicate your position.

- ○ Social Care Worker
- ○ Social Care manager/ team leader
- ○ Other (please specify)

3 Please indicate your age range.

- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older

4 How many years have you been working in residential children's services?

- [ ] 0-5
- [ ] 6-10
- [ ] 11-15
- [ ] 16-20
- [ ] 20-30
- [ ] Other (please specify)

5 Do you work in a private/voluntary service or one run by State organisation?

- ○ Private
- ○ Voluntary
- ○ State run/ public service
- ○ Other (please specify)

6 Do you consider yourself a religious person?

- ○ Very religious
- ○ Somewhat religious
- ○ Not very religious
- ○ Not at all religious
- ○ Other (please specify)

7 Do you formally identify with a particular religion? If yes please specify.

- [ ] No
- [ ] Yes (please specify)

8 Please indicate how much you agree with the following statements.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Children in residential care should be supported and facilitated to practice in line with their religious preferences.	○	○	○	○	○
The child's religious preferences should be an important factor in determining a suitable placement for them.	○	○	○	○	○
Religion should be included in the child's care plan.	○	○	○	○	○
Residential children's services should be free from religious practice, belief and teachings.	○	○	○	○	○
The child should determine the extent of their religious practice while in care.	○	○	○	○	○
The parents or family of the child should be involved in determining the level of engagement in religion while they are in the care system.	○	○	○	○	○
It is the role of the residential care setting to support the child's religious development.	○	○	○	○	○
It is the role of social care workers to support the child's religious development.	○	○	○	○	○
External supports should be utilised to support and facilitate the child's religious preference while they are in a care placement.	○	○	○	○	○
Religious preferences are an important aspect of people's identity.	○	○	○	○	○
Religion is a source of resilience for some people experiencing challenges.	○	○	○	○	○
Religion can play an important role in family identity.	○	○	○	○	○
Religion can play an important role in linking people with communities.	○	○	○	○	○

9 Are you clear on your professional role in supporting and facilitating children's religious preferences while they are in care? Please comment yes/no and elaborate on any specific areas that you are unclear about.

10 Do you think that you have the appropriate skills and knowledge to support children from a variety of religious backgrounds?

11 Was religion or religious sensitivity included in your training course in college?

12 In your opinion, should religion or religious sensitivity be included in staff training for residential children's services?

- ○ yes
- ○ no
- ○ Other (please specify)

13 The National Standards of Children's Residential Services provide that religion should be supported and facilitated in the child's care plan. In your practice experience how have you seen this standard to be met?

14 In your opinion does more need to be done to ensure that religious preferences of children are catered for in residential children's services? If yes, please indicate what you think is required.

15 Please indicate if you are interested in a follow up interview. If yes please provide contact details in the space provided below.

- ◯ Yes
- ◯ No

Please provide contact information for follow up interview.

Consent Form

Please read the following and sign your consent for participation in the interview.

- I have read and understood the information provided about the research.
- I have been given an opportunity to ask questions about the research.
- I understand that the interview will be recorded with a digital recorder to allow for later transcription.
- I have been given adequate time to consider the research and my participation.
- I understand that my words may be quoted in the final publication but that my name or any personal information will not be used.
- I understand that I can withdraw from the study at any time and have the contact information of the researcher if I wish to do so.
-

Name of Participant; _____

Date; _____

Appendix E; Outline of Phase 1 Interview Questions – Social Care Practitioners

Rough Outline – Interviews were Semi-Structured

1. How long have you been working in residential children's services?
2. Have you worked in more than one residential service?
3. In your professional opinion, is religion something important to children that are in the care system?
4. In your professional opinion is the child's religion something that is important to parents and families when a child enters the care system?
5. During your time working in residential children's services, have you seen the child's religious preference to be well supported and facilitated?
6. Is the religious identity of the child considered in determining a placement for the child when entering care?
7. To what extent are the religious preference of the child or their family included in the care plan?
8. How is information about the child's religion/ religious preferences determined?
9. Can you give me examples of practical supports and facilitations offered to children with regard to religion while they are in care?
10. What factors have been found to be helpful or challenging in providing this type of support to the children?
11. Has your service ever linked with an external person or a religious organization for the purposes of providing religious support and facilitation?
12. Do you think it is the role of the social care and the residential service to provide support and facilitation for a child's religious preferences?
13. Are you clear on what your roles and responsibilities are with regard to the child's religious practices, beliefs and/or development?
14. Do you feel that you have adequate skills and knowledge to provide support and facilitation for religion?
15. Have you received any training about religion/ religious diversity/ religious sensitivity?
16. Standard 3of the National Standards for Children's Residential Services refers to the facilitation of religious preferences of the child with regard to their parents' wishes. How, in your experience is this standard met and measured?

Appendix F: Information website for Phase 2 – Social Care Educators

Religion in Social Care Education

- An exploration of religious literacy in social care education -

WELCOME · ABOUT THE STUDY · HOW CAN I GET INVOLVED? · WHAT WILL HAPPEN IF I TAKE PART?

Welcome

Thank you for taking the time to visit this website and find out about this research.

My name is Vicki Anderson, I am a Social Care Worker and Social Care educator currently undertaking research as part of a Doctorate in Applied Social Studies through UCC. This aspect of the research is focused on religious literacy in social care education and is part of a wider research project exploring the support and facilitation of religious preferences of children living in residential child care services.

I hope that you find all the necessary information on this website, if you have any further questions please feel free to contact me at 0874143078 or religionincare@gmail.com.



Search …

- Contact the Researcher -



religionincare@gmail.com;
0874143078

- Contact my Supervisors -

Fiona Dukelow – F.Dukelow@ucc.ie

Hilary Jenkinson – hj@ucc.ie

- Ethics Approval -

This research has been approved by both UCC Social Research Ethics Committee and Tusla Research Ethics Committee.

About The Study



The aim of the overall research project is to explore the support and facilitation of religious and spiritual preferences for children in residential care. This includes their preference not to engage with religion or spirituality. The research will be comprised of several aspects and will include various participant groups such as social care workers, managers, those with care experience, inspectors and educators.

This aspect of the study will focus on the extent to which education and training in social care explores matters of religion and spirituality and how social care workers are equipped with skills and knowledge to meet the needs of children in this regard.

I will be collecting data in two ways, firstly through an online survey and secondly through an interview process focused on the experiences, opinions and practices of social care educators. The information gathered in both the survey and interviews will be analysed and used to inform the wider research study.

Search …

- Contact the Researcher -



religionincare@gmail.com;
0874143078

- Contact my Supervisors -

Fiona Dukelow – F.Dukelow@ucc.ie

Hilary Jenkinson – hj@ucc.ie

- Ethics Approval -

This research has been approved by both UCC Social Research Ethics Committee and Tusla Research Ethics Committee.

How Can I Get Involved?

Rectangular Snip

Can I get Involved?

I would like to hear from anyone lecturing or tutoring on a social care degree course at either level 7 or level 8. You can take part in one or both of the following ways;

1.Confidential Online survey

Do you have 10 minutes to take part in a short online survey? If so you can follow this link; Educators Survey and complete the survey anonymously.

2. Interview

I am also looking for educators to take part in an interview to gather more detailed information about this topic. Interviews will take approximately 45 minutes and can be arranged at a time and place that suits you. They may also be completed over the phone if it is more convenient for you. With your agreement interviews will be audio recorded for later transcription.

If you are willing to participate in an interview you can either provide details at the end of the survey or contact me directly to arrange at religionincare@gmail.com or 0874143078.

Information gathered in both the survey and the interviews will be analysed and used for the final written work. It may also be used in publications relating to the research. Every effort will be made to ensure that participants remain anonymous and all information will be used and stored in a confidential manner in line with both UCC policy and Data Protection Regulations.

Search …

- Contact the Researcher -



religionincare@gmail.com;
0874143078

- Contact my Supervisors -

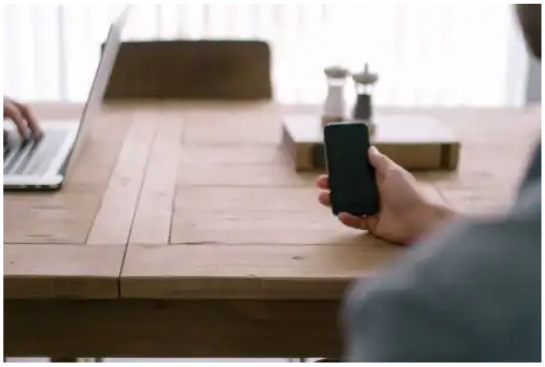
Fiona Dukelow – F.Dukelow@ucc.ie

Hilary Jenkinson – hj@ucc.ie

- Ethics Approval -

This research has been approved by both UCC Social Research Ethics Committee and Tusla Research Ethics Committee.

What Will Happen If I Take Part?



You can take part in the research either through completion of the online survey and/or participation in an interview. The data gathered will be used to inform the overall research findings. Quotes and comments may be included in the final written work as well as papers relating to the research however it will not be possible to identify the participants in any of the final written work. Every effort will be made to ensure both confidentialty and annonymity for the participants and the organisations that they work with.

Data will be stored securely for 10 years before it is disposed of in line with UCC policy. Data will only be used for the purposes of this research.

If you have agreed to take part in the research and later change your mind you are free to do so without consequence. Even after you have completed the interview, you can decide to pull

Search …

- Contact the Researcher -



religionincare@gmail.com;
0874143078

- Contact my Supervisors -

Fiona Dukelow – F.Dukelow@ucc.ie

Hilary Jenkinson – hj@ucc.ie

- Ethics Approval -

This research has been approved by both UCC Social Research Ethics Committee and Tusla Research Ethics Committee.

Appendix G; Educator Survey

Religion in social care education

* 1. I have been provided with information about this research which I have read and understood and I consent to participation.

Yes No

2. How long have you been lecturing in Social Care?

3. Do your students currently receive information about religious beliefs, traditions or practices? If yes, please elaborate in the comment box.

Yes No

Please comment

4. Does your course provide information to students about the social and historical context of religion in Irish society? If yes, please elaborate in the comment box.

Yes No

Please comment

5. Does your course provide information to students about the social and historical context of religion in other societies? If yes, please elaborate in the comment box.

Yes No

Please comment

6. Are your students encouraged to engage in reflection of their own religious/ spiritual beliefs and their own views or opinions of religion or spirituality?

Yes No

Please comment

1

7. Are religion or spirituality included in the course in any other capacity?

8. Consider the following statements and indicate the extent that you agree or disagree with them.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
It is important for social care workers to have a good understanding of the basic tenets (beliefs, practices, traditions etc) of various religions.	○	○	○	○	○
Any additional comments					
It is important for social care workers to have an awareness of the historical/ societal context of various religions.	○	○	○	○	○
Any additional comments					
It is important for students to reflect on their own religious/ spiritual beliefs and/ or their views and opinions of religion and spirituality.	○	○	○	○	○
Any additional comments					
Religion and spirituality are important factors to be considered in developing a holistic understanding of people in receipt of social care services.	○	○	○	○	○
Any additional comments					
Social care services should not be delivered by religious organisations.	○	○	○	○	○
Any additional comments					

Religious education should not be included in professional social care education (level 7 qualification)	○	○	○	○	○

2

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Any additional comments					
Religion is a matter of decreasing importance for social care.	○	○	○	○	○
Any additional comments					
Social Care workers need to be able to engage in discussions about religion/ spirituality and to respond to religious and spiritual needs.	○	○	○	○	○
Any additional comments					

9. The National Standards of Children's Residential Services make specific reference to religious and spiritual needs and religion as a component of identity. Do you think that students graduating from your course have relevant skills and knowledge to meet these needs?

* 10. Please indicate if you are interested in participating in a follow up interview about this topic.

○ No ○ Yes

Appendix H; Phase 2 Interview Questions – Semi Structured outline

1. What is your current role in social care education?
2. How long have you been in this or similar roles?
3. At present is religious education provided as a specific module or module component on the social care course that you teach on?
4. Has it been in the past or on any other course you have been involved with?
5. Is religion incorporated into other subjects taught on the course? If so, in what capacity?
6. Are students encouraged to reflect on their own religious views or their opinions about religion? Do you think it is important for them to do so?
7. In your opinion does religion play an important role in contemporary Irish society?
8. Do you think religion plays an important role in the lives of social care service users?
9. Do you think that is important for social care workers to have a good awareness of religions, religious diversity and the role that religion plays in the lives of service users?
10. The National Standards of Children's Residential Care Services specifically cater for religious needs and the religious identity. What skills and knowledge do you think is necessary for social care workers to support and facilitate the religious needs of children?
11. In your opinion, are graduates from your social care course equipped with these skills and knowledge?
12. Do you think more consideration of religion needs to had in social care education and training?
13. Do you have any other comment on this matter?

Appendix I; Information Letter for Phase 3 Participants

Research Topic; The Facilitation and Support of Religious Preferences in Contemporary Children's Residential Services

To Whom It May Concern,

My name is Vicki Anderson and I am currently undertaking research as part a Doctoral programme in Applied Social Studies through UCC. The focus of the research is the support and facilitation of children's religious preferences while they are living in residential care services in Ireland. In line with your professional position and experience, I would like to invite you to participate in the research and to share your views and opinions on the matter.

Participation in the research will involve completing a semi structured interview at a time and place suitable to you. During this interview I will ask you about the manner in which compliance with the National Standards for Children's Residential Centres is monitored with specific reference to religion and religious preferences of the child and family.

The interview will take approximately 40 minutes and will be audio recorded for later transcription. Both the recording and the transcript will be stored securely on a pass word protected computer for 10 years in line with Data Protection legislation and UCC policy. Information identifying the participant will be stored separately to the interview data and all data. Every effort will be made to ensure anonymity of the participants in the final written work. If you decide to withdraw from the research you are free to do so without consequence up to 2 weeks after the interview date.

The research is being supervised by Dr Fiona Dukelow and Ms. Hilary Jenkinson from the School of Applied Social Studies in UCC. The research has been approved by the UCC Social Research Ethics Committee.

If you would like to find out more about the research or organise participation please do not hesitate to contact me through the contact details below

Kind Regards,
Vicki Anderson

0874143078

Appendix J; Interview Questions for Phase 3 Participants – Semi-Structured Outline

1. Can you please outline your professional role?
2. How long have you been working in this position?
3. Can you please explain the monitoring process for example, how services are selected and the frequency of review?
4. How many officers would be involved in monitoring each service?
5. Standard 6 makes specific reference to the religion of the child, can you explain to me how this standard is monitored? What evidence do you look for in ensuring compliance with this particular standard?
6. In your opinion, do services adequately support and facilitate the rights to children and families with regard to religion?
7. If yes, can you give some examples of how you have seen needs and rights facilitated?
8. If no, why do you think this is? What do you think could be done about it?
9. Are religious preferences of children viewed as important in the sector?

Appendix K;Information Website for Care Leavers

Religion in care study

HOME · ABOUT THE STUDY · HOW CAN I GET INVOLVED? · WHAT WILL HAPPEN IF I GET INVOLVED? · CONTACT · USEFUL CONTACTS

Home

Welcome



Thank you for taking the time to visit this website and to find out about my research.

My name is Vicki Anderson and I am a Doctoral student in UCC. In my research I want to explore how the religious preferences of children and their families, whether they are to practice or avoid religion, are supported and facilitated while they are living in residential care.

I hope you find all the necessary information on this site, if you have any further questions please feel free to contact me at religionincare@gmail.com or at 0874143078. You can also contact me through the contact tab on this website.



About the study

The aim of this research project is to explore the facilitation of religion, religious practice and religious development in children's residential care services.

I am conducting interviews with adults (aged 18– 30) who have experience of living in residential care in Ireland.

The information gathered in these interviews will be analysed and written up to help inform a wider research study looking at religion in residential care services. Gaining information about the experiences and views of care leavers will greatly contribute to a better understanding of the factors that influence the support and facilitation of religion and will help to guide improved practice in this regard.



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- Contact the researcher -

religionincare@gmail.com

0874143078

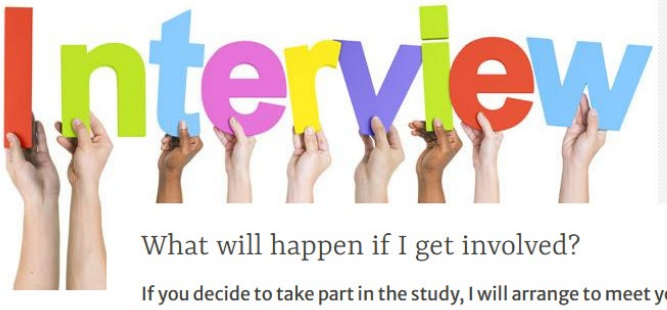
- Contact my Supervisors -

Fiona Dukelow
–F.Dukelow@ucc.ie
Hilary Jenkinson – hj@ucc.ie

- Ethics -

This research has been approved by both UCC and Tusla ethics commitees.

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What will happen if I get involved?

If you decide to take part in the study, I will arrange to meet you at a time and place that suits you for an interview. The interview will last for roughly 1 hour. During that time I will ask you a few questions about your experiences, your thoughts and your opinions on the topic.

The interview will be recorded with your permission. This recording and all of the information that you provide will be securely stored and only used for the purposes of the research. Your details will be kept confidential and nobody will know that you took part in the research or that information came from you.

If you have agreed to take part and later change your mind, you are absolutely free to do so. Even after you have completed the interview, you can decide to pull out of the study within 2 weeks if you wish to do so.

- Search -

Search ...

- Contact the researcher -

religionincare@gmail.com

0874143078

- Contact my Supervisors -

Fiona Dukelow
-F.Dukelow@ucc.ie
Hilary Jenkinson – hj@ucc.ie

- Ethics -

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Contact



Vicki Anderson

email; religionincare@gmail.com

phone; 0874143078

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- Contact the researcher -

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Fiona Dukelow
-F.Dukelow@ucc.ie
Hilary Jenkinson – hj@ucc.ie

- Ethics -

Religion in care study

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Useful contacts

- Care Leavers Network; Tel No; 01 6797170 Email; info@careleaversnetwork.com
- EPIC; Tel No; 01-8727661 Email; info@epiconline.ie
- www.irishcounselling.ie
- Alateen Information Centre www.al-anon-ireland.org
- Barnardos Bereavement Counselling for Children www.barnardos.ie
- Childline www.childline.ie
- Dublin Rape Crisis Centre www.drcc.ie
- Enable Ireland www.enableireland.ie
- Focus Ireland www.focusireland.ie
- Irish Society for the Prevention of Cruelty to Children www.ispcc.ie
- Department of Children and Youth Affairs http://www.dcya.ie
- Ombudsman for Children and Young People www.oco.ie
- Samaritans Tel no; 116123 (free to call) email; jo@samaritans.org

- Search -

Search ...

- Contact the researcher -

religionincare@gmail.com

0874143078

- Contact my Supervisors -

Fiona Dukelow
-F.Dukelow@ucc.ie
Hilary Jenkinson – hj@ucc.ie

- Ethics -