

“DO YA GET ME?”:
AN EXPLORATION OF HOW THE EDUCATION AND CARE SYSTEMS SUPPORT THE POST-
PRIMARY EDUCATIONAL EXPERIENCES OF YOUNG PEOPLE IN RESIDENTIAL CARE IN
IRELAND

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Abbreviations

Abbreviation	Definition
DCDE	Department of Children, Disability and Equality
HSE	Health Service Executive
DEY	Department of Education and Youth
CSO	Central Statistics Office
SEA	Special Emergency Accommodation
EPIC	Empowering People in Care
DCEDIY	Department of Children Equality, Disability, Integration and Youth
DoE	Department of Education
TESS	Tusla Education Support Services
DEIS	Delivering Equality of Opportunity in Schools
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
VSH	Virtual School Head
RTA	Reflective Thematic Analysis
YPRA	Youth Participatory Research Approaches
NEPS	National Educational Psychological Services
AoN	Assessment of Need

Abstract

The educational lives of young people living in residential care in Ireland are little understood and remain a largely forgotten category in educational policy. This research offers the first inquiry into the nature and experience of post-primary education in residential care since the establishment of the contemporary Irish child welfare service in 2014. Cognisant of the neglect of young people's voice and their situated knowledge, this research sets the analysis by young people of the education and care systems and of their experiences on an equal footing with other key stakeholder groups from policy and professional spheres. It mobilises the concepts of epistemic injustice and stigma power to offer a framework for both understanding and ensuring epistemic diversity and a holistic view of the complex relation of education and care, whilst remaining vigilant regarding the risks of epistemic exploitation. Methodologically, it develops a carefully calibrated approach to youth participatory research that defines the terms of participation in an ongoing manner in collaboration with young people both during the research process and in the dissemination of the research.

The thesis is structured around three study chapters with young people living in residential care, professionals in care and education, and policy makers. It uncovers the different priorities of the groups and offers a nuanced understanding of the interpretation of key questions of care, risk, belonging, agency, trust, silencing, and identity-prejudice as well as the different emotional costs of navigating these systems for young people and professionals. Importantly, it shows the significance of the nature of the care experience for engagement in education for young people and their analysis of what would be most helpful for them in everyday life, in the institutional contexts they navigate and in the policy domain. The title of the research "Do ya get me?" captures the desire to be heard, to be listened to, and to matter. It offers an important contribution to the international literature from a methodological perspective for policymakers and researchers seeking to develop youth participatory approaches and gives an important insight into the complex landscape of education and care in Ireland, particularly the structural failings and policy gaps that have a direct impact and cost on the lives of young people and professionals. The quest for epistemic justice whereby young people's voices are taken seriously as credible sources of knowledge in shaping policy and practice is at the heart of this research.

Key words: residential care, education, agency, epistemic injustice, stigma power

Dedication

I share this dissertation with the eight young people I collaborated with on this research: thank you for your wisdom, your testimonies, your analysis, and ultimately your time. And to the adults, too, who gave their knowledge and energy to helping me make sense of their experiences.

For my Tata who has lived through unimaginable hardships and still turns his face to the warm sunlight of the world with kindness and humour.

I wrote this dissertation during a genocide in Palestine. The geographical luck and injustice have haunted me every morning I have woken up to open this document. Somewhere in Myanmar, Syria, Yemen, Ukraine, South Sudan, Congo, Iran, Afghanistan, Palestine, or Lebanon there is a girl smarter than me. She holds more potential in her pinky finger than I in my entire being. The only difference is my family fled a hell in the 1990s, and they live in hell now. So, for what it's worth, I dedicate this to them, and all women who continue to fight for liberation, for freedom, and for the peace and safety of their children.

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Chapter 1: Introduction

1.1 Purpose of the Research

The purpose of this research is to inquire into the post-primary education of young people in residential care in Ireland. Specifically, the ways in which the education and care systems currently support the post-primary education of young people in residential care and the impact of this support from three perspectives. The first perspective comes from young people, aged 13-17, living in residential care, who collaborated on a participatory research project to analyze the care and education systems from their situated knowledge. The second is of professionals working in the care and education systems about their experiences supporting the education of young people in residential care. Third is that of policy makers, civil servants and advocates about the development of policy concerning post-primary education of young people in care in Ireland. All three perspectives are analysed to create a critical view into the current state of post-primary education of Irish young people in residential care.

1.2 Research Questions

This research offers the first investigation into the post-primary education of young people in residential care in Ireland since the establishment of Tusla Child and Family Agency in 2014. Furthermore, while care research has increased in visibility since the *Commission to inquire into child abuse report* (2009), the perspectives of children and young people currently in care, as opposed to retrospective research with care-experienced adults, still remains under-utilized and under-developed. Additionally, differentiation between care placement types within research, and its effect on education, remains under-reported. Therefore, this research seeks to address this considerable gap by qualitatively exploring the following:

1. How do education and care systems support the post-primary educational experiences of young people in residential care?

This overarching question is broken down into the following sub questions:

1. What barriers or supports within care and education systems are currently in place for young people in residential care during their post-primary education?

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2. How are these barriers or supports conceptualized by young people in residential care, professionals and policy makers?
3. What differences and similarities in views or perspectives are found across these three cohorts and what are their impacts?

This study will answer these questions through the analysis of findings from three studies, with each study having its own distinct research questions to answer the above:

Study 1: Young People in Residential Care

1. What do young people in residential care identify as key systemic, relational and individual factors that either facilitate or hinder their educational experience?
2. How do young people experience and make sense of these barriers and facilitators?
3. What types of support or services do young people identify as essential for developing and sustaining education while living in residential care?

Study 2: Professionals in Care and Education

1. What is it like for professionals within care and education systems to support young people in residential care with their education?
2. What types of supports does this cohort identify as necessary to support, maintain and develop a young person's education while they live in residential care?
3. What are the personal, professional and systemic barriers within the care and education systems to this work? What is working positively?

Study 3: Policy Makers, Civil Servants and Advocates

1. How are young people in residential care and their education understood by policy makers, civil servants and advocates and how does this shape policy development?
2. In what ways do these conceptualizations influence the perceived priorities, approaches and solutions in education policy for young people in care?

3. What structural, institutional or political barriers do policy makers, civil servants and advocates identify as hindering the development of targeted education policy for young people in care?

1.3 Context

In contrast to other jurisdictions in the Global North, Ireland retains a relatively high percentage of foster care placements for children and young people in care. As of 2025, 87% of children are in foster placements with the remaining 9% in residential and 3% in special care or special emergency accommodations (Tusla, 2025b). There are currently 177 residential centres across Ireland, including those in voluntary, private and Tusla-run, which house 601 children across Ireland (Tusla, 2025b). Notably, three quarters of children currently placed in residential care are living in privately run facilities (Neylon & Hubert, 2026). Typically, between 2-6 children live in these homes with 24-hour social care workers present. Internationally, children and young people in care experience pervasive educational inequalities reflective of widespread systemic barriers (Cassarino-Perez et al., 2018; Gahagan et al., 2023; Garcia-Molsosa et al., 2021; Goding et al., 2022). This persists despite increased focus within education research on care-experienced children and the systemic conditions within care and education that inform and impact these inequalities (Goding et al., 2022; Montserrat & Casas, 2018). Garcia-Molsosa et al. (2021) argue that for children in residential care, a group placement setting with 24-hour staff, educational inequalities persist and are heightened due to stigma, increased levels of trauma, and more pronounced, complex systemic failures than that within foster or kinship care.

Established research within the Irish context largely focuses on care leaving and care-experienced adults concerning their broader life outcomes, including education. However, this research does reflect international trends. Children in care and care-leavers report similar experiences to that of their peers internationally: the impact of trauma and complex home and family dynamics (Branley, 2025), instability and school mobility (Darmody, 2025), the importance of positive adult relationships that place value in education (Emond, 2002, 2014), how peer relationships influence school engagement and belonging both positively and negatively (Gilligan, 2007) and how an understanding or lack thereof from teachers can make or break educational experiences (Darmody et al., 2013). However, there remains a distinct lack of research focusing on primary and post-primary education, as well as how placement types, such as

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residential care, impact educational experiences. There remains a dearth of research that collaborates with children and young people currently in care, rather than the use of retrospective adult perspectives. This research speaks directly to this gap in the established research by focusing on the post-primary education of young people in residential care and collaborating with the young people themselves in one of three studies.

1.3.1 Policy Landscape for Residential Care & Education

Ireland has experienced significant policy transformation concerning both child welfare and educational disadvantage since the 1960s. In both areas, major improvement has been precipitated by significant shifts both in public consciousness and in political sensitivities towards systemic disadvantage. However, despite major transformation, there is currently no targeted policy concerning the primary and post-primary education of children and young people in care in Ireland, nor they do not hold a designated special status. This lack of joined up thinking has been noted in the Irish literature (Darmody et al., 2019; OCO, 2026).

The history of the child welfare system in Ireland begins with institutions of containment such as Reformatory and Industrial Schools facilitated by the State and run by primarily Catholic Religious Orders (Harkin, 2023; O'Donnell, 2022). Established in the 1850s in Britain as an alternative to child incarceration in adult Gaols, Industrial and Reformatory Schools were purpose-built to reform 'delinquent' children through 'education' via forced labour (Pembroke, 2017). Over 105,000 children in Ireland were committed by the courts between 1868 and 1969 (Raftery & O'Sullivan, 1999) in more than seventy schools across the country at its height (Ferguson, 2007) with 80% sentenced due to 'lack of proper guardianship', a catch-all term for everything from physical abuse, unwed mothers, material poverty, parental illness or homelessness (Ferguson, 2007). Children's status as 'the moral dirt of a social order' (Ferguson, 2007) due to being witness to such 'deviant' behaviour was understood to have consequences on their characters as well as the character of others around them (Keating, 2015). In this sense, this child welfare system directed welfare both at the child themselves via moral rehabilitation within institutions and the welfare of other children and families by removing their potentially corruptive influences from public life.

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The responsibility of child welfare began to transfer from the Catholic Church to the Irish State in the 1960s. In the proceeding decades, small group homes began to be built and Industrial and Reformatory Schools began downsizing (Howard, 2010) as several reports (Kennedy, 1970; McAleese, 2013; Murphy, 2009; Ryan, 2009) detailed abuse and mistreatment of children in these institutions. First, the public child welfare system in Ireland was initiated by the Child Care Act 1991, handing remit of child welfare services to the Health Boards. Then, in 2014 contemporary service provider, Tusla Child and Family Agency, was established under the Child and Family Agency Act 2013. Tusla falls under the statutory responsibility of the Department of Children, Disability and Equality (DCDE). Between 2014 and 2023, Tusla has experienced a 360% increase in child welfare referrals (DCEDIY, 2024; DCYA, 2014) and an 81% increase in children and young people in residential care, while foster care placements have dropped by 14.8% in the same time frame (OCO, 2026c). This has sparked a self-proclaimed ‘crisis’ within Tusla who admitted they were not “adequately meeting their [children and young people’s] needs” at this time (Tusla, 2022b, p. 2).

Children living in residential care homes are typically assigned a key worker to be their point person within the home, advocating on their behalf and implementing care plans (including education) written by social workers (Tusla, 2010). However, up to 16% of children in care lack an allocated social worker and 10% do not have a written care plan due to chronic shortages and high staff turnover (Tusla, 2025b). There is currently no pedagogical or education framework in Alternative Care, including in residential care homes, though the promise of a new National Framework announced for Summer 2026 brings the opportunity for a ‘once in a generation change’ called for by advocates (Corbett & Coulter, 2025; CRA, 2026; EPIC, 2024; OCO, 2026).

The right to an education is constitutionally enshrined for all children in Ireland under Article 42 of the Irish Constitution which names the family as the primary educator of the child with responsibility given to the State to ensure that every child receives a minimum education. In the case of children in residential care, the State holds both roles. The Department of Education and Youth (DEY) holds statutory responsibility over primary and post-primary education in Ireland. In the 1990s a renewed focus on the development of education policy with a focus on disadvantage began. Children in care have also remained

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largely invisible throughout these developments. In 2014, with the creation of Tusla, the National Strategy promised to prioritize access to education services for children in care. At the time, 85% of children in care aged 16-17 were in full-time education, according to Tusla (DCYA, 2014). However, no formal plans were devised or published. In May 2019, a report by a Joint Oireachtas Committee on education inequality, disadvantage and barriers to education concluded that “Travellers, lone parents, people who have disabilities, who are homeless, or *who are in the care of the State* [author emphasis], asylum seekers and those who are from less affluent backgrounds are destined to struggle” (Oireachtas, 2019, p. 21). Despite being named as a specific population of concern in this report, there has been very little development of targeted support services for children in care, unlike the other populations listed (DoE, 2023).

Established services targeting education disadvantage may be unable to meet the needs of children in care in Ireland (Darmody, 2025). The Delivering Equality of Opportunity in Schools (DEIS) plan, launched in 2005, allocates additional resources to schools based on the socio-demographic information of the surrounding neighbourhoods. This place-based policy is rooted in an assumption of a stable home, which does not reflect the reality of the care experience that often necessitates placement changes. The most recent DEIS Strategy to 2035 (DEY, 2026) names children in care in the rationale statement, and promises to expand DEIS resources for those “most at risk for educational disadvantage” (p. 31). This suggests that there is potential for the future of the DEIS program to become more inclusive of the care experience. There is also precedent within the DEY to develop targeted education services and supports for certain populations, such as asylum seeking and refugee children (Harmon, 2022) and Irish Travellers and Roma children (DoE, 2022, 2023).

Ireland has made concerted efforts to intervene in educational disadvantage at a geographical and individual level. However, research with care-experienced adults in further and higher education suggest many of these services do not reach children in care during their primary or post-primary schooling (Darmody, 2025). Within the DEY, children and young people in care were not and have not been identified as a distinct priority group, nor are they tracked separately from other students as a group of

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interest, as is done for children in DEIS schools, Traveller children and other minority or vulnerable groups.

1.4 Theoretical Framework

Following a 2006 critique by Stein on the lack of theory-driven care-leaving research, van Breda and Reuben (2025) found that the majority of theories used constructed care as a person-in environment experience (such as resilience or attachment theories) or as contextual/environmental (such as social ecological theory). The authors also noted a lack of critical theory and recommended a greater use of structural, systemic, critical and rights-oriented theories in future research. Similar orientations exist within care-experience research, which also commonly constructs care in such a manner, with a small but growing body of research discussing care using a critical framework, most commonly using decolonial or critical race theories (Drew et al., 2023; Liebel, 2020; Nyamu & Wamahiu, 2022). The following research uses epistemic injustice as its critical theoretical framework to inquire into how the care and education systems currently support the post-primary education of young people in residential care.

Epistemic injustice refers to unfair treatment concerning knowledge, understanding and participation in communicative practices (Kidd et al., 2017). In her original publication, Fricker (2003) divided epistemic injustice into two categories: testimonial and hermeneutical. Testimonial injustice “occurs when prejudice on the part of the hearer leads to the speaker receiving less credibility than he or she deserves” (Fricker, 2003, p. 154) while hermeneutical injustice refers to “having some significant area of one’s social experience obscured from collective understanding” (2006, p. 99). Epistemic injustice enables an interrogation of who has a voice and who does not in contexts of power and influence? On whose terms are we communicating, and whose voice carries more authority? Whose voices are being co-opted and for the betterment of whom? These questions bring together a rich conversation between power, authority, authorship, credibility, ethics and politics. Hence, epistemic injustice offers a critical lens through which to inquire into the educational experiences of young people in residential care through three different perspectives, while being sensitive to questions of agency, power and the unequal development of collective knowledge.

1.5 Methodology

Given the lack of research on the post-primary education of young people in residential care in Ireland, an exploratory approach to data collection was necessary to identify the key aspects of this topic. As discussed above, participants were recruited for three separate studies: young people in residential care; professionals within education and care; and policy makers, civil servants and advocates. Cognisant of how knowledge production and meaning making are often controlled and mediated through social status (Fricker 2007), a dual approach to data generation was used. For adult participants in Study 2 and 3, a critical qualitative approach (Jones, 2002) was used with semi-structured interviews. Reflective of the theoretical underpinning of epistemic injustice, this approach is concerned with lived knowledge of participants, where individual experiences and beliefs intersect with questioning of wider meaning (Denzin et al., 2024). A youth participatory approach to data generation was used in collaboration with the young people in residential care in Study 1. Youth participatory methodologies have been specifically suggested by care-experienced researchers as an appropriate choice in data generation, considering the institutional power and complex oppression of agency that those in care can experience (Hoffman-Cooper, 2021). This approach offers possibilities of emancipation and transformation from genuine collaboration and meaningful participation (Fox, 2013), as it explicitly works with young people in ways that centre their political agency and empowerment. All three studies were analysed using reflective thematic analysis (RTA) (Braun & Clarke, 2022).

As discussed above, this thesis comprises of three studies with three separate cohorts. The three studies are presented in three separate chapters (Chapters 5-7) with three separate findings and discussions, before coming together in a final discussion chapter (Chapter 8) to discuss findings across all three studies in communication with one another. Chapter 5 presents the findings and analysis of the care and education systems developed in a participatory research project with young people in residential care. Chapter 6 presents the findings and discussions from interviews with professionals in care and education supporting the educational needs of young people in residential care. Chapter 7 presents the findings and discussion from interviews with policy makers, civil servants and advocates, all of whom have a remit concerning children in care. The ordering of these studies is intentionally opposite

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of the order in which the fieldwork was conducted. The findings from the young people are presented first in order to tend to the epistemic imbalance typically found in the literature and political discourse concerning care, which centres the expertise and knowledge of adults before young people. The intention of presenting the knowledge of young people first is to bring their situated knowledge to the fore, equalizing their epistemic resources with that of fellow stakeholders: professionals and policy makers.

1.6 Contributions of Research

This research marks the first inquiry into the post-primary education of young people in residential care since the establishment of Tusla in 2014. It's credibility stems from a robust, multi-perspective qualitative nature that engages with the Irish context and centres the situated knowledge of young people in residential care. It aims to develop a rich, holistic understanding of the current state of policy, practice and lived experience of the education of young people in residential care in Ireland and by doing so works to fill a notable gap in the established research. This research contributes to a small but growing base of knowledge which can inform educators, care professionals and policy makers concerning the supports required for the education of young people in residential care. It will also offer a case for the meaningful inclusion of the situated knowledge of said young people in the development of future policy and practice, as this knowledge offers a unique perspective and analysis of the care and education systems otherwise inaccessible to professionals and policy makers.

1.7 Positionality of the Researcher

As a researcher orientating her work towards the critical emancipatory tradition, naming my own experiences and values is central to this research. It also necessitated continuous self-reflection throughout. My own positionality is reflected in how collaborators, participants, stakeholders and others auxiliary to this research perceive me, and how I perceive them. As Hurtado (2003) contends, "the reality of whom the researchers are and how they have grown is just as important as what they choose to study and how they choose to study it" (p. 216). My interest in education and its role in so-called 'vulnerable' young people's lives starts with my own life and upbringing. My family came to Canada as refugees fleeing the Yugoslavian Wars of the 1990s. My parents first fled to Germany, as so many other Yugoslavian refugees did, but were denied refugee status thanks to the machinations of the asylum-

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seeking process. We were given the option to go back to the now established hostile new country of Croatia or emigrate to the still-open borders of either Canada, the United States or Australia.

As we settled in Canada, one of my greatest privileges was growing up in a house full of ambition, where education and curiosity in the world were held in great esteem. However, my family context with a parent struggling with addiction was challenging and reflected the difficulties of many refugee families, families with deep generational trauma and families from poor or working-class backgrounds. I share some of the same individual traumas, socio-economic difficulties and social status as many of the young people I collaborated with on this research, giving me an insider perspective. What we don't share, in many cases, is the availability of publicly funded, robust social services. When my mother was struggling with addiction, she was admitted to several publicly funded rehabs, psychiatric units and outpatient treatment centres that are difficult to access today following wide-spread austerity and funding cuts. Childcare, day care, extra curriculars and after school services at low or no cost were also available to my father as he became the sole earner. This difference in experience is an important one as it directly relates to my perspective on policy and public funding of social services that function in the web of child welfare.

My insider status is fluid. I grew up a refugee in a working-class family, but I am no longer working class. Though my instincts, perspectives and beliefs are informed wholly by this perspective, I hold two master's degrees and have worked professional roles since my mid-twenties. I live an extremely comfortable life in a two-income household far and away from the realities of my childhood. In this and many other subtle ways, my insider knowledge is tenuous. My outsider status is the first piece of knowledge that enters the room with me when conducting this research: a young, White, able-bodied woman working on a PhD, with an M.A. and M.Ed. behind her name. The fluidity of my insider/outsider status relies entirely on my divulging my childhood experiences to strangers, which I choose to do when appropriate and relevant during the research with stakeholders, participants and collaborators.

I also worked in the education and child welfare systems in a professional capacity in Canada, affording me a different insider perspective. This included working in residential and special care as a social care worker. I also worked in a major school district in Canada supporting children with high levels

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of trauma and developed a specialty in working with children in care, or those transitioning into care. This work brought me into the homes and lives of families and young people facing extreme disruption and vulnerability. It also brought me into schools where I worked in partnership with these families, educators, support staff, social workers and other professionals working to support young people in their hardest moments. A central theme in my professional life was navigating how both the child welfare and education systems could act either as a support or a barrier to young people and their education. From both a personal and professional perspective I have witnessed great injustices inflicted upon young people by systems that are statutorily responsible for their safety and well-being. It is also important to acknowledge that, through my professional experience, I have been complicit in services and policies that have not contributed to positive outcomes of children, young people and families most deprived by our societies. This was a major impetus for this research and centering the expertise of young people in care.

For some, my personal experiences and perspectives might be problematic for this research and its findings. There may be questions about bias in favour of young people with whom I share the same experiences or social status or that I could be blind to the nuances that contribute to this path as set out by policy and practice standards. In reply, I argue that there is no knowledge that is neutral or objective. Beck and Muschkin (2012) insist that “the purpose of social science research is to understand social reality as different people see it and to reveal how their views shape the actions that people take within that reality” (p. 153). Rather than attempting to assert that my positionality has no effect, or that this effect is irrelevant to this research, the reflexive practice discussed in Chapter 4 enables me to understand how my experiences impact my role as a researcher and to tend to these impacts in an ethical and trustworthy fashion. In doing so, I argue my experiences become an asset to understand a social reality that is rarely accessed within academic spaces. The question then becomes whose voices are not being heard (Fricker, 2006), and whose knowledge is not able to enter into the public discourse which effects policy, practice, relationships and ultimately individual trajectories within society. Here, I sit on the shoulders of other researchers coming from lower-status backgrounds, including those with care experience, who use their perspective and privilege to shed light with communities that have always existed but do not often reach the eyes of those in high ivory towers.

1.8 A Note on Language Choice

In the process of writing this dissertation, several terms were trialled to denote the young people in this research such as children, teenagers, teens, and adolescents all while taking for granted a shared understanding of the concept. Despite multiple understandings, both cultural and legal, as to what constitutes a child, and what constitutes a young person, it is generally agreed upon that youth is a state of transition between childhood and adulthood. Many services targeting young people work with individuals up until the age of 26. The legal status of a child ends somewhere between 16 to 18, depending on if we are denoting their ability to make independent medical decisions, give consent, leave school or become a legal adult. Children in care in Ireland ‘leave’ the care of the State at 18, though many remain connected to care through aftercare services, if eligible.

‘Youth’ also lives in contradiction. On one hand, adolescence is understood through lenses of moral weakness, instability and vulnerability (Kahane, 1997) while still being expected to self-actualize, make morally ‘right’ decisions and think towards the future. This is doubly true for young people in care, who are simultaneously deemed vulnerable and in need of decision-making on their behalf, while being expedited through a system of independence in order to be released from care at the age of 18, fully functioning and adhering to the rules of the adult world (Garcia-Quiroga & Agoglia, 2020). It becomes, then, impossible to use terms such as youth, young people and adolescence in a neutral sense, especially in terms of care. Though ‘children’ and ‘young people’ are used in tandem when referring to established research or policy, the term ‘young people’ is used to refer to those collaborating in this research not only to denote an age range (13-17) and center their *personhood*, but also to reflect the preferred language of the young people themselves.

1.9 Conclusion

This research offers the first inquiry into the nature and experience of post-primary education in residential care since the establishment of the contemporary Irish child welfare service in 2014. Cognisant of the neglect of young people’s voice and their situated knowledge, this research sets the analysis by young people of the education and care systems and of their experiences on an equal footing with other key stakeholder groups from policy and professional spheres. It mobilises the concepts of epistemic

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injustice and stigma power to offer a framework for both understanding and ensuring epistemic diversity and a holistic view of the complex relation of education and care, whilst remaining vigilant regarding the risks of epistemic exploitation. Methodologically, it develops a carefully calibrated approach to youth participatory research that defines the terms of participation in an ongoing manner in collaboration with young people both during the research process and in the dissemination of the research. The thesis is structured around three study chapters with young people living in residential care, professionals in care and education, and policy makers all of which explore how the care and education systems support the education of young people in residential care.

Chapter 2: Literature Review

2.1 Introduction

This chapter is a narrative review of the current state of international literature concerning the education of children and young people in care more broadly, and residential care as well as the local context of Ireland. First, the international literature on the education of children in care will be discussed by five themes which emerged during this chapter's development: i. factors underpinning difficult educational experiences for young people in care; ii. systemic barriers to education equality; iii. educational supports; iv. transitioning to adulthood and v. insights from lived experience. Then, literature specifically concerning the education of children placed in residential care will be reviewed followed by research within the Irish context.

2.2 What Does the International Literature Say About Care and Education?

International literature concerning the education of children in care is interdisciplinary in nature, found in law and criminology, psychology, psychiatry, youth work, social work and education. Literature from Canada, the United States, Europe, and Australia were included in this review due to the authors own language restrictions as well as the comparability of the care systems across these regions. Generally, these jurisdictions have transitioned away from large-scale orphanage-based institutions to family-oriented systems of care, though some variability still exists within the European context. Despite the relative comparability, the task of summarizing the current state of the research landscape was complicated by differences in terminology and the rigour with which they are applied (Garcia-Molsosa et al., 2021b). Out of home care and alternative care are both used to denote any placement outside the home of origin, including kinship, foster, group homes, residential care and special care. In some countries, it may also denote residential treatment centres specifically designed for at-risk youth such as drug rehabilitation or therapeutic centres. There are also regional variations in terminology. For example, the term group home used in the Canadian context does not exist in the Irish system, but instead would be termed a residential home, while an Irish secure unit would be called a residential unit within some Canadian systems. Additionally, research concerning the education of children in care often does not specify placement type in their sampling pool or participant cohort. Often, children fall under the general description of 'in care'

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with inconsistent description of placement type or the variability of this experience (i.e.: placement changes across type). This gap in rigour and reporting has been noted in systematic reviews of the literature (Garcia-Molsosa et al., 2021b; Taylor et al., 2021). Accounting for this complexity while retaining focus on literature concerning the education of children in care, and residential care specifically, required a search across several databases with several search terms including synonyms named above. Databases searched included: ERIC, SCOPUS, PsychInfo, PubMed, SAGE Journals and SocINDEX. Search terms included: [children in care] OR [looked-after children] OR [residential care] OR [out-of-home care] AND [education] OR [schooling] OR [post-primary education].

The following narrative review consists of literature of the care experience in general, before reporting on the research which specifies the residential care experience. Researchers and advocates have warned against painting all children and young people in care with one brush, as experiences can be extremely varied. However, internationally across systems and academic disciplines, the literature showed pervasive inequalities that are reflective of widespread system failings between care-experienced children and their peers (Cassarino-Perez et al., 2018; Darmody et al., 2013; Ferguson & Wolkow, 2012; Gahagan et al., 2023; Garcia-Molsosa et al., 2021b; Goding et al., 2022). This gap persists despite recent increased focus in care-experienced children within education research as well as the systemic conditions within State Care, education and wider policy and practice that inform and impact these inequalities (Dawn et al., 2015; Goding et al., 2022; Montserrat & Casas, 2018).

2.3 Factors Underpinning Difficult Educational Experiences in Care

It is generally understood that maltreatment, abuse or trauma in childhood has various knock-on effects on children's ability to learn and socialize in a school setting (Maclean, Taylor, et al., 2016; Maclean et al., 2020). When contrasted with their peers, children in care typically experience considerable challenges as they progress through the education system (Townsend, Berger & Reupert, 2020). This disparity is evident in literacy (Brownwell et al., 2015), numeracy (Laurens et. al., 2020), graduation rates (Lund & Stokes, 2020), as well as in emotional wellbeing indicators (Romano et.al., 2015). This has implications for their future adult lives including economic instability (Jaffey et al., 2018). There has been a concerted effort in large-scale quantitative research to identify predictive factors of poor educational

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outcomes for children in care. Potential variables include age when taken into care, previous adverse experiences and trauma, type and number of placements, type of care arrangement, relationships to family of origin and length of time in care. Additionally, some quantitative research seeks to identify a positive, neutral or negative effect between entry into care and educational attainment in comparison to children maltreated but not removed from the home (Sebba et al., 2015).

Time in care and age of entry has been a variable of focus in the research but has proven difficult to quantify. Prolonged time in care suggests that reunification has failed, chronic difficulties within the biological family and/or multiple placement changes for the child. Alternatively, prolonged time in care may suggest long term stability, which may positively impact educational outcomes (Wiegmann et al., 2014). However, jurisdiction may play a role, given that Canadian research found that length of time in care is not significant (Brownell et al., 2015) while research within the United Kingdom found children who spent more years in care had more positive educational outcomes (Sebba et al., 2015). There is similar complexity when it comes to age of entry into care, with no consistent relationship to educational attainment across jurisdictions (Berlin et al., 2011; Brownell et al., 2015; Maclean, Sims, et al., 2016; O'Donnell et al., 2016). Research has shown with certainty that other factors are associated with lower educational outcomes including socio-demographic factors, disability, race, Indigeneity, and parent level of education (Maclean, Taylor, et al., 2016; Maclean et al., 2020). This shows that the education of children in care is also a race issue, a class issue and a colonial issue, intersecting across many sites where families and children experience inequality and marginalization.

The impact of placement type is also an area of focus within this field. Generally, it is understood that kinship care, whereby a relative such as a grandparent cares for a child, is the most advantageous placement type in terms of felt stability and safety but educational outcomes are not clear or consistent across research (Kääriälä et al., 2019; Sebba et al., 2015; Winokur et al., 2014). However, there is some evidence to support more positive educational outcomes for children in kinship care in comparison to other types of alternative care such as foster or residential (Brownell et al., 2015). Discerning what type of placement is most educationally advantageous outside of kinship is extremely difficult due to the complexity of the care experience, including transitions between different placement types (Maclean,

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Sims, et al., 2016; Strijbosch et al., 2015). Children in foster care may achieve better outcomes than those who were maltreated but never removed from the home (Font & Maguire-Jack, 2013). While this is reflective of most recent trends in the United Kingdom, research has also suggested that children in care have lower educational outcomes than their peers with comparable support needs, complicating the picture further (Harrison, Sebba, et al., 2023). Large scale quantitative research also largely focuses on adverse childhood experiences that happen before entry into care, rather than during care, in relation educational outcomes (Riebschleger et al., 2015). The relationship between individual factors and educational experiences of children in care, such as age of entry into age, type of care placement or type of maltreatment/trauma before care, are not consistent across the literature. This reflects the complexity of the care experience and how many individual measurable factors may be of interest in terms of educational outcomes. However, the systemic barriers to educational equality for children in care are much more consistent.

2.4 Systemic Barriers to Education Equality

For children in care the barriers to educational equality have been consistently reported in international research for decades and there is a considerable amount of overlap in findings despite a relatively diverse participant pool between care-experienced adults, children and young people currently in care, foster families, social care workers, teachers, allied professionals such as social workers and psychologists (Cassarino-Perez et al., 2018; Evans et al., 2017; Ferguson & Wolkow, 2012; Garcia-Molsosa et al., 2021b; Goding et al., 2022; Maclean, Sims, et al., 2016; O'Higgins et al., 2015; Roseby & Gascoigne, 2021). Several systemic barriers appear ubiquitous across the literature: i. low priority of education in care; ii. lack of knowledge and wrap around supports in schools; iii. low expectations and iv. placement and school mobility. The following sections will introduce this literature in the order presented above.

2.4.1 Education as a Low Priority in Care

Research has shown that education has remained a low priority for social workers and case managers, despite changes to regulations and guidelines across jurisdictions (Goding et al., 2022; Hayden, 2005). This low priority also manifests in structural barriers such as slow administrative processes. This

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includes data sharing between the care and education systems (Loetzerich, 2017). In one Swedish case study, case files were found to lack educational assessments or any mentions of a child's schooling despite legislative and practice frameworks necessitating education be a part of a child's care plan (Höjer et al., 2018). Social workers were also found to be slow to contact schools to establish a working relationship or to communicate that a young person has moved (Höjer et al., 2018). In Australia, administrative barriers within the care system were also common, such as a lack of safe and secure school transport or difficulty attaining school placements (Roche et al., 2023). An absence of a working relationship between the care and education professionals has a proven detrimental effect on children's educational outcomes (Moyer & Goldberg, 2020). Research has shown that children in care need advocates for their education both within the care and education systems (Roche et al., 2023), which can be difficult to achieve when said systems are slow to respond or collaborate. Children may consequently feel that their education is not a priority, which can affect their engagement (Berlin et al., 2011; Cooley et al., 2021).

2.4.2 Lack of Training & Wrap Around Supports

School has been found to be a place of potential resilience building, safety and connection (Cooley et al., 2021; Höjer & Johansson, 2013; Morales-Ocaña & Pérez-García, 2020; Rutman & Hubberstey, 2018; Shim-Pelayo & De Pedro, 2018). However, teachers can also feel undereducated and underprepared to support children in care (Moyer & Goldberg, 2020), particularly concerning their emotional and behavioural needs (Morales-Ocaña & Pérez-García, 2020). Children and young people have expressed that they feel the systemic failures within the care and education systems and can see that carers and educators are not equipped to support them, leading to distrust and feelings of self-reliance (Mannay et al., 2019). Also found across both systems of care and education is a lack of access to appropriately tailored wrap around supports, particularly mental health services (Day et al., 2012; Pecora, 2012), especially those coordinated across both systems so that children can experience continuity and stability at home and at school (Berger et al., 2024). Mental health services seem to be difficult to access for children in care (Berger et al., 2024; Shim-Pelayo & De Pedro, 2018). This is particularly crucial for these children, as young adults with all types of care experience have been found to be ten times more

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likely to present to emergency departments with self-harm and 13 times more likely to present with suicidal ideation than their peers (McKenna et al., 2025).

2.4.3 Low Expectations

Many children in care experience low expectations from professionals in both care and education systems, including assumptions of deficit or disengagement (Mercieca et al., 2021). This includes streaming into vocational schools with the assumption that they could not or did not want to attend higher level education (Garcia-Molsosa et al., 2019; Goding et al., 2022). The role of stigma in educational progress has been under researched in this area, but recent research has revealed a connection between low expectations and negative stereotyping or stigma related to the care experience (Sting et al., 2025). This stigma sends ‘clear, inadvertent messages’ that children in care are different than others; they may be seen as unsafe, challenging, dangerous or lacking in some sort of way (Mercieca et al., 2021). Language referring to children as ‘broken’, ‘difficult’, ‘problematic’ or ‘marked’ also have this stigmatizing effect (Morales-Ocaña & Pérez-García, 2020). Educators have expressed a dichotomy of understanding: knowing that behavioural, emotional and academic difficulties often come from trauma and not individual deficit, but also using these traumas as an explanation for their lower expectations of children in care (Morales-Ocaña & Pérez-García, 2020). These low expectations have a detrimental effect on young people, who have reported that they wish to be treated like their peers in terms of expectations (Goding et al., 2022).

2.4.4 Placement Instability

The most cited systemic barrier to the education of children and young people in care is placement instability. This is true in research with children in care (Dawn et al., 2015) and their adult counterparts (Berger et al., 2024; Ferguson & Wolkow, 2012; Gahagan et al., 2023; Goding et al., 2022; Pecora, 2012; Rutman & Hubberstey, 2018; Sebba et al., 2015; Sullivan et al., 2010; Trout et al., 2008). Placement instability refers to changes of housing and care arrangements between and across different foster homes, residential homes, secure units or kinship agreements. Children in care often do not have any decision-making power in placement changes (Ferguson & Wolkow, 2012), though it may occur voluntarily.

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Children in care, particularly children in residential care, experience a high level of placement mobility (Leloux-Opmeer et al., 2016).

Children and young people have connected placement instability to feeling pressure to be self-reliant and losing trust in both the system at large and individuals caring for them (Goding et al., 2022), which can lead to issues with behaviour and engagement at school (Sullivan et al., 2010). Young people who experience high placement instability are also at a greater risk for encounters with the justice system (Malvaso et al., 2016). Peer relationships are impacted as children may move away from friends or community (Rutman & Hubberstey, 2018). Emotional fatigue after several placement changes may also mean that children are less likely to establish new relationships with peers and staff on whom they could rely for support (Day et al., 2012). Established networks of support, such as from foster parents or social care workers, may also change with placement mobility, making children lose out on vital long-term relationships needed for educational attainment (Pecora, 2012). Changing placements can also mean changing schools, referred to as school mobility. Finding a school place can take time, creating a gap in enrollment. Changing schools and teachers may mean instability in instruction style or needing to catch up in the middle of a school year. Both factors can contribute to changes in behaviour for children such as low mood, decreased engagement and disruptive school behaviour (Sullivan et al., 2010). Placement instability is also associated with a decreased likelihood of school completion (Gauthier-Davies et al., 2025) and continuing to third level education (Rosenberg & Kim, 2018). Therefore, a lack of stability both in housing and school leads to lower educational outcomes across the board and is understood as the most pervasive risk factor to school failure and low educational outcomes for children in care (Goding et al., 2022).

As discussed above, systemic barriers to education for young people in care found within the literature are: i. the low priority of education within care systems; ii. lack of training for professionals and wrap around supports for young people; iii. low expectations of capacity, ambition or future potential within education from professionals and vi. placement instability. With these barriers in mind, the following sub-sections discuss established best-practice for educational support.

2.5 Educational Supports

For those facing instability within the care system, school can offer a sense of predictability, belonging and connection (Rutman & Hubberstey, 2018). Children in care are more likely to have additional education support needs, including but not exclusive to special education (Hansson et al., 2018; Maclean, Sims, et al., 2016; Stone & Zibulsky, 2015). A systematic review (Evans et al., 2017) found that research on supports and interventions are variable in quality and that effectiveness could not be determined. The few quantitative studies on academic interventions have not found consistent success (Eiberg & Scavenius, 2024; Flynn et al., 2012).

In some jurisdictions like England, children in care are designated disadvantaged within the education system, granting them access to personal education plans. These plans, under the Virtual School Head program (VHS) can include: plans to catch up on missed school work, effective intervention strategies, transition support if a child must change schools, school attendance and behavioral support if needed, support for short term and long term academic goals including career guidance, and provisions for out-of-school activities including leisure (Department for Education 2018). Looked-after children are also one of the groups that attract pupil premium plus (PP+) within the English education system. This is additional funding that is attached to a student to “improve attainment of looked-after children and close the attainment gap between them and their peers” (Department for Education 2018, p. 19). The VHS implement PP+ arrangements in collaboration with the child’s teachers and carers to be used to facilitate educational supports. However, such broad-spectrum policy level supports require stability of funding, communication and leadership to professionals to make a positive impact (Harrison et al., 2023).

Qualitative research concerning supports often target aspects of schooling that are lost or missed due to a child’s care status such as loss of support networks or community, meaningful child-adult relationships, liaisons between home and school, stability and a sense of belonging (Loetzerich, 2017; Moyer & Goldberg, 2020). There is also a focus on school attendance, engagement or preventing early school leaving (Roche et al., 2023). Across all types of supports trauma-informed, individualized, child-centred supports were favoured for children in care (Loetzerich, 2017; Roche et al., 2023; Townsend,

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Berger, et al., 2023; Townsend, Reupert, et al., 2023) to reflect the varied nature of the care experience (Pecora, 2012; Rutman & Hubberstey, 2018).

Children in care name stable, safe and encouraging relationships with adults in both care and education settings as central to all education supports (Dawn et al., 2015; Mannay et al., 2019; Mercieca et al., 2021; Moyer & Goldberg, 2020; Roche et al., 2023; Townsend, Berger, et al., 2023). The care experience can be marked by a loss in trust and attachment to adults. Abuse, maltreatment and precarity before and during care results in difficulty in trusting adults and the systems they control. However, as with all children, those in care desire stable, strong relationships with caring adults both in and outside school (Day et al., 2012; Moyer & Goldberg, 2020). This requires a sensitivity to the unique challenges within the care experience and how these challenges impact individual education needs (Day et al., 2012). The importance of teacher-student relationships is routinely cited by children and young people. Oftentimes teachers are the only consistent, positive adults in children's lives that are attuned and focused on their education and social well-being (Townsend, Reupert, et al., 2023). In-school educational supports created in Australia that were culturally sensitive and included children and young people in decision-making found success in response to these issues (Townsend, Berger, et al., 2023).

Given the importance of positive adult relationships, low expectations from educators (Gahagan et al., 2023; Goding et al., 2022; Moyer & Goldberg, 2020) and stigmatization of the care status has led to calls for and development of interventions also targeting educators in terms of care and trauma awareness (Morales-Ocaña & Pérez-García, 2020). Educators (Mota & Matos, 2015; Moyer & Goldberg, 2020) and care experienced children (Dawn et al., 2015) have noted the need for such professional development. Individualized supports and consistent, caring adults have also been linked to successful entry into third level education (Gahagan et al., 2023) which is in turn connected to positive and fruitful pathways to future stability in health, housing and employment (Kääriälä et al., 2019; Okpych & Courtney, 2019).

2.6 Transitioning to Adulthood and Future Life Trajectories.

For young people in care, transition to adulthood is both accelerated and compressed (Stein, 2006a), meaning they make this transition earlier and more rapidly than the majority of their peers, without the option of 'return' (Hiles et al., 2014). In the majority of the Western world, mandatory

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transition to adulthood for children in care begins at the age of 18, with some countries assisting with a short period of State supports (Mann-Feder & Refaeli, 2026; Taylor et al., 2021). Transition into adulthood is a noted point of struggle for children in care as they are often left poorly equipped for independence and supports provided can be inadequate (Heerde et al., 2018). Without support in the face of systemic barriers outlined above, children in care can experience low educational outcomes which in turn effects their future trajectories (Sacker et al., 2021). Care-experienced adults have a greater risk for lifelong disadvantage including lower rates of employment (Okpych & Courtney, 2014), substance abuse (Hudson & Nandy, 2012), mental health problems including suicidality and self-harm (Dixon, 2008; McKenna et al., 2025; Tarren-Sweeney & Vetere, 2013) and homelessness (Sanders et al., 2021).

There is a paucity of research as how education and educational inequality affect these outcomes (Cassarino-Perez et al., 2018). A recent scoping review (Grage-Moore et al., 2025) found that continued education after adulthood is linked to more positive future outcomes for children in care. However, many care-experienced adults face barriers in continuing their education. Lack of stability in housing, finances or social support reduces educational attainment for post-secondary education among former foster youth (Gahagan et al., 2023). One longitudinal analysis of data in the United States (Okpych & Courtney, 2019) found that though entry and completion rates at the third level are on the rise, children in care complete third-level education at a later age than their peers, perhaps reflective of the disruption and disadvantage experienced in primary and post-primary. Care-experienced third level students are more likely to face practical barriers such as housing insecurity and to experience consistent financial difficulties while studying (Darmody, 2025; Sanders, 2021). This is in addition to psychological barriers, such as low learner confidence and their sense of belonging at third level, often stemming from previous experience in primary and post-primary education (Jayman & Rodden, 2025).

A separate study also suggested that children in residential care and those with frequent placement changes face more difficulties advancing their education (Okpych & Courtney, 2019). Placement stability has also been linked to higher probability of secondary education completion and therefore more positive future outcomes in employment (Cassarino-Perez et al., 2018). The ‘stubborn trends’ (Jayman & Rodden, 2025) of adversity and poor outcomes for children in care are compounded by their educational

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disadvantage. Longitudinal labour market research suggests that children in care are more likely to be filtered into low level pathways (Harrison, Dixon, et al., 2023), reflective of the streaming they experience in primary and post-primary education. One study in Sweden found former foster youth with poor school performance at the primary level had a six to eleven fold excess risk for suicide attempts, substance abuse and serious criminality from age 20, and public welfare dependency at age 25 (Berlin et al., 2011). Research with care experienced young adults in third level education suggests that those who continue to third level education see the connection between the systematic barriers they faced in school and their challenges in adulthood (Pecora, 2012).

2.7 Strengths & Insights from Lived Experience.

Children and young people in care are often classified as ‘difficult to reach’ (Cashmore, 2002; Tierney et al., 2018a) in research due to the level of gatekeeping and safeguarding they experience in the care system. Therefore, the majority of the lived experience research is done with care experienced adults, particularly in the context of third level education. Across both young adults and children, their experiences largely reflect the systemic barriers identified in wider research (Hammond et al., 2021; Mercieca et al., 2021; O'Neill, 2019; Pecora, 2012). Young people’s identity, sense of self and relationship with adults, peers and the world around them is coloured by their care experience (Hammond et al., 2021). This includes their relationship to education. Placement instability, stigmatization, difficulty accessing mental health and education supports and low priority of education within care are all replicated within research specifically working with care-experienced participants (Gill & Michell, 2025; Jones et al., 2020). The lived effects of stigma from their care status are noted by many care-experienced adults (Gill & Michell, 2025; Goding et al., 2022), however the majority of the literature individualizes this stigma as a deficit of professional training, rather than discussing its relationship to systemic barriers within the care or education system. Children in care and care-experienced adults regularly note how ‘deviant’, ‘delinquent’ or ‘deficit’ narratives impact policy and professional practices. (Gill & Michell, 2025). Low expectations from carers and educators create a rupture in the relationship with children and young people, who see them as key actors in the othering and stigma that they face within school (Sting et al., 2025).

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Children and young people in care also express tension between knowing they require support due to their care status, while also wanting to be the same as their peers (Goding et al., 2022; Mannay et al., 2019). Individualized support is therefore a requirement to reflect the differences in outlook of each young person, which in turn effects relevant supports (Goding et al., 2022; Townsend, Reupert, et al., 2023), including but not limited to divulging their care status to adults and peers. Central to this individual approach is listening to the children themselves and what they need (Goding et al., 2022) as well as maintaining positive relationships filled with encouragement and motivation (Townsend, Berger, et al., 2023).

Two themes within this literature are not found with as great frequency in research with non-care experienced cohorts. First, friendships and connections to community were of greater focus to those with care-experience as well as the lack of support for these relationships within the education and care systems (Cooley et al., 2021). Research has shown that stronger peer relationships lead to greater school engagement (Cooley et al., 2021), but this can be difficult to sustain without the support and facilitation from the systems in which children live (Mercieca et al., 2021). For example, access to extra curriculums or the ability to attend social gatherings can be limited if carers and educators are not attuned to the specific complexities of the care experience (Rutman & Hubberstey, 2018). Additionally, stigma surrounding care can also influence peers, causing issues with bullying (Mercieca et al., 2021; O'Neill, 2019). Children in care have directly attributed these barriers to early school leaving or disengagement from education (Mercieca et al., 2021; O'Neill, 2019; Rutman & Hubberstey, 2018).

Second, agency in decision-making was more central within research with care-experienced participants (Goding et al., 2022; Townsend, Reupert, et al., 2023). Many children express the need to be self-reliant, in part due to experiences of instability in care (Goding et al., 2022). It is also important to note that agency can manifest in ways that may seem incoherent or disadvantageous to adults. Children have expressed how not attending school can be a display of agency when feeling as if they were not being heard or involved in decision-making (Goding et al., 2022) and how self-advocacy can be emotionally taxing and difficult within education (Brady & Gilligan, 2020a). A positive aspect of this phenomenon, which children and young people who spoke to Rutman and Hubberstey (2018) discuss, is a

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feeling of internal motivation and clarity of goals to make a better life for themselves in the face of such inequality and adversity in their care experience and prior mistreatment. This includes pursuing education as a pathway to a better life (Rutman & Hubberstey, 2018). The differences in perspective offered by care-experienced children, young people and adults further confirms the need for meaningful participation of said young people in decisions concerning their care. The following section outlines research focusing on the education of children and young people in residential care in particular, including lived-experience research.

2.8 Challenges of Residential Care Placements for Education

Residential care placements are generally understood as less desirable than family-based placements such as kinship and foster (Whittaker et al., 2016). Traditionally, residential care is seen as a ‘last resort’ for children whose social, emotional, physical or mental health needs are beyond the support capabilities of traditional foster carers (Koob & Love, 2010). Young people have reported that being placed in residential care worsened already fragile mental health concerns stemming from past traumatic events (Gough, 2017). There is evidence that residential care leads to negative psychosocial outcomes for care leavers (Gutterswijk et al., 2020; van Ijzendoorn et al., 2020). This is in addition to its high cost, weak evidence-base and unstable workforce (Gilligan, 2014; Moore et al., 2018). There remains a challenge to develop evidence-based, therapeutic practice for residential care (James et al., 2022), particularly concerning education which can often become a low priority within these settings (Bolvig & Thorsager, 2024; Denecheau, 2011). However, the need for residential placements continues, particularly as the availability of foster placements declines in some jurisdictions and complex psychosocial needs rise (Ainsworth & Thoburn, 2014; James et al., 2022).

It is important to note that, as in all types of placements, experiences in residential care can vary widely and this complexity is often not discussed within the literature. For example, the experience of a child entering residential care at the age of 17, with one stable placement until their exit from care is very different from a young person in care since the age of ten with significant mental and emotional health difficulties and three previous foster placements, respite stays and several residential care placements. With this in mind, the majority of research concerning care and education more generally also applies to

research specific to residential care. This includes low rate of entry to third level education (Garcia-Molsosa et al., 2021), low expectations and involvement of caregivers and school staff (Garcia-Molsosa et al., 2021b; Morales-Ocaña & Pérez-García, 2020), high levels of placement instability (Garcia-Molsosa et al., 2021a), and lack of interagency cooperation and coordination (Ayasse et al., 2008; Garcia-Molsosa et al., 2021b). Many of the same supports found to have positive results in general care research are reflected for children in residential care including: supporting a sense of belonging (Garcia-Molsosa et al., 2021), and creating and maintaining supportive relationships with adults and peers (Garcia-Molsosa et al., 2019; Garcia-Molsosa et al., 2021a, 2021b; Garcia-Molsosa et al., 2021). Research on specific interventions are scarce and often focus on mentorship or peer support. This includes a recent European pilot catering to academic achievement and educational support via steady, caring relationships with adult mentors (Garcia-Molsosa et al., 2021a). Satisfaction and adjustment to a placement have been found to positively influence school functioning (Garcia-Molsosa et al., 2021b) with caring and proactive relationships with staff being central to a child's experience in residential care (Moore et al., 2018).

There is also evidence that some barriers may be heightened in residential care. For example, children in residential care may experience more placement changes than those in other types of care, and experience significant instability within the care system (James et al., 2022). A scoping review found that children in residential care experience an average of 4–7 placements in comparison to 1.3–3.4 for those in foster care (Leloux-Opmeer et al., 2016). Participation in decision-making, including those concerning education, may be lowered due to perceived lower capacity, higher perceived risk, lack of access to natural advocates and a culture that does not value participation (Equit & Purtell, 2023; McCarthy, 2016).

The structures within the residential care system have been reported to have a negative impact on education (Garcia-Molsosa et al., 2021). Communication between school and home are more complex, with several professionals potentially fielding questions from teachers concerning one child. Each person can have a different legal responsibility, outlook, attitude and opinion on the child, their education and the school. Educators report that the large and complicated residential care system can make typical tasks more difficult such as communicating school outings, establishing individualized supports or determining school placement (Garcia-Molsosa et al., 2021). Residential care can also impact decision-making. For

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example, school placements can be determined by transport needs due to staff availability to drive children or safeguarding concerns for public transport rather than the child's needs. A Danish study (Bolvig & Thorsager, 2024) found that children in foster care benefit from school decision-making processes more than those in residential care, suggesting the education system caters better to those in family-based placements. Home-based school activities, such as homework support, are less likely to be implemented in the daily routine of a residential care home (Kliche, 2025). Having multiple children in one home influences the dynamic, as each individual child has different needs and have the potential to influence each other, both positively and negatively, including concerning school engagement and attendance (Denecheau, 2011). This dynamic can also in turn effect care workers' motivation and shift standards (Sting et al., 2025).

A Canadian case study (Gharabaghi, 2012) found that despite policy and practice based rhetoric regarding the importance of supporting education and learning, no practices were put in place to do so. Almost no intentional or planned integration for education was found in any program nor was there any evidence of any shared approaches among staff. Additionally, staff were not required to have any school-based knowledge or pedagogical training and felt unequipped to establish a supportive environment. The primary care worker model, which is also followed in Ireland, meant that education support fell to one staff member as a child's 'point person' and this staff member was often overwhelmed with other duties, leaving education as a low priority. This ultimately resulted in a lack of focus on education which permeated the staff culture of residential care. A similar finding appears in the United States, where tools and legal codes developed in order to enroll children in schools were not used or complied with by residential centres, leading to delays in enrollment, suggesting a lack of focus or attention on education (Ayasse et al., 2008).

Children in residential care are more likely to have more severe emotional problems (Bolvig & Thorsager, 2024), including mental health issues (Lou et al., 2018), that can lead to behavioural issues at school. These behavioural issues can make them more prone to school failure (Garcia-Molsosa et al., 2021b). However, overemphasis on behavioural modification has not been found to be beneficial. Rather, creating a safe, secure base (Mota & Matos, 2015), a sense of belonging and well-being (Höjer &

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Johansson, 2013), high academic expectations, strong adult and peer relationships and stability (Garcia-Molsosa et al., 2021b) have had positive effects on educational attainment and engagement. The previously cited Canadian case study (Gharabaghi & Groskleg, 2010) suggested that a shift away from behaviour modification required a conceptual change within care away from a deficit lens concerning children in care.

To conclude, the educational disadvantage of children and young people in care is a well-documented phenomenon across comparable jurisdictions in Europe, Australia, Canada and the United States. Systemic barriers include placement instability, low priority of education within care systems, a lack of training for professionals and difficulty accessing wrap-around supports. Low educational expectations, perhaps owing to stigma towards children in care, are pervasive within both education and care systems. Similar patterns appear for children in residential care placements, with heightened instability and complexities due to the group-placement setting increasing potential disadvantage. In response, many young people feel the need to be self-reliant and resilient in order to face structural disadvantage, while relying on strong peer and professional relationships to support them throughout their education. Within this research base, there remains a strong focus on individual and inter-personal factors and supports for the education of children in care. Though systemic barriers are discussed, proposed interventions also often remain individual (such as resilience) or inter-personal (such as increased training or mentoring). Structural barriers and their impacts are understood through this lens, though the need for high level support within systems is noted in order to make these interventions work. Given these barriers, the following section discusses potential for agency and participation for children in care.

2.9 Agency and Participation for Children in Care

As discussed in research related to education and care, agency and the ability to participate in their care is a central concern for care-experienced young people and adults. Participation by children in decision-making concerning their own lives is a right enshrined in international law, most notably the United Nations Conventions on Rights of a Child (UNCRC, 1989). These rights are also increasingly normalized within national policy and practice frameworks, including Ireland's Child and Family Services Agency (Tusla, 2019). Listening to children and involving them in matters concerning their care is now

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seen as a crucial element to effective child welfare interventions (Healy et al., 2012). Children's participation in child welfare decisions has many positive effects. Research suggests risk mitigation consultations that include children result in safer decision-making (Toros, 2021). Participation in decision-making also increases young people's felt empowerment (Bell, 2002), self-esteem, and confidence for future independence (Vis et al., 2011). Children have also repeatedly insisted in research their desire and willingness to have a say in decision-making processes (Leeson, 2007; van Bijleveld et al., 2014), and have proven capable to do so within complex situations and structures (Shuttleworth, 2023). Considering this trend towards positive association, the focus within many child welfare services has begun to shift to how participation can be ensured, and when, rather than dialogic inquiries into its benefits (Brummelaar et al., 2018).

It is worth noting distinctions between participation, decision-making power, and agency. In brief, a child's right to participate in their care can be conceptualized in several ways. A rights-based conceptualization is most common, focusing on articles in the UNCRC discussed above. Article 12 stipulates that all signatory states should assure that children can express their views freely in all matters that affect them in any judicial and administrative proceedings, including within the care context. In this sense, participation can be understood as the right to have one's voice heard and considered in the context of care, rather than explicit agency in decision-making. The onus remains on the adult to receive and apply this voice in the care context. However, participation can be conceptualized beyond one's 'voice being heard' and into agency in decision-making. This is the site of considerable conceptual tension as there can be a perceived debate between protection and participation (Huseby-Lie et al., 2024), discussed further in Chapter 3.

Though discourse concerning participation has slowly become normalized within child welfare services, practice has been slow to catch up to rhetoric (Ellis & Sen, 2025). It is generally understood that there remains few possibilities for children and young people to express their views in child welfare services internationally (McCafferty & Mercado Garcia, 2023). Professionals generally believe that participation is an important aspect of child protection (Balsells et al., 2017; Woodman et al., 2018), though there may be differing definitions of application in practice (Rap et al., 2019). This may range

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from hearing a child's opinion or informing them of decisions made (Križ & Skivenes, 2017) to involving them in the process of decision-making (van Bijleveld et al., 2020). Participation in child protection proceedings has proven difficult (Gal & Duramy, 2015). Children can potentially be re-traumatized through participation, particularly in settings such as care meetings where their personal life stories are the subject of discussion (Keenan & Shaw, 2025). There is also a perceived time constraint in decision-making that may be incongruous with participation protocols (Toros, 2021). As evidenced by research articulating barriers in trusting relationships in the education context, strained relationships between staff and children also pose a barrier (Cossar et al., 2016; Equit & Purtell, 2023). Some professionals argue that children are not reliable enough to be involved in decision-making as they may not know what is best for them (Huseby-Lie et al., 2024; Vis et al., 2012) or the burden of participation is something children should be protected from (Alfandari, 2017). Others may suggest that older youth should be included but not younger children due to a perceived decreased capacity (Vis & Thomas, 2009).

Research shows that professionals feel implementation of participation can be difficult as it requires child welfare services to be child centered, which can be challenging to achieve in a system centered around adults and professional decision-making (Gal & Duramy, 2015). In some cases, day-to-day participation is limited or non-existent and or not applied consistently in practice (Toros, 2021), particularly in residential care (Gharabaghi, 2023). Young people can feel hampered in their ability to communicate their needs given the power imbalances between adults and children (van Bijleveld et al., 2021). These power imbalances effect how young people encounter potential moments for participation in their daily lives within care. Equit et al. (2025) discussed three participation types practiced in residential placements: i. resistant practices by young people; ii. selective practices by professionals and; iii. dynamically enabled practices between young people and professionals. The study found that young people created potential for participation within highly controlled environments that otherwise suppressed their right to participate in their care, particularly in direct opposition to rules in their home created without their collaboration. In contrast, some professionals supported and enabled participation with young people in their daily life. Training for professionals may be required to create safe spaces where participation and respectful listening on behalf of adults can be cultivated (Grace et al., 2018).

Such research further highlights the importance of the care-experienced community's involvement in policy and practice development (Ellis & Sen, 2025). The notion that those receiving State services should have involvement in the development and future changes into the policies and practices which influence said services has gained traction alongside child participation (Beresford, 2010). However, this process can be complex. Co-option and tokenism are common concerns internationally, particularly when 'radical' views towards transformative change are introduced (Saar-Heiman & Gupta, 2024). The inclusion of young people's voices in policy formation does not necessarily guarantee meaningful influence on policy or practice (Adu-Gyamfi, 2013). Care-experienced activists interviewed in one study noted that influencing policy and practice was a slow, cumbersome process, but one that impacted them positively (Ellis & Sen, 2025). Collaborative, collective activities were understood as best practice, though the efficacy of their work was not agreed upon within the cohort. However, all participants also had experiences of being taken advantage of, tokenized or exploited during such collective activities, reflecting a personal cost to this type of participation.

2.10 The Irish Context

The following section provides a narrative review of the established research concerning the education of children in care within the Irish context. Despite the noted paucity in research concerning children in care within the Irish context (Darmody et al., 2013; DCEDIY, 2023), the past decade has seen the development of a small but growing research base. In particular, the question of education for children in care has found a new focus in recent years, though there has yet to be research concerning residential care in particular. Research on the education of children in care in Ireland is largely qualitative. This may be due to the lack of disaggregated data kept by Tusla, the Health Service Executive (HSE) or the Department of Education and Youth (DEY) on the educational outcomes of children in care in primary or post-primary schools. The Growing Up in Ireland study, the national longitudinal study of children and young people begun in 1998, does not desegregate care status. The sole quantitative research available was published in 2023, with an update in 2025, from the Central Statistics Office (CSO) which acquired aggregated statistics from several disparate sources including Tusla, the DEY, the Department for Social

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Protection, Quality and Qualifications Ireland, the Higher Education Authority and the Revenue Commission to analyse educational attainment of children in care in Ireland.

The most recent publication from the CSO (2025) provides a meaningful contemporary view into educational attendance, attainment and outcomes for children in care with data from those who left care, aged 18-24, in January of 2025. The findings suggest that Ireland reflects international trends concerning educational disadvantage of children in care, and that the future outcomes for children in non-foster placement types are particularly poor compared to their peers. Children in care, including foster care, residential care, special care and special emergency accommodations (SEA) are more likely to be enrolled in special schools or special classes than their peers, and 6% repeat a grade, compared to 2% of their peers. Children in care are more likely to have school attendance problems, legally defined in Ireland as absent for 20+ days, with 52% of those absences being classified as ‘unexplained’.

Placement and school mobility are also present in Ireland with 20% of children in care having more than one post-primary enrollment compared to 6% of their peers. Interestingly, the percentage was higher at the primary level at 34%. However, this research does not connect incidences of school change to a documented reasons such as exclusion, court order or placement change. Nor does it appear that entrance into non-mainstream education pathways such as YouthReach and iScoil are included in the data set. In the same cohort, 54% of children had more than one placement, with the majority of those (22%) having two placements while 10% had more than 5 placements. However, this data does not desegregate type of placement change (e.g.: from foster to residential, or residential to special care) nor does it clarify if time spent in respite care is counted as a type of placement change. The publication also does not clarify the nature of placements, from voluntary services, to Tusla run placements to privately run residential services. Given that three quarters of children in residential care in Ireland reside in privately run homes (Neylon & Hubert, 2026), this is a significant gap in knowledge.

The completion of the Leaving Certificate, the final school examination in Ireland leading to access to further and higher education, is directly positively linked to future trajectories including better employment and health outcomes (Smyth et al., 2011). The CSO found that 28% of children in care leave school early without completing their Leaving Certificate, in comparison to 8% of their peers. Of

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particular concern for this study is that 70% of early school leavers were classified under ‘other’ care types, in comparison to those in foster care. Those in other care types, including residential care, special care and SEA, were also more likely to have more than one placement change and to change schools. Those who did leave school early, of whom the majority were in ‘other placement’ types, were less likely to be substantially employed or in education, with 28% being in neither. However, once again this data does not show the whole picture, as those within SEA and special care may not have access to the same types of schooling as those in residential care. Most young people in special care attend school ‘on campus’ and these schools may or may not offer the Leaving Certificate or Leaving Certificate Applied trajectories. Additionally, young people are placed in special care units on a short-term basis, typically between two weeks to three months in certain circumstances, further complicating the picture. One positive to be found in the CSO data was the high level of further or higher education enrollment for children in care in general, though this number was substantially lower for those not in foster care. This may be directly linked to after care, which requires children in care to be enrolled in further or higher education in order to access services, including a €300 weekly stipend. It is important to note that the majority of research discussed below published prior to the CSO’s initial 2023 report did not have access to this data, though it does reflect some of these realities through lived experience.

In 1991, the Streetwise National Coalition came together to develop a report on “the inadequacy of existing services for homeless children and children in need of alternative residential services” (p. 12). Reflective of recommendations in future research discussed below, it stated that as a matter of priority, the government should develop a focused interest in this inadequacy and determine how to systemically tackle each of its areas (Coalition, 1991). One of the first pieces of research looking into the child welfare system run by the Irish State, rather than religious orders, appears to be Emond’s (2002) book, *Learning from their lessons: A study of young people in residential care and their education*, in which she finds that school experiences play a central role in children’s social, emotional and intellectual development. Focusing particularly on children in residential care, Emond reported that children placed priority on their education if their relationships with family, friends and themselves were suitably stable (Emond, 2002). Reflective of the wider literature, children in Emond’s study also expressed the importance of the teacher-

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child relationship, as well as challenges such as assumptions about lack of ability and school mobility (Emond, 2002).

Subsequently, Daly and Gilligan (2005) investigated the same themes, along with broader lived experiences. They found that, according to foster carers, young people's school attendance was on par with their peers, with most making good academic progress at school. Children in foster care were more likely to have some form of special education provision, especially those placed in care at an older age. Placement mobility was more likely to happen at the start of placements and were least likely for those in kinship care placements. Almost one quarter of young people were categorised as having a positive educational experience, with kinship care being the most stable and advantageous to educational attainment and positive experience. If kinship care was not possible, those able to maintain contact with siblings or families of origin also had a more positive experience, reflective of the importance of stable relationships found in Emond's (2002) earlier work. Furthermore, positive peer relationships and hobbies/leisure activities connected to schooling also led to a more positive educational experience. Recommendations from this study (Daly & Gilligan, 2005) also reflected trends in the international literature. Individualized education plans for children in foster care were recommended, as well as information and training for carers, teachers and social workers concerning educational experiences and needs of children in care, particularly around stigma and bullying. The value of contact with families of origin as well as peer relationships and placement stability were also reflective of international research. Gilligan (2007) later strengthened this recommendation when he suggested that there was a reciprocal relationship between doing well in education and doing well in care for young people, due to the support from teachers and carers as well as promoting a culture of academic achievement.

In 2013, the Ombudsman for Children commissioned an exploratory study of the education of children in care in Ireland (Darmody et al., 2013). In consultation with key stakeholders across agencies in Ireland, barriers to educational success mirrored established international literature, namely: i. inadequate communication and liaison between care and education providers; ii. inadequate assessment of needs and services; iii. placement mobility; iv. poor attendance or high absenteeism; v. stigma and stereotyping; vi. behaviour challenges; and vii. early school leaving. Children in care and care-leavers also reported similar

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experiences to those of their peers internationally: i. the impact of trauma and difficult family lives; ii. instability and school mobility; iii. the importance of positive adult relationships that place value in education; iv. how peer relationships influence school engagement and belonging both positively (friendship, mentoring) and negatively (stigma, bullying); and v. how understanding or lack thereof from teachers can make or break educational experiences.

Recommendations also reflect the norms of the international research: i. the need for inter-agency cooperation and coordination with explicit public policy to this effect; ii. training and information dissemination to stakeholders including social workers, carers, foster parents, teachers and school management; iii. strengthening supports through the care and education systems especially at key moments such as transitions or before State examinations; as well as iv. engaging children in care in decision-making processes. Specific to Ireland was a call for an establishment of systematic data gathering on the education of children in care, such as rate of suspensions and exclusions, number of school placements, and the number of children in care in primary and post-primary schools. The report noted that without doing so there would be no way to inform evidence-based policy making.

The following year, Emond (2014) investigated the in-school peer relationships of children in residential care and found that, despite recommendations in a growing body of literature described above, children were being left to manage friendships and peer relationships alone without carers' or other adults' involvement. Placement mobility remained a major concern causing difficulty in maintaining relationships as well as having to adjust to new physical and cultural surroundings. Experiences of stigma, judgment and shame from other children all factored into the care identity with recommendations that adults should step in to support children who are managing this stigmatization alone. Concerning participation in decision-making, McCarthy (2016) found obstacles to meaningful decision-making reflective of international research, including a lack of culture or understanding of the value of participation, difficult relationships with staff and other professionals and the availability and access to appropriate and child-centered participation pathways. The study also makes brief reference to education, noting that children's preferences and experiences were often not considered in terms of education, particularly in reference to school placements.

Brady and Gilligan's (2018b) research with children and young people in foster care suggest that there were significant barriers in securing appropriate and timely education supports particularly during transition times such as moving from primary to post-primary school. Children and young people were found to experience high rates of early school leaving and exclusions. Carers and educators also experienced unmet support needs and did not have the tools to support them. Again, reflective of established research, children and young people felt that professionals needed to have more awareness of care in general, particularly the role of foster carers in their education, to create more individualized education plans that professional across services collaborated on and to communicate affectively across these systems. Care-experienced adults in Ireland reflect the fractured nature of structural support for their primary and post-primary education impacts their educational pathways in adulthood (Brady & Gilligan, 2019). In contrast, and reflective of international research, Irish care-experienced adults cite exposure to high expectations and positive attitudes towards education both in families of origin and within care to have a positive impact on their primary and post-primary schooling, as well as in further education. Foster carers, social care workers, families of origin and professionals in care and education services all have the opportunity to positively impact and influence the education of young people in care (Brady & Gilligan, 2020b).

In a recent report on the experience of child and family services intervention commissioned by Tusla, children and young people described concerns of how these interventions affected their education (Holt et al., 2023). Young people wanted to be asked how they felt about information sharing in school and were particularly concerned about the stigma of the care experience impacting their school life (Holt et al., 2023). Some children wanted their teachers to know that they are in care, while others preferred a need-to-know system due to fear of reputation risk through an association with care (Gilligan, Holt, et al., 2025). This reflects previous Irish literature concerning children in care's fears of stigma and bullying (Daly & Gilligan, 2005; Darmody et al., 2013; Gilligan, 2007). Young people did acknowledge that if teachers knew that they were in care, they may be better equipped to support them when they were having difficulties. They also described feeling that when they were asked for their perspective, their words were not taken seriously, or they were tokenized with hope that this would change in the future (Holt et al.,

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2023). Being listened to, having a say in decision-making and knowing what was going on in their case were listed as matters of great importance to young people (Holt et al., 2023). Care-experienced adults have outlined the centrality of capacity for agency, both in official and unofficial channels, in their education while in care (Brady & Gilligan, 2020a). This includes decision-making that may be perceived as negative, such as ‘skipping school’, that may in fact be acts of self-preservation in the face of structural barriers.

In 2025, Empowering People in Care (EPIC), Ireland’s only advocacy group for children in care, published the *Take Care* School Resource and Toolkit on education in collaboration with care-experienced children and adults. These resources reflect previous research both within the Irish context and abroad. This also marks the first targeted professional resources for educators concerning children in care in Ireland. The documents focused on developing care-aware schools and school systems, wherein educators and other professionals were sensitive to the experiences and needs of children in care. Central to the recommendations made by young people was a child-centered approach to supports, focusing on trust building between educators and young people, and developing an acknowledgment and awareness by professionals of how the care experience can affect education.

In the same year, EPIC commissioned an exploratory study on the educational journeys of care-experienced adults who have progressed on to third-level education (Darmody, 2025). The report shed light on the impact the care experience had on their education from primary to third level. The findings were in line with international and local research. Children with placement and school instability had more challenging school experiences and this instability had a direct effect on the continuity of their education, reflective of a recent publication concerning employment and education of care-leavers (Gilligan, Brady, et al., 2025). Positive relationships with professionals across care and education were key to successful and enjoyable educational experiences, particularly if early intervention was achieved. However, children in care also faced stigmatization, low expectations and negative stereotyping from the adults in their lives, as well as systems that were under-resourced and under-staffed to meet their needs (Darmody, 2025). The report recommended that policy and practice across care and education should center the educational needs of children in care as well as the possibility of targeted supports.

In 2022, in response to the Ryan Report, the DCDE (2022) launched the *Care Experiences Programme*, a research and data programme on the experiences of children in care in Ireland. The programme consists of four inter-related research projects: i.: development of the capacity of Tusla to dynamically track the individual pathways of children in care; ii.: a cross-sectional study of young people who left care 10 years ago; iii.: a longitudinal study of children in care over a period of 10 years, starting at age 16 and; vi.: smaller studies about children in care and aftercare to provide timely knowledge about their circumstances. The most recent publication includes the previously cited literature review (DCEDIY, 2023) as well as a Ryan Report recommendation implementation update. Reflective of the established Irish literature, much of the future focus of this programme appears to be on the lived experiences of care-experienced adults. Additionally, a Care Experienced Expert Panel is included in the governance and advisory structure, which includes up to ten care-experiences adults.

As the Irish research base grows, there remains a lack of research targeting different placement types outside of foster care. This is perhaps owing to relatively high levels of foster care within Ireland, currently at 87% with a higher percentage in previous decades (Tusla, 2022a, 2025a). However, as reliance on other placement types grows (Tusla, 2025a) and new evidence suggests significant gaps in educational outcomes for children in these placement types (CSO, 2025), research is required which focuses in on experiences within residential care, special care and SEA. The lack of such research constitutes a considerable gap in knowledge of the current state of education for children in care in Ireland. The research that is available signals consistency with themes found in international literature, specifically the importance of placement stability, strong adult relationships with a focus and value placed on education, inter-agency collaboration, involvement of children in decision-making and the acknowledgement and support of peer and community relationships for positive education experiences.

2.11 Conclusion

International and Irish literature agree on the so-called ‘stubborn persistence’ of educational inequality for children in care, culminating on poorer outcomes. Five major themes appear across the literature: i: interagency communication, cooperation and coordination are foundational of supporting the education of children and young people in care, particularly between the care and education system and

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the professionals who occupy them; ii: high quality relationships both with peers and adults play a central role not only in educational attainment, but in positive experiences, engagement and future entry into third level education; iii: stigma and stereotyping have a detrimental effect on educational outcomes, and professionals and carers must be equipped with the tools and knowledge to maintain high expectations, a caring environment and a home that values and upholds education and schooling; iv: structured individualized supports and placement stability are key to ensuring that children received an education equal in opportunity to their peers; and v: children should be central to the development of any supports concerning their education.

Chapter 3: Theoretical Framework

3.1 Introduction

In 2006, Stein lamented the ‘poverty of theory’ within care-leaving research. In doing so, he offered three theoretical framings that could assist in the expansion and deepening of the field. These are attachment theory, focal theory, and resilience. In a follow-up to Stein’s critique, van Breda and Reuben (2025) found that the majority of theories currently used constructed care as a person-in environment experience (such as resilience or attachment theories) or contextual/environmental (such as social ecological theory). Similar orientations exist within care-experience research, which also commonly constructs care in such a manner, with a small but growing body of research discussing care using a critical framework, most commonly using decolonial or critical race theories (Drew et al., 2023; Liebel, 2020; Nyamu & Wamahiu, 2022).

The use of theoretical frameworks constructed care as an in-person environment experience or contextual/environmental are well founded, considering the centrality of relationships and personal lived experience in care. Life course theory (Brady & Gilligan, 2018a), for example, was considered as it allows research to examine how care-experienced people’s lives are shaped by personal agentic moments, historic context, socioeconomic conditions and social relationships. However, such theoretical frameworks often focus on the ‘how’ and the ‘when’ of the care experience, necessitating the extraction of young people’s difficult moments to do so in a way that can often feel extractory and exposing (Hoffman-Cooper, 2021). Considering the significance power or a lack thereof found in literature written by care-experience researchers and advocates (Hoffman-Cooper, 2021; Senior, 2023), it was thought a paradigm that questions these power structures (‘why’ and ‘for whom’) would be more appropriate. This research is therefore framed and informed by critical theory, namely epistemic injustice. This chapter will outline how a critical theoretical framework has driven this research both in analysis and discussion as well as in methodological development and ethical considerations.

3.2 Epistemic Injustice and its Relation to Childhood and Care

Rooted in critical theory, the transformative paradigm emerged in response to the limitations of post-positivism, and seeks to analyze power, challenge inequalities and prioritize marginalised people

(Creswell, 2014). Driven by a desire to create empowering and transformative knowledge (Kravia, 2015), transformative theory is focused on an action agenda that contributes to changing the institutions in which (young) people live and learn, by working collaboratively with them to co-produce knowledge (Creswell, 2014; Devia et al., 2017). Central to transformative theory is collaborating with marginalised people, constructing and advancing an agenda for change to improve their lives. Here, lived experience and how young people's lives and learning have been constrained by being in State Care is of special interest (Mertens, 2009). Of equal importance are beliefs about how and why the problems of oppression, domination, and asymmetrical power relationships exist (Creswell, 2014). As noted in Chapter 2, literature concerning the education of children in care is largely individualist and framed within a deficit. As Stein (2006) noted, there is a chronic lack of research informed by critical theory, which can seek to disrupt such assumptions of deficit and question hegemonic frameworks of power and knowledge that inform it.

Epistemic injustice offers a compatible theory to inquire into the education of children and young people in residential care in Ireland from this critical standpoint. Epistemic injustice refers to unfair treatment concerning knowledge, understanding and participation in communicative practices (Kidd et al., 2017). Making sense of one's own life and communicating it to others is a central social and epistemic practice. A person or group's ability to integrate their own knowing (referred to as epistemic resources) into the collective understanding of themselves or their surroundings is integral to a person's identity, agency and dignity within the world (Kidd & Carel, 2017). The ways in which children and young people's epistemic resources are acknowledged, respected and integrated into the collective understanding of their lives and care is a question of epistemic justice. This research is particularly interested in how epistemic injustice can act as a tool through which to inquire into the supports and barriers in place for the education of children in residential care. There are several varieties of epistemic injustice. In her original publication, Fricker (2003) divided epistemic injustice into two key categories: testimonial and hermeneutical. This research embraces these varieties, in addition to agential epistemic injustice, as a critical lens upon which to discuss the analysis of the care and education systems by children in care as well as professionals and policy makers.

3.2.1 Testimonial Injustice

Fricker (2003) conceives testimonial injustice as occurring “when prejudice on the part of the hearer leads to the speaker receiving less credibility than he or she deserves” (p. 154). Such prejudice internalized by the hearer causes them to “make some attribution of credibility” (Fricker, 2007, p. 18) towards the speaker, informed wholly or partially by this prejudice. They therefore find the speaker to have a credibility deficit. Testimonial injustice can be applied to how the credibility of children in care is conceptualized and acted upon within the care system. In an open letter to her social worker, care-experienced writer and social worker Rebekah Pierre (2022) dissects the testimonial injustice perpetuated against her as a child via her written case files. She recounts how her social worker cast doubt on her testimonies concerning everything from the spelling of her name to disclosures of abuse. This is reflected in established research wherein professionals ascribe less believability or trustworthiness to children in care particularly during disclosures of abuse (Fieller & Loughlin, 2022). This downgrading of the child’s epistemic credibility is owing to the power structures both within the adult-child relationship and the cared-for-carer relationship which appears to privilege the epistemic resources of the adult.

However, it is not quite clear where conceptualizations of care enter into the lens of epistemic injustice, though power imbalances in care (Tronto, 1993) and assumptions of need through adult-centered ways of knowing (Noddings, 2005) are noted. Participatory prejudice or credibility deficit reveals the epistemic power structures which reinforce low credibility assigned to children in care within the care system found in existing literature. Youth participation in care, discussed in Chapter 2, could also be understood in these terms. As a subsidiary of testimonial injustice, Hookway’s (2010) concept of participatory injustice whereby resources are judged for their ‘sense of relevance’, means knowers are judge by their perceived capacity to determine which ideas are to be taken seriously, as well as their ‘capacity to provide’ information to meaningfully contribute factually correct and reliable information to an epistemic activity. Testimonial injustice therefore can allow us to understand how and when children in care are understood as capable of having knowledge, and for this knowledge then to be listened to and integrated into the care system.

3.2.2 Hermeneutical Injustice

Hermeneutical injustice refers to “having some significant area of one’s social experience obscured from collective understanding owing to hermeneutic marginalization” (Fricker, 2006, p. 99). Fricker suggests that if a group of people is not believed, in other words if their testimonial credibility is suppressed, their epistemic resources cannot enter the larger lexicon of understanding, leading to lack of insight about their lived experiences and other types of knowledge by the larger social sphere. In this way, testimonial injustice blocks the flow of knowledge, evidence, doubt and critique to hegemonic ways of thinking, resulting in hermeneutical injustice (Fricker, 2016). For example, before child abuse was understood as abuse within the larger discourse of Irish culture, children could not articulate their abuse as this concept did not exist. Instead, it may have been interpreted as correction, discipline or even love. The hermeneutical injustice is not the inability to speak about abuse, for fear of not being believed (which is testimonial in nature) but rather the lack of the concept of abuse within the larger cultural lexicon, which obscures the child’s experience of abuse from collective understanding.

Previous research has focused on how hermeneutical injustice can occur during disclosures of abuse due to stigmatization, as well as difficulty in accessing epistemic resources for young people to understand and be able to verbalize their experiences of abuse (Lo, 2023). Research has also indicated that this is especially pronounced for children and families of marginalized communities who experience both testimonial and hermeneutical injustices within the child welfare system (Leckey et al., 2022). Young people in care often express feeling misunderstood and invisible in the public sphere, especially in the education system (Tessier et al., 2018). However, an exploration of how epistemic injustice, both testimonial and hermeneutical, impacts children in care beyond initial disclosures of abuse is minimal. Yet, children in care interact with professionals in their everyday life, and those living in residential or secure units live with them. Epistemic injustices may occur in these settings, perhaps due to documented perceived lack of trustworthiness of ‘risky’ teens, eroding the relationship between adults and young people. This matters because children in care have described relationships with adults as being key to engagement in education (Goding et al., 2022), thus the ability to establish trust for a positive working relationships is especially important. However, if epistemic injustice occurs within the social relations of

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these interactions, this may offer some understanding for research which consistently report the presence of negative relationships with children in care arising from perceptions of them as being difficult or untrustworthy (Equit et al., 2025).

3.2.3 Agential Injustice

Agential epistemic injustice occurs when “the epistemic agency of members of marginalized groups is unfairly constrained, manipulated or subverted” (Medina, 2022, p. 322). Typically, this could be understood as the act of disempowerment through exclusion, which would impede the epistemic agency of marginalized groups from participating in the decisions that impact their lives. However, Pohlhaus (2020) has argued that injustice can also occur through inadequate and harmful inclusion, not just exclusion. Medina (2022) continues, suggesting that defective inclusion of marginalized groups causes such groups to be further disempowered, describing this as a form of agential epistemic injustice. The use of a marginalized community’s resources can “fall into a kind of epistemic irresponsibility” (Medina, 2022, p. 329) that amounts to agential injustice through defective uptake and deflation of said resources.

Medina (2022) identifies two distinct factors of agential epistemic injustice via inclusion. These include the ‘defective uptake’ or use of a marginalized group’s epistemic resources and the ‘defanging’ (p. 324) of those resources. These factors lead to disempowerment, appropriation and the groups’ critical force being deflated. In other words, the marginalized group’s knowledge is ‘defanged’, excising its ability to enact radical change in service of the dominant group. This is reflected in the tendency of care-experienced people’s involvement in research to be extractive in nature (Hoffman-Cooper, 2021). Instead, their epistemic resources are used to silence their positions, legitimize established power structures and redirect the benefits back to the dominant group, squashing any potential critical force from the participants’ resources (Medina, 2022). Medina suggested that epistemic accountability can mitigate the risk of agential epistemic injustice through mutual responsibility in which we make each other accountable for how we receive and use epistemic resources. This research embraces Hoffman-Cooper’s (2021) insistence that researchers have an active role to play in the liberation of youth in care in the use of youth participatory approaches to research as well as the methods used to undertake the analysis, writing and dissemination of the work, discussed further in Chapter 4.

3.3 Stigma and its Political Economy

Much of Fricker's development of testimonial injustice focuses on the impact of negative stereotypes towards an individual or group, the subsequent evolution into prejudice, and its relationship to the downgrading of their epistemic resources. Over time, such prejudice inflicts a stigma, referred to by Kidd and Carel (2017) as 'tracker prejudice', which follows one through different domains of the social world. Stigma and its effects on children in care and care-experienced adults is well-established within care and child welfare research. However, stigma is often conceptualized as individual or relational in nature. On an individual level, involvement with child welfare services has a long-established stigmatizing effect on families and children (Deverell, 2007). Indicative of tracker prejudice, children in care have expressed how they experience stigma from peers, professionals, and society through interpersonal communication and larger media portrayals of care and children in care (Carey, 2023; Gill & Michell, 2025; Senior, 2023).

At a relational level, stigma can also affect how professionals interact with and make decisions for families and children involved with child welfare services (Fævelen & Kojan, 2024). Research depicts how stigma can influence the education of children in care through low academic expectations (Sting et al., 2025), or how decisions are made for them by professionals (Equit et al., 2025). Goffman (1963), the often-cited pioneer of the theory of stigma, identified stigma as the application of a 'spoiled identity' leading to the individual being "disqualified from full social acceptance" (p. ix). In employing Goffman's theory, these individual or relational level understandings of stigma within care often focus on how stigma can either be broken, changed or subverted by the individual. This goes some way to explaining why resilience theory is one of the most cited within the field of care and care-leaving research (van Breda & Reuben, 2025) as it may support children in care in working through their 'spoiled identity'. Indeed, many care-experienced activists name the eradication of stigma as a key call to action in their work (McCallin et al., 2025). However, what this type of conceptualization misses is how stigma functions on a systemic level, as a mechanism of power. As a consequence, the burden of stigma is placed on the individual and not on these systems of power. In order to tend to this issue, it is possible to turn to theories within a critical paradigm and their understandings of stigma.

Du Bois (1903) was the first to identify the ‘systematic humiliation’ of the political power of stigma in the racism faced by Black folks in the United States of America. He conceptualized the prejudice against Black folks as structural, rather than the individual, which manifested into an ‘all-pervading desire’ to inject disdain into anything Black, including people, culture or language. One of the tentacles of this all-pervading desire was to ridicule, mock and systemically humiliate Black Americans in public discourse. In turn, Black folks developed a double consciousness, wherein they saw themselves through the eyes of a White dominant society, and developed a ‘second sight’ with which to understand and survive Whiteness. Inspired by Du Bois, Tyler and Slater (2018) pushed Goffman’s conceptualization of stigma into the critical paradigm by asking: by whom and for what purpose is stigma developed? Tyler (2022) delineates stigma as a violent tool of power, enabled in histories of colonialism and patriarchy, embedded within the social relations of capitalism. She argues that stigma is “propagated as a governmental technology of division and dehumanisation” (p. 7) which develops its own process of furthering neoliberal governance and perpetuating subjugation of those with less power.

The lived experiences of children in care can be understood as inherently political, often without their consultation or participation, due to the State acting *in loco parentis*. Tyler’s conceptualization of stigma as political power has potential to release stigma from its individualization within care research.. In doing so it may reveal the structures of power which maintain the epistemic injustice that excludes the resources of children in care from dominant discourses. This research therefore moves away from an individualized, relational conceptualization of stigma that is often mobilised in care research. Neither does it focus on so-called ‘mitigations’ of stigma, often conceptualized as resilience. Instead, this research is interested in how stigma may function as a tool of power, and what stigma can offer in understanding how the care and education systems currently support the education of young people in residential care in Ireland.

3.4 Childism

Much of the epistemic injustice felt by children in care is predicated on their double vulnerability translated into a diminished credibility of their epistemic resources. This double vulnerability stems from their status as in-care combined with their status as a child. Previous research has shown how children and

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young people often experience testimonial injustice, wherein the adults in their lives prejudice their status as children, leading to a belief that they are less credible (Harcourt, 2021; Mercer, 2025). Here there is a direct relationship with the development of the child as an object of Western science and thought and the child's experience of epistemic degradation.

This 'invention of childhood' (Ariès, 1962) is marked, in part, by the widening social separation between adults and children. During the better part of the last century, 'the child' became its own entity, necessitating study, comprehension and development traditionally found in the discursive space within and between psychology, sociology and pedagogy. Kennedy (2006) argues that in doing so, the child has become an object to understand. According to Kennedy, in such conceptualisations the child exists because the adult is there to observe it, acting in opposition to the adult. This has resulted in children being constituted as vulnerable, dependent and untrustworthy in their situated knowledge of themselves, their lives and the world around them. Adults in comparison, are considered agential, independent and able to create trustworthy knowledge about themselves and the world. The child becomes the mirror to adulthood, as children are constructed, understood and observed by and through adults. The hegemonic knowledge framework does not allow us to expand upon assumptions of what is a child, or indeed what a child can offer to the knowledge framework, nor does it acknowledge the child as a "culturally and historically mediated, philosophical construct" (Kennedy, 2006, p. 2), rather than an object of experimental science.

This type of adult-centric worldview is often described as adultism, wherein the child's ability to live and be in the world is prejudiced and legitimizes excessive adult control over the young. Adultist thinking, therefore runs the risk of translating into relationships with young people that legitimize coercion, containment and control on the part of adults under the banner of providing protection. Whilst adultism has been criticized for the centering of adults at the expense of the children's perspective, adultism dismisses such criticisms as overgeneralized assumptions of adult superiority and child inferiority. In contrast, the philosophical notion of childism emerged in response to adultism. It argues that if we were to understand childhood from a non-adultist manner, this would enable a better understanding of society as a whole (Wall, 2022). Childism therefore offers a critical lens which empowers children's experiences by transforming the normative grounds which underpin social relations between children and

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adults (Biswas et al., 2024). One such social relation is epistemic in nature. The philosophy of childism allows for a hermeneutical interpretation of meaning of the world which questions the hegemonic nature of adultist epistemic resources. It achieves this by deconstructing the hegemonic ideology of adulthood and questioning normative assumptions about the child as an object, one only existing in reflection of adulthood and adult notions of personhood.

Thus, embracing an understanding of the concept of a child as a cultural and historical one that is constructed through philosophical thought and scientific study works to break through adultist assumptions of the (lack of) validity of children and young people's epistemic resources. In doing so, it allows for epistemic and political questions such as: what can adults know about children if they do not seek their perspectives? What does it look like to embrace fully the situated knowledge of a child within the experience of childhood, resisting the instinctual flinch to translate this knowledge to reflect the ideology of adulthood?

3.4.1 Participation and Care

As discussed in Chapter 2, enormous amount of progress has been made in promoting children and young people's participation in their lives and care. As conceptualizations of childhood and children have evolved and acknowledgements of their agential capacity have grown, legal frameworks such as the UNCRC (1989) have incorporated explicit language that legitimizes the right to participate in matters that concern them including in the political process. However, as Gharabaghi (2023) has argued, these rights-based conceptualizations of participation often focus on youth-centeredness as an aesthetic. He contends that governments and service providers are 'rushing' to construct participatory structures that are 'aesthetically pleasing' with little effect on everyday experiences of young people in residential care settings (Gharabaghi, 2023). This aesthetic approach hinges on a fundamental power issue, which puts children and young people at the centre of systems and services, with various adults surrounding the young person. Young people can, and in best cases are encouraged or supported, to communicate their opinions to the adults. However, in such an aesthetic, participation is fundamentally transactional in its orientation, as it does not aim to transform the location of the young person as the recipient of systems and services and the adult as the person with expertise, resources and power. In other words, adults maintain

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control over knowledge and action. Participation in this form allows adult knowledge and action to be informed by young people, but it is still adult actions grounded in the systems generated by adults. The ability for young people to be heard in these power structures is also tenuous, directly linked to their ability to conform to adult knowledge norms (Nybell, 2013). Agential epistemic injustice (Medina, 2022) understands this relationship to knowledge as oppressive, as young people's epistemic resources gained during participation may be co-opted or defanged from its critical characteristics to be accepted by adults. Though young people are more directly interacted with and heard in this conceptualization of participation, none of the power over these systems is shared or conceded to them.

Gharabaghi's (2023) identification of a youth-centered aesthetic of participation in care settings, which maintains hegemonic adult control criticizes the application of participation at a theoretical level. The lived reality of this type of participation is discussed in Chapter 2. Gharabaghi (2023) goes on to suggest moving beyond aesthetics, to meaningfully engage with the social construct of participation and the complexity of power and experience within it. Furthermore, as argued by Gilligan et al., (2025), participation also requires expanding past adult assumptions and meaningfully engaging young people's understanding of participation, and what this looks like in care settings. This research is informed by this understanding of participation as something further and more complex than young people's voices being heard in adult conversations and attempts to enact meaningful participation which disrupts established power relationships between young people and adults. How this looks inside child welfare services is deeply complex, given the high level of control children experience in care and it is in this complexity that this research sits.

3.5 Risk in Child Welfare Services

As previously discussed, children in care by virtue of being a child and being in the care of the State are perceived as doubly vulnerable (Garcia-Quiroga & Agolia, 2020). Within the care system, intervention with this vulnerability has primarily taken place through the paradigm of risk mitigation (Harnett, 2024). Risk of harm is understood as existing on a continuum "from complete certainty to total ignorance that can be estimated using tools of probability" (Harnett, 2024, p. 2435). This can include risk of harm to the child by their outside environment, or the risk of harm a child may action on themselves.

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Decisions can be made by professionals depending on the probability of harm towards the child if a certain course of action is taken. In this way, mitigation of risk becomes synonymous with keeping children safe from harm (Garett, 2019).

Such predications of risk necessitate predictions of threats before they fully materialize. Massumi's (2020) concept of anticipatory risk offers a useful framework in understanding this notion. Developed through examination of the war on terror and the ensuing culture of crisis within the USA, Massumi argues that risk is managed not through 'rational' calculation of probabilities, but through calculation of probabilities through affect: an 'anticipatory reality' felt towards a threatening future. He contends that this state of anticipatory risk not only normalizes a low-level, continuous fear but also engenders pre-emption against not yet materialized threats. Such 'future thinking' is reflected in approaches concerning the risk mitigation paradigm in care, whereby risk assessment tools, either standardized or based on professional discernment, look forward to the future to predict a potential risk of worst-case harm. This predication is then followed by a pre-emptive action concerning a child's care against a not-yet materialized threat of risk. In practice, this can influence not only how professionals perform their duties but also their approach in their relationships with children. For example, though care is often associated with love, affection and touch (hooks, 1994), professionals in State Care are often advised not to touch children, get close to them or show affection in part to pre-empt risk to themselves and the child (Green, 2017; Meakings & Selwyn, 2016; Modell, 2005). Love and its manifestations become particularly complex in the context of care when we understand it to be a resignation of power and authority (Tillich, 1954). As Tronto (1993) suggests, care is shaped by institutions and policies and the ability to both give and receive it are informed by these structures.

Concerns with this ubiquitous connection between risk and child welfare systems have been well established within research and professional discourse. First, there is the assumption that risk is something static and quantifiable, rather than a concept rooted in uncertainty where outcomes and likelihoods are not understood (Nadan & Roer-Strier, 2020). This means there can be little subjective nature to risk or acknowledgement that measurements are socially constructed (Holland, 2025). As Nadan and Roer-Strier (2020) states, such constructions blind professionals to the personal, cultural and political biases

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held by dominant child welfare services concerning what constitutes risk across a non-homogenous society. This conceptualization of risk also assumes that risk is a threat to stability, to safety and to health and must be weighed against protective factors in place (Moreno et al., 2025). This is despite the well-documented unreliability and risk for bias in this measurement (Harnett, 2024), reinforcing Massumi's insistence on anticipatory risk being calculated via affect rather than rational. These risk assessment tools can be standardized, such as the Signs of Safety programme used in Ireland, based on professional judgement individually or in groups, such as the Irish Meitheal process, or a mix of both methods, in an effort to safeguard children and young people from future harm.

Some have suggested that the ubiquitous nature of risk within child welfare is linked to a shift over the past three decades within social services towards a neoliberal managerial paradigm (Garrett, 2019) which focuses on maintaining lower costs by increasing caseloads for caseworkers while decreasing the time allotted for each person to spend time with individual children and families. This, according to Morley et al. (2022) has resulted in child welfare services "operating like businesses" that "prioritizes economic over social justice principles and therefore undermine effective practice" (p. 1). This economic principle may play into anticipatory risk, as it lends credibility to the presupposition that professionals can predict the future through personal discernment rather than spending time developing individual relationships which require additional resources and time. This research sees risk within child welfare through this critical lens, as informed by Massumi's (2020) concept of anticipatory risk.

3.6 Conclusion

As Paciscopi (2024) argues, the silencing of testimonies of marginalized groups can be understood as particularly egregious when the silenced group hold epistemic resources to articulate a specific phenomenon. If we understand the care experience as one such specific phenomena, young people have a specific need to articulate the care experience in order to be fully understood and cared for by professionals and policy makers. The corner stone of this research is acknowledgement and focus on the situated knowledge of young people in residential care, developing new epistemic resources by those who are often subjected to both testimonial and hermeneutical injustice. The following chapter discusses

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how this theoretical framework has informed the research methodologies employed with young people in residential care, professionals and policy makers.

Chapter 4: Research Methodology

4.1 Introduction

This chapter outlines the methodological approaches for the three studies comprising this dissertation. The theoretical framing of epistemic injustice informed these studies by working to address issues of credibility, deficit assumptions and hegemonic ways to knowing through the use of a youth participatory approach with young people in residential care. In this way, young people's epistemic credibility is placed on par with those of professionals and policy makers. Ethical and theoretical considerations informing methodological choices are discussed, as well as methods employed, research participants and sites, ethics and a discussion on trustworthiness and reliability. Finally, a description of data analysis and the use of RTA conclude this chapter.

4.2 Overview of Research Methodology

In the early stages of this research, it was envisioned that the entirety of the project would function as a one study in cycle of a youth participatory action research, facilitating the analysis of the education of young people in residential care, by young people in residential care. This cycle would also allow for the development of interview questions for professionals and policy makers by young people, who would then go on to co-analyze this data with me, the researcher. However, due to constraints of timing of the ethics application with Tusla Child & Family Services, the study was subsequently broken up into three separate studies with three separate cohorts. This allowed for interviews with professionals and policy makers (with interview guides developed by me, the researcher) to begin while ethical approval was sought to work with young people in residential care, a process which took one year in total.

As such, the three studies were undertaken in the opposite order that they are presented in this chapter, as well as in Chapters 5-7. Study 3 with policy makers were conducted first, followed by professionals not employed by Tusla, followed by professionals employed by Tusla once ethical approval was granted, making up Study 2. The youth participatory project with young people in residential care, Study 1, was conducted last. This brought on its own challenges, including limitations of the participatory nature of the research initially conceptualized, discussed in Section 10, as well as working rigorously with reflexive practice, discussed in Section 12.2, to maintain separation of findings across all three studies

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during data analysis, discussed in Section 11. As discussed in Chapter 1, the ordering of these studies is intentionally opposite of the order in which the fieldwork was conducted. The construction of three separate studies, discussed in detail within this chapter, allowed for the analysis made by young people in residential care to stand on par with the knowledge of professionals and policy makers, who were all asked to analyse the care and education systems based on their own epistemic resources.

The theoretical underpinning of epistemic injustice requires certain commitments in the methodology of this research. Taking seriously the epistemic resources of participants is central to the qualitative nature of each study, as well as the ethical considerations during recruitment, data creation, analysis and write up, which will be discussed within this chapter. Given the lack of research on the education of young people in residential care in Ireland, an exploratory approach to data collection was necessary to identify the key aspects of this topic. One methodology was developed for working in collaboration with young people in residential care and another with adults across professional and policy making cohorts. All three studies were qualitative in nature. A total of 42 participants were included across three studies. Study 1 recruited young people currently living in residential care in Ireland (n=8) and employed a youth participatory approach to foreground the situated knowledge of young people as well as the validity of their epistemic resources. Study 2 included professionals in care and education (n=24). Study 3 included policy makers, civil servants and advocates across government offices relevant to education or care (n=10). Both Study 2 with professionals and Study 3 with policy makers employed a critical qualitative approach (Jones, 2002) using semi-structured interviews. Including these adult perspectives offered a holistic understanding of the research topic, as well as exploring potential different perspectives stemming from lived experiences within the systems of care and education. The following sections describe research participants for each study, including gatekeeping and recruitment processes. This is followed by detailed descriptions of methodology, methods and research sites employed for each study.

4.3 Gatekeeping, Recruitment and Sampling

Gatekeepers are ‘essential mediators’ for identifying and gaining access to participants in social research (Andoh-Arthur, 2019; Maxwell, 2005). For children and young people under the care of Tusla,

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several layers of gatekeepers were engaged with before and during the research process. This involved a team, including regional and centre managers and the national manager for residential services, who were designated to act as gatekeepers on behalf of Tusla as part of their Independent Ethical Review Process. An initial gatekeeper meeting was held with a Regional Manager on behalf of the National Manager of Residential Care to outline the aims and objectives of the research and the recruitment strategy, clarify the role of gatekeepers, and answer any initial questions regarding the research. As recruitment began, four local managers were appointed as the gatekeeping team, with whom I met approximately every six to eight weeks to update progress on recruiting as well as safeguarding concerns for any young people currently engaged in the research.

For Study 1, a maximum variation purposive sampling approach was used to select participants who were most likely to yield appropriate insight and meaningful information (Kelly, 2010; Patton, 2015) as it related to the educational experiences of young people in residential care in Ireland. Inclusion criteria were as follows: to be currently living in residential care between the ages of 13-18. Participants could be attending any sort of education setting, including mainstream, YouthReach, iScoil or special schools, experiencing school attendance problems or not attending education. There was a focus on recruiting children and young people across the educational spectrum to capture this variability. Exclusion criteria included any young person experiencing acute mental distress, which was determined in collaboration with gatekeepers, residential care unit managers, key workers and young people.

In collaboration with gatekeepers, residential care homes were contacted (Appendix IV) to confirm availability of potential participants following inclusion and exclusion criteria listed below. Once this confirmation was given, young people were communicated with via their keyworkers or trusted staff member to read the Information Sheet ([Appendix II](#)). Following this initial confirmation of interest to participate from the young person, a meeting between myself and the prospective participant was held in a location of their choosing to establish rapport and confirm assent before data creation began. These meetings were never recorded or used for data collection. Gatekeepers could also instigate snowball sampling, where they would know of other suitable young people who met inclusion criteria at other residential care homes, which would then start the process again. The necessity of this level of

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gatekeeping brings limitations to recruitment as it risked young people being unfairly excluded or never given the opportunity to assent to the research (Garcia-Quiroga & Agoglia, 2020). Care was taken to extensively discuss the nature of participatory research, its aims, and the specifics of inclusion and exclusion criteria in order to limit this risk. As participants were confirmed, gaps in experience were pursued for critical cases. For example, in the first wave of recruitment, all young people confirmed were attending mainstream schooling. In the second wave, a critical case sampling process began, looking for young people who were either not attending school, or were attending school in non-mainstream settings, to capture this specific experience.

For adult participants across professional and policy-making cohorts, a snowball sampling strategy was used to elicit a range of perspectives to gain an in-depth insight into how the intersection of education and residential care was seen and understood across different professional settings (Patton, 1990). In turn, this allowed for comparisons to be made across the differently situated participants, whilst also shedding light on the reasons for any differences in perspectives (Creswell, 2014). In Study 2, inclusion criteria were as follows: professionals were to have knowingly worked with young people in residential care in either care or education settings in the Republic of Ireland. Particular to professionals in education, as care status is not automatically communicated to all educators in a school, many teachers in Ireland may have worked with young people in care without knowing. As this research specifically focused on the personal reflections and experiences of professionals, educators were required to have knowledge of this care status to participate. During the recruitment process of professionals in education, care was taken to clarify that experiences with young people in residential care was sought, rather than any type of alternative care placement. Recruitment of professionals in care attempted to solicit a broad range of professions both within and outside of Tusla in order to capture potential variance.

Due to ethical guidelines from Tusla, two separate recruitment strategies were required for non-Tusla and Tusla employees. For non-Tusla employed professionals and policy makers, professional networks were drawn upon via email ([Appendix IV](#)). A poster was also circulated targeting professionals in care and education via social media accounts on X, Bluesky and LinkedIn ([Appendix VII](#)). For Tusla-employed professionals, when contacting potential participants, an email was sent ([Appendix IV](#)) detailing

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the project's topic as well as inclusion and exclusion criteria via Tusla gatekeepers. The email also included an attached information sheet and consent form (See [Appendix II & III](#)) for each set of participants. For all adult participants, a consent meeting was offered before the signing of consent forms for participants to ask questions concerning the research and to clarify ethical considerations such as anonymization, confidentiality and general data protection regulation.

For policy makers, civil servants and advocates, potential participants were sampled from several areas of governance. As interviews were conducted between December 2023 and April 2024, they refer to departments which have now undergone name and remit changes. The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) has been renamed to the Department of Children, Disability and Equality (DCDE), with the remit for youth shifting over to the now-named Department of Education and Youth (DEY), previously the Department of Education (DoE). First, individuals that have spoken publicly concerning the education of children in care were reached out to as well as organisations with interest in this topic, including speaking or voting records in Dáil records. Teachtaí Dála (TDs or Members of Parliament) identified within their party as having specific interest or responsibility for education or children in care were also contacted. Recommendations from supervisors concerning certain individuals, offices within government or organisations were also taken on board. Civil servants working in relevant offices including the Department for Children, Equality, Disability, Inclusion and Youth (DCEDIY) Alternative Care or DoE Inclusion Unit were contacted. Finally, TDs or Senators sitting on relevant Committees including Committees for Education and Children or working within the DoE or DCEDIY across all political affiliations were reached out to. Inclusion criteria included having experience of developing or discussing the development of policy concerning the education of children in care and residential care, in particular. As there is no targeted policy concerning the post-primary education of young people in care, inclusion criteria also included having experience developing or discussing the development of policy concerning disadvantage within education. Several areas of government were sampled for participants including:

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1. TDs, Senators and civil servants within the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and the Department of Education (DoE) were targeted for recruitment
2. TDs, Senators and civil servants and civil servants working within or sitting on the Committee on Children, Equality, Disability, Integration and Youth and the Committee on Education, Further and Higher Education, Research, Innovation and Science
3. TDs, Senators with dossiers or speaking responsibilities concerning education or children
4. TDs, Senators and civil servants working within the Department of Education or the Department of Children, Equality, Disability, Integration and Youth
5. Members of advocacy groups including those for children in general, as well as those specific to children in care or educational disadvantage

Recruitment for this cohort was a particular challenge, both because of the nature of scheduling and availability for elected officials, the delicate nature of consent and anonymity, as well as the confusion around the policy remit and responsibility of the education of children in care within the government. This was in part due to a perceived confusion around who in government retained a policy remit or responsibility concerning the education of children in care. This was especially true of elected officials within the DCEDIY or DoE. For example, one TD, via a civil servant, communicated to me that they felt the research was not relevant for TDs sitting on Committee on Education and therefore they were not an appropriate place to recruit, though the research explicitly concerned education. These complexities are further explored in the findings of this study in Chapter 7. The following subsections break down participants for each study in further detail.

4.4 Participants - Study 1: Young People in Residential Care

Eight young people living in residential care participated in this research. Young people were given the choice to be allocated a pseudonym or to choose one for themselves. As of September 2024, when recruitment began, there were 456 children living in residential care (Tusla, 2025b). According to the CSO (2025), children in alternative care are almost evenly split between males (51%) and females (49%) and additional disaggregated data is not available for residential care. Gender parity was not

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achieved for this study. This represents a limitation in the research in consideration of how post-primary education and care may be experienced differently by teenage boys and teenage girls.

Though gender parity was not accomplished other types of diversity is included. Two participants self-identified as members of the Traveller community, two participants self-identified as part of the LGBTQ+ community, three self-identified as having a disability and three participants self-identified as Black Irish. Though the CSO (2025) does provide information concerning nationality of those in care (roughly 80% Irish, 6% not Irish, and 14% not recorded) any further statistical data concerning demographics is not available. Additionally, all young people were currently enrolled in an education placement. Two were attending a YouthReach setting, five were attending post-primary education and one was currently not attending with plans to end their education at sixteen. As indicated in Study 1, three young people in their final examination year were set to take the Leaving Certificate exam with the remaining young person in the Leaving Certificate Applied pathway.

This constitutes a significant departure from recent educational attainment data (CSO, 2025) which suggests that the majority of early school leavers in care are in residential care. This sample is therefore not representative of this statistic, but rather of a cohort who has ‘achieved’ statistically ‘better’ than their average peers. However, five of the seven participants attending some level of school were experiencing school attendance problems, which does reflect recent educational attainment data (CSO, 2025). This suggests further limitations to recruitment, and perhaps that young people not engaged in education felt they may have little to contribute to this research and self-selected out. Again, though care was taken in the communication during recruitment, barring one young person, these types of experiences are not being heard in this research.

Table 1

Young People by Gender, Age Range and Education Placement

<i>Pseudonym</i>	<i>Sex</i>	<i>Age</i>	<i>Education Placement</i>
James	M	16-17	Mainstream Post-Primary
Hannah	F	16-17	Mainstream Post-Primary
Rachel	F	16-17	Mainstream Post-Primary
Claire	F	16-17	Mainstream Post-Primary

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Louise	F	13-15	Currently not attending
Aoife	F	16-17	YouthReach
Catriona	F	13-15	Mainstream Post-Primary
Jessie	F	16-17	YouthReach

4.6 Participants - Study 2: Education and Care Professionals

Study 2 consisted of two distinct cohorts: education and care professionals (n=24). These two cohorts were brought together in one study in an acknowledgement of the symbiotic relationship between the care and education systems in maintaining, upholding and supporting the education of young people in residential care. In existing literature focusing on educators and care professionals separately, common themes are found across different groups such as the importance of positive relationship development between the young person and the professional, trust building and person-first support (Benveniste et al., 2024; Blackwood & Farrow, 2023; Driscoll, 2013; Edwards, 2016). Combining the cohorts also allowed for investigation of shared experiences and systemic issues across professions.

4.6.1 Education Professionals

This sample consists of education professionals (n=6) recruited across Ireland (Table 2a).

Table 2(a)

Education Professionals by Position and Education Type

Pseudonym	Position	Education Type
Jane	Retired teacher	Primary- DEIS
Peter	Leadership Team	Alternative
Susan	Teacher	Post-Primary
Claire	Deputy Principal	Primary- DEIS
Séan	Principal	Primary- DEIS
Aisling	Teacher	Post-Primary

Two males and four female education professionals were recruited for this study. This sample is an illustrative rather than representative sample of the types of education young people in residential care may be engaged in, including alternative placements, DEIS and non-DEIS schools.

4.6.2 Care Professionals

The sample (n=18) consisted of a range of professionals who have a remit for the day-to-day provision of care for children and young people in residential care, tending to their wellbeing and/or supporting their access to, and participation in, education. As discussed, these participants recruited in two groups. One was non-Tusla employed professionals. This included auxiliary care team members, such as psychologists, or other professionals somehow involved in matters concerning the education of young people in residential care, such as solicitors (Table 2b).

Table 2(b)

Non-Tusla Professionals by Position

Pseudonym	Position
Laura	Psychologist
Aoife	Psychologist
Indie	Social Worker Educator
Patrick	Solicitor
Fiona	Solicitor
Eoin	Consultant
Cara	Education Psychologist

The second group was professionals within Tusla, including social care workers and managers a guidance counsellor and a social worker (Table 2c). Social care workers are over-represented within this cohort due to difficulties recruiting social workers. This is perhaps due to the high levels of overwhelm within the profession.

Table 2(c)

Tusla Professionals by Position

Pseudonym	Position
Nolan	Social worker
Alex	Social care worker
Sara	Social care worker
James	Social care worker
Aidan	Social care worker
Darragh	Social care worker

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George	Social care worker
Amy	Social care worker
Darren	Residential home manager
Cian	Guidance Counsellor
Emer	Manager

4.7 Participants - Study 3: Policy Makers and Civil Servants

This cohort (n=10) consisted of policy makers, civil servants and an advocate with dossiers and responsibilities relevant to education or young people in Ireland. Seven out of ten participants in this cohort were government employees, of which four were elected members of government and three were civil servants during the interview period of January to November 2024. In the Irish Parliament, TDs are members of the Dáil Éireann, or the lower house, and are elected by their constituency. Senators are members of the Seanad Éireann, the upper house, who are elected by panels and university constituencies or the Taoiseach (head of Irish Government). Of the four elected officials, three were TDs, two sitting in opposition and one in the coalition majority, and the fourth was a Senator. All elected officials held some level of responsibility within their parties concerning young people in care or education. All three civil servants worked in either the DCEDIY or DoE. Of the three participants not employed by the government, one participant was a former minister now retired. The second was a former senior level civil servant who had since moved into private sector employment. The final participant held a leadership position within an advocacy group with a dossier that includes young people in care.

Table 3
Policy Makers by Position

<u>Elected Officials</u>	
# of Participants	Dossier
4	Children, Equality and Disability
1	Education
<u>Civil Servants</u>	
# of Participants	Department
1	DoE
3	DCEDIY
<u>Advocate</u>	

# of Participants	Specialist Area
1	Children's Rights

4.8 Methodology, Methods and Research Sites with Young People

As noted in Chapter 2, inclusion of the lived-experiences of care-experienced adults in research is growing. However, there remains a lack of inclusion of children and young people currently in care. In previous research, young people in care in Ireland have noted that they often feel their voices are tokenized, and that their concerns are not always taken seriously, despite their wish for adults assigned to their care to do so (Holt et al., 2023). This is profoundly important considering the inclusion of research activities in the *National Framework for Children and Young People's Participation in Decision-Making* in Ireland (DCEDIY, 2015). In consideration of this literature gap and the implications of epistemic injustice, the use of a youth participatory research approach (YPRA) was deemed methodologically appropriate for this study.

YPRA denotes a cluster of methodologies that engage young people as collaborative agents of research, rather than solely as participants. Participation exists on a continuum across the lifecycle of a research project (Brown, 2022) and can include participation and collaboration in pre-research consultations, data gathering, analysis, writing and dissemination. In doing so, this methodology privileges young people's expertise on issues that impact their lives and communities. By placing decision-making in the hands of young people as co-researchers, this approach validates the situated knowledge of young people in their own lives and highlights their capacity in knowledge creation. Employing these methodologies allows research to question what counts as 'good' or valid knowledge and who has a capacity to know, reflective of the principles of epistemic justice which informs this research.

YPRA has been specifically suggested by care-experienced researchers as an appropriate methodology with their community, considering the institutional power and complex oppression of agency that young people experience in care (Hoffman-Cooper, 2021) including few decision-making opportunities (Toros, 2021). YPRA has increasingly been used to implement young people's right to participate in matters of their care within the research space, particularly concerning sensitive topics such

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as child maltreatment, violence and the care experience (Roth et al., 2023). By centering young people, YPRA flips hegemonic knowledge norms that centre the adult understanding of the world (Hall, 2020). In doing so, power imbalances between research participants and researchers can be reduced, enabling participants to feel in control of their contributions (Kellett & Ding, 2004). YPRA was therefore also congruous with the theoretical approach to this research, reflective of questions of epistemic injustice concerning knowledge acquisition. Considering this context, YPRA was considered the most appropriate methodology for Study 1 with young people living in residential care.

This study approached participatory research from a situated knowledge standpoint (Paciscopi, 2024). Young people were not asked to share their personal experiences, life story or histories with education within residential care. Rather, the collaboration focused on young people's expertise through experience about the care and education systems and their critical analysis using their situated knowledge within these systems. Residential care placements often necessitate group activities with few choices to opt-out and young people 'own' very little of their structured or unstructured time (Garcia-Quiroga & Agoglia, 2020). With this in mind, young people decided the nature of their participation (in groups versus individual), the methods with which they communicated (conversations, using artistic materials or other visual aids) as well as the themes they wished to explore within the broader topic of research of education. All the young people chose to meet individually, rather than working in groups with other young people. Though participatory research with young people often favours group work to tend to the power imbalance between the adult researcher and young people, this was not the preferred method for these young people.

A critical dialectical approach was used in participatory sessions (Gubrium & Holstein, 2001). This approach lent itself to open-ended conversations with young people setting the agenda based on a loose structure agreed upon in the first session ([Appendix V](#)) to maintain the focus on education and residential care. Between six and eight collaborative sessions were held with each participant, with sessions lasting one to two hours. Initial sessions focused on setting shared expectations around the research including the difference between traditional participation in research and their role as collaborators. Young people were free to use their personal experiences to illustrate their analysis, but

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there was no expectation to share personal information or life stories. Following this discussion, sessions revolved around discussing what each young person identified as barriers and supports regarding education while living in residential care.

Questions were asked from a more analytical perspective such as “in your opinion, what are the barriers young people in residential care have when it comes to going to school” or “If you were explaining to a person who had never been in residential care what it was like, what are some of the important things you would highlight?”. In asking such broad questions, young people were free to set the parameters of discourse and key areas of focus. Each subsequent session with the young person began with a review of transcriptions, notes or materials made during the previous session, prompting further building to deepen the analysis. This also functioned as member checking, to confirm that young people approved of each transcript (Birt et al., 2016). Broad questions were used to begin with, such as ‘last week we talked about lack of choice, is there anything in this transcript that we missed?’, ‘last week you used the metaphor of a conveyor belt, what else would we put in those bins on the belt?’ before becoming increasingly specific. Sessions were also furnished with paper, pens, markers and other materials to facilitate illustration or visual aids for young people to use if required. Some young people chose to use visual aids to map out metaphors or concepts used. This material was not used in the analysis, as consent for these materials was not sought. However, most young people preferred verbal discussion and to review transcripts or notes to build on previous sessions. In both cases we were moving towards an analysis of the care and education systems from the point of view of each young person.

A conscious decision was taken to allow the young people to choose the location of the sessions that was most comfortable to them, which served to further involve them in the decision-making process and intentionally alter the power relations between the traditional role of researcher and those being studied (Reinharz 1992). Tusla offices, local cafes and residential homes were all chosen by various young people. There were also many cases in which sessions needed to be cancelled or rescheduled due to events outside or within the young person’s control. Some young people wished to take breaks longer than one week in between sessions so they could have time to reflect and come back with new ideas. In one

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case, a young person decided to stop participating in the research due to obligations at school concerning their Leaving Certificate but confirmed they wanted the data we had created to be included regardless.

Following the completion of data collection, young people were given the option to continue to meet with the researcher to discuss the analysis and write-up of this manuscript. Not all young people expressed interest in this part of the process and those who did met with the researcher one to two times during this segment of the research. Though this may be seen as a limitation of the participatory nature of this study, it is important to note that the young people had all contributed a significant amount of time to the study, regardless of further engagement and their consent was required for all segments. Additionally, it could be argued that the insistence of participation at every stage of a study, though positive in nature, can invalidate already meaningful contributions by not being ‘participatory enough’ (Garcia-Quiroga & Agoglia, 2020). In a similar vein, typically in participatory methodologies, participants are invited to collaborate on dissemination processes after data collection has concluded, such as speaking at conferences, seminars, training session or public/community events. The care setting creates complications for collaboration on dissemination and there are considerable ethical considerations. First, the young people still in residential care following the completion of the project could not consent to such public identification of their care-status, due to safeguarding concerns. Second, young people aged out of care, who have the legal ability to consent, would be necessarily identifying themselves as participants, putting them in a vulnerable position in which they may not be comfortable. Additionally, those who had aged out were understandably focused on this transition.

The participatory nature of this research sought to enrich the understanding of the care experience within education through the analysis of young people in residential care, not as a tool to ask young people to rehearse this knowledge publicly for the sake of increasing ‘participation’ as an arbitrary standard. Boundaries were discussed and agreed to individually by all participants interested and able to continue the dissemination of this work. Though this work is still ongoing, young people have been involved in the development of slides and talking points for dissemination in academic conferences. If further consultation is agreed to for future trainings, workshops or seminars, young people will be paid for their

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work, and acknowledgement will be co-developed and agreed upon based on their comfort and boundaries as well as ethical considerations.

4.9 Methodology, Methods and Research Sites with Professionals and Policy Makers

Cognisant of how knowledge production and meaning making are often controlled and mediated through social status (Fricker 2007), a dual approach to data generation was used with the different cohorts of participants. For adult participants, a critical qualitative approach (Jones, 2002) was used with semi-structured interviews as the main method of data production. Also reflective of the theoretical underpinning of epistemic justice, this approach is concerned with lived experiences of participants, where individual experiences and beliefs intersect with questioning of wider meaning (Denzin et al., 2024). It allows for voice, empowerment and a platform for people to articulate their experiences while discussing larger systemic influences. In doing so, it rejects the positivist assertion that there is one universal truth to be discovered through research and allows for multiple lived realities to be situated and developed through research.

The fieldwork for Study 2 and 3 took place over seven months from November 2023 to May 2024 online via Microsoft Teams. The geographical remit covered was wide-ranging, encompassing Dublin City and County, Limerick, Waterford, Kilkenny, Monaghan and parts of the Midlands. Interviews lasted between forty-five minutes and one hour. Interviews were transcribed and anonymized by the researcher and shared with participants as a method of member checking. This also allowed for members to confirm they felt sufficiently anonymized within the transcript before analysis began. In Study 2 with professionals in care and education, interviews prompts focused on participants' individual roles in supporting young people in their education as well as structural or systemic factors that affected their work ([Appendix V](#)). For example, 'in your experience, what are some of the education support needs of young people in residential care?' 'What are some barriers you come across when trying to meet those needs?' 'What works well?' In Study 3 with policy makers, civil servants and advocates, interview prompts focused on experience concerning policy development, their ways of working and their perceptions of the educational needs of young people in residential care ([Appendix V](#)). Participants were invited to reflect on their individual roles within policy development, as well as wider cultural and systemic factors. For example,

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‘how do you conceptualize the education of young people in residential care at a policy level?’ ‘What informs policy making for this population in your experience in the unit/party/office/department you are part of?’ In both studies, participants were also invited to share speculative, blue sky thinking concerning policy and practice.

4.10 Ethical Considerations

Ethical approval was sought by Maynooth University Social Research Ethics Sub-Committee (SRESC), National Educational Psychological Services (NEPS) Ethical Review and Tusla’s Independent Ethical Review Board ([Appendix I](#)). This included consultation with gatekeepers within Tusla on behalf of professionals and young people. Information sheets ([Appendix II](#)), consent and assent forms ([Appendix III](#)), gatekeeper protocols ([Appendix IV](#)) and other safeguarding plans were developed in collaboration with Tusla during this process. Attention was paid to maintaining confidentiality and anonymity to ensure informed consent was appropriately obtained (Cohen et al., 2013; Mertens, 2010). This included consent meetings offered to all potential participants via email exchange or phone call to allow for any questions or concerns to be voiced. This was supplemented by consent and assent forms ([Appendix III](#)), which served as a verbal and written confirmation that the participants had been informed about the purpose of the research, understood that participation was voluntary and that they were free to both refuse to participate and to withdraw from the research until transcripts were anonymized. Consent was continuously confirmed and sought throughout data collection, as well as at the conclusion during member check sessions with transcripts. A list of support services to contact in the event of distress was also provided to all cohorts.

However, as argued by Guillemin and Gillam (2004), procedural ethics described above cannot provide all that a researcher needs to support ‘ethics in practice’. The methodologies used in this research encountered ethically ‘important moments’ that were unpredictable and could only be tested in practice (Guillemin & Gillam, 2004). Decisions made in these moments were informed by the theoretical framework of this research, as well as the researcher’s own professional experience working with young people in residential care, as informed by relationally engaged, emancipatory youth work (Tilsen, 2018). This included documenting research practice via a reflexive research journal exploring questions such as

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‘why am I reacting with anxiousness after this interaction?’; ‘Why am I focusing on this person’s opinion rather than another’s?’ In asking these types of questions, personal values could be examined in contrast to ethical considerations, whilst also serving as an act of accountability (Tilsen, 2018). Further information concerning reflexive practice employed in this research is found in section 5.12.2 of this chapter. The following sections discuss ethical consideration specific to working with young people and adult participants.

4.10.1 Ethical Considerations with Young People.

YPRA is often considered an ethical mode of research (Cashmore, 2002; Lushey, 2015). However, the potential consequences of co-option, misuse and tokenism of youth participation have also been noted (Dadich, 2014; Fox, 2013). This type of research approach also has the potential to inflict agential epistemic injustice (Ćirić, 2026), or injustice through inclusion and misused of a marginalized group’s epistemic resources (Medina, 2022). This is in addition to other potential harms such as participants feeling used or exploited or being asked to re-count traumatic experiences. As Hoffman-Cooper (2021) states “research is not inherently healing, liberatory, or emancipatory, or revolutionary” rather it has such a potential “when we ask that it do so and direct our research toward that end” (p. 2). Hoffman-Cooper goes on to offer reflective questions for researchers employing YPRA, which are used in this section as a guide to consider ethical questions for working with young people in care.

First, is a question of positionality including identities, lived experiences, beliefs and values. As discussed in Chapter 1, my personal lived experience, beliefs and values have directly influenced the methodological choices in this research. The use of YPRA is also directly linked to my professional experience working in residential care, and the harm I witnessed when young people were not acknowledged as knowers within the child welfare system. I communicated this positionality to all the young people with whom I collaborated to support clarity and transparency in our relationship. I also reflected on my identity as a White researcher, working with Traveller and Black Irish young people, making sure to remain curious and open to how their experience of care could differ from my internal assumptions based on professional experience from a different jurisdiction. This allowed trust and mutual

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respect to grow. This also tends to how intersectionality of experiences within care are tended to in this research, which is further discussed in the findings of Chapter 5.

A clear power imbalance in many YPRA projects, including this one, is the question of who benefits from this research. My benefits were clear. I was paid for my work. I would receive a doctorate degree, publications, public attention and praise (particularly, I discovered, due to the use of YPRA in this context). This was not possible without the collaboration of young people. There are many indirect ways that young people could benefit from this research, including challenging dominant deficit narratives or empowering the young people in sharing their knowledge and analysis to a wider audience with potential for future policy and practice change. One benefit may be the development of community via research. Scholars have indicated how young people in care rarely have opportunities to connect with care-experienced people (Gillum et al., 2018; Kirk & Day, 2011), which was a process still in the planning stages as this manuscript is being written. To tend to the question of direct benefit, young people were paid for the time they spent working on this project via One4All gift cards- a payment system that allows use in several different outlets and stores- or gift cards from stores of their choosing. Gift cards were necessary due to restrictions on giving cash to young people in care, as stipulated by Tusla.

The possibility of remuneration of young people was instigated by the gatekeepers, who communicated a rising norm of this practice within internal research practices in Tusla, which initiated ethical approval from all relevant committees. The use of One4All gift cards was communicated to keyworkers who took part in the recruitment of young people, as well as the young people themselves before initial rapport building sessions began. As a part of the consent process, young people were told how, when and why One4All gift cards were being offered. This included that gift cards would be presented to them at the beginning of the first session of analysis, following written assent and consent form were signed, in order for young people to feel comfortable withdrawing at any point during the research, if they chose to do so, without fear that they would not receive payment for their time. It was communicated that One4All gift cards acted as acknowledgement of their time, in lieu of potentially using this time for their part time jobs, schoolwork, or leisure time. Inversely, this payment was not in order to

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induce certain types of data from them, and we discussed how an inductive, participant-led analytical approach to sessions would support this process.

Young people in residential care also live within a highly structured institutional power structure and experience oppression and silencing within it (Bruskas, 2008). In some cases, within these contexts, young people may not be accustomed to being asked their personal viewpoint on important issues (Diaz et. al., 2018) or, given their involvement in care, may have the opposite experience, fatigued by the process from exposure to services. In my professional experience, many young people have gone through ‘the story’ of their lives several times in order to access care from professionals in services until this becomes rote. This was another reason as to why young people in this study were not asked about their ‘story’, but rather about exploring their situated knowledge and expertise. Additionally, the long periods of time with young people also allowed the process of analysis to start from their beginning, and to take time in developing their own voices and points of view.

Power dynamics also influence working relationships between researchers and young people, as well as young people’s ability to fully assent to the process. Therefore, it was crucial that the young people involved in this research were entitled to shape much of the research process. Young people were able to choose the location, timing and nature of their involvement. This included some choosing to pause or end their involvement at the end of the school year or when major examinations took place. As discussed above, Member checks and respondent validation was conducted with all available and consenting participants to obtain feedback on preliminary findings and confirm that their voices were being centered and properly interpreted during data analysis. Additionally, my own ways of working centered on making sure young people felt their words and work were important during sessions, not just afterwards. This included writing notes, and sharing those notes, with young people to explicitly show that their words were being taken seriously.

Connected to the question of involvement is the concern for how young people are situated in the discourse of this research. As discussed, there remains a stigma towards young people’s capacity for decision-making and agency (Nybell, 2013; Snow, 2006). Discourse around young people in care is overwhelmingly negative and can often feel exploitative (Johnson, 2021). Within this study, young people

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are positioned as experts, with situated knowledge only possessed by those with their unique experience within care. Rather than focusing on those experiences with “morbid curiosity” (Hoffman-Cooper, 2021, p. 2) towards their trauma and mistreatment, and using their life narrative as data, young people were prompted to use their experience as a tool for analyzing the care and education systems.

Given that care and the exposure to stigma related to care is believed to be a unique trauma that influences identity and education attainment (Hiles et al., 2014; Samuels & Pryce, 2008), it is necessary that this research was trauma-informed. The application of trauma-informed practices was drawn from recommendations from young people in care (Riebschleger et al., 2015) including how I showed young people I was listening to them. This included making sure to follow up promptly on requests made for the next session for young people to see that their thoughts and ideas were being cared for and taken seriously. Felt safety was determined with each young person during sessions and in keeping with child safeguarding guidelines, including whether a door was kept open or closed during a session, where and how we sat and how many breaks were taken. Sometimes, breaks were taken together, including going on walks, while other times young people would take time alone to reflect. As well, communication and collaboration about the continuity of our relationship in terms of boundaries and duration were well-defined and discussed throughout. For young people soon to be leaving care, key workers would be able to provide my contact details after they had left care, if they wished to remain in contact for future dissemination work. However, for young people remaining in care, such continued contact after the project was not possible within the care system.

As young people referenced by Moore et al’s (2018) said, safety involves choice and decision-making. Within the care system, safety can be something that is developed for rather than with young people, often against the express wishes of the young people themselves—such as restricting access to certain people or keeping doors open during a period of heightened mental distress. Though safety through restriction is sometimes justified within the care system, it does not always align with values and principles outlined in youth participatory research. Therefore, safety was co-constructed, including being explicit about my role as a researcher not affiliated with Tusla, but subject to gatekeeping by the system, as well as curating a physical space that was reflective of their need for safety (a closed door versus an

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open one, being within earshot of staff or not, going for walks, or staying at home) and general safeguarding guideline.

An ethical consideration was also the level of intrusiveness this research had on the young people's lives. Participation was dynamic, and young people could choose to engage or disengage as they wished. They could communicate their needs directly through me, or through a chosen mediator. In some cases, I was told via a keyworker that a young person needed a break from the research process. In others, the young person told me directly. Finally, Hoffman-Cooper (2021) calls for truly emancipatory research to challenge systems to support young people in care. This is a central tenet of this research, informed by epistemic injustice discussed in Chapter 3. But centring young peoples situated knowledge in this way, and enacting the ethical imperative this calls for, this research is informed by the epistemic responsibility to know well and to work with the young people's epistemic resources in a just, loving and critical way.

4.10.2 Ethical Considerations with Professionals and Policy Makers

When working with adult participants, major considerations had to be taken into the power, safety and relationships between and across cohorts. In line with HSE guidelines (2022), all potential participants were offered consent meetings prior to interviews which allowed for in-depth discussions about informed consent, data management anonymity, confidentiality, potential risks and management of those risks. Relevant to the Irish experience is the 'small world' nature of both the professional and political contexts from which adult participants were recruited. Oftentimes within and across the three cohorts, participants would mention previous participants that they knew had participated, even if they had not been a part of the snowball sampling initiative, indicating this felt experience of 'everyone knowing everyone' within their professional fields. Some participants also spoke about the need to self-censor because of the 'small world' of these professional spaces.

In this case, anonymity and confidentiality was a goal to work towards, rather than a promised destination or something that could be assured without hesitation. Agreeing to participate required a high level of trust and a feeling of safety required as well as being candid about this professional reality for many participants. Therefore, mitigation of power relations between the researcher and the adult participant focused on transparency and confidentiality. This included showcasing the level of

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confidentiality during the interview process, such as not commenting on the participants notes of whom they also knew had been interviewed. Additionally, it involved being sensitive to the nature of self-censoring to which many adult participants had to adhere.

For elected TDs, much of these conversations were organised via an intermediary administrator or secretary but who were not present for interviews. They handled information and consent forms and asked clarifying questions before interviews were scheduled with the participant. This also meant that once in contact with the participant themselves, more time and care would have to be taken in order to confirm that the information passed on to them through the intermediary was both accurate and acceptable to each participant. For example, this would mean that one or two emails were exchanged confirming that the participant consented for the intermediary to know about their participation in this study before participation was confirmed. Elected officials are also public figures, which meant they could be additionally identifiable to a public audience. In contrast, though civil servants are not public figures, offices with responsibility towards care or education can be small, meaning that these participants are particularly vulnerable to identification to their colleagues. In order to account for this, the table outlining participants for Study 3 is intentionally vague in identifying specific offices or units.

Transcripts and descriptive participant tables were provided back to participants following their interview during which they were able to point to areas that needed further obfuscation or redaction to protect their identity. This shows how internal and external identities can impact felt safety; what appeared to be as adequate anonymization may appear obviously identifiable to someone within the profession. Finally, working with a trauma-informed approach allowed for time and space to acknowledge when participants expressed the difficulties of working within the care or education systems, the pain and suffering that was often witnessed and shared between professionals and young people. Though discussion of such topics may be within the remit of professional practice and reflection care was still taken during interviews. In practice, this included taking breaks during interviews, acknowledging and sitting with feelings that professionals were expressing, as well as making explicit the supports available for every participant via their Information Sheet.

4.11 Data Analysis

Following data collection, each interview was transcribed verbatim, making sure to leave in all pauses, repetition, dialect or slang used by participants. Dialect and colloquial expressions were retained to reflect the cultural and linguistic nuances of each speaker. Pauses taken by the interviewee are indicated using three ellipses (...) while pauses using square brackets with ellipses ([...]) indicate cuts made by the research for brevity in writing. Repetition, filler words (i.e.: “ehm”, “like”) and slang were also preserved to maintain the natural rhythm of speech. Finally, non-verbal cues such as laughter are noted where relevant to interpretation of meaning. Emphasis made by the speaker is indicated using **bold**. This was done to maintain the personhood and integrity of everyone in this research as well as with readability and authenticity.

RTA was used to analyze transcripts from all three studies. RTA is theoretically and epistemologically consistent with the theoretical framing of this research as it acknowledges that analysis cannot be separated from the researcher as codes that turn into themes come *from the researcher* after deep analytic and interpretive work with the data (Braun & Clarke, 2021). This is recognized as an inherently subjective process that requires the researcher to be reflective. RTA was appropriate also as it understands the human experience as one that is entirely subjective. This analysis method seeks to uncover the patterns of sense-making while also interrogating the socially embedded meanings of these patterns (Braun & Clarke, 2021).

All three studies were coded separately from one another, in the order in which the studies were conducted, starting with Study 3, and ending with Study 1. Analyzing each study separately, while using a rigorous reflexive practice, allowed me to minimize transference of themes between studies. The initiation of the data analysis phase also signalled a pause in the participatory nature of Study 1, as analysis and write up were conducted solely by the author of this research. Following Braun & Clarke’s (2022) methodology for RTA, I followed the six recursive phases for each study: familiarization; coding; generating initial themes; reviewing and developing themes; refining, defining and naming themes; and writing up. The familiarization process involves listening to interviews several times, to the point where, if needed, the researcher could recount each interview and its main points without the recording itself.

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Following this, two passes of coding were completed for each transcript. Codes were developed inductively from my interpretation of the data, without the use of pre-defined frameworks, theories or codebooks. There was no attempt to ‘find’ epistemic injustice, for example, within the transcripts, for example.

These codes were then grouped into themes based on similarities of concepts, experiences or assertions across all the transcripts for the study. Themes were developed through mind maps in order to visualize how the codes across all transcripts in each study interacted with one another. After this initial development of themes, another review of the codes, coded data and full data set was done in order to confirm that these initial themes reflected the original data set. Step five, refining, defining and naming, was done through the writing of theme ‘abstracts’ a method suggested by Braun & Clarke (2022) in which the researcher writes abstracts of each theme in order to consider how well define the parameters of these themes are from one another, if they can stand on their own, or if they are too familiar to another theme. This included the use of direct quotes and references to codes. This was an iterative process, which involves reflexive writing and supervisory meetings to further define and refine each theme. Once this step was complete, member checking was pursued with participants of that study. Once this process had occurred for a single study, the process began again from familiarization with the following study.

RTA also offered a way to analyze both the in-real-time experiences of participants as well as interpretive accounts of their conceptualizations of care and education. The complexity of interactions between latent cultural or historical discourses, while tracking lived experiences of participants, was well met by RTA’s structure. As an illustrative example, the theme of ‘ambition and motivation for education’ found in Chapter Five came together from the following themes, all related to young people’s relationship to education: ‘education=good/better life’; ‘proving people wrong’; ‘pride in achievements (school)’; ‘ambition for future’; ‘personal motivations for education’. These codes combined internalized beliefs about the benefits of education, combating stigma and external expectations as well as cultural connections between a ‘good life’ and access to further education after aging out of care discussed by all eight participants to develop an understanding of how young people’s relationship to education is formed while in residential care.

Throughout this process, the use of a reflexive journal ([Appendix VI](#)) allowed for personal deep reflection and accountability in how data was being interpreted. The reflexive journal allowed for the processing of intense emotions, including anger, sadness and grief, when confronted with stigmatizing language and expressions of power within each transcript, particularly during analysis of Study 3. The reflexive practice (Tilsen, 2018) facilitated the ‘noticing’ of these feelings, as well as to interrogate them against my positionality during coding in order to separate my own feelings from pattern making with the data. For Study 1, care was taken to refer back to notes during sessions to assure that meaning making was as close to the young person’s intentions as possible. This also included member checking of themes developed with all participants that were willing and able to do so, as discussed in sections above. In Study 2, care was taken in reviewing and developing themes to maintain equal representation of educators and professionals when looking at all themes in totality. This was to avoid overprescribing ‘truth’ or weight to one professional cohort’s experiences versus others.

RTA allowed for the analysis to capture the complexity of interactions between latent cultural or historical discourses, while tracking lived experiences of participants. This included an acknowledgement that some participants may have had a vested interest in criticizing government departments (e.g. members of opposition in the Dáil, advocacy group members) or defending the government’s record (e.g. members of the majority in the Dáil). Others were on public record as having lived experience of involvement with the child welfare system, educational disadvantage or systemic poverty and may have felt a closeness to the topic of consideration. RTA allowed for awareness for these complexities, in how participants framed or rationalized things, while not judging or dismissing their point of view.

4.12 Trustworthiness: Authenticity to Complexity

Unlike the quantitative approach, qualitative research does not seek replicability as the benchmark for determining validity. Instead, trustworthiness is typically used to establish the quality of the research (Liamputtong, 2019) through credibility, transferability, dependability and confirmability (Guba & Lincoln, 1982). Transferability refers to the extent to which the findings of qualitative research can be transferred to other contexts or settings with other respondents. The ‘thick descriptions’ of the research process, ethics, and methodology, including methods, interview guides, and gatekeeper information

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(Appendix IV, V & VI) have been provided to facilitate this transferability. Collectively, these can help readers make conclusions about the potential transferability of the research findings (Lincoln & Guba, 1985).

Credibility is concerned with the extent to which the findings and judgments made by the researcher can be trusted (Hanson et al., 2019). There are several ways in which this can be achieved including prolonged engagement, negative case analysis, debriefing, and/or member checks (Forero et al., 2018). This study applied two of these methods in the form of member checks and prolonged engagement to enhance the credibility of the research. Member checks were carried out with all participants. Following interviews with policy makers, professionals, and educators anonymized transcriptions were shared to confirm accuracy and adequate anonymity as well as to maintain participant's feeling of ownership over their inputs to this research. The process of member checks was also carried out with young people after each session. Each session was audio recorded, and transcriptions were shared with the young people in subsequent sessions. All notes written throughout data creation sessions were shared with young people in the following session. Prolonged engagement was achieved through the participatory sessions with young people due to the extensive time taken to complete each collaboration.

4.12.1 Complexity in 'Child Centered' Research

Spyrou (2011) has argued that child-centered research must move beyond claims of authenticity and account for the complex picture offered by young people's voice by "exploring their messy, multi-layered and non-normative character" (p. 151). In research, young people's voices are often presented as 'speaking for themselves' even if the materials were written, edited and published by adults with little to no intervention by the young people themselves. These findings are not devoid of my personal interpretation, as I was the only person engaging in RTA and I am the sole author of this manuscript. This research aims not only to gain a better understanding of young people's perspectives (Spyrou, 2011), but to intervene at the agential epistemic injustice involved in some participatory and non-participatory research within the field. Working with young people in care and representing their 'voice' and analysis concerning the intersection of care and education in Ireland does not absolve the need for criticality in the use of young people's testimony. These findings cannot be divorced from its interactional context

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(Spyrou, 2011), nor can it attribute a universal ‘truth’ (Mazzei & Jackson, 2009) by virtue of young people’s participation. Spyrou (2011) suggests a critically reflective approach to this type of research to reflect on the situated character of young people’s voices.

First, it is important to note that the young people in this study live within the institutional context of residential care, which necessarily impacts their analysis of that context as well as how they communicated this to me, the researcher (Nybell, 2013). As exemplified by Spyrou (2011), rapport building and investing time can deepen understandings of topics and provide nuance that otherwise would not be assessable if time were a limitation or if rapport had not been established. This is also reflective of an epistemic justice framework, which acknowledges young people’s testimonies and epistemic resources as multi-layered. Beginning each session with a reflection on the previous, including reviews of transcripts and personal notes taken, alleviates some degree of interpretation in the development of the data. Member checks after RTA theme development carried out with four out of eight young people who were willing to do so allowed expression of alternative viewpoints that could be, again, interpreted and used for modification of the analysis.

The findings and discussion in this research have also taken on young people’s particularities as a social group, as well as the care-experience also being distinctive, in consideration with how they are portrayed in research (Spyrou, 2011). Ultimately, this research cannot claim to be a perfect ‘true’ exemplification of the ‘voice’ of the eight young people in residential care involved in this study, not to mention the whole of Ireland. Rather, it offers an initial window into an analysis of education and care by young people in residential care through the lens of the author’s interpretations and reflections on this collaboration.

4.12.2 Reflexivity

Reflexivity also played a major role in the trustworthiness of this research and was guided by Tilsen’s (2018) reflexive practice for critical youth work and Medina’s (2022) call for epistemic responsibility. Due to its critical theoretical approach, this research positions me, my potential biases, assumptions and values directly within the process. Tilsen (2018) suggests the use of reflexivity over reflection. While both engage in an inner dialogue, reflection involves thinking about events, interactions,

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people etc., while reflexivity involved considering alternative interpretations, understandings and alternative forms of action. This involves a stance of humility as a process where one's own knowledge is doubted. This is reflective of epistemic responsibility which involves proper engagement with the agency and epistemic resources of marginalized groups (Polhaus, 2020). This level of personal humility about my own work as a researcher resonated with me. My positionality is explored in Chapter 1, as well as how this positionality can act as a guide to the research process and has enhanced my ability to connect with participants and evolve the ethical basis of the research. The reflexive journal (Appendix VI) kept throughout this research allowed me to explore epistemic responsibility, humility and criticality functioned within my research. Entries were weekly or biweekly. During data collection, entries pre-and post-engagement were made after each meeting. During data analysis, these reflexive journal entries were written daily. I also kept a timeline journal (Appendix VI), which functioned as a flowchart of ideas to decisions throughout the research process. During this deliberate practice, I would begin with a reflective portion, overviewing what had happened in the research process, who I had interacted with and my own emotions towards those events. This was a typical reflection, focusing inward on myself as the researcher. Reflexivity pointed the conversation inward, holding a mirror to my work as a researcher to entertain critical questions about my experience. For example: why does frustration grab me when I receive this type of feedback? What am I failing to understand about this gatekeeper's hesitancy in working with me? Why am I noticing comments from X and not X? How to my personal identity influence my reactions and interpretations of this? What assumptions are behind my reactions and ideas about this?

Many reflexive entries completed after meetings with participants were done via voice notes in which I am audibly moved, sometimes to tears, at what has been discussed. This level of personal closeness has translated into a great sense of responsibility. By using Tilsen's reflexive practice, I was able to critically review my own research process, questioning myself and my ways of working with the central goal of epistemic responsibility in mind. The use of YPRA runs the risk of such epistemic irresponsibility through agential epistemic injustice (Ćirić, 2026). By critically questioning my own choices and the ways in which my own positionality influenced these choices, I could work towards the goal of handling participants' epistemic resources with the respect and care they merited. My supervisors

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offered critical oversight into my analysis and interpretations. Having two supervisors offered several perspectives outside the bounds of the very personal and affecting exposure during data collection. By embracing my subjectivity and critically reflecting upon its influence in this research, this research stands as a distinct and focused contribution to knowledge configured through my positionality in combination with data that was collaboratively generated through three studies. It also allowed me to ask questions from a place of curiosity, while also not feeling hesitant to push for clarity when needed. The combination of prolonged engagement and reflective journaling offers some assurance that the data collected and presented is both relevant and credible (Reeves et al., 2013).

4.13 Conclusion

This chapter explained the research process undertaken in this dissertation through three separate studies. Methodological choices were discussed in the context of the theoretical framework of epistemic injustice, using qualitative methods including YPRA to develop a holistic inquiry into the education of young people in residential care. Additionally, the methods, gatekeeping arrangements, recruitment and ethical considerations for research conducted with young people and adults were discussed. Particular attention was also paid to the trustworthiness of this research. The following chapters outline the findings of each study undertaken for this research, as well as final discussion and concluding chapters which combine learnings from all three studies.

Chapter 5: Study 1- Young People in Residential Care

5.1 Introduction

This chapter presents the findings and discussion developed through a collaborative participatory research project with eight young people in residential care. The chapter offers an analysis of the care and education systems and its ability to support the education of young people in residential care through their situated knowledge. Findings are presented thematically, followed by a discussion in context of established research and local policy and practice. This study aims to answer the following questions:

1. What do young people in residential care identify as key systemic, relational, and individual factors that either facilitate or hinder their educational experience?
2. How do young people experience and make sense of these barriers and facilitators?
3. What types of support or services do young people identify as essential for developing and sustaining education while living in residential care?

As discussed in Chapter 4, Section 8, this study followed a youth participatory approach, in which collaborations with young people focused on their situated knowledge of the care and education systems as a point of analysis. Eight young people living in residential care participated in this research (Table 4).

Table 4

Young People by Gender, Age Range and Education Placement

<i>Pseudonym</i>	<i>Sex</i>	<i>Age</i>	<i>Education Placement</i>
James	M	16-17	Mainstream Post-Primary
Hannah	F	16-17	Mainstream Post-Primary
Rachel	F	16-17	Mainstream Post-Primary
Claire	F	16-17	Mainstream Post-Primary
Louise	F	13-15	Currently not attending
Aoife	F	16-17	YouthReach
Catriona	F	13-15	Mainstream Post-Primary
Jessie	F	16-17	YouthReach

5.2 Findings

The following section outlines the findings from collaborations with eight teenagers living in residential care in Ireland. When discussing the most salient points concerning the education of young people in residential care, themes were grouped into four settings: the care system, the home, the school and the individual. Within each of these settings, several sub themes are identified, as shown in Table 5.

Table 5:

Themes and Subthemes of Study 1

The Care System	The Home	The School	The Individual
Losing Trust in Care	Teenagerhood under Surveillance	Teachers as Positive Adults	Ambition and Motivation
Placement Instability	Trust Goes Both Ways	Rigidity in School	Creating Moments for Participation
	Love	Training on Care	

5.2.1 The Care System

The following section discusses educational barriers and supports within the care system, as identified by young people in residential care.

Losing trust in care. All but one young person involved in this research described their care experience in overwhelmingly negative terms. James, who came into care as an older teenager, was the only young person with a more positive opinion on the care system. Still, he described the process as difficult: “*care breaks you, it makes you stronger*”. Catriona, who had come into care at the age of five and had experienced eight different placements in eight years, called the care system “*a living hell*”. Hannah said she had “*lost so much*” in care including a “*sense of what it means to be a child*”. These young people were not describing the experiences that led them into care, but rather their journey through the care system itself. However, they did not perceive their experiences as abnormal and witnessed this type of injustice towards their peers as well. Many young people did not feel shocked or surprised when school placements were not found in a timely fashion, promises were broken or changed abruptly, or

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bureaucratic issues meant they could not be involved in extra-curricular activities in or outside school with their peers.

From their perspective, the care system was “*a system of unknownness*” (Aoife) that caused young people’s “*entire life [to] go away*” (Catriona). Many felt that the care system lacked the ability to properly communicate with young people. Most expressed that it was normal for young people to not have a full understanding of their entrance into care in the first place, or why attempts at family reunification had been shut down. This lent itself to the general feeling that the care system worked hard to “*keep everything under the covers...hidden away*” (Aoife) from young people. Consequently, many participants looked at any professionals associated with Tusla with suspicion, fear or a lack of trust, reflected in their feelings of the care system in general. This had multiple knock-on effects on their relationships with professionals, discussed at length in themes below, who could potentially support them and their education.

Four other young people in this study described either mistreatment or abuse in previous foster placements. Some had also experienced racism or homophobia from peers and professionals in placements as well as in schools. This included anti-Black racism as well as anti-Traveller discrimination. One young person was told it was a sin to be bisexual and that such topics could not be discussed in the home. Catriona described how in her last school “*the racism was crazy. I was called the N word every second day*”. When they approached adults to report these experiences, they were not believed or were questioned over the severity of their experience, further breaking down trust in the ability to be safe within care. Following a complaint concerning her foster parents, a social worker told Jessie, “*they’re lovely people*” and dismissed her claims of mistreatment. These experiences had knock on effects. Many young people felt professionals blamed or shamed them for so-called ‘placement breakdowns’, assuming that their behaviour was the root cause. Particularly for those who had experienced mistreatment, this cycle felt like another violation of trust.

Given these structural issues, young people felt their distrust of the care system was logical. Subsequently, many young people felt they had to become hyper-independent and self-reliant within the care system to survive. When no action was taken after disclosures of racism in her school, Catriona went on to try to deal with the issues herself, ignoring people or certain areas of school which eventually left

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her feeling “*too tired*” to go to school and continue dealing with the issue herself. This sparked the slow decline in her enthusiasm for school and she began sleeping in most mornings rather than trying to attend. This continued even when her placement and school changed once more: “*today I experienced the N word again. I'm like I'm just so sick of at this point*”.

Hannah concluded that Tusla really didn't know how to care for young people on a structural level, and so it was no wonder that so many young people in care struggled in school: “*there should be more progress*” according to Hannah, “*Tusla's been around for how long?*”. Young people articulated a felt injustice, wherein they were taken from their families of origin, either voluntarily or involuntarily, only to be faced with a system they felt was broken and unable to fully care for them. The experience of living in “*the unknown*” of the care system led to “*an awful lot of trust issues*” (Aoife) with the adults in young people's lives. These young people contended that the lack of transparency or capacity to include young people's voice in decision-making constituted a significant breach of trust. This made future relationship building with professionals within the care system extremely challenging from an emotional point of view. If education is a relationship-based venture, as these young people will discuss further in these findings, the care system itself was a barrier to education.

Placement instability. For many young people, their lack of trust in Tusla and the care system stemmed from placement instability. James was the only young person in this study who experienced a single placement throughout his time in care, perhaps owing to his older age upon entry. All the other young people had experienced between four and eight different placements in their lives, ranging from foster, residential care, special care and SEA. Louise described her entry into care:

When I first got taken into care was, first day I met me social worker. She took us into care and then she didn't have a place for us to go. We literally got taken and we literally had to drive around in a car for like two hours for them to find the place for us to go for the first night, which was a fuckin' hotel. That's where they put us in for like a while because they couldn't find place. So why if they can't find the place, why take us off the parents? Why not take us off our parents when we have a place ready for it? Instead of putting us through all the stress of getting moved around?

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Becoming effectively homeless from the moment of entry into care broke Louise's sense of safety and trust in the care system immediately. She moved through several foster homes throughout the country before coming to residential care far away from the city where she had been born. These were not just individual stories: young people witnessed this as a systemic problem within care that was larger than personal grievances. Young people described being reticent to unpack, make friends or establish relationships with staff members in new placements, for fear of being moved again:

There are boxes in there [bedroom] that are still not unpacked because of moving so much just this year. Like I've just gotten so used to just not unpacking, just in case. "Oh, you might be like moving again". Which could be the case in a few month's time. (Catriona)

Catriona had been moved from foster placements, to respite placements, to SEA, to residential homes across the country from the age of five to thirteen. Most young people involved in this study had more than three placement changes in their time in care, particularly between foster, SEA and residential homes. Three of the young people struggled to accurately portray a timeline of events, so frequent were their placement changes. Their analysis described two ways in which placement instability affected young peoples' education.

First was the actual act of placement instability. Many young people in this study attended more than three schools in their time in care due to placement changes. There was no guarantee that social workers would find an appropriate school when young people changed placements. Appropriate could mean a lot of things to young people: closeness to friends, distance from their placement, availability of certain subjects or pathways or ethos of the school. This included what type of final examination was available at each school, as well as the attitudes towards those pathways. Young people felt that it was normal to have no say in where they went and what type of school they would be put into. And even if they were asked for their opinion, it rarely affected the final outcome. Every young person had their own ambitions for the future and needs for a school, but felt that because placements were so insecure, finding the right school for them was not a priority. Frequent placement changes could also cause lost instruction time. Louise described how she was "tossed around" the country due to the lack of available placements. During this time, she had no school placement:

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But like, how could I? One day I was in Galway, the next day like Laois and the next day Cork. Or Clare. Whatever. (Louise)

This also meant that any additional supports, socio-emotional or academic in nature, established at their previous schools were lost. Young people saw their education, and more importantly their personal preferences, goals and ambitions in education, as a low priority in the face of rising placement instability within the care system.

The emotional upheaval that often came with placement changes was the second identified trigger for school attendance problems. Placement instability often led to school mobility, and young people identified how many young people lost interest, ambition or confidence in re-entering school when their new placement had been secured. Changing placements and schools also meant having to meet new people and learn new routines both at school and at home. This naturally also meant losing connection with friends and professionals with whom they had positive connections, adding to the feeling of instability. Education was seen as a pathway to their future, but as Catriona said, *“how can you prepare for the future when life is uncertainty!”*. Claire confirmed that much of her reticence to attend school *“started in foster care”* and the instability she faced being moved between such placements. It was only now in residential care that those issues were coming to the surface.

Aging out of care also acted as a source of instability. In Ireland, young people age out of care at 18 and must be engaged in education to access certain aftercare services, including the aftercare allowance of €300 per week. Two young people were facing potential housing insecurity towards their eighteenth birthday, when they would potentially have to leave their placement while in the middle of preparations for their Leaving Certificate examinations. This was compounded by the fear of losing access to services and supports if they did not receive the results they wished for. Given the instability they faced throughout the care system and their gaps in schooling due to placement changes, the pressure to achieve academically could feel stifling, particularly when they knew their access to further supports were predicated on their ability to enter third level education. James, Rachel and Claire expressed excitement for aging out, as they envisioned adulthood in contrast to the lack of agency they felt in care. For others, knowing that after they exited the care system there would be *“no one there”* (Aoife) to

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support them caused huge levels of anxiety which effected their ability to focus on their schooling. Young people were aware of the statistics and negative stories concerning care-experienced adults and feared that they would also inevitably struggle. Hannah admitted “*I’m so scared*” of the future. Given that most young people not in care had some level of support from their parents or family when they came of age, this harsh cut off time felt unfair. Claire, who planned to move back with her family after aging out, noted that most of the young people with whom she lived did not have this option.

Young people felt that professionals did not fully comprehend how the practical implications of placement instability compounded with these emotional implications led to a natural decline in engagement in education. This caused the cycle of assumed deficit, where young people would be blamed for their school attendance problems, or negative attitudes towards education, while facing insurmountable barriers in placement that felt out of their control. Using the example of placement instability to diagnose a larger issue of trust between young people and Tusla as a system, these young people describe how instability fractures relationships with education during residential care. This was evident at a structural and administrative level with delays in school attendance during placement changes as well as at an affective level due to the lack of stability in their lives. This pattern of instability and lack of trust was reflected in the home environment as well, informed by the larger systemic issues the young people identified.

5.2.2 The Home

In contrast to more recent publications in Ireland concerning the education of young people in care (Branley, 2025), the young people in this study focused primarily on the home environment, rather than the school, as a place with the potential to make or break their education experience.

Teenagerhood under surveillance. Living with strangers in a residential care home, especially after spending time with families of origin or in foster homes, could be “*scary*” (Rachel) or a lot of “*pressure*” (Patrick). The abnormal norm of living in residential care, where your housemates were other young people you did not know and your carers were strangers on a rotating shift schedule, bled into school life. This included having a different person transporting young people to school every day or attending in-school meetings resulting in an “*alienating, isolating experience*” (Hannah). There was a

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tension in wanting to be “*like everyone else*” while knowing that their home environment was “*completely different to other kids*” (Aoife).

Part of this abnormal norm was the gatekeeping of teenage experiences. Connecting with friends could be the strongest pull to go to school some days while being heavily restricted and controlled. While their peers could socialize outside of school, join clubs and go on trips, young people in residential care were often hindered in normal teenage experiences. This could often mean Garda (police) checks for family members of friends or lengthy approval processes through carers and social workers. This was further exacerbated if social workers were difficult to contact, took extended time to reply to requests, or if a young person did not have an allocated social worker. Young people often contrasted this to their peers, whose parents would let them out if they stayed in touch: “*ya know, if you’re in trouble, call*” (Catriona). This had an othering effect, making it difficult to maintain relationships and isolated young people. Many young people had restrictions on their movement as their risk level had been deemed too high to be alone in certain settings. This could include not being allowed to leave the house alone or close the door to their bedrooms. Control could also be imposed in response to their tone of voice or level of ‘disruption’. Jessie felt that if young people expressed their frustrations or were honest with their feelings “*straight away, like ‘oh well that’s a risk assessment’.*”

A lack of privacy was also an issue. While young people craved the same privacy and alone time as their peers, many felt that those in residential care were barred from this normal activity as it again was seen through the lens of risk. Jessie explained that if a young person may want to be left alone or be in their room on the weekends, a parent might see that as a normal part of the teenage experience but in care this could trigger a risk assessment. Practicing independence could also be gatekept. James, who had been dealing with bullying and peers giving him a hard time in school, described how difficult it was to talk to carers in his home environment without triggering any formal intervention. “*I’d like to be able to do something myself*” he said, rather than having staff members step in just by virtue of speaking to them about his day in school. James also identified the irony of the lack of independence within care for older teens who could be months or weeks away from turning eighteen when they would be expected to be fully independent outside the care system. The level of control staff had over young people’s lives made a

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‘normal’ existence very difficult. In turn, many young people felt that they were further stigmatized by virtue of not engaging in normal teenage behaviors, even though it was not in their control whether they could be given permission to do so.

However, there was capacity for teenage experiences in residential care if staff were accommodating. Claire’s key worker enabled her to see friends from her hometown. James’ key workers brought him to a concert as a birthday gift. James experienced the professionals in his life as understanding the importance of normal teenage experiences. They made the effort to create these experiences for him. In turn, James felt that his key workers were there to support him no matter what. This went as far as enabling him to travel for his education, visiting a foreign country to work on his language skills. “*The sky’s the limit*”, according to James, when professionals made the effort to listen to young people’s wants and needs. In contrast, Jessie’s relative had bought tickets for a concert for her birthday but was unable to gift them to her as the social worker “*just ignore[d] all the emails*” (Jessie) requesting approval.

Gatekeeping of teenage experiences was a major contributor towards the feeling of “*being watched 24/7, like under surveillance*” (Jessie). This was a mainstay of the residential care experience for young people, who knew they were automatically labelled as ‘at risk’ or ‘vulnerable’ by virtue of their placement type, regardless of individual circumstances. As an example of surveillance, most young people pointed to ‘the book’: a live written record of the goings on within the house, kept within the social care workers’ office, to be used and seen only by social care workers. Young people identified ‘the book’ as a physical manifestation of the care system’s surveillance and control of young people and, in contrast, young people’s limited ability to participate in decision-making in their care.

You guys [social care workers] write stuff down that's from your perspective. I want to say, like, “what if you guys lie, like, you guys, could literally just throw me under the bus”. And I kind of defend myself, because you are all looking at one page of what some individual who has their own experiences writes about me. And automatically, you take that as the truth. Did you come back to me and ask me what happened or what was going on? Automatically they take sides with each other because you are the child. (Hannah)

‘The book’ made relationships with staff members hierarchical, and developing trust difficult. Young people could not assume social care workers were initiating conversation, for example, with good intentions. Rather, bids for connection through conversation were met with hesitance, as young people worried staff were reaching out “*just to write about it*” (Catriona). The far-reaching consequences of this book, of which they had no say or control, was emblematic of many aspects of care. Young people knew that these books could be shared with other professionals or could be used in assessing young people’s behaviors without their consultation to “*create a picture of you before they even see you*” (Hannah). This further added to young people’s hesitancy of reaching out for support concerning their education, for fear that they would be misunderstood or interpreted in ways in which they had no control.

This level of control over their autonomy felt arbitrary. Young people acknowledged the need for boundaries and support in making good decisions. It was the nature through which these restrictions and boundaries were created, without their input or participation, that resulted in the perceived arbitrariness. Consequently, young people felt stigmatized, like staff were “*turning the kids into someone they can’t trust*” (Hannah). This atmosphere of control and surveillance had detrimental effects on the relationships young people could create with professionals. Most young people in this study felt that social care workers and social workers in particular were not deserving of their trust, due in part to the nature of the environment created within the home.

Trust goes both ways. Young people in this study were aware that staff members could find it difficult to develop meaningful relationships with young people living in residential care. However, young people felt staff forgot, or could not see, how “*trust goes both ways*” (Catriona). The imbalanced power relations, the surveillance and the control in residential care created a barrier to a truly trusting relationship. Young people felt they were being expected to trust adults in their homes without being extended the respect and care that would be required. Furthermore, when young people expressed hesitance or outright rejected bids for connection, they felt they were therefore identified as ‘difficult to reach’. The behaviour was seen as deviant by professionals, rather than a logical and natural reaction to the residential care setting.

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Young people felt hesitant to form relationships with staff even though they knew doing so could benefit them. Rachel had observed several incidences where staff would ask a young person to open up about an issue, only to find out that the contents of this conversation was being shared across all staff members or with other young people. The lack of sensitivity added to the atmosphere of mistrust and skepticism among young people, who be cautious with what they shared with staff.

[They said] 'Oh, yesterday I heard you were talking to so and so but don't say I said it!'. Like it's not right! I know you have to talk about it at handover but leave it there! (Rachel)

James confirmed that some young people could be worried that staff would be “judging them” and therefore not approach them for support. Despite his own positive relationships with some staff in his home, he confirmed that with others, he felt “trapped”:

Other staff members are like, I know what they're trying to do. I know when you asked me that question that you're trying to get me to like admit to something. Like, I don't know, “Oh, do you have homework today?” “No, I finished it already.” “Well, let me see”.

Young people therefore self-censored according to the presence of certain staff members. Who was on shift in the morning before school, or who was there when they returned, dictated “the atmosphere in the house” (James), and young people had little power over how they were perceived or treated. Being “afraid to even ask a few questions” (Hannah) for fear of rejection or judgement from staff members could be commonplace. Despite this, staff would expect “all the kids to come with open arms” (Catriona).

As Catriona describes, it becomes increasingly frustrating to have staff members insist on transparency, respect, trust and honesty from young people when they have not been afforded the same. She argued that without listening to young people, staff could not support them, using a personal example of being driven to school by a White staff member as a young Black girl. En route to school one day she asked to be dropped off away from the entrance gates. The staff member denied her request, insisting she shouldn't care about such things:

He was being so mean to me, like, and then I started getting annoyed. And I was like, you know, forget it like. And he said, Catriona I can't talk to you about anything while you're getting upset.

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And I was like, how's that even my fault? He was going on about support yesterday [...] I've told you how you can support me. And he's just saying: 'You have no reason'. (Catriona)

From the staff member's point of view, perhaps he was attempting to support a young person in resilience towards the stigma of their care status. He expressed frustration that his bid for support was rejected, positioning her in the deficit in this interaction. But by failing to listen to the individual young person in front of him, Catriona argued, he had missed an opportunity to support her in the way she expressed she needed, for a reason connected to her identity as a Black-Irish girl, rather than a girl in care. Aoife, who self-identified as a Traveller, also spoke about the lack of empathy and understanding that staff members had towards Traveller culture, and how this affected her ability to trust carers in her home. It also meant, that if she experienced discrimination at school, that she felt there would be no one at home who could empathize and support her.

In Hannah's case, loss of trust came from witnessing how staff members treated other young people who were not as compliant and quiet as she was: *"I worry I'm not a good kid. I always have to back down"* (Hannah). When other young people insisted on being heard, having strong opinions concerning their education or other care matters they were labeled difficult. The perceived expectation to be docile and not voice an opinion were difficult for young people to live up to:

You're telling me to stand up for myself, but then you're telling me not to retaliate, so either way, I'm in trouble. (Claire)

Catriona called this process *"exhausting"*:

[Staff say] "Oh yeah, you could always talk to us" And they never actually are there for me to talk to? That's just a word. You have to actually, like, show it with your actions! That you're there for someone. And they never are.

Self-censoring therefore became a survival technique. By *"pretending I'm doing fine"* (Catriona) or *"putting on a face"* (Hannah), young people could avoid the surveillance and controlling nature of the residential home and its staff.

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Love. The lack of felt emotional safety within the residential care setting had a symbiotic relationship to the lack of mutual trust and respect found in relationships with staff. Ultimately, young people felt overwhelmingly like they were not loved, and therefore not cared for, within residential care.

You cannot have relationship without the emotional side. I don't know how they [staff] don't get it.

If you've taken that part out, I'm not going to trust you, because I know that you don't have that mutual kind of love for me, and that's really harmful. (Hannah)

Young people insisted that without an emotional connection, without feeling loved and cared for, they couldn't begin to trust staff to help them with more practical education support. Hannah insisted that it was “*so important for kid's growth*” that they had loving relationships at home while going through school.

The lack of love in residential care was central to Hannah's analysis as to why many young people disengage with education. In her experience, there were daily reminders for young people in residential care that the adults around them didn't love them. Staff purposefully created distance between themselves and young people. According to Hannah, there were clear connections between feeling loved and being engaged and ambitious in education. That kind of relationship would “*allow them [young people] to kind of progress, do something better for themselves*” (Hannah).

When a staff member told Hannah about another young person in their care, who had gone on to take their own life shortly after aging out, it felt clear to her that staff members purposefully put up emotional barriers between themselves and young people:

And he was like, “Oh, yeah, we did everything we could”. It broke my heart. “We didn't have anything left to do at the time, we gave her the support that she needed and kept her safe.” Well, then I was kind of like, okay, but you guys, she still, at the end of the day, she still felt so helpless that she took her own life! [...] It broke me. (Hannah)

Hannah also understood that staff might feel “*we're the ones who don't want that [love]*”. From her perspective, they could not see that the home environment made it difficult for young people to want a relationship with staff and to be open to feeling loved.

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You get all the material things you need as a child. But they just don't hit that emotional mark.

[...] they can never tell you they love you. (Hannah)

According to these young people, the lack of love within the home environment superseded any and all education interventions that could be offered in school:

You could have a great teacher school, and it's great and amazing. But if your home life is not great, you're not going to get by. Social Care Workers are the most important. They're the ones who see you daily. They're the ones who kind of contribute to how you're leaving every day.

(Catriona)

For other young people, like James, Claire and Rachel, who had positive relationships with some staff members, their open and honest communication style was key to feeling loved.

Rachel used the example of a manager at her home stating: *"I love him"* because *"he listened to me"*. The staff with whom young people connected *"seemed more open. They seem more genuine"* (Catriona) and focused less on control and more on individual connection. When asked how staff could become more genuine, the young people again pointed to the power imbalance between staff and young people in their home. The social care workers that were *"getting it right"* by listening to young people while and humbled themselves when they *"did their research"* (Aoife) on the care experience. These young people therefore felt comfortable accepting help from professionals, including pressure to attend school or reach out when they were struggling.

There was a balance to be struck between pushing young people to engage with education without causing undue pressure. Young people saw that this was a difficult balance for professionals to strike. The *"good pressure"* (James) could be a positive. It showed young people that staff thought that they could achieve anything they set out to, and that education was of value in the home. However, as Hannah discussed, without establishing emotional safety, these 'pushes' could come across as tone deaf, and further alienate young people. Similar to how Catriona discussed staff *"going on about"* support without listening to what young people needed, if there was no emotional safety to be found in the home, young people were not prepared to push themselves educationally. One of the ways young people felt staff could establish emotional trust was to be curious and interested in what young people had to say. James, who

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found the pressure from staff useful, had developed a relationship with staff that felt emotionally safe, and could therefore benefit from this “*good pressure*” (James). Without a strong relationship with staff members, education could suffer as young people couldn’t trust staff to intervene on their behalf or to have their best interests at heart.

5.2.3 The School

As discussed above, the residential home environment was the central deciding factor in educational attainment and engagement for these young people. However, there were some factors within the school environment that could ease the transition between home and school and offer a safe refuge for young people.

Teachers as positive adults. School offered young people in residential care “*even more stability*” (Hannah) and opportunities for positive relationships with adults. Aoife suggested that teachers or other staff members could pay special attention to those in care, pulling them aside for check ins or to “*have a chit chat*”. Getting to know young people meant teachers could “*get the reasons*” (Aoife) behind some of the difficulties they might be facing and be more empathetic to their needs. Having “*a bit more routine, more structure*” (Hannah) could be healing in response to the instability within the care system. This was James’ experience. The stability and support he encountered in school was a boost for his confidence. He spoke highly of some of his teachers but acknowledged that “*it really does depend*” on the type of teacher encountered, reflective of the variability at home.

According to the young people, entry into care was a particularly crucial time for in-school support. This included instances where a school change took place as well as when school placement stayed the same after entry into care. Rachel discussed when a teacher came to visit her in the hospital during her time of transition into care:

She cared about me. She cared about me so much so much and she still does. Like I remember when I was in the hospital. I had nothing like no clothes [...] The hospital were just giving me towels. So I had to wear a towel. And then school gave me some clothes. I'm always so grateful for that[...] It's something that really impacted my life.

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James, who transitioned between his kinship placement and residential care as an older teen, experienced a high level of support from teachers and care staff during his transition. His key worker took him to see his new school, met his head teacher and gave him additional emotional support during the transition. This included additional one-on-one time that gradually retreated as James settled in. These new relationships with teachers were successful, according to James, because of the way they approached him and tended to their relationships:

There wasn't a thing of a power imbalance of like, 'Oh, I'm the teacher'. Just, you know, I'm here to help. (James)

James felt that his point of view was taken into consideration, and his needs were being listened to at school to the point where teachers “*would research [things] for me*” including a trip abroad to grow his second-language skills. This type of person-focused support was highly sought after but, according to the young people, it was down to luck if you happened to be placed in a school willing to do so.

Rigidity in school. For the majority of these young people, their relationship with school and education was complex. Many viewed school as a rigid place, where there was little room for additional support needs or different ways of learning. Many experienced school as another place where adults could dictate all the decisions without young people’s input:

I go to a prison in the morning. I come back home to a prison. (Jessie)

They also saw education as a ticket to a better life including access to aftercare. Louise, who has experienced significant school attendance problems since before coming to care, said she “*hated*” school, as she was “*the class clown*” and “*could never sit in class*” or “*focus on me work*”. She was classified as a problem student and eventually stopped attending altogether after significant delays between school placements due to placement instability in care.

*I know fine well, if they really understood, I would still be in school. But I was always getting sent home on a Wednesday. I was getting detention nearly every week. Do **you** want to go to a place like that? (Louise).*

Claire also felt that her first school placement did not work to understand her needs and teachers looked down on her for being in care. In her previous placement, her requests to change schools was denied.

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When she changed placements, she successfully advocated to change schools and has found much more empathy and understanding at her new school and is set to complete her Leaving Certificate Applied.

Aoife had similar experiences, where this pervasive feeling of being misunderstood caused her to externalize her anger at school. She felt that schools really had no understanding of what it was like to be living in care, and residential care was particularly stigmatized:

I just didn't have the energy for gettin' up, to actually go to school. It just drains you. They don't understand.

Aoife was eventually excluded from her classroom, sitting her Junior Certificate in the hallway.

Hannah agreed that schools had little understanding as to how difficult life was in residential care, and how it would directly affect how young people showed up at school:

You're waking up, you're going into you're in care, you're waking up, you're going to school, you have to manage all your life has changed, like completely overnight, and you're still expected to continue your routine like a normal?

Young people could see how displays of challenging behaviors would concern schools and teachers, and that many schools were not equipped to deal with the level of support that young people in residential care could need. Catriona had experienced significant mental health struggles. In a previous school placement, her school explicitly told her they could not support her and sent her back to the residential care home during the day. Rejection was a common feeling, like there was no place for them in school and that they would “*be kicked out straight away*” (Louise).

The rigidity young people experienced in their residential homes were mirrored by their experiences at school, particularly in mainstream settings. The timeline to the Leaving Certificate was particularly difficult to maintain, especially for those that had experienced significant disruption due to placement instability.

They [schools] need to change. They better, because that's [Leaving Certificate] the only thing. Like, you can't keep to one structure for everyone, you know! (Hannah)

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Hannah insisted that young people in care needed “*targeted resources*” such as “*extra classes, one on one time*”. However, if schools did not understand care, often educators would assume that the problem was in the individual child, leading to exclusions, feelings of rejection and shame for young people.

Training on care. As discussed above in the previous theme, there was a sense that schools had “*no clue*” (Aoife) about the care experience and were not equipped to support young people in residential care. In contrast, alternative education pathways, such as YouthReach or iScoil, were potentially better equipped to understand young people’s experiences and support their needs. Aoife felt that YouthReach were more empathetic and understanding of her circumstances, and more flexible: “*I feel like they just done the research*”. However, it was not that iScoil or YouthReach were doing something special that mainstream schools could not. Training for teachers and schools could alleviate this knowledge gap:

They need to research, they have to look into it. I say teachers need to do like...call them to come out to homes. Because if there is kids in care in the school, they should go around to like, houses like residential stuff like that. And just see what it's like, to better understand n' that. (Aoife)

Without training, school staff could not adequately respond to the need of young people in residential care and would instead turn to stigmatizing assumptions due to their care status.

[Residential care] changes how you react to your teachers as well. [...] when that first circle failed, you're not gonna wanna trust anyone else in any circle. (Hannah)

Assumptions about competence, their behaviors in school or their engagement with education were commonplace among this group. Catriona gave the example of falling asleep or disengaging in class. Without insights or training concerning the effect a care experience could have on a young person, this could lead to the young person being labelled uninterested in school. If they dug deeper, they would potentially find a young person struggling with their home setting while still wanting to engage in school.

Supporting young people in residential care in schools went beyond just being aware of the care system. Understanding how the structures of child welfare could act as a barrier to engaging in education was key, as well as letting go of some of the rigidity within schools which could mirror the surveillance and control they experienced within care. Additionally, seeing each young person as an individual, with

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individual stories and individual experiences, was key for young people, who often felt like they were viewed under the stigma of care, rather than as people themselves.

5.2.4 The Individual

Young people insisted each young person in residential care was an individual, with individual experiences and individual needs. This was why making broad sweeping assumptions about a young person's relationship to education and their needs at school or at home were so frustrating to experience. In their view, these assumptions also made it easier for professionals to deny their agency and ability to be involved in decision-making. Young people would often search for opportunities to be decision-makers, even if it was outside the confines of acceptable behaviour.

Ambition and motivation for education. Every young person in this study expressed an ambition towards education connected to feelings of accomplishment, self-efficacy and the ability to support themselves in the future.

I just don't want to struggle like for something to eat. After [residential care], like, I want to get my job, go college, get my job. (Rachel)

I want to see myself there [graduating]. I want to just do it. (James)

I want to be able to, in the future, have family and take care of them better than my parents took care of me. (Catriona)

I don't care what I do, I just want a good life. (Hannah)

I want to go to college, I want to become a social care worker and get into this system and make things better. (Jessie)

Some young people associated this ambition and motivation to the challenges of the care system. They wanted to subvert the negative norms that had been placed on them by peers, professionals and society at large.

Given this level of ambition, it was frustrating for young people when professionals in care and education viewed them as lazy, disengaged or combative. These issues were often individualized, and therefore stigmatizing, rather than being acknowledged as, in part, a product of the care and education systems themselves.

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If they weren't mentally draining me here [in care], I'd be able to actually focus on what I'm supposed to do and be where I'm supposed to be [at school] instead of going there and just twiddling my thumbs and staring into space. (Jessie)

Jessie perceived staff as seeing only a 'can't be bothered' attitude towards school and not the systems that influenced this attitude. And because there was no trust and emotional safety to be found in relationships with staff, young people were not inclined to try to reason with staff. As described in themes above, young people felt that ultimately, they were not listened to, that their perspective was not valued as much as professionals. For some young people, they turned to creating alternative moments for self-advocacy and decision-making.

Creating moments for participation. As mentioned through the themes above, young people were particularly concerned with the lack of access to meaningful decision-making in residential care. They directly linked this lack of access to difficulties engaging fully in education. Every young person involved in the study was aware of their right to participation, but most felt that there was little effort by staff to make this an on-the-ground reality. There were 'correct' ways to participate via staff approved activities and structures, and 'incorrect ways', too. Young people felt that they were identified as 'causing problems' when they spoke out about a perceived injustice or made a complaint about their care. In response, young people looked to construct moments of agency for themselves. This included what staff might characterize as misbehaving or breaking rules 'on purpose'.

Jessie discussed her recent choice to leave the residential care home to visit extended family without permission to travel. She approached her care team for support in reconnecting with her family and working towards unsupervised visits to her hometown but this was denied. It was not the denial that frustrated Jessie, as she acknowledged that professionals may have reasonable concerns for her safety. Rather, it was the lack of her own participation in this decision-making that felt unjust. This led her to taking matters into her own hands, a decision she saw many others make in residential care. After returning back to the residential care home after unapproved visits to her hometown, she was immediately met with punishments, based on professional assumptions regarding her motivations. This resulted in tighter restrictions, control of movement and access to the internet and her phone. Claire went through the

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same phase, leaving her residential home to be with extended family. She noted that she had never experienced any curiosity from staff members about why she was leaving so often, despite punishments being meted out. This created a cycle, wherein young people pushed boundaries for lack of any other way to express their right to decision-making or participation. In turn, staff would answer with further control, further restrictions and punishment either official or unofficially. As a result, some young people would continue to push against further restrictions and further control.

Young people felt that not all participation was meaningful and observed that often ‘official’ pathways to participation, such as being present for care meetings, were not actualized. Or such official pathways felt intimidating or designed in a way that was not inclusive to young people. In one session, Catriona brought in a form she had been given by a staff member. The form was aimed to measure how well each young person in the home felt their care and their own behavior aligned with the Five National Outcomes for Children and Young People in Ireland: healthy, achieving, safe, secure and connected (DCYA, 2014). This, she said angrily, was their version of participation. The questions, followed by a 1-5 Likert scale, included prompts such as ‘I can take responsibility for my risk taking’ as well as short-form written responses to questions like ‘how can I prepare for the future?’. At the end, she said “*this hurts me inside*” before finally declaring that this was emblematic of “*bad communication*” within the system. Instead of filling out a survey, without context or support, she suggested that staff could simply “*talk to me!*”. She finishes the survey by writing: “*this is bad communication. Giving me a sheet that is like a risk assessment. Instead of actually talking to me*”. Catriona noted that she would likely be admonished for this, and if she went further to speak her mind she would get in trouble.

It was frustrating for young people to witness professionals seeming to be blind to a connection clear for them to see: being denied access to meaningful participation and decision-making and young people seeking opportunities to make decisions for themselves. This was especially true for attending school. As Louise pointed out, they could not physically force young people out of the door. Jessie offered another example directly related to school engagement in the form of abstract rules in the residential home. One such rule was a restriction against wearing pajamas outside of their room. Young people had to be dressed and ready for school before they came down for breakfast. This rule was directly connected to

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Jessie's willingness to attend school. Not for the rule itself, but for what it signified in the nature of her life in residential care. Young people explained that when every aspect of your life (including but not limited to: who you live with, where you live, for how long, where you go to school, who you can and cannot see, what you can and cannot wear, what you eat, when you eat, who you eat with, when you get alone time and for how long, when your appointments are, when and if you see your family, how you speak and how you act) sometimes the only meaningful decision young people can make each day is whether or not to go to school.

Jessie clarified that she did not believe staff should allow young people to "*do whatever they want*". The problem was the lack of collaboration and respect for the young people's capacity to make decisions or participate in their care. The same could be said for deciding not to attend school.

You're being so controlled in like every single aspect. It's like you want that self control of yourself, so that's why you choose not to go in. Do you get me? Like you choose not to go in. You choose not to, you know, obey by certain rules and regulations, like you want to be your own person.

Many young people also expressed a desire to be involved in changes to practice and policy, including involvement in research, to make the care system better. For some, this was part of their motivation to be involved in this research, as well as other opportunities in the past within Tusla. Jessie felt that there was a false narrative in the public of what care was, and that professionals were being lied to about the realities within residential care. Young people, she felt, should be central to training professionals as well as developing policy in care. Jessie felt that they were being silenced on purpose, for fear that the reality would be too negative: "*They don't want to seem like they're doing a shitty job. They don't want to be known for that*".

Tangible throughout all sessions with young people was the central importance of their participation in the everyday realities of their care. Without being enabled to do so, trust could not form in relationships with staff members, and any interventions or supports put in place for the education would struggle to make an impact. In the following section, these findings will be discussed in relation to

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established research in the field, particularly concerning barriers to education in residential care, stigma and participation in decision-making.

5.3 Discussion

The purpose of this study was to analyse the ability of the care and education systems to support the education of young people in residential care with eight teenagers currently living in residential care in Ireland. The findings suggest the importance of systemic factors within the care system which seeps into the practices of residential care staff. Such barriers work against relationship-based supports in residential care, which young people feel they cannot avail of due to a lack of trust and decision-making capacity. In doing so, the findings deviate from established research in that young people identify the residential care home, rather than the school, as a setting of focus within education research. The research methodology enabled young people to develop their own agenda, and in doing so, concerns about the capacity for every day, meaningful participation and decision-making in residential care emerged as central to the findings of this study. This offers a new perspective of how the care system and residential care homes can support young people's education through engaging with young people's situated knowledge of their own needs, as well as their knowledge of the education and care systems.

5.3.1 The Centrality of Participation

These findings reiterate the centrality and importance of young people's participation, collaboration and decision-making in matters that concern their lives. Research has shown that intentions of policy and practice participation frameworks can differ vastly from real life consequences, especially when young people are not consulted (Brummelaar et al., 2018; Equit et al., 2025). Young people in this research reflect the experiences of others in care wherein they feel powerless and left in the dark about decision-making (Greig et al., 2026), despite laws and frameworks developed to ensure the opposite. Young people in care in Ireland want to be heard and participate in decision-making concerning their care (Tierney et al., 2018b). The findings reflect this fact and offer new perspectives and different criteria through which the care system can accurately assess its practice.

The existing literature has established that young people in residential care mainly experience limited possibilities for meaningful decision-making in child welfare systems and if their voices are

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included their opinion has little or no impact in final decision-making (Brummelaar et al., 2018). Within the Irish context, there is some evidence of good practice concerning participation with variation on realization particularly in foster and residential care (Brady et al., 2019; Jackson et al., 2023). Participation is embedded in relational processes where the context and relationships of power can shape the voices of young people (Nybell, 2013). These findings delve deeper into the relational and structural aspects of residential care homes, and the care system at large, that affect professionals' abilities to engage with young people's agency for decision-making.

First, the findings demonstrate that being listened to is not the same as having agency to make decisions (Wilson et al., 2018). Embedded biases regarding young people's capacity to make decisions and the stigmatized conceptualization from which these develop can result in young people's participation being manipulated in a manner which favors the position of professionals and the care system (Gilliland et al., 2019). Young people reflect this experience in their analysis of the residential home setting, in which their voice may be heard, but do not hold power of decision-making. In fact, their voices are rejected from written record on their lives, and therefore identities, in the form of 'the book'. Furthermore, when their voices are heard, the findings suggest that young people feel their words are stigmatized and are painted as non-compliant or troublemaking. This is reflective of Gharabaghi (2023) assertion that meaningful participation in residential care goes beyond frameworks to enter everyday life, where young people can feel that their opinions and knowledge matter. To do so, the monopoly on knowledge and the power to make decisions with that knowledge must be shared by adults with young people in residential care.

Thomas and Percy-Smith (2012) suggest that formal collective participation initiatives for young people in care, such as those developed by the DCDE (2021), are more likely to lead to changes in young people themselves than to changes in policy or practice. Catriona reflects this in her example on the use of a written survey to assess her experience in care. Though this survey may be reflective of the DCDE '*National Framework for Children and Young People's Participation in Decision-Making*' (2021), it requires Catriona to modify her voice and her beliefs to complete the survey, as to not get in trouble or be reprimanded for her frustrations. As Burman (2008) argues, giving youth opportunities to comment on policies, programs or decisions in their care can too easily become tokenistic in an effort to legitimize

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adult perspectives or authorize limited programs of change. Indeed, research within the Irish context has confirmed that current participation frameworks can feel tokenistic for young people (Brady et al., 2019; Tierney et al., 2018a; Tierney et al., 2018b). Australian care-experienced researcher Senior (2023) noted that while she was allowed to use her voice during her care, “it was evident that it held little import to decision-making” (p. 1517). This is exemplified by Catriona’s experience of the above-mentioned feedback form, to which she replied, “*you should have had a conversation with me*”. In this example, Catriona fundamentally changed who she was to not get into trouble and in doing so still fulfilled the task of participating in her care via a form to be filled.

This experience can also be understood under the lens of agential epistemic injustice (Medina, 2022). As Pohlhaus (2020) has argued, epistemic injustice does not only occur when a person is rejected in their capacity as a knower, through hermeneutical and testimonial means as outlined by Fricker (2003). It can also occur through inadequate and harmful inclusion. Medina (2022) continues this argument, suggesting that defective inclusion of marginalized groups causes further disempowerment of said group. Medina (2022) goes on to describe defective inclusion as “pernicious” or “epistemically disempowering” (p. 325). Indeed, the inclusion of young people in residential care within defective participation frameworks can be understood as a process that can render their knowledge “constrained or defanged” (p.325). This is because in this case, young people felt they had no real opportunity to change their own material position. Furthermore, those in power may use their knowledge, in a process called epistemic appropriation, to redirect the benefits back to themselves and detach young people’s resources away from them (Medina, 2022). In other words, the participation becomes tokenistic and for the good of those in established places of power. In Catriona’s case, the act of participation may be checked off a professional’s to-do list through the use of a Likert scale survey, but none of the knowledge received brings any material benefit back to Catriona herself.

In contrast, young people who had experienced positive relationships with professionals identified those professionals as capable and willing to engage with their knowledge to make actionable steps in their care. For example, Claire had repeatedly made request to change schools, due to her experience of stigma and judgement from peers and educators of her care status. When a placement change occurred and

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she received a new keyworker, she voiced this request again. This time, her key worker took her knowledge of her own needs and educational goals seriously and found a school that was suited for her future goals and more empathetic of her care status. It could be argued that Claire's previous key workers had 'heard' her voice requesting a school change, but using their own professional judgement decided against the change.

In an English inquiry concerning participation in care via relationships between young people and their social worker, Cossar et al. (2016) noted that the establishment of a trusting relationship enabled participation within care. James, Claire and Rachel reflect this research in the context of residential care, wherein social care workers who trusted them were the ones who could enable meaningful participation. However, what was meaningful in these positive relationships did not stop at trust. Rather, trust was built because social care workers showed that they respected their agential potential in care, that they mattered and their knowledge mattered (Gharabaghi, 2023). This led to actionable steps, including change in school placement for Claire, based on social care worker's ability to accept young people's knowledge as important and trustworthy. Young people made clear that this issue wasn't about getting what they wanted, but about seeing that the adults in their lives took seriously their situated knowledge of their needs within the care and education systems.

These findings suggest another way in which embedded biases regarding young people's capacity for decision-making impacts school attendance. Participation rights are often seen in tension with principles of protection and the best interests that are of priority to social work practitioners and are often put aside to 'ensure' welfare of the child (Jackson, 2018). The right to participation is also in direct conflict with the environment of control and surveillance at home and at school described both by the young people in this research and established research (Brummelaar et al., 2018; Equit et al., 2025). Young people's agency also tends to be constructed in depictions of moral deviancy (Knezevic, 2017) such as being rebellious, deviant, anti-social or defiant while professionals simultaneously affirm their right to participation. However, this participation can only be acceptable under the adult professional's terms.

As Claire noted, young people are encouraged to participate the ‘right way’ but get in trouble when they ‘speak up’ against injustices. The findings further explicate the need to self-censor within the residential care setting to be viewed as compliant. Not speaking your mind and making your opinions known is a survival technique in this setting but also has consequences. Established research with care-experienced young people suggests that many feel the need to be self-reliant within care (Goding et al., 2022), despite how emotionally taxing this may be (Brady & Gilligan, 2020a). The current study connects this behaviour to professionals’ capacity to see issues from young people’s perspective. Young people are therefore less willing to take up offers of support, or to seek support for themselves concerning their education. Examples in this study include reticence to speak candidly about racist bullying in schools, academic struggles, need for social-emotional supports and support for school attendance.

Findings in this study suggest that young people’s resistance to control or surveillance is not seen as a legitimate form of agency but instead denotes immorality or risk. Care-experienced adults and young people have previously noted that exercising their right to participate in decision-making can be weaponized (Senior, 2023). When “every breath you take is mandated” (McCallin et al., 2025, p. 6), within the institutionalized space of power and oppression (Hoffman-Cooper, 2021), young people develop alternative forms of decision-making and participation that operate outside of the normative framework. This is reflected in research within the care space (Goding et al., 2022), which suggests that the decision not to attend school can be seen as an expression of agency in a system that otherwise bars one from agential expression. Recent developments in research concerning school attendance problems (SAPs) outline how a young person’s ‘choice’ to not attend school is often informed by systemic barriers outside of that young person’s control. The decision, then, not to attend school, becomes a tool of control for a young person in an uncontrollable situation (O’Toole & Ćirić, 2024).

Within the residential care context, Equit et al. (2025) identified this type of decision-making as ‘participation at the margins’. These ‘resistant practices’ deviate outside the normative organizational requirements of participation within residential care which, as discussed above, may feel tokenistic and performative for young people in care. Participation at the margins is a show of self-efficacy for young people, who do not “submit to the given” (Equit et al., 2025, p. 692) of embedded hierarchy and power

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structures within residential care, and find alternative means to assert their capacity for decision-making. Young people in this study identify that school attendance problems can function in some cases as a resistant practice, or participation at the margins of a home environment and care system of rigid power and control. This reflects young people's capacity to negotiate and navigate these contexts (Nybell, 2013), becoming nimble in finding opportunities for agency. Despite this, young people in care are often not seen or treated as agential. Spyrou (2011) points out that young people's expressions are "always constrained by our assumptions about them, our particular use of language, the institutional contexts in which we operate and the overall ideological and discursive climates which prevail" (p. 152). Instead, bids for agency become problematic, and such actions are characterized as a moral deviance that must be intervened with by further control and surveillance.

Young people in this study discuss this communication gap displayed in Equit et al. (2025). By not being afforded the agency within normative participatory structures to discuss their perspectives on the barriers within the home environment, the care system and the school, young people themselves are assumed to be deviant or defiant when they disengage from education. This form of hermeneutical injustice, wherein young people cannot contribute to a shared understanding, is reflected in other findings within this study. However, this does not mean that young people do not speak, but that the ways in which they communicate do not carry the power and force of action (Spyrou, 2011). The power of interpretation of their actions, their vulnerabilities, their needs and wants rests with professionals without opportunity for young people to respond or explain. What's left is a young person's participation in the margins. Other opportunities come directly from professionals, like in the case of James, who subvert these norms and create meaningful opportunities for young people to participate in their care.

Research also shows opportunities for young people's decision-making within the normative structure of residential care (Brummelaar et al., 2018; Equit et al., 2025). Young people in this study with positive relationships with professionals noted their ability to take seriously young people's perspectives opinions. This was central to young people's ability to participate in their care, including in matters concerning their education. This is reflected in previous studies that suggest trusting relationships with professionals enable participation in care (Cossar et al., 2016). And as noted by the findings of this

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research and Cossar et al. (2026), this trust goes both ways, with professionals trusting young people, and young people trusting professionals in turn. However as showcased by two young people in these findings, this is often reliant on professionals who seek to work outside of the norm. As Brown et al (2018) showed within the Irish context, professionals work within a culture of fear and preoccupation about risk. In doing so, individual workers who do provide the dignity, recognition and love to young people do so by working outside and beyond their job expectations. Young people gain the recognition they seek mainly “outside of the formal systems designed to protect and serve them” (Nybell, 2013, p. 1233).

5.3.2 Participation, Emotional Safety and Love

The findings of this research give further credence to the assertion made by Gilligan et al. (2025) that a lack of participation in child welfare services represents a threat to young peoples’ sense of safety. Safety can be conceptualized as different to young people in care in comparison to professionals, as with other concepts such as success (Kelly et al., 2025). The same goes for participation, which can be conceptualized differently by young people and professionals (Matrouch et al., 2025). Research suggests that young people may see safety in more nuanced and broader terms than adults (Gilligan et al., 2025). Emotional safety, in contrast to physical safety noted by professionals, as discussed in these findings, is highly regarded by young people. Material safety and stability is not downplayed in these findings. Reflective of well-established discourse in research (Cassarino-Perez et al., 2018; Evans et al., 2017; Ferguson & Wolkow, 2012), placement stability and appropriate school placements were of central concern for this cohort. However, this need for material safety and stability is directly linked to their emotional safety.

Young people in this study describe how emotionally unsafe the residential care setting can feel when their existence is so stringently controlled without their participation. Safety therefore becomes something young people must find for themselves through self-reliance and masking of true emotions in front of professionals for whom they do not feel trust. The undermining of agency, then, has a direct relationship to the ability to trust adults, and therefore the need to be self-reliant in order to feel safe. In contrast, young people such as James and Rachel who have loving, positive relationships with adults describe this love as stemming from being heard by professionals who will listen to them and what they

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need. This reflects the notion that love requires some resignation of power and authority (Tillich, 1954), in this case the power and authority to make decisions based on one's own professional expertise. The opposite is also true, such as Catriona's example of feeling unheard when a staff member ignored her plea to be dropped off for school away from the entrance so her peers would not see a White man driving her, a Black girl, to school and ask questions. Once again, the staff member 'listens' to this young person's voice but makes the decision to refuse the request due their belief that Catriona shouldn't care about such things, asserting their hegemonic knowledge not only of what safety looks for Catriona, but also what Catriona herself should or should not value in her experience of safety.

The findings establish that young people in this study felt less safe when they felt their participation in decision-making in their daily life was not enabled in the residential home. For example, not being able to close one's door, a decision based on professional assessments of risk to safety, makes some young people feel deeply unsafe when there are no avenues to have their knowledge on the subject known. The findings also suggest a direct connection to this participation and emotional base of safety to their ability and willingness to fully engage in education. Positive, trusting relationships with adults are a documented positive influence on educational attainment, particularly for young people in care (Blackwood & Farrow, 2023). This is particularly true in cases where a young person may be struggling to attend school altogether (O'Toole & Ćirić, 2024). This is reflected particularly in Hannah's analysis, which hinged on the availability of emotional safety within the residential care setting in order for young people to feel ready to engage fully in education.

5.3.3 Risk and Stigma as Barriers to Participation

The findings of this study question the moral and knowledge-based judgements that are common practice within social services of all types. As Gilligan et al. (2025) suggest, priorities and pertinent issues from young people's perspectives are often lost when an adult hegemonic understanding of risk, safety and participation are maintained. The young people in this research make direct connections between how stigmatization occurs within the residential care setting, exacerbating their profile as risky young people and further limiting the type of loving, caring relationship with adults required for a positive education experience. For child welfare services, young people and childhood can become the object of moralizing

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practices in order to justify the words and actions of professionals (Knezevic, 2017). The grounding of child welfare within risk mitigation and surveillance “reflects the moral panics of its time, constructing young people both as innocents and monstrous Others” (Knezevic, 2017, p. 472). This can be understood as anticipatory risk (Massumi, 2020), wherein one must develop interventions based on the fear of a risk that has not yet materialized. Developments in public sector managerialism and risk aversion have permeated social welfare policy in the last decades (Cunneen, 2015). A rise in risk-thinking developed globally in the 1990s and were closely tied to greater regulatory intervention and a growth in public sector managerialism.

In the Irish context, this also included the State taking responsibility for the child protection and welfare systems, previously subsumed by Religious Orders through institutions of containment. Managerialism provided a reframing of penal child welfare issues and rearrangement of them into a framework of risk. In doing so, social support becomes reduced and more authoritarian, particularly in child protection where there are requirements for behavioral change and protection from risk (Cunneen, 2015). This is reflected in the young people’s analysis, where they are expected to be docile and compliant with professionals’ calculation of risk without participating in this decision-making. This fixation on risk leads to extensive and intensive intrusions in young people’s lives, and can also intersect with racial and colonial logics of worth and criminality of certain types of young people (Cunneen, 2015) as discussed by the young Black Irish and Traveller people in this research.

As Brown et al. (2018) have articulated, the post-Ryan Report child welfare system has focused on updating Ireland’s residential care policy to make it more effective and transparent as well as strengthening the voice of the child. However, as they also articulated, contemporary residential childcare in Ireland has a new set of discourses shaping the sector: regulation, value for money, risk aversion and evidence of outcomes. Whilst relationship-based practices are promoted, they are shaped by risk aversion. This also includes participation, for which there have been concerted training campaigns within Tusla. Based on this risk aversion discourse, professionals retain hegemonic power to decide what is normal, good or bad behaviour (McGregor et al., 2021), as well as deciding which child has the capacity for decision-making (Tierney et al., 2022).

This reliance on risk aversion encourages “a cautious, if not inflexible, defensive approach” (Brown et al., 2018, p. 658). This preoccupation with risk creates a culture of fear in which harm is individualized and viewed as an outcome to irresponsible behavior. In doing so, residential care staff follow policy and procedures that impose certainty and order, where there are consequences to the slightest breach (Smith, 2009). As the young people in this study reflect, the risk framing does not require any breach. In fact, it is anticipatory, as evidenced in their analysis of the gatekeeping of teenagerhood. What is added in their analysis, however, is the direct negative relationship this risk framing has towards participation in decision-making which in turn creates more instability, less trust and less ‘compliance’ within the risk framing decision-making of professionals. In this way, relationships are compromised and constrained because of a prevailing culture of fear found within residential care workers in Ireland (Brown et al., 2018).

Young people in this study reflect the contradictory label of care-experienced young people found in previous research. At once, they are the ‘innocent child’ who requires protection. This framing in a child welfare system predicated on risk mitigation is ubiquitous with control and surveillance of their bodies and their character. Young people describe several instances that on the outset seem innocent but reflect this culture. For instance, being barred from coming downstairs in the morning in their pajamas in their home or the gatekeeping of normal teenage experiences. Because young people in care are cast as too risky to enact their agency, young people’s moral competency is under constant questioning, and therefore needs control and surveillance as to not display risk taking behavior. In this way, young people in care experience Fricker’s hermeneutical injustice wherein young people’s agency and moral-ness cannot be articulated in the collective hermeneutical resources about young people and childhood as constructed by child welfare.

On the other side of this coin, young people in care are depicted as ‘the responsible child’ who ought to be answerable for their circumstances (McCallum, 2009; Senior, 2023). This expectation follows the child through record keeping of which they have no access, participation or collaboration (Wilson, 2013), including ‘the book’ which so many young people in this study cited. In this way, as young people in this study explained, young people are responsible for the conditions upon which their behavior is

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predicated without access to any participation or decision-making. The findings align with children, young people and care experienced adults in previous research in identify the ubiquitous nature of coercive control, surveillance and risk mitigation in care. The findings of this study build upon this established research to make clear the connection between this environment and the ability for young people to engage meaningfully in education.

This connection has multiple lived effects for young people concerning their education. First, it severely impacts the young person's ability to engage in meaningful, trusting relationships with staff members. This effects their ability to receive support for their education. It also means that young people are less likely to approach staff members for support. They also must work against the normative narrative developed by professionals, who as many young people acknowledged, see many young people as difficult to reach or difficult to establish relationships with. Young people in this research also describe self-censoring behaviour, hiding true feelings in order to navigate these hierarchical relationships. This constitutes a kind of a double consciousness (Du Bois, 1903) wherein these young people are hyper aware of how they appear to professionals and alter their public persona in the house in order to reduce surveillance and control.

The development of this top-down hierarchical structure means that many young people cannot offer alternative perspectives to this issue, cannot make known the connections between control and surveillance, and their ability to establish trusting relationships with staff members. This inability amounts to a hermeneutical injustice that is doubly unjust for young people in care. Not being able to contribute to the collective understanding of this experience is a hermeneutical injustice itself and is reflected in research by other care-experienced academics who describe their documentation following them throughout their careers (Senior, 2023). But by being completely beholden to the professionals within your home, as is the case for young people in residential care, makes this process doubly unjust and emotionally painful for young people. This collective understanding developed by professionals through documentation and legal proceedings also follows young people for the rest of their lives (Senior, 2023).

Risk mitigation also leads to the gatekeeping of normal teenage behaviors, much of which revolves around the school environment. This includes socialization, developing friendships and romantic

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relationships and being involved in extra-curricular activities. Access to these types of normal teenage behaviors has been noted in research as an underrepresented positive force for young people's engagement in education, particularly for young people in care (Cooley et al., 2021). However, as reflected in this research, access to such experiences, particularly socialization with peers, requires support and facilitation from professionals and systems (Mercieca et al., 2021). As discussed in these findings, continuing peer relationships is made doubly difficult due to the high level of placement instability within the Irish context. As in this study, previous research with care-experienced young people has directly attributed these barriers to peers and community to early school leaving or disengagement from education (Mercieca et al., 2021; O'Neill, 2019; Rutman & Hubberstey, 2018).

5.4 Conclusion

The findings of this research outline how participation in decision-making within the residential care setting is central to the ability of the care and education systems to support young people. Participation is revealed as one of the hinges upon which educational attainment hangs, through the development of trusting relationships with staff. Underneath material conditions, such as placement stability and appropriate school placements, participation emerges. The findings also outline how the risk-mitigation managerialism of the child welfare system has a direct impact on young people's ambition towards, engagement in and hope for their education. Living within a high-control environment, where their agency and decision-making capacities are not acknowledged or affirmed, young people seek ways to express their ability to participate. This can include the decision to not attend school. As one young person said, "what we eat, when we sleep, who we're allowed to see, how we speak and who we speak to is all controlled. Whether I go to school in the morning is the only decision I make in the day. And so, I choose not to".

Established barriers within Tusla, such as placement instability, are also given new perspectives when analysed by those with lived experience, such as the consequences of delayed school enrollment which has yet to be researched in the Irish context. Understanding school attendance problems within this frame reinvents how we may intervene as professionals, and how policy could be developed. The findings also suggest how young people in care are currently experiencing epistemic injustices-

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testimonial, hermeneutical and agential, within the larger care system and within their home environments. By understanding positive engagement with schooling through the perspective of participation and decision-making, this research offers a new lens upon which to develop supports for the education of young people in care. Most strikingly, that genuine engagement with young people does not only mean hearing their voices but ensuring that their experience and expertise have a direct impact on decision-making in their care, including in their education.

Chapter 6: Study 2 - Care and Education Professionals

6.1 Introduction

The following chapter presents the findings and discussion of the second study conducted for this dissertation, critically exploring the experiences of care and education professionals in relation to the education of young people in residential care. In particular, attention was paid to professional experiences concerning best practices as well as the constraints and difficulties in supporting the education in young people in residential care in an environment without targeted policy at the primary and post-primary level. Findings are presented thematically, following a discussion in the context of local and international established research. This study asks the following questions:

1. What is it like for professionals within the care and education systems to support young people in residential care with their education?
2. What types of supports do professionals identify as essential for maintaining and developing young people's education while they live in residential care?
3. What are the perceived personal, professional and systemic barriers within the care and education systems to this work? What is working positively?

As discussed in Chapter 4, Section 9, this study showcases findings from 23 interviews with education and care professionals using non-directive, semi-structured interview techniques to explore sense-making about their work. Participants were prompted to reflect on their individual roles in supporting young people in their education as well as structural or systemic factors that affected their work ([Appendix V](#)). Education professionals (Table 6) included classroom teachers and school leadership team members from urban, rural, DEIS, non-DEIS and alternative stream schools.

Table 6

Education Professionals by Position and Education Type

Pseudonym	Position	Education Type
Jane	Retired teacher	Primary- DEIS
Peter	Leadership Team	Alternative
Susan	Teacher	Post-Primary
Claire	Deputy Principal	Primary- DEIS

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Séan	Principal	Primary- DEIS
Aisling	Teacher	Post-Primary

Care professionals were recruited across a wide range of care services with responsibility for the day-to-day care of young people in residential care such as social workers and social care workers. Professionals in auxiliary roles such as psychologist, education psychologists or disability services were also interviewed (Table 7a & 7b).

Table 7(a)

Non-Tusla Professionals by Position

Pseudonym	Position
Laura	Psychologist
Aoife	Psychologist
Indie	Social Worker Educator
Patrick	Solicitor
Fiona	Solicitor
Eoin	Consultant
Cara	Education Psychologist

Table 7(b)

Tusla Professionals by Position

Pseudonym	Position
Nolan	Social worker
Alex	Social care worker
Sara	Social care worker
James	Social care worker
Aidan	Social care worker
Darragh	Social care worker
George	Social care worker
Amy	Social care worker
Darren	Residential home manager
Cian	Guidance Counsellor
Emer	Manager

6.2 Findings

The following section thematically presents the findings from interviews with care and education professionals. These findings are grouped into three themes with eight descriptive subthemes in total (Table 8).

Table 8

Themes and Subthemes of Study 2

Supports for Children in Residential Care	Systemic Blockages and Barriers	The Lived Effects
School as a Place of Safety	Instability within Care	The Emotional Toll
The Centrality of Relationships	Rigid & Punitive Schooling	Stigmatized Young People
	Practically Begging: Searching for Supports and Services	

6.2.1 Supports for Children in Residential Care

The following section focuses on the support needs of young people in residential care concerning their education, as identified by professionals across care and education.

School as a place of safety. There was unanimous agreement across professionals that school could be a place of healing and safety for young people in residential care. Professionals perceived that young people in residential care typically experienced higher levels of instability and trauma than those in foster or kinship care, both because of their experiences before entering care as well during care. The reasons why young people could find schooling difficult was “*complex*” with “*so many layers to it*” (Laura).

They have specific educational vulnerabilities. And you know, it's not a syndrome. It's not a pathology, but it is a particular vulnerability and so that needs to be supported. (Jane)

Aoife, a psychologist in private practice working with referrals from Tusla, described one young person’s transformation from “*self-doubt about lack of ability*” because of a change in school placement to a more appropriate environment. This school change added to “*the thriving*” of this young person and a sense of “*joy*” when the right school was found.

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Cara, a psychologist working within NEPS, described schools providing “*a sense of belonging*” acting as a “*protective factor*” amid other instabilities in a young person’s life, including placement changes. Professionals witnessed positive academic and social experiences helping young people gain confidence and a sense of identity that may have been damaged or lost before or during their care journey. Sèan, a principal of an urban DEIS school, described the school’s role as a place with positive adult relationships for young people in residential care who may have experienced multiple betrayals from the adults in their lives:

This place is far from perfect, but the one thing it gives kids is an anchor, it gives them connection, it gives them somewhere where they know that there are genuinely people there who care about them.

Schools could also have a normalizing effect for young people who otherwise experience home-based dysfunctions that could be perceived as out of the norm. By attending school and experiencing positive relationships with peers and adults, young people could feel less “*isolated or lonely*” and “*the ability to just be a normal [child]*” (Nolan).

Professionals had also witnessed how education could be de-prioritised due to the child’s care status. The unstable nature of placements meant that many professionals felt that it was the norm to privilege placement stability over education. Cara insisted that if the same issue occurred with a medical need where a student “*might miss a week*” that educators would “*be trying to catch them up*” rather than taking it as a given that they would be behind. Cara felt this led to education being thought of as “*sort of perfunctory*”. The adequacy of the school placement or the ability to provide support were nice-to-haves not a priority in the face of placement issues, resulting in “*dismissing of [young people’s] needs*” (Cara).

It was a bit like, “Well, listen; to be honest, the placement is at risk. So therefore, wherever you can go to school, he’ll go”. (Cara)

Emer, a Tusla employee, agreed, saying that in comparison to placements, education was “down the pecking order” of importance.

Clodagh, a teacher, experienced this within the classroom. Social care workers could be more accepting of punitive measures, such as reduced timetables, and may be hesitant to advocate very strongly

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against the school as they “*had to be like, grateful that the child's still in school*”. Social care workers might worry that a young person might “*lose the school place*” if professionals at home did not comply. Professionals across all settings agreed that school and education should be a priority for young people in residential care, not only because it was their constitutional right, but also because school could act as a place of nurturing and positive adult relationships. However, systemic blockages, in particular placement instability, may work against the best interest of young people in residential care and their education.

The centrality of relationships. Being in care could also interfere with a child’s ability to establish relationships with adults. Susan, a school counsellor, described social and emotional attachment as “*the biggest struggle*” for the young people with whom she worked. This often showed up in a state of “*hyper vigilance*” or presenting with behaviours of “*a much younger child*”. At school this would manifest as externalized behaviour such as disruptiveness or internalized behaviour including low mood and difficulty with self-esteem or self-worth. Many professionals understood how this behaviour could make developing relationships difficult. Young people may have experienced rejection before and thus attempt to reject in return. Their previous experience with abuse or mistreatment may make them distrustful of adults. In doing so, they “*learn how to survive*” and to “*manipulate the system*” (Eoin). This pattern of pushing adults away was familiar to many professionals: “*I'm gonna push you guys away before you get a chance to do it to me*” (Laura). Séan described how social-emotional needs, particularly in boys, were often disguised as “*really challenging behaviours*” such as swearing, aggression or rejection of caring relationships with adults. However, when the surface was scratched, what was evident was the deep need for connection and acknowledgement of the unique difficulties they were facing:

They're worried about mam who's on the streets again, or whatever, like. In the office: 'I know you're upset. I know, we know what's going on with mam.' [...] These big, strong 12, 13-year-old boys, literally in the foetal position on the floor of the office, bawling their eyes out. (Séan)

Cian, a guidance counsellor, called this way of working a “*person centred and holistic approach*” (Cian). Séan noted that staff who did not understand these young people’s backgrounds may not “*see beyond the behaviour*” as they “*don't really know the kids*”. This was amplified if staffing was not consistent or professionals did not have the time to inquire further into why young people may be acting in certain

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ways. An “*investment in relationships*” or “*unconditional positive regard*” (Claire) for young people in residential care, as with all young people was key, but required both professional knowledge and material support.

Participants noted that not all colleagues understood the “*thread of need*” (Aoife) for strong, empathetic relationships with young people. Some professionals noted they typically spent more time educating other professionals about the importance of connection and stable, positive relationships with trusted adults than with the young people themselves. This included training on “*how we kind of connect and get to know young people*” (Laura). Indie, a social care worker educator, described telling her students that they had “*to be interested*” in what might cause young people to shut down or lash out. By doing so you show you “*give enough of a damn*” to support them. The need for a “*safe base in a safe home*” with “*good relationships*” (Aoife) was central to the educational success of young people in residential care. A school leader insisted that “*the success of everything we do has been relationship based*” (Claire), reflecting the training she sought for her staff from outside professionals.

Some professionals insisted that there needed to be professional assigned specifically to the education of young people in residential care. In lieu of any one professional tasked with advocating for young people’s education, many others in different roles took on this work with less efficacy. Cian, a guidance counsellor helping young people in residential care transition into further education, described acting as an advocate parent would, accompanying a young person to potential colleges for visits. This type of close relationship-based advocacy was “*definitely a key*” (Cian) in successful transitions.

The need to step in to do so was brought on by “*the cracks*” (Cara) professionals witnessed within the system, where young people had no one advocating for their education despite being surrounded by professionals. Psychologist Cara described going above and beyond her job description in disability services to interview potential schools to find the right fit for a young person:

I did try other people. I tried the social worker, I tried the principal, I tried the class teacher, and then I discovered that he literally had nobody. He just had nobody. (Cara)

However, many professionals knew that they or their colleagues could not engage in this type of extra work due to high caseloads or lack of resources. Established professional roles left no one in particular ‘in

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charge' of the education of each child. Social workers, who are technically tasked with education under a child's care plan, were understood as notoriously overworked and therefore could not be relied upon to do the individual person-centered work required. Instead, many young people were "lucky" (Cara) if they came across a professional in their lives that had the time, ability and space to go above and beyond in the moment a child needed.

In addition to relationships with young people, relationships between and across professional groups also impacted the experience of young people in care. Difficult working relationships between care and school staff were common with frustration coming from both sides. There could be a perceived lack of understanding about what a young person needed as well as a perceived passing of responsibility back to the opposite side. George, a social care worker described the "imbalance" between the home and the school, and the frustration that they were "only part of the equation" in the success of a young person. At the same time, educators at times felt that the burden to support young people in their education fell entirely on the school, without consistent support from the residential home environment.

When lines of communication were established, there could be a stronger shared understanding of expectations as well as sharing of the emotional load. Cian the guidance counsellor used the example of therapies that could be coordinated to work more seamlessly with the young person's school schedule. This could also include social care workers providing schools with "*techniques and abilities to manage behaviour in the classroom*" (Nolan) that reflected supports established at home. Consistency in communication could prove difficult if social workers were hard to reach, or if care staff changed frequently. Educators communicated with different staff with different understandings of the problem and how it should be solved on different occasions. As Clodagh had expressed in the previous section, this could lead to decisions being made that were perhaps not in the best interest of the child.

It's not saying that it's the staff's fault, they're stuck operating in this system too. And I really believe that these are structural problems. And I recognize that probably, maybe there's not that much that they feel that they can do. (Susan)

The simple question of who to contact, from a school's point of view, was also complicated in residential care. Though this was technically part of the social worker role, the day-to-day requirements of supporting

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the education of the child was happening in the home with social care staff and the child's key worker. Then, in terms of guardianship, some biological families retain some legal rights to decision-making.

It's confusing for schools, because they text us [at the home], "Oh, who am I speaking to here today?" [...] that sort of simple practicalities like that would ease a huge amount of the frustrations. (Darren)

This was particularly true for residential social care workers, whose role was often confused or undermined within education. Social workers could be varied in their engagement with some that were "not so good" and others who were "more proactive" (George). In general, according to George, social workers were not as engaged in education as social care workers tended to be. "Consistent, predictable staffing" (Aoife) was the ideal for this type of relationship building, though not attainable for most young people in residential care. "You can't have stability where you don't have relationships" (Nolan). If staff in a young person's residential home or school were constantly changing, this could prove difficult to establish:

Do you just get kind of dropped off to school by a different person each day and picked up by different person? [...] [W]ho builds the relationship with the school and with the teachers? OK, could be your key worker, but what if your key worker leaves? (Laura)

The comparison was often made between typical family households and the instability experienced by young people in residential care. Laura, a psychologist, compared this to young people in foster placements, who had one or two stable parent figures to advocate for them and with whom to develop a deeper relationship. Parents act as consistent cheerleaders, advocates and motivators for their young people during their schooling as well as consistently seeking additional supports when needed. Young people living in residential care had no 'natural' advocate, as there was no one professional who was tasked explicitly with this role.

*Often you heard, you know, social care workers say, "oh, you know, well they're not in school, they were suspended, you know, six months ago." And okay, **where's the paperwork?** What happened? "Oh, no, they were just told not to come in." So all that stuff that parents, you know,*

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are much more aware of now, or will ring TESS (Tusla Education Support Service) and get advice on, just closing all those sort of loopholes and whatever. (Emer)

For professionals such as psychologists who worked in-between care and education, it was clear that care and education staff that were able to work together created most positive outcomes for young people. However, if they encountered rigidity or tension, sometimes the young people were lost in the conversation. This speaks to the systemic-level barriers and blockages in the way for professionals to do the work they wished to do with young people in care and the lack of clarity and knowledge across and between care and education about each other's roles and responsibilities. This could compound into frustration for all involved and often exasperated already slow systems.

6.2.2 Systemic Barriers & Blockages

As discussed in our first theme, participants named relationships as central to supporting young people in residential care with their education. Positive working relationships between professional groups, as well as caring, empathetic relationships with young people, were central to making education a positive experience. Systemic issues such as staffing shortages and bureaucratic tensions could make maintaining these relationships difficult. This theme more deeply describes the systemic barriers and blockages experienced by professionals in both education and care as they worked with young people in residential care on their education.

Instability within care. The placement and staff instability in the residential care system was a major cause for concern to this cohort. Professionals questioned how young people could engage in education if they lack the stability and security of long-term housing. Young people in residential care were understood to experience higher levels of placement instability. This was particularly concerning to educators when placement changes occurred in the middle of a school year. Some of the practices during placement changes could further exasperate an already difficult transition. One teacher described a particular example, where over a few hours the school and a sibling group were told that they would no longer be attending the same school, as one sibling's placement had to be changed:

Word came through very hazy channels, and that the sibling was being placed in a different county. Like, literally, on the day of the move. [...] So they ended up, like organizing something on

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that very day, like getting MacDonald's or something and swapping gifts. And that was it. Then they were no longer in school together. (Clodagh)

Nolan, a social worker in Tusla, confirmed that placements could “*just go all of a sudden*” with no warning. In many cases, the child’s school placement would also change. Oftentimes, due to chronic shortages in placement availability, young people were “*moved around the country*” (Cian) far away not only from their school, but the positive peer and adult relationships that came with it. Young people could also move for short periods of time, leaving some professionals considering if it was “*worth going through all the things of getting a school place*” (Emer). Others were travelling long distances to school after moving placements, like one child who was moved “*twenty miles away*” without any notice (Emer).

There's so much going on for a young person. Being confident and ready to go into a new school, for some young people, is very challenging. (Emer)

For many young people, this resulted in a loss of trust and felt safety in the system itself:

How are you supposed to feel safe? It's hard to kind of understand the motivation for school when all of that still feels unsettled and unsafe. (Aoife)

In addition to the social emotional costs, basic academic factors such as literacy could be affected. Cian the guidance counsellor had experience working with older teens who struggled to read due to “*disruption and absenteeism*” brought on by frequent placement changes. Plans could be made to support a young person’s education, including agreements across different systems and participation from the young person, only for it to “*just all fall apart in the morning*” (Cian) due to a sudden placement change.

Given the level of instability and lack of control young people experienced within the care system, hesitation to attend school was understood by some as a logical reaction:

Maybe the only means they have of controlling some things is to resist and say no. Because they can't control where they live. And so, I do think like it's literally trying to take back a little bit control in your total loss of control of environment. (Aoife)

This was especially true when young people had a particular attachment to a previous school placement that they felt was not considered when their placement moved. Others may feel hesitant to return to school due to time lost, feeling shame at how behind they were in comparison to classmates. In these cases, social

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care workers or social workers who were not consistent characters in the young person's life didn't have the capacity to advocate for the child and their education. Cara, also a psychologist, was visibly upset recounting the way a young person was left without an advocate figure after moving placement multiple times:

*He was 10, so he'd been [in care] eight years, and he had gone from foster care to residential care and he was in a special setting, but he **definitely** didn't have an advocate. He was lost.* (Cara)

With many years of experience as a psychologist working alongside Tusla and residential care services, Laura wondered if residential care itself, and the institutional structure in which it functions, created barriers for professionals to develop close, caring relationships with young people:

It's about the adult seeing how important they are to the young person and just how much how they show up makes a difference, you know, and I think some of that probably sometimes unintentionally gets a bit diluted in a residential team setting where there can be a little bit more of a sense of this is a job. (Laura)

Here we see how the potential of school as a place of safety, the importance of relationships and the instability within care inform one another for young people in residential care.

Though school should be a place of safety and relationship building for young people, this could not occur without the stability in placements that allowed for young people to build positive relationships with professionals across both care and education systems. Frequent placement changes, along with the chronic shortage of care staff and placement availability, led to placements taking priority over schooling. Given that there was no clear role within the care or education systems focused directly on the education of young people in residential care, this also led to education falling down the pecking order, as one participant explained. Ultimately, though staff saw the benefits of nurturing trusting, secure relationships with young people, the systemic barriers in place within the care system made this difficult.

Rigid or punitive schooling. Professionals also felt that there were barriers within the education system, particularly in its rigidity. According to this cohort, young people in residential care received negative and punitive measures in response to their behaviour, which they felt was unjustified given the significant disadvantages they faced. Punitive measures included reduced timetables or exclusions such as

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being taught outside of the classroom, in separate rooms or being sent home early, suspension or expulsion. Often young people would, in turn, externalize their own feelings of frustration or inadequacy, disrupting the classroom:

The first thing you do is if you can't cope in the classroom, you're going to distract from the fact that you can't cope. So therefore, you can disrupt and they end up in the study halls and for hours at a time. (Sara)

This would then begin a cycle wherein an educator applies a punitive measure due to a child's behaviour, the child "*feels the shame*" (Jane) of being othered and excluded and continues this behaviour to externalize those feelings.

The cycle made educators feel that in many cases, codes of conduct and rules for discipline were "*not useful*" (Susan) in the case of young people in residential care. Susan felt that following the letter of the law was overly prescriptive and ignored the lived reality of this group. Professionals across care and education agreed that exclusions solved none of the root issues for these young people, and in fact just continued the cycle of othering evident in their care experience:

Kids are put on reduced timetables, kids are being suspended, you've rolling suspensions, you're like, what in God's name is that achieving? (Séan)

Restorative practice and child-centered ways of working were seen as having a more positive effect on young people in residential care but required knowledge and material support for staff. Given the low priority of education within the care system, professionals could not guarantee that a young person would be enrolled in a school that followed these practices. Often, school placements would be done out of convenience, rather than in consideration for support needs.

This rigidity was also noted at the national level. Aoife, working in collaboration with auxiliary services and schools in a private psychology practice, doubted whether services like NEPs or the EWOs could "*think creatively*" about solutions to issues such as externalized behaviour or attendance problems. A lack of leadership at the departmental level was a cause of deep frustration for all professionals in this study. Due to the lack of policy or practice guidelines from the DEY, the ability to support young people in residential care was entirely dependent on willingness and the flexibility of the school. Flexibility was

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possible but, much like the ability to go above and beyond described in the previous theme, it was predicated on the educator's knowledge of the needs of the young person, as well as the capacity in staffing to do so. Educators had little to no training concerning the care system which could leave teachers feeling "fearful" that schools could not "take on different needs of kids" (Clodagh).

As a result, many social care workers felt that there was "no room for flexibility or adaptability" (Darragh) in many schools, who used reduced timetables as a solution to challenging behaviour. This was true even in specialized settings that were meant to be equipped to work with students with school attendance problems and other support needs. George describes the punitive measures in one such school:

*The whole purpose and function [of this special school] is to work with kids that can't attend education. I've had two kids there over the years that didn't last because they weren't 'following the rules.' And you're like...**What!?** Literally the purpose and function is to work with those kids. And then you can sayin' those kids are not gonna work. And it's too easy, it's too easy! 'Not gonna work, go on ahead' [waves hand away]. And then what? (George)*

Educators confirmed that reduced timetables and shortened days were often used in response to difficult behaviour. Clodagh admitted that "no one would say that's best practice" but was a fallback option due to a lack of capacity within the school to support young people. In the case of one young person, when the young person was having a difficult morning, the social care workers would call in to let the school know, and would agree to keep them home from school with an excused absence rather than trying to bring them because "there's not enough adults [in the school] to manage" (Clodagh).

Solicitor Fiona had been aware of cases where young people were being denied their legal right to education due to these systemic barriers. She pointed to a potential conflict of interest when it came to monitoring absences and reduced timetables for young people in care:

Reduced hours, timetabling is a big one that I get. Reduce hours for the way of dealing with challenging behavior rather than of an absence of, of support. [...] and those things must be notified by TESS to Tusla. But that's a clear conflict really where the child in the care of Tusla.
(Fiona)

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Using a legal lens to understand this issue, Fiona pointed to the statutory responsibilities of both Tusla and the DoE, as was situation in one case in which she was involved:

We feel that Tusla was not doing enough to engage with the school directly to ensure that the school is fulfilling their obligations under the Education Act to the child. And under the Constitution.

In addition to a lack of consistent staffing, the over-use of punitive measures described by professionals were directly linked to the lack of understanding of how being in the care system and other traumas can affect children and young people.

Many professionals called for additional training, either in trauma-informed practices or the care system itself, for colleagues to understand the effects care can have on education. For example, refusing to attend school could be more prevalent “*in response to the bigger things in their lives being out of control*” (Jane). Trauma could affect their development and academic achievement including “*developmental delays*” impacting “*their ability to engage in an educational setting*”:

I don't think that's probably recognized enough, the impact it has on them. They're struggling, and the supports aren't there. (Alex)

For many professionals, the need for additional training was a national issue, as “*the Department of Education really isn't trauma informed or attachment aware*” (Jane). Schools had to source their own trainings in lieu of a “*top-down approach*” for “*driving systemic change*” (Laura) in every school. This also meant that young people's experiences could vary significantly, depending on if schools had sought individual training on trauma or care. This, combined with the instability within care, meant that young people could not be guaranteed a basic standard of support within either system.

Practically begging: searching for supports and services. Professionals in this study felt that, despite the large amounts of disadvantage-focused initiatives in schools, young people in care in general, and residential care in particular, remained invisible and unable to access most established supports.

Mainstream [schools] I don't think have the resources to deal with kids that come from care. Not all kids. (James)

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Professionals expressed how “*frustrating*” it was feeling as if the “*deck is stacked so much against*” these young people (Susan). Supports and services tailored to young people in residential care were few and far between and those that were available were highly gatekept with long waiting lists. This included auxiliary support services within TESS such as EWOs or access to alternative streams of education such as YouthReach or iScoil. As young people in care were not designated disadvantaged within any policy or practice frameworks, gaining access to services could be extremely difficult and often made professionals feel that they were failing young people. One social care worker described himself as “*practically begging*” (Alex) at the door of different services to support a young person in their residential home who was beginning to withdraw from school. His colleague called this process “*exhausting*” (George).

The EWO services in TESS was a particular source of frustration with one psychologist saying they “*did not function well enough*” (Aoife) to answer to the needs of young people in residential care. In many cases by the time a young person could access EWO services the problem had surpassed the capabilities of services available, and it was time to search for yet another alternative. In other cases, long wait times and slow systems left many young people waiting:

*We have one kid here who just hasn't gone to school the past two years, and they only referred him to EWO in September, and that was a little too late as well. And then he's being referred, then he's supposed to be referred to **another** kind of service that's supposed to help him. Now we're again waiting, I think, over a month now, to nearly two months. (George)*

The idea of waiting for a young person to be disengaged *enough* to access services was particularly frustrating. For this group of young people, who already experienced so many vulnerabilities and for whom school could be such a source of support, waiting felt antithetical to their needs:

I mean, it makes no sense. Like if an EWO is on the ground, knows a kid is out of school a month, but knows that that child is not going to reengage in school--- to wait another five months for the child to be more disengaged and more at risk and more [shakes head]. (Peter)

Professionals felt that the threshold to be met for access to services such as EWOs or home tuition was too high:

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*A child might have to be expelled first, which that might never happen! [...] And say if other people come to the table, a bit sooner, we could've stopped this [school withdrawal]. Which is, like, disheartening to sort of see how I would expected the EWO to almost be taking me to task like 'you're the manager what is happening' and I'm sorta having to call **them**!* (Darren)

The DEIS system was also unable to meet the needs of young people in residential care, according to professionals. Firstly, because the services offered by the DEIS system did not target young people in care in particular and required sharing across multiple disadvantaged students. Additionally, some young people who may have been receiving support in previous placements in schools designated DEIS, would lose support when they changed placement, causing major disruption for the young person's education. Alternatively, schools not designated disadvantage had such a dearth of support services that young people could only access supports at times of acute crisis or complete school withdrawal. Amy, a social care worker in another residential home asserted “*there isn't enough SNAs or additional supports*” for the young people they work with, resulting in young people being asked “*to work twice as hard*”.

One teacher pointed out that the system was “*really, really, poorly structured and resourced to support kids*” (Susan). Clodagh called it “*a recipe for disaster*” with services in the community “*decimated*” by budget cuts leading to issues presenting themselves “*more in schools*” than before. As discussed in the previous sub-theme, even specialised supports weren't necessarily ready to react to the needs of young people in residential care:

This child was in the most specialist type of school we have in Ireland. It was a special school, you know, ratio of six young people to one. He was in a residential home where it was one with care workers, and yet, in neither of those specialist settings was there specialist support. (Cara)

This left many professionals feeling as if there was no service to look to for support. For young people in residential care, without the advocate parent discussed in previous themes to fill the gaps, the consequences of their invisibility felt even more stark.

In lieu of targeted supports, educators and professionals witnessed the over-diagnosis or misuse of a disability diagnosis. Three separate professionals had witnessed misdiagnosis or a rush to diagnose young people in residential care with a disability to access services. This “*rush to assessments*” felt

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“bizarre” (Lauren) but understandable given the lack of supports available otherwise. One educator experienced this with a child in her classroom:

I've been down this road loads of times, they're all pushing me to get a diagnosis for him and I could see that that this diagnosis was gonna happen eventually. But it was completely a distraction from what's happening for him. And I just thought if we had had the resources, the training and the support to let him have times to have therapy within school [sighs]. (Jane)

The disability diagnosis had the effect of making the invisible, visible within the education system. Young people could access supports that were otherwise unavailable to them, even if the underlying factor associated with those needs were caused by the care experience, rather than a diagnosed disability.

Without a diagnosis, a school could not allocate time and staff for a student struggling.

*Within our system, resources follow a diagnosis. [...] you only get that if you have a psychologist or another professional saying, psychiatrists, and this kid is, you know, ADHD, or this kid is dyslexic, or this kid is dyspraxic, or whatever it is. And so when you get the professional report, **that's** when the Department release the resources. And without having that we don't have bodies standing around the school, waiting to give these kids the extra support that can, you know, can be meaningful to them can make a difference, both in learning, but also just in that kind of relationship building space. (Susan)*

Issue with resourcing were not only felt at the mainstream level. Professionals also saw a lack of provision within alternative streams of education, such as iScoil and YouthReach.

Though iScoil had recently been introduced into some residential care settings, a lack of capacity meant the service was still inaccessible to many young people:

There's thousands of young people who disengage each year [...] but all of the provision and all of the policy is focused on mainstream schools. So what you'll see in the budget every year from the in the program for government, is you'll see more SNAs, more special needs assistance. You'll see more investment for school completion programs, more investment for homeschool community, hopefully improvements to things like teacher student ratios, and, and you'll have a

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lot of provision put in into the model which is school. But that's no good if you're not able to go to school, and you can't go to school. (Peter)

In Peter's service, the demand outpaced the funding, and he was left having to turn down eligible young people who wanted an alternative form of education, away from the mainstream system:

We still turn down referrals, like we had a referral panel meeting there a couple of weeks ago. [...] We turned down I think, was 72 referrals, we accepted 57. So, we turned down 15 eligible referrals. Peter

All available supports within the DEY, such as EWOs, iScoil or home tuition, operating on a system requiring sustained issues with school attendance before eligibility, followed by prolonged waiting lists. According to these participants, this rendered invisible the young people in residential care who were attending school but struggling to engage meaningfully due to systemic barriers and personal disadvantage.

These experiences culminated into an identification of a wait-to-fail model, both from professionals within the care system and educators within schools. Without targeted pathway to supports for young people in care, and particular in residential care, many were left without support until their struggled became so acute that they went into crisis or withdrew from school altogether. Social care workers argued that young people in residential care were “*set up to fail from the beginning*” (Amy). This was perceived as particularly concerning given that young people in care were required to continue with their education at third level to receive some aftercare services. But how could they be expected to engage with third-level education if they had lacked supports to sustain themselves in primary and post-primary?

Darren, a residential care home manager, referenced a young person in their care who had waited two years to receive support for their school attendance problems. After finally meeting with an EWO, he was then put on another waiting list. “*He's going to be aged out. It's too late for him*” (Darren). The speed at which young people could receive support was simply too slow according to these participants. It was evident in interviews that the slow working nature of supports and services available for young people in care, as well as the low number available, was a source of great concern for professionals, especially those in residential care homes tasked with coordinating support acquisition.

6.2.3 *The Lived Effects of Systemic Barriers*

Participants saw the lived effects of these systemic barriers within themselves, their colleagues and the young people with whom they worked. For young people in residential care who struggled within these barriers, a stigmatized story could develop. Professionals described how behaviour became the central story. It was not uncommon for participants to swear, shake their heads or wave their arms when describing how frustrating it was to work within the care and education systems.

The emotional toll. The emotional toll of working within and between the care and education systems was pronounced for these participants. Professionals arrived at their careers with a love for working with young people and a hope to make positive change but felt that to do so, they were required to work beyond their professional capacity. The systemic barriers described in themes above played a major role. Educators, in particular, felt “*very ill equipped*” (Jane) for what was needed to support young people in residential care, including therapeutic social-emotional supports for which they had no training:

I don't know what my role is [working with young people in care], and I didn't last year. I was doing a social care role. But I'm not trained in that [...] that's not my job either. (Clodagh)

Many professionals called for more targeted training on trauma and its effects on education, particularly for school and residential care staff. Jane, a former school leader, could not find support from the DEY for additional training. She raised independent funds to bring trauma-informed training and professional development to her school. Many educators sought charitable donations to funding this type of training, seeing a gap in what was on offer by the DoE.

I just felt we were unsupported [by the Department] to support this child who we knew was a really good child, but really just suffering enormous trauma and turmoil. (Jane)

Eoin, a consultant previously working in higher level management in Tusla, claimed the lack of knowledge was also at the national level within the care system, claiming what managers knew “*about education disadvantage, you could put it in a thimble*”. Séan, a school principal, agreed that there wasn’t “*a deep understanding of the scale of disadvantage*” within Ireland, particularly the “*level of chaos*” that “*pervades*” in young people’s lives.

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According to some, professionals could not “*develop their expertise*” (Cara) considering the lack of priority the education of young people in residential care received across both systems.

If there was time given even, like, CPD hours, or the kind of professional training for supervision, like, I think that would have made a big difference [...] I wish I knew more like the kind of residential care setups, again, because it's hidden. (Clodagh)

This caused what psychologist Aoife called systemic anxiety or “*a perpetual sense of stuckness*”, with large scale gaps in knowledge causing many professionals experiencing burnout or difficulty regulating themselves. This in turn effected how they were able to support young people.

You've lost sight of the young person in all of this, and so I would love to like ease the systemic anxiety and fear [...] it's probably just very basic things like resources and well supported teams that aren't haemorrhaging staff. (Aoife)

The stress and burnout associated with systemic barriers also made working relationships difficult, especially across schools and the care system. Professionals could become “*quite defensive and reactive*” (Aoife) to one another.

Particularly for social care workers and teachers, a feeling of powerlessness was common. As one social care worker said, “*you feel like your hands are tied*” (James). Some care workers dealt with this feeling by coming to terms with this reality and focusing only on what they could control. When asked if they felt pressure to maintain school attendance with young people, one social care worker pushed back, pointing out how few options there were for social care workers:

I don't feel pressure at all. And the reason being is because, like, we don't have the power to get them to school. So, we can't do anything here. And then those above us can't do anything. I'm not going to feel pressure. (James)

Others described how certain cases stuck with them well after young people aged out:

I think no matter who you are, you know, if you don't feel like you've done everything you can, you'll hold on to that a little bit. Because you want them to do well. (Darren)

Some professionals felt that powerlessness acutely as though they were “*another adult that's failing them*” (Aisling). Aisling, a teacher, experienced burnout after a particularly difficult experience with a young

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person in her school for whom she fought continuously to receive support and watched fall through the cracks of the system. She has since changed schools.

*When it came to the summer holidays I just completely crashed, and I didn't realize it at the time, but I was just so, like, overwhelmed [...] it just impacted me **so** much.* (Aisling)

Susan, another teacher, commented on the pain of watching young people be failed by the system, and feeling powerless to stop it:

The difficulty with this work is that it's so, so heartbreaking when you see kids with amazing capacity, being lost to the system and lost to themselves. (Susan)

She described watching young people in residential care struggle “*all the time*”. One student who would regularly “*sit and weep in my office*” which she described as “*really, really difficult*” in the face of a lack of resources to support them. The cycle, as she described it, was exhausting, having to get up “*every day and, ya know, [think] maybe it'll be OK today*” (Susan). Social care workers also experienced a deep sense of personal frustration working with the care system.

*The more experienced social care workers, they're broken people because the **system** is broken.*

(Séan)

Particularly within the care system, professionals could be “*crushed*” (Eoin) by the weight of the pressure and the frustration towards the barriers they faced.

Professionals identified a crack between the education and care systems wherein the education of young people in residential care fell due to systemic barriers in and across both systems. They felt strongly that relationships, flexibility and targeted supports are key for young people, but felt a lack of agency to do so due to barriers discussed above. Not only did this create inter-personal strains between professional groups, but caused profound frustration, sadness and anxiety at an individual and systemic level. Young people in residential care were also affected by these systemic barriers, both in how professionals could show up for them, and how their own stories were developed within the cracks of these systems.

Stigmatized young people. While professionals dealt with personal frustration and exhaustion they also witnessed how these systemic barriers affected young people in residential care through a stigmatized narrative concerning their abilities and interest in education. Professionals saw how this

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manifested in low expectations, school exclusions and behaviour-focused interventions. Some professionals questioned whether different choices were made concerning young people's education due to this stigma that would not have otherwise been made if the child were in the care of a traditional family.

Participants expressed that sometimes professional staff had "*bottom level*" (Cara) expectations of young people in residential care. It was a fight for some professionals to get through to their peers to insist on having "*the exact same expectations for young people in care that we do for kids in families*" (Emer). Educators might assume that young people in residential care "*won't stay in education*" (Emer) or that they would have little interest in further education in the future. In her work as a psychologist Cara spent a substantial amount of time collaborating with a social worker who made assumptions about the educational capacity of a child to the point where they refused to investigate mainstream post-primary schools for placement options, even though the child had completed primary in a mainstream school:

I wanted to look at mainstream post primaries and special post primaries, but the social worker was saying to me, well, he'd never manage a mainstream post-primary [...] it's not an automatic assumption! But I think they had written him off educationally. (Cara)

Another professional noted how assumptions of capacity worked its way from professional to professional and into schools through language used in meetings and reports:

A very closed-minded view of young people and it's written repeatedly in reports about them [...] it follows them [the child] and professionals who have met them start to think like that too. And I think it just ripples out in a very unhelpful way. (Aoife)

This type of stigmatization was often linked to perceived bad behaviour, which caused the young person to be labelled as a difficult or troublesome case. This effected professional attitudes towards the young people. This narrative could be "*quite problematic and stigmatizing*" (Aoife).

Young people were assumed to 'be the problem' in many situations such as placement breakdowns. Cara described one such occurrence:

*The narrative was that his behavior had caused a breakdown, right? [...] Actually, the foster mom's attitude towards him had changed. That's okay, that's okay. But nobody said that! Nobody said it was actually **her expectations** are unrealistic. Everybody said, yeah, it was his behaviour.*

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Professionals were often surprised by the level of stigma that was held and perpetuated by their colleagues, particularly in meetings concerning their education:

*Sometimes it's surprise/shock is "You said **what?**" "This child was told **what?**" No wonder their story sounds like this, you know? It's really dangerous in a way [...] that's that narrative that follows that young person and probably adds to the life scripts. (Aoife)*

However, it was not only professionals that repeated these stories. Young people would also take them on:

They look around their lives, and they see a litany of failure, which they internalize rather than saying failure of, okay, maybe it was primarily, you know, failure of the family of origin, although often that's not the case either. And, but a failure of, you know, state agencies a failure of schools, failure of so many different entities and organizations, but the kids internalize it. (Susan)

Young people therefore carried "a sense of shame" which "the system can exacerbate" (Aoife):

The young people do feel it, obviously, depending on their whether they internalize or externalize or how they cope with it. Like, more often than not, it's not too hidden under the surface that you can see that shame and that rejection and that fear. (Aoife)

Residential care, in particular, carried significant stigma. During his interview, social worker Nolan opened an education report about one young person with whom he worked. As he read it aloud, he pointed out how this person's file stigmatized normal teenage behaviour, such as debating back and forth with teachers or stating strong options:

[Reading from report]: *Please comment on young person's behavior within the school environment, any challenging or disruptive behavior? "He shows us daily his oppositional defiance disorder and can be very argumentative at times, especially with some students in his class." [sighs] Sometimes young people in residential care can be, like over-pathologized in my opinion [...] "he's very argumentative times". **Okay?! Has friends?** "Yes. But sometimes argues with them over the difference of their point of view". **Who doesn't?! (Nolan)***

Professionals also saw how this stigma effected young people's social lives. Educators discussed how some parents would tell their young people to avoid a child due to their care status. Incidents in schools would escalate faster and further if a child in residential care. Aisling noted how there was "definitely

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more of a reaction” to behaviour coming from those in residential care, with a lower level of “*tolerance for anything*”.

Many professionals were often left wondering how decision-making about a child’s education was impacted by this stigma. This included decisions such as school placement, discipline, exclusion and reduced timetables. Some felt that if the same child was living in their family of origin, displaying the same behaviours and presenting with the same support needs, that different, perhaps less punitive decisions would be made. Clodagh noted that reduced timetables were assigned to her student and not to others she perceived as displaying similar behaviour, but who had advocate parents who could argue on the child’s behalf to remain in school full time:

It was a very clear procedure that the school has to go through [to assign reduced timetables] which, again, hadn't really happened with other young people who might have had kind of, like, that type of outbursts. (Clodagh)

While this child was excluded from school, other students with similar “*unsafe behaviour*” (Clodagh) received in school support from teachers or SNAs.

My gut instinct is just really telling me that the same decisions don't get made when there's not a guardian. (Clodagh)

This teacher noted how the lack of a concerned parent or guardian, who knew the child and would fight for their needs, was absent for young people in residential care.

All professionals acknowledged that less punitive measures could feel like “*hard work*” and that it would be “*much easier to put them on reduced timetables*” (Séan). As discussed in themes above, the need to be patient, to show empathy and positive regard in the face of challenging behaviour or mental health difficulties was linked to a trauma-informed, relationship focused way of working. Working this way acknowledged that young people could react to certain things due to their own trauma, including trauma they experienced with other professionals or educators while in care. However, this work was “*exhausting*” and could include coming back to a young person “*over and over*” (Susan) before seeing improvement. This could be particularly challenging for teachers who felt the professional anxiety discussed in the previous sub-theme:

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They [teachers] have kind of this professional kind of insecurity around, 'oh, God, I used to think I was a good teacher! And now I can't manage this child!', you know? And, and sometimes they just think, 'Well, I can manage young people, but I can't manage him. So, then he's the problem.

(Jane)

In the face of so much difficulty, many professionals turned to their vocational passion for the work, or their personal relationships with young people. Others, such as Aoife, worked to find 'good news stories' in her practice to keep herself going. Clodagh, who burnt out of her previous role in part due to the stress of working with a young person in care, focused on the hope that there would be accountability for the failures in the system one day: "*it will eventually come home to roost*" she insisted.

6.3 Discussion

The purpose of this study was to identify best practices and barriers involved in supporting the education of young people in residential care based on the lived experiences of professionals across care and education who had experience working with young people in residential care. The findings suggest that professionals across care and education value child-centered relationship-based work as pivotal to any education support for young people in residential care. However, several factors can act as barriers to this type of work. At the relational level, participants observed a professional knowledge gap concerning relationship-based work with young people in residential care as well as communication break downs particularly between schools and residential care homes. Participants were not clear who, if anyone, was truly responsible for the education of young people in residential care. Systemically, instability within the care system as well as shortages in staffing and resources caused deeply felt frustration in all professional fields. Instability within care was the most striking systemic issue identified by participants. This section critically discusses these findings as they relate to and expand on established international and Irish research.

6.3.1 Moral Distress: Experiencing Injustice in Discretionary Work

The findings of this study indicate that meaningful, empathetic relationships with young people are the most significant best practice for supporting their education. This aligns with international research identifying positive, trusting relationships with adults as central to the educational

attainment, ambition and engagement of young people in care in general, and residential care in particular (Garcia-Molsosa et al., 2021b; Goding et al., 2022; Walker-Gleaves & Walker, 2008). Research with young people themselves (Goding et al., 2022), parents and guardians (Trinidad et al., 2020) and professionals in care and education (Blackwood & Farrow, 2023) all align on the importance of these relationships and their ability to make or break a child's educational experience while in care. However, the findings also suggest that systemic barriers within the care and education systems, namely instability of placements, staffing shortages and a lack of support resources, not only make this type of relationship-work difficult, but cause considerable distress for professionals.

Careers in social services are notorious for creating burnout, high levels of stress and post-traumatic stress disorder (PTSD) (Lamothe et al., 2018; Ratcliff, 2024; Steinlin et al., 2017; Travis et al., 2016). Working with young people in a residential care environment is highly demanding, and research has shown that the work can inflict vicarious trauma or secondary traumatic stress (Benveniste et al., 2024). However, much of this research focuses on the social worker in this context, and the present study offers insights from social care workers, as well as other auxiliary professionals within the care and education systems. For educators, the difficulty in balancing the needs of young people in residential care and other students can also be emotionally distressing (Edwards, 2016). Both professional spaces are full of intellectual and moral practice, including dealing with uncertainty and contradiction (Santoro, 2011). The experiences of professionals in care in this study are reflective of literature demonstrating high levels of burnout, including 72% of participants exhibiting signs in a recent Australian study (Benveniste et al., 2024).

Research concerning the prevalence of PTSD symptoms and burnout in care and education professionals often focuses on the individual and their ability to manage symptoms (Benveniste et al., 2024; Travis et al., 2016). Further training, peer support and increased supervision and reflection have been suggested as potential solutions. Though these interventions, in particular additional trainings, were also welcomed by the participants in this study, the over focus on individual-level experiences, supports and outcomes may be problematic. Conceptualizing such experiences as burnout fails to account for the conditions within the professional space which are not structured to enable the good work professionals

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are capable of doing (Pearson et al., 2026; Santoro, 2011). Participants noted that the care system itself perpetuated inequalities which led to lower educational outcomes for young people in residential care as well as their own pain as professionals. In recent years there has been a growing paradigm shift to acknowledge systemic barriers within professional wellness discourse and how the system perpetuates them in practice and policy (Lonne et al., 2022; Saar-Heiman & Gupta, 2020).

Participants in this study often discussed how they felt their work could or did create suffering of young people through their inability to access timely and appropriate supports (Brend & Collin-Vézina, 2022). Mänttari-van der Kuip (2016) likened this to moral distress in their study which found that 77% of Finnish social workers in their study felt they were unable to do the work as well as they would have liked to, and 36% were compelled to work in a way that conflicted with their values, due to insufficient resources and systemic barriers within child welfare systems. For social care workers, their work implicated them in multiple systemic and organisational injustices including lack of mental health services, lack of stable and appropriate placements or lack of time or resources to support school attendance. For example, they might work intensively to access supports and services for a young person only for the wait-times to be so long that the young person would age out before supports were available. Or working closely with a young person to re-engage with education, only for a placement to breakdown, bringing them back to the starting line, and jeopardizing established relationships. This witnessing from within to watch how systems contribute to the suffering of young people amounts to moral distress: being unable to do the job they know they are capable of because of systemic constraints beyond their control.

Mänttari-van der Kuip (2016) specifically relates moral distress to insufficient resources brought on by austerity within Finnish social services systems, including child welfare. Participants within this study listed several resources they knew they needed, but could not access due to shortages or long wait times brought on by chronic underfunding and difficulty in maintaining consistent staffing: EWO support, additional trainings, time for reflective practice or burnout prevention, mental health resources or assessments for young people, access to alternative education pathways such as iScoil, learning supports for young people, appropriate education placements and education psychology assessments.

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Irish social services systems, represented by professionals in this study in NEPS, Disability Services, Education, Tusla, TESS, aftercare service, and mental health services, have experienced insufficient resources brought on by austerity as well as difficulty recruiting and maintaining staff. The waiting times for services in Child and Adolescent Mental Health Services (CAMHS) have reached the one-year mark for some young people as of 2024 with over 3824 young people waiting for services, an 81% increase since 2020 (Ward, 2024). This is reflective of the National Disability Service, where young people can wait over a year to several years for initial contact or assessment for Speech & Language Therapy and Occupational Therapy. Over 10,000 young people are waiting 12 or more months for a Children's Disability Network Team's first contact (Dáil-Éireann, 2025b). National teaching shortages disproportionately impact special schools and schools in disadvantaged areas (INTO, 2025). According to the National Association for School Psychology (2020) recommended ratio of Education Psychologists to student is 1:500, while Ireland's ratio is 1:4300, far below other countries such as Norway, Sweden, Belgium and Denmark where the average is 1:2500.

The shortages within wider social services are reflected within Tusla Child and Family Services. The question of austerity versus management of finances is a complex one with no clear answer or solution. In 2025, Tusla received an increase in funding of over €144 million to a total budget of €1.2 billion. It is important to note that this funding goes towards several branches of the service, not just alternative care. However, Tusla's CEO indicated the agency expected a €68 million budget overrun in 2025 due to a sharp rise in demand for services, particularly for alternative care (Dáil-Éireann, 2025). Though it should also be noted that much of this spending may be due to Tusla's self-stated over-reliance on private residential care contracts- amounting to €300 million in 2024 (Neylon & Hubert, 2026). The most recent Ombudsman for Children Report (2026) calls out both the overuse of the private facilities as well as the government's chronic underfunding of Tusla.

Tusla's CEO has also admitted that Tusla is currently in a crisis (Matthews, 2023) following a public outcry from barristers within the legal system, who said that Tusla's 'unprecedented failures' have broken the Courts' trust in Tusla's ability to maintain services (Gallagher, 2025). This includes 395 young people without social workers, with additional young people waiting six months to a year for allocation

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and 297 young people sleeping in unregulated SEA due to placement shortages (Tusla, 2025b). This leaves children vulnerable to abuse and mistreatment, as documented by the Ombudsman (OCO, 2026b). This, along with numerous individual incidences of failure to adequately house, educate or keep safe young people in their care, have led advocate groups to warn that Tusla could be at risk of legal trouble in the future if there are repeated violations of young people's statutory rights (Corbett & Coulter, 2025). These issues have compounded since the economic crash of 2008, where Troika-induced cuts to social services totaled €18.8 billion and were seen as "low hanging fruit" to escape the economic crash (Dáil-Éireann, 2017). The long-term cost of austerity, from Troika to modern day measures, include significant stress on maintaining and growing staffing capacity in public services such as Tusla. Social worker ratios in Ireland, for example, have yet to reach acceptable levels to meet demand for services as evidenced by the 250 young people in the Greater Dublin Area alone who have no allocated social worker (Geiran, 2025).

Professionals working in these spaces are not fully autonomous decision makers. As discussed by participants in this study, decisions are made according to each professional's capacity, training, workload and the availability of supports and services. Mänttari-van der Kuip (2016) suggests that professionals, in this case social workers, are "imprisoned within a system of loyalties, directed by several systems of ethics including bureaucratic, professional and personal" (p. 88). However, the participants in this study do not work within the limits of what they can control based on loyalties but do so to avoid further frustration and distress. Moral distress cannot then be thought of as a genuine moral dilemma or an issue of loyalties. Rather, professionals know what is morally appropriate but are prevented from implementing it (Mänttari-van der Kuip, 2016). In this case, they carry the responsibility for moral decision-making at the policy level as well as their own when working face to face with young people (Brend & Collin-Vézina, 2022; Mänttari-van der Kuip, 2016). Santoro (2011) calls this 'consistent and persistent' frustrations in her work with teachers who are no longer able to access the moral rewards of doing 'good work' due to the conditions within schools and the broader community.

This does not mean that professionals are non-agential puppets of bureaucratic organisations. For example, participants described working above and beyond their duties to meet the needs of young people

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in their care. They also noted where there were potential missed opportunities for further collaboration across professional spheres. These types of systemic missed opportunities or administrative confusion, particularly in terms of information sharing between residential care homes and schools, is also noted in the existing literature (Goding et al., 2022; Read et al., 2023). Improvement in these areas may have the potential to improve relationships between professionals, lead to innovations and coherence in supports across systems (Marion & Mann-Feder, 2020) which young people need to feel supported in their education. For example, ensuring that there are clear lines of communication between residential homes and schools so educators and care professionals know who to speak to and what the regulations and best practices are across professions. This can make supporting the child easier and more streamlined between systems, as well as strengthen professional working relationships that can often feel strained due to their distance and ignorance of one another (Morales-Ocaña & Pérez-García, 2020).

Professionals also discussed working beyond their professional capacity to tend to their own emotional well-being and for the sake of the young people with whom they worked. This includes work outside of their job descriptions such as accompanying young people to school visits and interviewing potential head teachers for appropriate school placement. Social care workers in one residential home developed their own ‘educational programming’ for teens in their care who were struggling with school attendance. They created an *ad hoc* program without any pedagogical training of their own as they felt they could not rely on TESS and the EWO services to support young people disengaging from school. In the case of one school, they had to turn to charitable donations and external funding to meet the needs of students, including therapeutic services. Other educators discussed using charitable donations and other external funding to pay for additional training in trauma-informed practice when a young person in care came to their school.

As in previous studies, professionals across care and education also experienced distress when feeling compelled to work outside their scope of practice, leading to moral distress (Jaskela et al., 2018) and fear of crossed ethical boundaries or causing unintended harm by doing so. In the present study, one teacher felt that her role was veering into therapeutic interventions, despite no training. At the same time, she felt compelled to intervene when she saw how her student was struggling within and outside the

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classroom. Experiencing self-doubt in moral distress also affects professionals' self-esteem or perception of competence (Edwards, 2016; Jaskela et al., 2018). Improvising interventions has also been found to lead to moral distress (Brend & Collin-Vézina, 2022) as these interventions can feel inadequate without proper training, support and integrated approaches (Blackwood & Farrow, 2023) and there was frustration within this cohort that they were doing the work that was for the DEY. Additionally, some professionals felt that, although their strategies were more than needed, this also meant that at times those in high positions could absolve themselves of created systemic change. A social care worker noted that when 'higher ups' saw them taking on these adaptive strategies, they felt that there was no need for those higher ups to make top-down changes. Blackwood and Farrow (2023) also found that educators and other auxiliary staff in their study would be left frustrated that they could not access supports and were left to address problems on their own.

Finally, planned disobedience was noted by professionals across care and education. Bending rules or finding ways to circumnavigate bureaucratic systems is prevalent in other literature (Brend & Collin-Vézina, 2022; Jaskela et al., 2018; Mänttari-van der Kuip, 2016; Read et al., 2023). Some professionals noted that to adequately support young people in residential care who did not have an advocate parent going 'above and beyond' to get their needs met, they had to work beyond their professional scope or work around bureaucratic rules to find supports for young people, including rushing disability diagnoses. Murphy (2022) has described so-called 'discretionary spaces' within the child welfare system - wherein social workers work outside the bounds of their professional limits, at times breaking rules in order to do the right thing. He contends that this work makes the child welfare space more child-centered, as it often leads to more positive relationship building than existing structures allows. Mänttari-van der Kuip (2016) describes this as a symbiotic relationship, wherein institutional systems create boundaries for moral being and acting, while professionals also create these boundaries by acting and being moral.

However, the findings of this research would suggest a critique of a symbiotic relationship. Professionals act as a boundary breaker, with planned disobedience and adaptive strategies developed to ensure moral being and acting can exist within systemic barriers. Other actors, such as Laura and Aoife

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who work within private practice, have more space to move independently, pushing boundaries both within and outside the institutions to offer new pathways of thinking and working with young people in residential care. To assert that this acts in symbiosis with institutional systems risks ignoring the real harm to professionals and young people alike wrought by these discretionary spaces and the continuing need for them. Professionals hold the burden of the gaps within these systems (Brend & Collin-Vézina, 2022) both in terms of their individual interactions with young people in residential care as well as their own moral wellbeing. Young people, in turn, must rely on the ability, time and willingness of professionals to act outside of the institutions purportedly created to protect and support them to receive promised protection and support.

6.3.2 The Question of Professional Training & Stigma

The findings of this research suggest a persistent stigmatization of young people in residential care within professional spaces. Professionals noted how deficit assumptions were evident in the ways in which young people were spoken about, the expectations or ambitions placed upon them, and the documentation written in their files. Another manifestation of this stigma was an over-emphasis on punitive measures and exclusions both within residential care homes and education; this has been previously problematized within the literature. The removal of students from the classroom in response to difficult behaviours or reticence to comply with orders is noted (Marion & Mann-Feder, 2020). As found in Marion and Mann-Feder (2020), residential care workers in this study felt that alternative education settings in particular should have the ability to deal with behavioural issues without resorting to removal. Such traditional behavioural management strategies have been found to be counterproductive to education engagement for young people in care (Blackwood & Farrow, 2023). Positive, nurturing relationships are crucial to counterbalance vulnerabilities displayed by these young people (Blackwood & Farrow, 2023).

Research has also suggested that teachers frequently misunderstand young people's emotional lives, holding stigmatized conceptualizations and underestimating their abilities and the barriers involved in their education (Walker-Gleaves & Walker, 2008). This included stereotyping young people in residential care including associating young people with socially deviant behaviour (Walker-Gleaves & Walker, 2008) or as difficult or problematic (Morales-Ocaña & Pérez-García, 2020). This led to a general

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message of unsuitability for school attendance (Kliche, 2025). Professionals in this study felt that, at times, decisions were made about behaviour or academic progress without acknowledging the realities of the effects of trauma in the care-experience. This level of misunderstanding may, to some extent, explain the perceived over-use of punitive and exclusionary methods used by some educators in this research in addition to a lack of alternative services or additional staff for support. This is also reflective of the testimonies from young people in care, who felt that their care-experience was often not considered by schools during their decision-making (Walker-Gleaves & Walker, 2008). However, the findings in this study showed that some professionals in both care and education wondered whether such punitive measures in response to behaviours would be meted out to young people if they lived in a traditional family structure, suggesting that stigma has a role to play in the treatment of young people in residential care at school.

Participants suggested that some professionals relied on stigmatized conceptions of young people in residential care as they did not know better, suggesting that further training could tend to this issue. Participants discussed how difficult it was to navigate these stigmatized conceptualizations developed by colleagues, and the time spent trying to support their peers in real time. Training for both care and education professionals is a common recommendation in established research (Blackwood & Farrow, 2023; Brown et al., 2019; Matchett, 2022). For educators, many had sought out independent training outside those established by the DEY as they felt they were not sufficient for their needs. There have been recent steps in Ireland towards increases in care-awareness in education settings. Recently, a new *Take Care* (2025) pilot program has begun introducing care-aware training in schools, as well as a resource booklet now available to schools across Ireland. However, there was some debate within this participant group about what type of training was specifically needed for educators. Some advocated for more training concerning the care system in particular: what care was, what the different types of placements entailed, which professionals were relevant for communication and what types of education barriers young people face within care. Others suggested that if trauma-informed and relationship-based trainings were augmented to include the care-experience, this would address many misconceptions leading to exclusionary and punitive practices they were witnessing.

As noted in established research, there is also merit to considering education training for social care workers as well in order to bridge the gap across systems (Gharabaghi & Groskleg, 2010). Participants in this study noted that many care professionals do not have a working knowledge of the education system that would be robust enough to advocate for young people in residential care, even if they had the capacity to do so. Current standards of proficiency for social care workers (SCWRB, 2019) and social workers (SWRB, 2019) does not emphasize specific training and priority of education for young people in residential care (Gharabaghi, 2012). Furthermore, the findings of this study suggests that many social care workers take on more general responsibilities for a child's education in residential care, due to their immediate connection to a child's school via natural communication channels. There is a distinct lack of research concerning Irish care professional's comfort and proficiency in supporting the education of young people in residential care specifically, reflective of a Canadian case study that suggests little to no pedagogical training or awareness despite education being an embedded part of a child's care plan (Gharabaghi, 2012). However, the findings of this research suggest that additional training for professional staff will not be sufficient if resources such as consistent robust staffing and targeted support and services are not also in place. As discussed above, many professionals who did feel well-trained and understood the need of young people in residential care faced systemic resourcing barriers which did not allow them to put their knowledge to use.

6.3.3 Responsibility Regarding Education and Care

The findings of this study illuminate the general confusion and uncertainty about whose role it was across all these professional systems to maintain and advocate for the education of young people in residential care. The findings suggest that the lack of clarity regarding such a role contributes to young people falling through the cracks between the education and care systems, as professionals are busy with other concerns such as placement stability. Many professionals in this study took on this work outside of their professional remit and duties, despite little capacity or training to do so. Additionally, participants noted ways in which the residential care system seemed actively in conflict with this task, de-prioritizing education from within. A growing body of research has discussed how structures that re-produce educational inequality exist within the context of residential care itself, including instability accompanied

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by fewer educational opportunities (Kliche, 2025). The question of the ability for residential care homes to foster educational attainment is a complex one. In the UK, young people in care fare slightly better than those in need but not in care, but those who are in care with an Education Health and Care Plan make less progress than those with similar needs who are not in care (DfE, 2019). In other words, young people with similar educational needs do worse when they are placed in care than when they are living with their family of origin suggesting that care in of itself may develop disadvantage, not just additional support needs. Recent findings in the UK have also suggested that, despite a dedicated education role in the Virtual School Head, a lack of proper resourcing may be the source of continued disadvantage (Harrison, Sebba, et al., 2023). Additional sources of incongruity include school placement mobility, home placement mobility, instability in staffing or a lack of pedagogical knowledge within residential care systems (Gharabaghi & Groskleg, 2010), reflective of barriers discussed by the findings of this study. Everyday school life within the home environment can also be part of this, such as support for homework completion (Kliche, 2025) or a lack of culture of education (Gharabaghi, 2012) within the residential care home.

Throughout the interviews, participants discussed how placement instability, instability in staffing and a lack of knowledge and training effects the ability of professionals to support young people in care. The findings suggest that many of the incongruities between residential care and education are a result of systemic barriers brought on by chronic staffing and placement shortages within Tusla. As discussed in the findings, if placements are at a chronic shortage and staff are overloaded with cases, education comes ‘down the pecking order’ of priorities. The findings show how these manifests in various ways including how school placements are not done thoughtfully and with consideration to a young person’s needs due to time constraints. The lack of a clear line of responsibility concerning education also comes into play. Professionals in this study also noted that there are often hidden, family-based supports that residential care may not offer, such as informal check ins, knowing how a child likes their hair done for school, or other preferences that may increase educational engagement and interest over time. In a Canadian case study, Gharabaghi (2012) noted an incongruence between the rhetoric of supporting youth in care in their education and learning on one hand, and a lack of measures taken to do so on the other. There has been an

overemphasis in research on the school programs that youth attend, rather than their home environment (Gharabaghi, 2012). To date, there has been very little focus on school-related support in every day residential care, in particular homework help, and other family normative experiences (Kliche, 2025). The findings of this study suggest education requires further emphasis and focus within the Irish care system, particularly in residential care where natural advocate parents or foster parents are not present. The current system, where official remit lies with social workers with additional support from social care workers, is not sufficient considering the large workloads and lack of education-focused training professionals in these spaces cited. In lieu of a focus and resourcing on education within care, these measures fall through the cracks or are taken up by auxiliary professionals working outside their remit.

Stigma also plays a role in how education finds its place within care. Assumptions are made by care teams based on low expectations or low assumptions of competence regarding what type of school young people were 'able for'. As discussed by care-experienced advocates (McCallin et al., 2025) and researchers (Senior, 2023), these stigmatizing assumptions follow them in the form of written records. These records and stigmatizing rhetoric are passed between professionals, including educators, and have been found to have strong effects on educational progress of adult care-leavers (Sting et al., 2025). Interviewees in this study often expressed shock at the low level of expectation that their colleagues have of young people in residential care, with assumptions made about their intellectual ability as well as their future ambitions. The systemic barriers, the lack of clear responsibility concerning education, the lack of priority on education as well as the stigma found in the rhetoric within the care profession concerning education have a cyclical, intermeshed relationship with one another. Changes in environment within residential care, such as placement changes or staffing irregularities, may cause dysregulation (Driscoll, 2013) that training in trauma-informed practices may not be able to cover (Blackwood & Farrow, 2023). This issue may be beyond simple additional trainings or resources, and may call for a larger shift in focus and priority concerning the education of young people in the care system. They are also inextricably linked to the barriers discussed in the findings concerning the education system.

6.3.4 Conceptualizations of Disadvantage and Young People in Residential Care

The experience of moral distress is explicitly linked to barriers professionals face within professional systems that prevent them from doing their jobs to their perceived fullest potential. This complicates the focus on individual resilience or improvement in professional collaboration often focused on in PTSD and burnout literature. Though Mänttari-van der Kuip (2016) connect moral distress directly to austerity, the picture appears more complex within the Irish system. Much of the moral distress felt by professionals in the findings were also connected to how the conceptualization of disadvantage in Irish education rendered young people in care invisible. Therefore, it was a difficult, tiring and often futile process to gain access to education supports for young people in care. The lack of targeted supports for young people in care within education has been the subject of criticism and concern in the most recent publication concerning the education of care-leavers, which recommended potential policy development designating care-experience as a specific disadvantage with bespoke supports (Darmody, 2025).

As described in Chapter 1, the DEIS program is an in-school support system, which allocates resources based on socio-demographic information of neighbourhoods surrounding the school. In this sense, the DEIS program conceptualizes disadvantage based as place based. This conceptualization has been criticized in previous research which argues that it has failed due to a lack of collaboration across departments resulting in a failure to truly address inequality at the center of education disadvantage (EDC, 2005; Fleming et al., 2022). Therefore, the efficacy of the DEIS program is also a complex question. Initial reports suggests that DEIS programs have increased completion rates in secondary schools in DEIS areas but disadvantage has persisted, with ongoing gaps of achievement particularly in accessing further education (Gilleece et al., 2025; Smyth et al., 2015). Though the DEIS program is believed to be effective in narrowing the general educational achievement gaps Gilleece et al., (2025) hypothesize that some positive effects of the DEIS program may be partially cancelled out by negative effects such as teacher burnout and high teacher turn over.

Place-based policy is rooted in an assumption of a stable home placement. Irrespective of the general efficacy of the DEIS program to intervene with general inequality, the findings of this research suggests that the place-based conceptualizations of disadvantage render many young people in care

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invisible, making it extremely difficult to access supports for this population of young people. Young people in residential care can be moved from placement to placement frequently and abruptly and as discussed in the findings, these conditions make consistent support for their education difficult to maintain. For example, a child may be attending a DEIS school before entering care, and once placed in care, may lose those supports if they are moved outside of their neighbourhood of origin and enrolled in the local school which does not have DEIS status. Residential care homes are not all placed within DEIS-school areas. Additionally, young people can move frequently once they are in care, meaning that they may receive supports in DEIS schools in some placements and not in others as they move schools. This lack of continuity has a major effect on young people's ability to access supports within the school system and maintain that continuity of support throughout their schooling. Additionally, school structures can clash with residential care. Final examinations and preparation often coincides with planning for leaving care, exacerbating stress for young people (Driscoll, 2013). Within the Irish system, this comes at as a confluence of several factors in tension with one another (Darmody, 2025). On one hand, the education system culminates into a final examination that determines for many their future life course. This falls at the same time as young people in residential care are aging out of the care system and facing a massive phase of destabilization.

The misuse or overuse of disability diagnoses for young people in residential care also reflects these systemic issues. As there are few resources earmarked specifically for young people in care in primary or post-primary education, and no policy developed to support their education, the only way many young people in care can access individualized additional resources in a timely manner is via a disability diagnosis. This is further complicated by the Assessment of Needs (AON) process, which should facilitate timely interventions and supports, including within education. However, the AON process has been mired with long wait times and complicated bureaucracy, with more than 22,000 applications waiting to be processed in the end of 2025. The Minister for Children has announced coming reforms in 2026 which will hopefully streamline the process while maintaining the legislative integrity of the AON intended to support a child's health and education needs. Within the Irish education system, a disability diagnosis can lead to additional resources both within and outside the school setting, including through an AON

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requested by a child's social worker, pending their eligibility. Participants discussed instances where they felt that a child was misdiagnosed to receive resources, or a diagnosis was rushed for a child to receive help. This picture is further complicated by the high prevalence of young people with disabilities within the care system (CSO, 2025), and reports from care-experienced adults concerning the poor standard of care and long wait times associated with living between two over-stretched systems (Erwin et al., 2023), mirroring the experience in these findings between education and care. This is another example of how the moral distress that professionals feel when they cannot do their jobs due to insufficient resources is directly related to policy make decisions causing these shortages.

In recent years, there have been adjustments to three established programs to include young people in residential care. 1. A pilot program was initiated in 2023 to assign an EWO solely for young people in residential care. EWOs, functioning under TESS, offer advice and guidance to parents or guardians when a child needs support to attend school regularly (Tusla, 2022b). They have no statutory power to enforce school registration from a school, nor have special access to services, but instead can refer young people and families to available services. The findings of this study have discussed the difficulties in accessing EWO support and the long wait times involved once an EWO is attached to a child's case. 2. Home tuition for young people in care has been increased through the DEY's grant scheme for young people, which gives additional provisions for extra hours and small group learning supports when placement gaps render young people unable to attend schools (DoE, 2024a). This includes allowing for small groups (up to 3) and increased hours (9 hours per week for 6 weeks). However, this scheme is only available for young people without a school placement, not for young people who are experiencing school attendance problems due to the issues explored in these findings. Additionally, there is a well-documented shortage of tutors, all of whom must be recognized by the Teaching Council (INTO, 2025). Applications must be made by appointed social workers, which also creates a barrier considering that up to 16% of young people in care currently do not have an allocated social worker (Tusla, 2025b). 3. Finally, iScoil, an online education platform for early-school leavers, has recently begun offering enrollment to young people in residential care not enrolled in school (iScoil, 2024). iScoil offers young people a chance to reengage with education online at their own place, with one-on-one support from tutors

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at home and online. However, iScoil does not offer full time education and does not offer Leaving Certificate examination. Instead, iScoil focuses on flexible learning, QQI Level 4 awards for progression to the Leaving Certificate and a re-engagement with education outside of mainstream. In addition, as noted in the findings, iScoil is not sufficiently resourced to meet the needs of young people and are regularly having to turn down enrollment from eligible students.

The findings of this research suggest that though these increased provisions are welcomed by professionals, they remain difficult to access. This is, in part, due to the funding shortages across all three provisions that cannot sufficiently meet the needs of young people in residential care across the country. Additionally, all three provisions require young people to be sufficiently disengaged from education to access supports. As professionals discussed, this meant that young people had to wait sometimes years to be disengaged ‘enough’ to be put on waiting lists. School attendance problems are a multi-faceted problem connected to personal issues such as mental health as well as structural barriers and inequalities. A recent Irish study discussed how proactive supports were more impactful than the wait-to-fail model illustrated in these provisions (O’Toole & Ćirić, 2024). Proactive supports are available for young people in residential care but at a different stage in their education.

Recent developments in education supports and services have focused on care-leavers in further and higher education, as well as care-leavers attempting to transition into such settings. A Tusla pilot program was recently completed for a care Leaver Guidance Program in the Waterford and Wexford Region. The closing report found that stable guidance provided by the program was crucial for young people in care, as well as the linkages it provided between the care and education systems (Palmer, 2024). Participation in decision-making was also noted as a key positive factor for young people. In early 2025, the DCDE, in partnership with Munster Technological University, University College Cork, Kerry ETB, Cork ETB, Tusla, and EPIC launched the first information hub of pre-entry and post-entry supports for students with care experience, centralizing the growing number of localized further and higher education supports for care-experienced students. The existence of these programs acknowledges the distinct disadvantaged experienced by care-experienced adults as they enter further and higher education and attempt to bridge the gap between the care and education systems. In doing so, it validates the

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understanding that young people in residential care require additional support at a policy level in comparison to their peers.

What remains concerning is the distinct lack of proactive supports at the primary and post-primary level discussed in these findings. Considering the low education completion rate of young people in residential care in comparison to their peers (CSO, 2025), the established research suggests that this population requires significant support to be able to avail of those currently established in further and higher education. Current provisions in primary and post-primary are emblematic of a wait-to-fail model which is especially concerning for young people in residential care, who must be in full-time education or training when they age out of care to access vital aftercare supports (Tusla, 2017). As the findings suggests, these provisions can provide access to supports, but many of them are too little too late. Flexibility, creativity and a child-centered approach were all lauded as best practices. However, in lieu of structures of support from a policy level, this relies entirely on the ability and willingness of schools to do so. It also relies on professionals working outside of their professional capacity to fill in these gaps themselves, often without adequate resources, time or training to do so.

6.4 Conclusion

The findings of this study are largely in line with previous literature outlining the barriers to supporting the education of young people in care within care and education systems at the practice level while adding additional information to the Irish context. Findings highlight how conceptualizations of disadvantage developed by the DEY render many young people in residential care invisible within the education system. This, combined with a lack of a clear education advocate role within the care system, meant that many young people were falling through the cracks while professionals attempted to circumnavigate systemic barriers. The methodology of this research also highlights the lived experiences of these systems and further drives home how procedural and systemic gaps have real consequences for professionals negotiating these systems, as well as the young people at the heart of them.

Professionals identified that young people need positive adult relationships that support their education (Edwards, 2016; Gilligan, 1999; Matchett, 2022). Supporting their education can look different for each person, as each young person is an individual with individual needs (Walker-Gleaves & Walker,

2008). However, setting high expectations, not falling into stigmatized conceptualizations of the care experience, and putting an emphasis on education were all emphasized. Additionally, many professionals agreed that young people in residential care should have some sort of access to supports due to their care experience and should not have to pursue additional testing or have a formal diagnosis or assessment to gain access to supports, if these tests were not needed. Many professionals felt that the threshold to access supports were too high and did not take into consideration the complexity of the care experience. The misuse of disability diagnoses was a unique finding of this study that professionals working with young people in residential care turn to in lieu of adequately financed, supported and staffed supports and services. Other adaptive methods included working beyond professional capacity to step into parental advocacy roles, as well as using more creative methods to engage young people in positive relationships, rather than traditional punitive forms of discipline.

Signs of moral distress were also prevalent in this study, and professionals recounted the difficult emotional and moral work that was involved with supporting young people in residential care in an imperfect and often counterintuitive system. Being compelled to engage in processes they deem hurtful (Brend & Collin-Vézina, 2022) or feeling like they were another adult failing a child was painful. Some processes in care were especially poignant in terms of education, such as aging out, knowing that young people leaving care will struggle due to the disadvantages they faced during their schooling. Other barriers to care include handling of young people's cases, that professionals can see result in foreseeable adverse experiences (Brend & Collin-Vézina, 2022), such as a young person in this study who was rushed for a disability diagnosis in order to get services, only to be misplaced in a special school causing distress in the young person. The findings of this research suggest that professionals working with young people in residential care need sufficiently funded and staffed services to do their jobs to their fullest capabilities.

Chapter 7: Study 3- Policy Makers, Civil Servants & Advocates

7.1 Introduction

This chapter presents the findings and discussion from interviews with policy makers, civil servants and an advocate, all of whom have responsibilities for policy development concerning the education of young people in care in Ireland. As discussed in Chapter 1, there is currently no targeted education policy for young people in care at the primary and post-primary level. Interviews with this cohort of participants sought to understand this lack of policy from the perspectives of those in positions of political influence. It also sought to understand how young people in care were conceptualized by this cohort and how this conceptualization may influence policy development. To achieve this, the following research questions are explored:

1. How are young people in residential care and their education understood by policy makers, civil servants and advocates and how does this shape policy development?
2. In what ways do these conceptualizations influence the perceived priorities, approaches and solutions in education policy for young people in care?
3. What structural, institutional or political barriers do policy makers, civil servants and advocates identify as hindering the development of targeted education policy for young people in care?

As discussed in Chapter 4, Section 9, this study was exploratory and qualitative in nature. Policy makers, civil servants and advocates (n=10) were interviewed using non-directive, semi-structured interview techniques to explore participants' sense-making about the Irish policy space and their work concerning the primary and post-primary education of young people in care. Participants were recruited across all levels of responsibility for policy development in the area of young people in care and/or education, including elected and non-elected government employees, as well as one advocate (Table 9).

Table 9

Policy Makers by Position

<u>Elected Officials</u>	
# of Participants	Dossier
4	Children, Equality and Disability

1	Education
<u>Civil Servants</u>	
# of Participants	Department
1	DoE
3	DCEDIY
<u>Advocate</u>	
# of Participants	Specialist Area
1	Children's Rights

7.2 Findings

The following section outlines the findings of interviews with civil servants, elected officials and an advocate concerning policy development for the education of young people in care. As interviews were conducted between December 2023 and April 2024, findings refer to departments which have now undergone name and remit changes. The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) has been renamed to the Department of Children, Disability and Equality (DCDE), with the remit for youth shifting over to the now-named Department of Education and Youth (DEY), previously the Department of Education (DoE). Implications of these changes is explored in the discussion section. For ease of comprehension, elected officials are denoted with 'TD' for member of parliament or 'S' for Senator, civil servants are denoted with 'CS', and advocate with 'A' behind their pseudonyms. These findings are grouped into the following themes, without further sub-themes:

- 1) Not Our Responsibility, Not Our Remit
- 2) Influence of Institutions of Containment
- 3) Stigma & Risky Subjects
- 4) Who is Heard in Policy Making?

7.2.1 Not Our Responsibility, Not Our Remit

Throughout the interviews there was little congruence among the participants as to which department or government office held responsibility for the development of policy as it related to the post-primary education of children and young people in care, including those in residential care. The question

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of remit and responsibility emerged as a contentious issue threading each interview. The DoE or DCEDIY were most often identified as having responsibility by the participants. However, responsibility was also attributed to Tusla or individual social workers, who one civil servant designated as the “*bossy mother*” (Nora-CS) responsible for following up on the needs of young people in residential care. The identification of Tusla, and by proxy the social worker, as “*the parent*” required to “*fight*” (Rían-A) the education system for supports and services was a common sentiment expressed. Other participants, such as Noah-TD, opined that Tusla were, perhaps unfairly, “*carrying the card*” for other departments’ inaction in this regard. For others, whilst education was understood as a right to be upheld by parents, in this case by the DCEDIY via Tusla via the social worker, it was the DoE who was ultimately responsible to “*make that work*” (Caoimhe-TD). In other words, while it was considered necessary for the social worker of a child, acting *in loco parentis* to establish a connection with education and enrol that child into a school, some participants deemed it the role of the DoE to facilitate and support that education. Within this context, any policy development was considered to be a shared responsibility DoE and the DCEDIY.

In addition to opposing understandings of remit between policymakers, there were also often mixed and contradictory views expressed. None of the participants articulated a clear understanding about where the responsibility lay. Participants often relied on their own personal opinions as opposed to citing policy or legislation. Naturally, the question of remit and responsibility also led to questions around ‘why’: why had any department not developed targeted policy for young people in care at the primary and post-primary level, considering their growing visibility in higher education policy and practice (HEA, 2022)? Each participant had some understanding that young people in care, and particularly those in residential care, faced distinct disadvantages throughout their education. However, participants struggled to articulate how it came to be that no policy had been developed to intervene with those disadvantages in primary and post-primary. Some attributed this to the fact that young people in residential care were previously “*not a huge cohort*” (Olivia- CS) and as a result they were not seen as a priority for large scale policy.

Yeah...I'm not actually sure why [...] the number of young people in [care], it's just increased so dramatically, you know, so I have no idea why it was never tracked. (Sarah-CS)

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But for some participants like Olivia-CS, the question required further, deeper exploration and questioning of the current system and its tendency to homogenize disadvantage into one type or presentation:

Letting go of the notion that we have one massive unified system. And that's it. And accepting that you have to have small, tailored solutions for smaller cohorts [...] there should be some acknowledgement that there are a relatively small number of young people, who really are going to experience difficulties.

There was a prevailing view among the participants that, though the numbers were increasing, the small number of young people in care had a minimizing effect on their visibility within the policy landscape, irrespective of whose responsibility it was to respond to their educational needs. This indicated that young people in residential care, a sub cohort of this group, became even smaller in terms of priority for policy.

There was potentially an overemphasis on policies that could target larger cohorts of young people experiencing social or economic disadvantage for a larger scale of visible impact. As a result, a small-numbered cohort appeared to minimize any actual need for such a policy. In either scenario, this negated the need for concentrated primary and post-primary education policy for young people in care. A lack of evidence-base in the form of research was also cited as a possible reason. Most participants did not appear to have a working knowledge of the small, yet growing research base concerning the care experience discussed in Chapter 2. They were, however, acutely aware of the lack of research focusing on primary and post-primary education. Participants suggested that a perceived lack of evidence-base also acted as a reason for which policy could not be developed. As one TD put it “*ultimately...you come to no one has ever investigated this before*” (Maureen-TD). Of particular concern for civil servants was the lack of statistical basis upon which to make policy recommendations. As one DCEDIY civil servant said, up until 2023, no data concerning the education of young people in care had been collected or analyzed in a research capacity and data was still not being collected by either DCEDIY or DoE:

I inherently think the first step as being data, because you won't convince people to get on board [to create policy] if you don't have the data to the evidence, to show them where the needs are [...] But if you don't have the numbers behind it, it's difficult to get buy in from people of a problem that is seemingly invisible. (Fiadh-CS)

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This was reflected in further comments from Maureen-TD who pointed to the importance of hard data as a “*better place to start*” in terms of informing any potential policy changes or recommendations. As discussed in Chapter 2, despite recent statistical analysis carried out by CSO (2023; 2025) drawing on disaggregated data obtained from several disparate government departments indicating positive shifts in educational outcomes for young people in care, civil servant Fiadh noted, there was “*a lot of hesitancy*” within both departments to allow access to internal data, and there were as of yet no plans for either the DCEDIY or the DoE to begin tracking educational outcomes on a long-term basis.

This need for a ‘statistical’ evidence base was criticized by a minority of participants. These participants believed that preexisting research supported the need for policy development in this area but suggested that evidence based on lived experience “*isn’t enough*” (Caoimhe-TD) to push change. Some believed that undervaluing such research contributed to policy makers reinforcing the invisibility of young people in care, leading to a vicious cycle where “*things didn’t happen*” (Olivia- CS) unless they could be validated statistically by the government itself. This perception of invisibility led to another major source of frustration: the siloing and lack of cooperation between the DoE and the DCEDIY. Some participants suggested that the education of young people in care had been rendered invisible because of the distance between the DCEDIY and the DoE, making designating responsibility difficult. “*Departments are in silos*” said Noah-TD. This lack of cooperation was perceived to be a key contributing factor to the lack of policy for young people in care. Indeed, some participants opined that government offices had “*deliberately*” set up a system that separated departments and “*avoided trying to make it any closer*” (Ríán-A). This lack of cohesion was viewed as affirming the position of no department being “*willing to take responsibility*” (Caoimhe-TD) for the education of young people in care. Many policymakers expressed the view that the DoE was particularly “*inflexible*” (Noah-TD) and “*had a reputation of being interested in very little other than itself*” (Nora- CS).

Not everyone agreed that the DoE and DCEDIY were completely siloed. Fiadh and Sarah, both civil servants within the DCEDIY and DoE, had experienced “*the beginnings of more collaboration*” (Fiadh-CS) across their departments in recent years but were unsure if this was based on a cultural shift or particularly positive personal relationships between individuals. Civil servants felt the growing emphasis

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on “*a whole government approach*” (Sarah-CS) to issues concerning young people in care was positive and appeared to be hopeful that legislative amendments could shift the focus away from social workers as “*the only person seen as responsible*” (Olivia- CS). However, “*deliberate avoidance*” (Ríán-A) appeared to remain deeply engrained in policy development at a cultural level, particularly for elected officials, resulting in visible frustration that “*you can make a simple start very quickly and say, listen, this is all our problem. These young people are ours*” (Ríán-A).

Participants also expressed frustration towards the perceived lack of political will to engage in policy development for the education of young people in care. Participants linked this perceived lack of will to having no consequences for political careers: “*we continue to fail our young people in the State. Particularly when it comes to young people*” (Ava-TD). Fixing this issue was perceived as “*not a priority*” (Ríán-A). Participants felt that there was very little onus on policy makers to speak to the documented struggles of young people in care within the education system, especially if it would involve cross-departmental collaboration. Particularly frustrating for advocate Ríán, in the face of rising numbers of young people in care, was the choice to make some policy decisions, such as closing residential and special care units, but not acting on policy recommendations of decades of research calling for increased priority on education:

We closed down all our high support units and lost 30 beds, 25 beds, and the staff that went with it. I've challenged the Minister on that in the last year to say like that was a policy decision, you need to reverse that policy! (Ríán-A)

This perceived incongruity appeared to confuse and frustrate some participants. There was a sense of felt helplessness on the part of policymakers, despite them being in a position to create avenues to confront this issue head on. Noah-TD lamented “*a lack of clarity, lack of role, lack of power*” for policy makers. However, others disagreed with this sense of helplessness, insisting that lack of political will and accountability were multi-faceted and connected to the nature of “*political cycles*” (Grace-S). Namely, that the education of young people in care was not a popular topic, and therefore “*very hard to cut a ribbon on*” (Caoimhe-TD). Participants suggested that this was indicative of the deeply ingrained assumptions embedded in the status quo of Irish Government informed by neoliberalism and classism

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about who was ‘deserving’ of services and support and a potential lack of awareness towards “*structural oppression*” and how the government had a hand in “*maintaining those oppressive systems*” (Grace-S). The barrier was therefore identified as “*political will*” (Ava-TD) by some and powerlessness by others, resulted in an even more confused and unclear picture of what exactly needs to be done and by whom, when it comes to the lack of education policy for young people in care.

7.2.2 The Influence of Institutions of Containment

Half of participants referenced Ireland’s recent past with institutions of containment when attempting to make sense of the current policy landscape. The State’s relationship with the Catholic Church as arbitrators of care via institutions for young people until the late 1970s was linked to the modern State’s difficulty in taking responsibility for the education of young people in care. However, some policymakers and civil servants also expressed positive regard for these institutions, despite the State-commissioned reports documenting widespread abuse of all kinds, forced labour and poor level of education:

They were very good, big organizations...you know, people speak very poorly about institutions.

They have their value in the sense of the real tightness about connection between the home and the school. Now, not in all cases, but I certainly say...they [young people] were nearly all in school, actually. (Nora- CS)

This naturally led to suggestions that a more institutional model may be preferable, such as sending young people in residential care to boarding schools. Some perceived past young people in institutions as more docile than young people in care now:

[Back then] children might often have gone into residential care at a younger age. So they're coming on from primary, and children who are in residential care, they tended to perhaps be less problematic as well, then some now. (Olivia- CS)

However, the positive esteem for these institutions was not shared by all participants. For those participants who did not share a positive view, they pointed to the documented abuse within the institutions as well the complicity of the Irish Government as impacting the current attitudes towards young people in care and the contemporary child welfare service.

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For Ava-TD, the fundamental issue was that the Irish State had yet to take full accountability and begin real reconciliation. Without doing so, she felt, the State apparatus would continue to replicate the historical status quo, causing harm:

We haven't learned full stop [...] we have the worst history of how we have treated women and children [...] you have children who are continuously failed. (Ava-TD)

These participants highlighted the importance of the State fully acknowledging and understanding this history to learn from the past. There were also several social and cultural implications to this past that permeated and which were considered to be influencing how policy was shaped and how policy makers understood the issue. In working and lower socio-economic class communities, participants expressed the view that the connection with past institutions still felt fresh, feeding into a negative perception of Tusla and its services:

If you talk someone like [colleague], who is one of the few working-class people in here, [they] talk about the fear in certain communities of Tusla. (Noah-TD)

This was considered to be potentially creating an oppositional relationship between Tusla and some of the communities they serve and the perception that these communities rejected State services. Nora-CS suggested that Tusla, despite publicly stated goals, still functioned under an “*institutional model rather than a child needs model*” in part due to Ireland’s past with institutions of containment.

The precedent of such ways of thinking was deemed to still be present today. Caoimhe-TD also suggested that there was an overexaggerated fear of negative public perception and oversight within child welfare due to the State’s documented past in covering up and protecting abusers within institutions of containment. She suggested that this may lead to a certain level of reticence to track the educational experiences of young people in care, for fear of public outcry:

Now, I'm not often very cynical, and not often into conspiracy theories. But when I see a department that doesn't have answers to questions, particularly numerical answers to questions, I suspect it's because they don't want them. (Caoimhe-TD)

Ava-TD reinforced this:

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We have not we have not learned. I think there is some really dangerous practices going on at the moment.

This led some participants to suggest that, without proper learning and reflection, future policy may replicate this past by “*moving towards institutionalization*” (Grace-S). A link was made between the recent trend towards privatization of residential care as mirroring the past outsourcing of staffing and management of institutions to Catholic patronage. Ava-TD described this trend towards privatization as “*sick*” and an indicator of how little the State as a whole had learned from past mistakes. However, Noah-TD noted that, considering public perception had previously triggered public inquiries and large-scale changes of institutions of containment, perhaps this level of scrutiny was necessary. It was possible that “*public embarrassment*” is “*the biggest motivator in politics*” (Noah-TD) and perhaps required to drive change. Within this cohort, it was clear that there was a connection between the history of institutions of containment and shortcomings in the current child welfare services. However, the nature of this connection was not always consistent with some participants viewing institutions as positive while others spoke in overwhelmingly negative terms.

7.2.3 Stigma & Risky Subjects

Throughout the interviews, a conceptualization of young people in residential care emerged. Often, it was understood that young people in residential care had experienced “*a lot of trauma*” and “*a lot of disruption*” (Sarah-CS) culminating in “*additional vulnerabilities*” (Olivia- CS). These vulnerabilities and experiences of trauma were considered to render such young people as not suited to ‘mainstream’ education. Grace-S, among others, attributed this to the rigidity of mainstream schooling in Ireland which “*isn’t actually fit for purpose for different types of groups*” and “*not responsive to the complex needs of young people in today’s society*”. Participants working outside the DoE perceived the education system as being “*designed for somebody other than them [young people]*” (Sarah-CS). DCEDIY civil servant Olivia likened this to a one size fits all approach that did not reflect the “*specific needs*” of young people “*with very complex presentations*” in residential care.

Those within the DoE, such as Sarah-CS, acknowledged that “*a lot of time*” was spent “*keeping children in mainstream*” rather than in alternative provisions. Many participants were critical of this focus

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on mainstream, calling the DoE “*a round hole*” and those on the outside “*a square peg*” (Noah-TD). Olivia-CS insisted that such a system “*doesn’t suit a lot of kids*” which had “*severe*” consequences for young people in residential care. As they did not ‘fit’ within mainstream, participants felt that the focus should be on alternative provisions and expanding possibilities for other types of schooling. Reflective of the previous theme, participants did not cite established research to inform these claims. Rather, their analysis of the needs of young people in residential care tended to be based on assumptions and personal opinions. Within this rounded view, only three participants had reported working with or having spoken to young people in care before or during their careers in policymaking.

Despite this, many participants also perceived young people in residential care as being uninterested or unengaged in education, culminating in early school leaving, school refusal or school attendance problems. Attendance problems were linked strongly to engagement in risky behavior such as “*street culture*” (Noah-TD). Equally, participants connected young people in residential care to ‘risky’ behavior such as drug or alcohol misuse, criminality, and early school leaving or school exclusion. Moreover, participants expressed the view that the perceived riskiness of young people in care increased as their placements changed from familial to foster to residential to special care. In some cases, this was pathologized as a ‘presentation’ of behaviors that made it “*challenging to keep them safe*” (Olivia-CS). There was often cognitive dissonance in acknowledging that many issues were related to trauma while still individualizing behavior and attributing it to a deficit of the child. In this way, participants appeared to characterize young people in care as “*difficult to place*” (Nora- CS), “*wild*” (Noah-TD), “*troublesome*” (Olivia- CS) or “*uncooperative*” (Maureen-TD), rendering the challenges that young people in care experience as a personal deficit:

Because a lot of the kids in residential care, you know, they would be doing a lot of stuff to really disrupt a lot of other people's education, you know, so it really would be the hard slog... [we try to] just hold them, so they don't get in trouble with the law and they don't get too far into drugs and drink or whatever. (Nora- CS)

This conceptualization of young people in care as the source of their own challenges due to their perceived difficult behaviors, traumatic past or uncooperative nature appeared to position these young people as

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incompatible with mainstream education. Therefore, keeping young people in care safe and out of trouble was cited as the focus with the *“the same priority”* not put on education because *“some children were wild”* (Noah-TD). In some cases, this created larger-than-life characters of young people in residential care, capable of serious harm such as the potential to *“burn the dormitory down”* (Nora-CS) if they were sent to boarding school.

Other policy makers recognized and critiqued this stigmatized picture. Frustration was evident in Grace-S, who clearly outlined how this stigma allowed State actors to *“kind of go oh, well, so it is their fault!”* and abdicate responsibility. For some participants it was the State who was the deficit, which would *“demonize [young people] for rebelling against a system that has failed”* (Caoimhe-TD). These participants suggested that young people in care were characterized as not being deserving of help because they fall into a small-numbered sub-group that did not conform to a cultural understanding of what is a ‘good’ child, therefore implicitly excusing policy makers from developing supports. For these participants, the real problem was, therefore, a *“sort of bias challenge”* towards the *“blaming”* (Grace-S) of young people in care within policy spaces.

7.2.4 Who is Being Heard in Policy Making?

Participants noted the absence of young people in care within policy making spaces. This is despite the DCEDIY and the DoE both having youth participatory structures documented in their departmental strategies (DCEDIY, 2021; DoE, 2024b). The lack of participation of young people in care was said to contribute to their invisibility:

I’m a bit astounded that it hasn’t been challenged more, I mean. I know there has been challenges around education but they’ve tended to be around disability and education...I’m waiting for the challenges around education and care. (Olivia- CS)

Caoimhe-TD noted that as policy and practice frameworks for participation and decision-making in Ireland have become more robust and normalized, the previous reluctance or taboo has lessened, bringing in a new culture of *“less consultation, more participation”*. Despite this increased normalization, some participants felt that meaningful consultation or participation with young people in care had not yet materialized. Rather departments would *“pay lip service”* to participation (Ava-TD). Rían-A believed that

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participation from young people in care, particularly face to face meetings with politicians, had lasting impact on policy makers. In his experience, misconceptions about complexity of including young people in a participatory manner led to hesitance on the part of policy makers. According to Rían-A, it was much simpler to do than most believed, and the resulting recommendations were “*far better*” in quality. Other participants were concerned that participation could slip into tokenism:

When you're talking about like the tokenistic conversations with young people, that to my mind, is the worst thing that could happen, if that scenario did go ahead, was that you had a couple of old fogies, sitting at a table and a couple of 14-year-olds ticking the box. (Caoimhe-TD)

Participants noted that young people in care have been characterized as a group that is ‘difficult to reach’, and as a result there were significant considerations to be taken into account when involving them in participatory structures.

Civil servants were concerned that well-meaning staff could do “*real harm*” (Fiadh-CS) to the young people in these circumstances. There were also concerns that existing structures of participation were replicating classism. It was deemed more likely that young people “*from middle class backgrounds*” would be involved, as they “*have the support to articulate what they need, what they think*” (Ava-TD). In contrast more marginalized voices, particularly those within the care-experienced cohort, were not heard.

These kids are invisible to many people d’y’know what I mean? And they don’t have the largest voice. (Grace-S)

This underscored the central importance to target and support care-experienced young people to be directly included in the policymaking processes that impact their lives. The perceived barriers discussed by policy makers conflicted with the lived realities of advocates such as Rían-A who had experience in youth participation in policy spaces. As with the other themes to emerge from this cohort of participants, there was no unified understanding concerning participation of young people in care at the policy level, except perhaps a general positive attitude towards the concept. In the following discussion, the themes to emerge from the findings are discussed in conversation with established research.

7.3 Discussion

The purpose of this study was to identify how young people in residential care were conceptualized by policy makers, civil servants and advocates tasked with development of policy pertaining to this groups' education and how these conceptualizations affected policy making. Additionally, it sought to understand the barriers to development of policy in this space. This section critically discusses the main findings of this study as they relate to and expand upon existing theoretical and empirical literature on the education of young people in care both locally and internationally. As discussed in Chapter 1, the policy landscape within alternative care is rapidly changing, as exemplified by Minister Foley's 2025 announcement for consultations concerning the first National Framework for Alternative Care. The findings are therefore also discussed in context of this changing policy space.

7.3.1 Whose Children are These, Anyway?

The findings of this study revealed the lack of clarity within government departments concerning the responsibility and remit for the primary and post-primary education of young people in care. Participants frequently passed responsibility back and forth between DCEDIY (now DCDE) and DoE (now DEY), in addition to Tusla, more specifically social workers. Striking within the findings was the lack of focus on legislative power, statutory responsibilities or departmental mandates to inform the participants understandings of remit and responsibility. Perhaps the confusion permeating throughout the findings surrounding who does and does not have responsibility for educational policy concerning young people in State Care, may, in part, be arising from misinterpretations of the various legal frameworks governing both education and State Care. For example, the Education Act (1998) designates the Minister of Education, together with the DEY as legally responsible for the formation and implementation of education policy for all young people at primary and post-primary level. On the other hand, the DCDE are legally responsible for the provision of care of young people in State Care. Whilst the Child and Family Act (2013) gives Tusla responsibility for ensuring that every child in the State attends school or otherwise receives an education.

This has been further complicated by the frequency at which remits change between departments, such as the most recent addition of Youth to the Department of Education. These remit changes also signal

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internal shifts, with civil servants moving between departments as well as legislative responsibilities. However, despite the convoluted legislative frameworks, in practice it appears to be explicitly understood that the DEY retains the responsibility for the development of educational policy for all young people within the State as it relates to primary and post-primary education including those in the care of the State. This can be seen in policies and practice guidelines previously developed by the DEY for young people seeking asylum, including unaccompanied minors who are also under the care of Tusla. The National Centre for Guidance for Education, a subsidiary of the DEY published a school guidance document concerning best practice and key issues for educators in 2022. This was extended to include the further and higher education level, whereby the Department of Further and Higher Education, Research, Innovation and Science (DFHERIS) has developed the Student Support Scheme for Asylum Seekers to offer financial support for continuing education beyond post-primary education.

Additionally, since 2022 the DFHERIS identified adults with care-experience as a specified priority group in the *National Access to Higher Education Plan 2022-2028*. This has resulted in the provision of targeted supports including additional financial, socio-emotional and academic supports. In early 2026, in collaboration with Tusla and EPIC, the DFHERIS rolled out a centralized information hub of supports, including information, career guidance and a named support contact in participating institutions (DCDE, 2026). This affirms that the care experience can contribute to some students requiring targeted educational supports. Equally, it suggests that there may be merit for such supports to be replicated in the primary and post-primary policy within the DEY. This proposition is supported by established research which has revealed that the success of care-experienced adults in further and higher education is directly linked to positive experiences in primary and post-primary education (Cassarino-Perez et al., 2018; Darmody, 2025). Proactive, targeted supports at the primary and post-primary level therefore have the potential to increase the amount of young people in the position to avail of the newly established supports at the further and higher education level.

Some participants also expressed the view that the lack of clarity surrounding remit may be due to the siloed nature of Departments, particularly concerning the issue of the education of young people in care. Participants attributed this to the fact that remit for education and care fall between or across

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Departments such as the DEY and DCDE. This is reflected in the existing literature whereby the siloed nature of Departments within Irish Government has been identified as an issue of concern as it relates to young people in care broadly, as well as their education (Darmody et al., 2019; Emond, 2002; Gilligan & Brady, 2023). There have been recent improvements in collaboration between the DEY and DCDE. As noted by civil servants within the DEY, the existence of TESS, funded by the DEY but housed under the DCDE, was identified as a positive indicator of collaboration or at least shared remit to develop education policy for young people in care. A recent amendment to the Child Care Act (2025), passed after the completion of data collection for this study, not only emphasises the need for collaboration but is underpinned by a duty for cooperation between relevant bodies, such as Tusla, government Departments and other service agencies. The intention this amendment is to require organisations to cooperate proactively in performing their existing functions relevant to the development, welfare and protection of young people. However, such legislation may not, in itself, address the question of education and care. Namely because in November of 2025, Minister for Children Norma Foley announced a public consultation for the development of the National Policy Framework on Alternative Care with the aim of developing a whole government vision for the service, the first of its kind of child welfare services in Ireland. While a whole government approach to the responsibility of young people in care must be welcomed as a positive development, particularly because it is supported by research (Ombudsman for Children, 2024; EPIC, 2026; Child's Rights Alliance, 2026), there is no indication that primary or post-primary education will be included in the new framework or contain any future policy developments in this area.

A lack of evidence-base, in particular quantitative evidence, was cited by participants as a possible reason for the lack of educational policy for the education of young people in care. This may be indicative of the fact that despite an increased focus in young people in care and the care experience, research specifically concerning primary and post-primary education remains scarce, with the majority of research being retrospective in the context of further education and training in adulthood. The findings of this research suggest that there is potential for improved knowledge and sensitivities towards the realities of the care experience, in addition to its influence on education, within policy making spaces. Whilst this

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research is the first conducted on the post-primary education of young people in residential care since the development of Tusla in 2014, there has been research concerning the education of young people in care more broadly since the 1990s. This suggests that the lack of priority put on the primary and post-primary education of young people in care is more complex than simply a lack of evidence-base. The findings indicated that there is no shared understanding of ‘whose young people’ these are in terms of remit and responsibility when discussing education. Considering this confusion permeating the findings, clear lines of responsibility need to be clarified by the relevant Departments to support policymakers and civil servants to adequately fulfil their policymaking functions when it comes to the education of young people in the care of the State.

7.3.2 Stigma Power and its Political Economy

The influence of stigma on child welfare systems is well documented. This includes how low-income families are treated by welfare workers (Fævelen & Kojan, 2024), how care professionals determine the believability of young people in care during disclosures of abuse (Fieller & Loughlin, 2022), how young people in care experience the attributed stigma associated with the care experience (Deverell, 2007) and the future capabilities of care-experienced adults (Wilson et al., 2018) including their own parenting abilities (Gill et al., 2023). Young people in care have described feeling ostracized, socially excluded and untrustworthy in the eyes of peers and adults due to their care status (Carey, 2023). However, the role stigma plays in the educational outcomes of young people in care remains under-researched (Sting et al., 2025). By interviewing a limited number of policy makers, civil servants and advocates, this allowed for insights into the potential role of stigma within policy development for the education of young people in care. Research has indicated that policymakers’ own biases and pre-conceived notions of populations can affect how they create policy (Brown, 2014) and how conceptualizations of a problem begets certain types of policy-based solutions (Bacchi, 2009). In being able to analyse how stigmatization functions at this level, it enables a picture to emerge on how stigma power and the political economy of stigma may operate to further disadvantage young people in care at the governance level.

Stigma power, described by Tyler (2022) as a tool of political power, was reflected in how most participants in this cohort conceptualized young people in care: ‘not wanting education’, ‘not matching with the rigid middle-class values’ of the Irish education system, as ‘difficult’ to care for and difficult to ‘educate.’ Such conceptualizations may amplifying existing inequalities within the education system by placing the blame at the feet of young people themselves (Morales-Ocaña & Pérez-García, 2020). In turn, these negative conceptualizations are internalized by care-experienced people (Gill & Michell, 2025). In this research, despite reporting having spent little to no contact with care-experienced adults or young people in care, participants associated young people in care with ‘drug misuse,’ criminal or gang activity’ and ‘early school leaving’. Such stigmatization creates an image of young people in care as ‘not wanting education’, or not suited to ‘mainstream education’. In doing so, participants appeared to frame the needs of young people in care as an individual deficit to be dealt with by individual social workers, rather than a systemic need to be intervened upon on a national policy-based level.

The political economy of stigma has been linked to furthering neoliberal politics through the attribution of stigma on certain groups of people as well as the development of stigmatizing policies through material, social and cultural deprivation. Stigma power has been identified as playing a role the in distributing material resource and transforming or manipulating cultural values at the service of government and corporate policy goals in neoliberal governance. Indeed, care experienced activists in the South Africa, the UK (McCallin et al., 2025) and Australia (Gill & Michell, 2025) have argued that they have been systematically disadvantaged by government policies and practices for decades, which has played a role in a “deviant, delinquent or deficit narrative” (Gill & Michell, 2025, p. 1) which they must now work to disrupt. Some participants in this cohort also discussed their attempts to disrupt this narrative by challenging the hegemonic nature of neoliberalism in governance in Ireland (Meade, 2024). TDs Caoimhe and Ava and Senator Grace reflected on the connection between neoliberal governance and stigmatisation, noting that young people in care were blamed for the failures of government to care and protect them, as well as being further stigmatized when they rebelled against this system.

Though in the minority, these policy makers made direct connections between poverty, care and perceived school failure for care-experienced young people, outlining the systemic gaps through which

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young people in care fall through. That these participants were in the minority in connecting stigma to the lack of education policy developed for young people in care affirms a recent international comparative study, which argued that the role of stigma is neglected when discussing the educational progress of care leavers (Sting et al., 2025). Sting and colleagues report care-experienced adults describing stigmatisation by staff and educators at an interpersonal level, linking this to the structural stigmatisations due to the conditions of funding systems of child and youth welfare, particularly education. An example of the political economy of stigma at work in this cohort was given by Advocate Rían, who discussed the policy decision to shut down residential care homes and secure units, reducing the amount of stable housing available for young people in care while need was on the rise. This has led to an increase in young people living in unregulated SEA despite the risk of exploitation and harm (HIQA, 2025). This is corroborated by the Ombudsman for Children's report (2026b) of young people facing sexual abuse and mistreatment within these settings.

As Tyler (2022) notes, the classificatory violence 'from above' not only devalues people, places and communities but it also makes new opportunities for capital. The stigmatized nature of young people in care can open up fields of opportunities to create capital accumulation in tune of millions (Conneely, 2023) in the case of privatized homes in what was previously envisioned a social commodity devoid of profit. It can also contribute to continuing the cycle of dispossession of young people in care, whose bodies are commodified to fill a bed for profit in private residential facilities. These for-profit facilities also evade responsibility from the government by falling outside of the remit of regulatory bodies. This has led to breaches in standards of care and unlicensed practitioners caring for vulnerable young people (Byrne, 2024; McAuley, 2024) for which the State pays.

Evidence indicates that the use of stigma power in governance is entangled in and informed by histories of oppression and equality needed to enact capitalist exploitation and economic discipline (Tyler, 2023). The stigmatization of young people in care, particularly residential care, as 'risky subjects', 'troublesome', 'difficult' to care for and difficult to 'educate' has visible links to Ireland's near-past with institutions of containment, funded by the Irish State and run by majority Catholic religious institutions. Some participants expressed a positive outlook on these institutions as well as the morality of the young

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people it reared. This position runs counter to official accounts of the young people housed in institutions such as Reformatory or Industrial Schools being “full of fears, worries, pugnacity, resentment, hatred, revenge” (Kennedy, 1970, p. 50). This sense that young people in care are especially difficult to care for and to educate mirrors the conceptualization from religious orders running institutions of containment for young people the past. In this sense, the stigmatized conceptualization of young people in care held by some policy makers and civil servants appeared to have some historical ties.

As noted by Bacchi (2009), policy constructs problems for which they must address, and these problems are often constructed based on assumptions that are culturally and historically constituted. A similar relationship is also described in other former English colonies such as Australia and Canada concerning the relationship between past religious-run institutions of containment and modern child welfare services (Fortier & Hon-Sing Wong, 2019; Yu et al., 2024). The relationship with the Catholic church as arbitrators of care via institutions for ‘poor’, ‘unfortunate’ and ‘unwanted’ young people placed in social care until the late 1980s may go some way in explaining the Irish State’s apparent inability to take responsibility for the education of young people in care. Through these institutions, Religious Orders were the moral arbitrator, transporter and administrator of both the physical and emotional care of young people ‘in care’ and their education (Raftery & O’Sullivan, 1999). They also offered Religious Orders a form of profit through the unpaid labour of those institutionalized, including young people. In this sense, the State’s full control of child welfare is relatively new, and is naturally informed by previous iterations, as suggested by historians and legal experts (O’Donnell et al., 2022). The findings of this study suggest a complex relationship with this history and the contemporary care system, including those involved in development of its policy, which requires further dedicated attention in future studies (AHRC, 1997; TRC, 2015).

The findings indicated that stigma power informs the Irish Government’s response to, conceptualization of and responsibility towards young people in care. The presence of stigma’s influence revealed itself in the findings both in its historical connections with institutions of containment and the current political paralysis of confusion, abdicating responsibility and a lack of accountability for the

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education of young people in the care. It was also reflected in how the majority of the policy makers and civil servants in this study conceptualized young people in care.

7.3.3 Whose Story, For Whom and For What?: a Question of Epistemic Injustice

Epistemic injustice appeared at many junctures in these findings, each of which will be discussed in the section below. Testimonial injustice against young people in residential care was evident in the findings, wherein the participants reported having little to no contact with young people in care, despite being actively involved in decision-making that impact their lives and education. Hermeneutical marginalization of young people's knowledge within the policy space has the implication of acting as a mechanism to obfuscate realities of the care-experience from policy makers concerning the educational needs of young people in care, further enabling their invisibility and causing a paralysis within policy makers. A tension also appeared when some participants, such as Caoimhe-TD, hinted at the possibility of agential epistemic injustice through tokenistic uses of participatory frameworks within government.

Fricker (2016) considers stigma part of a "broad pattern of testimonial injustice" (p. 150). Fieller and Loughlin (2022) argue that the consist stigmatization of young people in care, from initial contact with child welfare services to transitions into adulthood, has developed into a system wherein professionals perpetrate an epistemic injustice on young people labelled as 'in care'. The nature of being labelled 'in care', they argue, affords young people less testimonial credibility. Additionally, Sting et al. (2025) recently argued that the role of stigma held by professionals in care and education has been neglected in the evaluation of barriers to educational progress of care leavers. The findings in this study reveal how stigmatizing conceptualizations of young people in care permeate into policy spaces, in a way that is reflective of the testimonial injustice found in other systems, affecting young people's inclusion in policy making and having their epistemic resources included in this process. This in turn influences what policy is or is not developed. As Fricker (2016) suggests, testimonial injustice creates or increases hermeneutical marginalization, in which some groups have "less than a fair crack at contributing to the shared pool of concepts and interpretive tropes that we use to make generally shareable sense of our social experiences" (p. 148).

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The findings of this research suggest that, due to testimonial injustice experienced by young people in care, their experiences within the education system have not been made visible within the wider understanding of disadvantage at the primary and post-primary level. As a consequence, young people in care enter into a relationship with the State, and those in governance, wherein they rely almost entirely on the State's ability to care for them in the context of having no shared terms of mutual understanding of the care experience, or what a care experienced person may need. Medina (2013) argues that one of the damages felt by testimonial epistemic injustice is that the oppressor, or the recognized 'knower', falls into a level of passivity due to preserved lack of knowledge. This epistemically harms those in governance in their capacity as knowers. Fricker (2016) calls this hearer-ignorance. Using this concept in respect of white ignorance, Mills (2007) discusses how this relationship between hearer and knower, wherein hermeneutical marginalization occurs, creates a double handicap wherein people of colour are denied credibility and any alternative knowledge that may be gleaned from their perspective is also rejected. This also contributes to a type of stunted knowledge, wherein the oppressor insists they have knowledge about a group that the group themselves do not or cannot access.

Enright and Ring (2022) have argued that the State's response to the legacy of institutions of containment, particularly through the use of commissioning of reports and redress schemes, has created a 'substantive ignorance' that allows the Irish State to systematically 'not know the traumas endured' by victim survivors. The findings of this research indicated a lack of knowledge on the part of participants when it came to the educational needs of young people in care, through the hermeneutical marginalization of young people in care themselves. Participants appeared to cite second hand knowledge and personal opinions in articulating their knowledge of young people in care, in the absence of interacting with young people themselves. However, a minority of participants did acknowledge the stigmatized conceptualization of young people in care within governance, and noted the need to interrupt these narratives internally.

National (EPIC, 2024) and international (Ellis & Sen, 2025) solutions involve the inclusion of young people and care-experienced adults within policy development frameworks. This solution also found support by a minority of participants in this study. In particular, civil servants and the advocate who

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noted the need to push for meaningful consultation with young people in care and care-experienced adults. This mirrors the work of advocate group EPIC, which maintains a Youth Advisory Council for research consultation and collaboration. However, findings of this research indicated a lack evidence exemplifying any meaningful efforts to consult, converse or the sharing of knowledge during the time of data collection between young people in care and policy makers. That said, it is noteworthy that since the data collection ended, consultation with care-experienced adults has begun within the DCED through its *Care Experiences* research group. The group includes a Care Experienced Expert Panel and is also represented on the Stakeholder Advisory Group. While no young people or young people are on this panel, this nevertheless represents a notable positive shift in favor of more direct influence of care-experienced people within policy development.

While in principle valuing the potential of participation of young people in care, many participants in this study voiced concerns based on previous experiences and the nature of internal discourse on participation within policy making. Participants worried about tokenism, paying lip service to participation, the lack of accountability towards changes in governance as well as the potential to perpetuate classism via the inclusion of certain types of young people over others. The mechanisms to involve young people in decision-making remain underdeveloped even at a professional level, never mind within governance (Diaz et al., 2018). Many of the concerns voiced by participants in this study are reflected in the lived-experiences of those involved in policy development internationally. Tokenism is not only a common concern (Beresford, 2010) but a common experience of those with lived experience involved in policy development (Ellis & Sen, 2025). There were also concerns that participatory frameworks become disempowering or corrosive to young people in particular, especially if their participation does not result in any meaningful change or influence (Adu-Gyamfi, 2013).

Also of concern for participants in this study was the ability for adults to understand and value the contributions of young people. Reflective of these concerns, Gharabaghi (2023) has argued that adult-centric conceptualizations of participation can become aesthetic in nature. This approach potentially places young people in care at the centre of systems and services in which they are impacted within the context of adults maintaining control over knowledge and action. Participation in this form allows adult

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knowledge and action to be informed by young people, but it is still adult actions grounded in the systems generated by adults. The ability for young people to be heard in these power structures can also be tenuous, and dependant on their ability to conform to adult knowledge norms (Nybell, 2013). Agential epistemic injustice (Medina, 2022) understands this relationship to knowledge as oppressive, as young people's epistemic resources gained during participation must be co-opted or defanged from its critical characteristics to be accepted by adults, a relational experience also reflected in Gharabaghi's (2023) conceptualization of youth participation. Furthermore, empirical research with lived-experience policy advocates (Ellis & Sen, 2025; Sloam, 2025) suggests that such inclusion remains tokenistic, in turn contributing to maintaining policy makers' lack of understanding of the care-experience through the co-option and defanging discussed by Medina (2022). Such concerns were shared by of some participants in this research. The concerns from participants regarding the participation of young people in care within policy formation does not nullify its potential positive influence, nor the efforts of the *Care Experience* research group and the Care Experience Expert Panel. Fear of getting participation 'wrong' can often stymie progress. Lundy (2018) suggests that even tokenistic inclusion can pave the way for more meaningful participation in the future. Rather, many participants in this study not only desire more input from young people currently in care to influence future policy making, but are conscientious of potential negative consequences of misused participation.

7.4 Conclusion

This chapter described and critically discussed the main findings of interviews with policy makers, civil servants and an advocate with responsibility for the education of young people in care. Findings reveal significant confusion and disagreement concerning remit for the education of young people in care, in particular between the then-titled DCEDIY and DoE. Findings also revealed the lack of accountability and political will associated with young people in care, as well as the stigmatized conceptualizations held about these young people by the majority of participants. Additionally, a minority of participants identified this stigma, and associated it with the lack of participation of young people in care within policy development and governance. Policy developments, including the recent announcement of the first National Framework for Alternative Care, suggest that the young people in care are becoming a

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higher priority within government than was reflected in these findings. However, education at the primary and post-primary level remains under discussed as of yet, with no public commitment for policy development announced. The following chapter places all three studies in conversation with one another in a combined discussion chapter.

Chapter 8: Discussion

8.1 Introduction

This research set to inquire into the ability of the care and education systems to support the post-primary education of young people in residential care.. The impetus for this study originated from the lack of research into the education of young people in care more broadly, but in particular those in residential care. Irish research concerning young people in care has focused on the experiences of adult care leavers, with less research focused directly on young people in residential care or concerning primary or post-primary education. Informed by theories of epistemic injustice (Fricker, 2011; Medina, 2022), and stigma power (Tyler, 2023), the central aim of this research was to develop an epistemically diverse understanding of the education of young people in residential care which included the situated knowledge of young people living within the education and residential care systems. Additionally, the aim was to be able to contextualize this expertise within the current state of policy and practice through research with adult participants from these settings. This chapter will offer a concise overview of the findings and discussions from all three studies before moving on to critically discussing said findings in concert. They will be discussed in conversation with the existing literature to gain a more robust understanding of the barriers and supports currently in place for the post-primary education of young people in residential care in Ireland.

8.2 Overview of Three Studies

Study 1 employed a youth participatory research approach with young people in residential care. From a situated knowledge standpoint, this study inquired into the ability of the care and education systems to support young people in residential care with their post-primary education. In contrast to existing research which focuses on the school as the site of importance and intervention, young people in this study identified the residential home as central to their educational engagement and support. Recognition of their capacity as knowers and of their capacity for agency within the care system, was central to their ability to trust and feel loved by professionals who sought to support them. However, a culture of surveillance and gatekeeping of teenage experiences in residential care made such recognition difficult. Systems-based break downs in trust, including frequent placement changes and poor communication, exacerbated these day-to-day experiences. This culminated in young people feeling a sense of distrust and a lack of emotional safety in

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residential care, leading to a perceived need to be self-sufficient. This, in turn, also impacted their willingness to seek support with any educational needs they had, as well as lowered their engagement with education overall. This is true even for young people who have not left school early or stopped attending, as was the case with the majority of young people who collaborated in this research.

Study 2 offered the perspectives of professionals working within the education and care systems. This included social care workers, psychologists, solicitors, social workers, educational psychologists and other auxiliary professionals within the care system. Classroom teachers and school leaders were represented in the education cohort. Professionals across both cohorts identified stable, child-centered relationships as a key factor in positive outcomes for young people. The nature of these relationships, including empathy and understanding of the particularities of the care experience, and how this could present in an education context, were identified as a weak point in some of their colleagues' professional development. Many participants reported spending much of their time coaching their colleagues in the importance of cultivating quality relationships, rather than intervening directly with young people. Perhaps reflective of this phenomenon, many education professionals felt underprepared for the needs of young people in residential care within a school setting. This was one of several barriers to the development of strong relationships for young people in residential care in addition to placement, school and staffing instability as well as difficulty accessing timely and appropriate education supports. The consequences of these systemic barriers for professionals were understood through the lens of moral distress - knowing what was needed to support young people in their education but being unable to do so due to barriers within the systems of care and education. As a consequence young people were stigmatized within professional spaces which followed them throughout their care, education and beyond.

Finally, Study 3 offered insights from a governance perspective, interviewing policy makers, civil servants and an advocate with responsibilities for the education of young people in care. Findings revealed a significant amount of confusion and disagreement concerning who held remit over the education of young people in care at a policy level. Responsibility was most often passed back and forth between the DCEDIY (now DCDE) and DoE (now DEY). Young people in residential care were overwhelmingly conceptualized through a deficit lens, with assumptions made concerning their fit with mainstream education, their lack of

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desire for schooling as well as their ability to engage in education given their predilection towards risky behaviour. Though in the minority, some participants recognized this trend in policy and its relationship to pervasive stigma perpetuated against young people in care, which was understood through the theory of stigma power and its use as a tool of governance. The participation of young people in care within governance was understood as necessary by these participants, but many held reservations concerning its implementation, namely, concerns surrounding tokenism, the perpetuation of classism and the ability of policy makers to understand and value the knowledge held by young people.

8.3 Discussion

8.3.1 Cycle of Agency and Powerlessness

Perceived powerlessness or lack of agency was described by participants across all three studies. However, this was experienced in different ways, with different responses or resistances, and different felt and systemic effects. For young people in residential care, the sense of powerlessness was associated with the high level of surveillance and control within the residential care system. The gatekeeping of teenagerhood, restriction of movement, language and emotions manifested themselves as a lack of agency within the care system. This level of control and surveillance is in line with previous research within the foster care system in Ireland, with young people reporting this experience as a barrier to their participation in care (Jackson et al., 2023). For young people in this study, this also influenced their ability to be perceived as capable, agential people by the professionals around them, eroding already diminished trust between young people and the care system.

However, these young people insisted on their capacity for agency in decision-making in their homes and the wider care system. In response to this sense of powerlessness, many young people enacted participation at the margins (Equit et al., 2025). For some, this meant increased self-reliance, self-sufficiency and self-censoring in their relationships with professionals, particularly social care workers. Seen through the lens of double consciousness (Du Bois, 1903), young people in residential care viewed themselves through professionals' eyes and adjusted themselves accordingly, in order to both comply with the expectations of professionals, while ensuring their sense of safety. Participation in the margins also manifested as rule breaking, non-compliance or resistance to expectations. Young people in this research

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discussed how refusal to attend school can be an act of participation at the margins. Refusing to get out of bed, leave their room in the morning, or to get dressed for school was also seen as an act of agency in a context in which many other every-day decisions such as when to eat, what to eat, who one can speak to, and where one must be and when are pre-determined through professional decision-making. The findings suggested that young people viewed their capacity for agency in decision-making within residential care as a cornerstone not only for relationships between themselves and professionals, but also their engagement with education.

Professionals also experienced a sense of powerlessness and lack of agency in their work supporting the education of young people in residential care. They directly linked this to structural barriers across care and education systems. Placement instability, long wait times for services, a lack policy and practice structures specific to young people in care as well as staffing shortages manifested as moral distress among professionals (Mänttari-van der Kuip, 2016). Professionals knew that relationships they developed with young people were central to their ability to support them, but even this was deemed difficult to achieve given the instability both within the care and education systems. Professionals could spend significant time and resources establishing trust and buy-in with a young person to support their education, only for a placement change to decimate all their progress. For many professionals who had developed such relationships, they reported being unable to support young people in a manner they felt was appropriate, due to a lack of services and supports available, which left young people on long waitlists while their eighteenth birthday loomed in the background.

To know what needed to be done, but to not have the resources to do it, was acutely distressing for many professionals. Some responded by focusing on what they could control and refusing to feel pressure or guilt for what they could not, while others expressed how the story of certain young people they ‘failed’ stuck with them. Professionals also responded to this sense of powerlessness and a lack of agency by working beyond their remits and responsibilities. Though this could exacerbate distress and feelings of exhaustion or burn out (Jaskela et al., 2018), this type of professional discretionary work (Murphy, 2022) also allowed professionals to affirm their agency within a system in which they often felt powerlessness. Here, a tension existed wherein professionals were doing more, with less, to protect their sense of morality

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and their professional responsibilities towards young people, while also potentially doing so at a detriment to their own well-being. Many professionals described relief or joy when they managed a positive outcome for a young person, particularly if such experiences were intensive and resource heavy, while also expressing frustration at needing to work in this manner to achieve such results.

In light of such structural barriers, research concerning moral distress in social services and education often call for structural solutions (Brend, 2020; Epstein et al., 2019) such as policy and practice changes including additional funding, staffing allocation and structural changes to systems. Professionals in this research echoed such calls, particularly for stability of staffing and placement within the care system, additional training for educators and the acknowledgement of the care experience within policy and practice frameworks in education, as well as of education within policy and practice frameworks in care. Sustainable and robust staffing, placements, and support services have also been noted as requirements for enabling participation in care (Equit & Purtell, 2023).

However, a sense of powerlessness and agency was also found in Study 3 with policy makers and civil servants, further complicating the picture. Much of the perceived lack of agency with this cohort stemmed from confusion concerning remit and responsibility. Policy makers could not agree to whom the responsibility of the education of young people in care fell. This cohort also felt a lack of agency within the larger structure of governance, pointing to election cycles as the key decision maker as to whom or what would be the focus of future policy development. Alternatively, certain departments, particularly the DoE were seen as particularly resistant to new ideas that could alter its own perception of education and its remit, impeding the perceived agency of those attempting to make change. This sense of powerlessness was questioned and critiqued by a minority of participants, who felt that a lack of political will was the actual influencing factor rather than issues of agency for government officials. Due to the stigmatized conceptualization of young people in care within governance, which participants linked to larger structural issues such as classism and Ireland's history with institutions of containment, participants suggested that there was a lack of political will which led to complacency concerning policy development. In this sense, stigma power perpetuated and informed this perceived lack of agency according to some participants. A

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minority of participants who were critical of this stigma found their agency within their work through resisting narratives and working within government to question stigma and its origins.

The findings of this research suggest a sense of powerlessness and lack of agency concerning the education of young people in residential care across several layers of this experience. Those who would traditionally be seen as having the most power, policy makers and civil servants, largely perceived themselves as lacking agency. This is concerning considering the relationship between systemic barriers, which could be remedied at the governance level, and the lack of agency felt both by young people in residential care and the care and education professionals who aim to support them. Legislative clarity is required in this regard to intervene in the considerable structural barriers that are found across all three studies.

8.3.2 Whose Job and Where?: Education and Care

The findings of all three studies suggest clear systemic educational barriers within care and education systems specific to the residential care experience. Reflective of international research (Chambers et al., 2018; Gauthier-Davies et al., 2025; Kääriälä et al., 2019; Riemersma et al., 2023), placement instability, in particular, had a clear knock-on effect on the educational experiences of young people in residential care. As discussed by both professionals and young people, placement instability on a personal level affected young people's sense of safety, stability and trust in the care system at large and the professionals within it. Placement instability also resulted in lost relationships with professionals and peers, both at school and at home, which are integral to educational attainment, engagement and positive outcomes (Garcia-Molsosa et al., 2021b; Goding et al., 2022; Walker-Gleaves & Walker, 2008). This required young people to forge new relationships with professionals when already on shaky ground in a new environment with new norms, rules and ways of working. Placement instability also often resulted in school mobility, further fracturing relationships and sometimes causing delays in new school enrollment. Missed instruction time impacted young people's confidence both academically and socially.

Given that young people in residential care are statistically more likely to experience placement instability (Riemersma et al., 2023), and that most recent data suggests 54% of Irish young people in care experience more than two placements (CSO, 2025), these findings present evidence of a significant systemic

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barrier to positive educational experiences within the Irish residential care system. Previous research has noted the over-emphasis on static, individual factors related to placement instability (Riemersma et al., 2023) which can lead to deficit-based assumptions about the nature of such instability. In contrast, this research maps placement instability, and its relationship to education, on a structural level, as well as its inter-personal impacts. Professionals in this research acknowledged the harm that placement instability can bring, without noting any practical recourse at their disposal. Months could be spent developing a relationship with a young people, co-constructing plans to move forward with their education and seek out supports, only for everything to be wiped away with a placement change. Young people, who responded to such instability with bids for agency in other avenues in their lives, including school attendance, felt stigmatized in the process. This leaves both young people reacting to placement changes for which they often had no participation in decision-making while contending with relationship breakdowns. Given the pervasiveness of this instability, education falls down the priority list. Professionals also reinforced young people's descriptions of their lived experience, reporting delays in school enrollment, lost class time and subsequent difficulties engaging in education.

The findings of this research, in combination with CSO (2023; 2025) reports, potentially only hint at the larger picture concerning education and placement stability. It is unclear if CSO reports include young people in private residential care facilities, which make up three quarters of all young people in residential care and who were not sampled in this study due to boundaries in ethical remit. The CSO data also does not link school placement changes with care home placement changes, nor the nature of the change. School placements changes are not categorized (by exclusion, by choice, due to placement change) nor are placement changes categorized by type of placement (residential to secure, secure to respite, foster to special emergency accommodation), which would reflect complexities found in the findings of Study 1 and 2. CSO data also does not discuss whether the percentage of young people with more than twenty days of school absences are absent due to school attendances problems, placement change frequency, or delays in attaining a school placement, all of which were common experiences reported in Study 1. This suggests a complex and significant relationship between placement changes and educational outcomes for Irish young people in residential care, and further, data providing detailed accounts of the nature of these changes across all

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care types is required for a clearer picture. Additionally, a larger conversation is needed in terms of systemic risk to educational outcomes due to placement instability, and the practices and policies that can be put into place to minimize this risk to young people in residential care.

In addition to significant placement-based barriers, a lack of clear educational focus within the residential care system also reflects international literature on systemic barriers (Goding et al., 2022). In contrast to recent Irish research (Branley, 2025; Darmody, 2025), the young people in this inquiry focused in on the residential care home as the site of major influence in educational experiences. As stated above, the relationships between professionals within the care system, such as social workers and social care workers, are central to the educational experiences of young people in residential care (Darmody, 2025). Positive examples in Study 1 and 2 focused on the value of inter-personal, child centered relationships. However, in both studies participants noted that such relationships struggled to circumvent systemic barriers. Professionals and young people both questioned the ability of the residential care system to support the education of young people, due to a lack of clear focus and pedagogical sensibility within the residential care home.

The findings reflect previous international research describing how normative tasks such as communication between home and school (Loetzerich, 2017), homework support (Kliche, 2025), discussions about ambition and preference (Bolvig & Thorsager, 2024) become complicated within the residential care system when several professionals are involved, such as a rotating shift of social care workers or changing social workers. Additionally, professionals noted the lack of pedagogical training for care professionals which made advocating for young people within education systems difficult. This suggested, in a similar vein to findings of a Canadian case study (Gharabaghi & Groskleg, 2010), that although education is understood as central to the wellbeing of young people in residential care, practice has not caught up with rhetoric. Consequently, professionals across care and education must work beyond their roles and responsibilities to fill in these gaps where possible, leading to significant overstretching of time and resources for many participants.

Systemic gaps within education systems also appeared across all three studies. Most notably, the lack of acknowledgement of the care experience within post-primary education rendered many supports and

services less effective or completely unavailable. This contrasts with early intervention and recognition of the care experience within education systems found across several international jurisdictions, including in the UK as discussed in Chapter 2. By acknowledging the distinct and unique barriers young people in care face within education, systems such as that in the UK make the care experience more visible and allows systems and services to become more responsive to their needs. The findings of this research support Darmody's (2025) suggestion that post-primary level targeted supports are required to ensure young people can engage fully with the education system and enjoy its positive effects into adulthood.

In all three studies there was an acknowledgement of the unique disadvantage young people in residential care face in post-primary education, despite the lack of targeted interventions. Difficulty accessing timely interventions for educational support have been a noted barrier within the Irish context for several years (Brady & Gilligan, 2018b) and this research suggests little improvement in this area. Currently, services that have been retrofitted to include young people in residential care (EWOs, iScoil and Home Tuition) are the only services specifically made for young people in care. In lieu of early intervention and/or recognition of the care experience within post-primary schools, these services reflect a 'wait-to-fail model' of support, wherein young people must already be experiencing school attendance problems or prolonged absence in order to be eligible to access such supports. In this context, professionals find themselves in the position with few options to support young people in residential care who are experiencing challenges in post-primary school unless they have left school early or had significant prolonged absences. Findings in Study 3 also note the distinct rigidity within the DEY towards conceptualizations of disadvantage that fall outside of the remit of the DEIS program. There are hints that this may be changing, as the new DEIS plan (DEY, 2026) does mention young people in care within the document, though without clear language as to how they will be supported within the DEIS program, given their mobility. As a consequence, the educational needs of young people in residential care are invisible within current policy structures. This further compounds systems that are already overburdened and overstretched, where long wait times for services such as EWOs have a noted negative effect on young people experiencing disadvantage (O'Toole & Ciric, 2024).

The Child Care Act Amendment (2025) which mandates a statutory duty of collaboration between Tusla, government departments and state agencies regarding child protection indicates that a window of opportunity may be opening to develop bespoke supports and services for young people in post-primary education. However, this would require concerted statutory clarity to address the confusion concerning remit and responsibility for the education of young people in care found in this research. TESS may be best placed to house these supports and services, as it is housed in the DCDE but funded by the DEY. The recent increased visibility of young people in care within policy spaces, in part thanks to the *Care Experiences* project and the advocacy of EPIC and its Youth Advisory Panel, has the potential to erode the lack of political will discussed by policy makers and civil servants in Study 3. However, such work would also require an explicit effort to intervene with the documented stigma associated with the care experience, and how conceptualizations of young people in residential care, and their educational needs, are informed by this stigma.

8.3.4 Stigma's Role in Education in Residential Care

Young people in care have been found to experience structural stigmatization (Carey, 2023) with young people in residential care experiencing a heightened stigma than those in other care types, in part due to its association with misbehaviour or criminality (Janzen, 2023). Sting et al. (2025) have argued that the role of stigma as an educational barrier has received limited attention within the care research space. The findings of this research highlight the role of stigma on a personal, relational and systemic level for the education of young people in residential care in Ireland.

Research into stigmatization of young people in residential care at a school level often discusses its impact on peer relationships. In Sting et al.'s (2025) Irish case study, a young woman notes her experience of bullying due to her care status. This potentially reflects young people's worries about disclosure of their care status in school and its connection to felt safety (Gilligan, Holt, et al., 2025). Young people in this research noted navigating their care status and how it can add extra scrutiny, paving the way for potential bullying in school. This experience can also become racialized, as was the case with Catriona, who requested being dropped off away from the front gates of her school as the social care worker transporting her was a White Irish man. The picture of this man dropping her, a Black Irish girl, off at school left her vulnerable to

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racist bullying which she had been a victim of in the past. Another young person had experienced assumptions surrounding her educational competence due to her identity as a Traveller and as a young person in residential care. This research therefore also highlights how stigma in education is intersectional in nature for many young people in residential care.

Previous research in international contexts have also highlighted how professionals can hold negative perceptions of young people's capacity in school (Mercieca et al., 2021) as well as their future potential particularly concerning progression into further and higher education (Goding et al., 2022; Hanrahan et al., 2020). In the findings of this research, professionals expressed concern that negative perceptions of young people due to their care status may follow them across and between professional spaces. Understood through an epistemic injustice lens, this reflects tracker prejudice (Kidd et al., 2017), a type of stigma which follows a person throughout different social worlds. An added layer of hermeneutical injustice is found in this regard as young people did not have access to these records, nor were they able to contribute to them, losing agency in how they were perceived by professionals around them.

Stigma also travels through systems and informs them. Young people and professionals noted how stigmatized conceptualizations of young people in care can follow a young person through record keeping. Some professionals express shock and frustration at the overtly negative tone of case notes and other types of paperwork and the implications this, in turn, had for how future professionals viewed these young people. The findings of this research revealed the material consequences stigma has on the education of young people in residential care. Educators in particular linked exclusionary punishments towards young people in residential care with such stigma. Additionally, as Sting et al. (2025) also noted, professionals' presumptions of capacity influenced the types of schools young people would be admitted to. The structural stigma of placement instability also had material consequences to young people's education, including lost instruction time, disconnection from peers, safe adults and their community.

As argued by Sting et al, (2025), interpersonal stigma, as described above, is associated with structural stigma due to conditions of funding and policy frameworks. This research offers a context specific insight into how structural stigma manifests through policy makers and civil servants into the conditions of funding and policy development for the education of young people in care. Participants in Study 3 held an

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overwhelmingly negative conceptualization of young people in residential care, associating this group with criminality, poor behaviour and incompatibility with mainstream education despite reporting having had little to no contact with young people in care. The manifestation of stigma, therefore, reflects the assumptions made by professionals discussed above. However, the consequences of this stigmatization differ at a policy level. Using the lens of stigma power (Tyler, 2022) allows us to see how stigma perpetuates inequality for young people in residential care within education systems. The non-recognition of young people's particular disadvantage within the education system can be understood as structural stigmatization (Sting et al., 2025), which is particularly concerning within the Irish system, given that young people must be enrolled in further education once they have aged out of care at 18 in order to avail of some aftercare services.

Discourse within research can also affect how stigma is conceptualized for young people in residential care. As noted in Chapter 2, these structural barriers are often under-reported and under discussed in existing literature. For example, despite young people in residential care having the highest rates of placement instability of all care types, the causes of placement instability are under-researched. Research that has been completed predominately focuses on static, individual youth factors, rather than dynamic systems-based factors (Riemersma et al., 2023). This over-individualization of barriers in research also runs the risk of further stigmatizing young people by obscuring the systemic nature of placement instability. As noted in Study 3, the closing of residential placements and consistent issues in funding have contributed to creating chronic placement and staffing shortages within residential care services, as well as staffing shortages in auxiliary support networks such as NEPS. These chronic issues have had noted effects on other disadvantaged groups within education, including young people with disabilities (Erwin et al., 2023), and young people experiencing school attendances problems (O'Toole & Ćirić, 2024). Given the moral distress experienced by professionals attempting to support young people in residential care with their education, it is important to highlight how the structural stigma, applied to young people in care at a policy level, implicitly contributes to the under-resourced and under-staffed services, as well as significant gaps in policy. These findings add to the existing literature by illuminating the individual and inter-personal manifestations of stigma for young people in residential care concerning their education. Crucially, it also directly links

these manifestations to structural stigmatization seen through stigmatized conceptualizations held by policy makers and civil servants, as well as the subsequent lack of policy to support the education of young people in residential care.

8.3.5 What Do We Mean by Participation?: Agency in the Everyday

A significant contribution of this research is the level of insight into the meaning, importance and experience of participation within the residential care system, and its relationship to education. Existing research suggests that young people across all placement types feel the need to be self-reliant and self-sufficient (Goding et al., 2022). Young people in this research connected this need to their lack of trust in the care system, and in the professionals within it. Though being self-reliant and self-sufficient can be emotionally taxing (Brady & Gilligan, 2020a), young people also note the positive effect in establishing a strong sense of self, including ambitions for the future (Rutman & Hubberstey, 2018; Samuels & Pryce, 2008) as reflected in this study. However, previous research tends to stop short of acknowledging this type of self-reliance and self-sufficiency as an epistemic resource, despite being developed out of a potentially unjust necessity. Young people in Study 1 described how a lack of confidence in others ability to care for them meant that they must become proficient in navigating the education and care systems themselves. A minority of adults across the other studies also noted that young people become extremely flexible and adept within these systems.

Participation in decision-making within the care system has become an increasing topic of discussion within research (Equit & Purtell, 2023), however there is a lack of focus concerning its relationship with educational experiences of young people in care. Young people in this research identified a direct relationship between their ability to engage in decision-making concerning their day-to-day care, and their engagement or lack thereof with education. Positive examples of relationships between social care workers and young people were had their foundations in professionals' ability and willingness to acknowledge young people as capable of agency and insight into their own care, as well as the systems around them. This type of acknowledgement establishes trust; young people feel that their knowledge 'matters' (Gharabaghi, 2023), and therefore can establish trusting relationships.

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The findings of this research connect the acknowledgement of capacity for decision-making to education. These trusting relationships appeared to be fertile ground to develop supports for any difficulties young people may have been experiencing in their education. Conversely, without this trust, young people become increasingly self-reliant and self-sufficient, unwilling to accept help from people who, in their view, do not acknowledge them as capable human beings. This can occur on an inter-personal level, such as staff members not seeking out or integrating young people's knowledge concerning their own needs. This can also be structural, most often exemplified by 'the book' - the live record of the goings on inside a residential care home solely written and accessed by staff members. Young people in residential care cite the existence of this book as a consistent reminder of the nature of surveillance in the house, and how their knowledge and understandings of their day to day lives cannot enter the larger discourse. They have no access to this book, and the material within it relies entirely on professional discernment of each young person, their intentions and future potential. Young people also have no right to reply. Professionals in Study 2 also noted how written records of young people can be stigmatizing, following them across agencies and services to develop a picture of each young person before they enter the room. This includes their identity, their needs, their attitude, their 'deficits' and their future potential. As discussed above, understood through tracker prejudice (Kidd & Carel, 2017), such experiences in residential care act as further proof that their participation in decision-making is structural unactionable.

Not attending school became one of many ways in which young people came to express their ability for decision-making if they were not acknowledged as such within their residential care home. Gilligan et al., (2025) suggest that the ability to participate in care may be directly connected to a sense of safety. This research takes this concept further, suggesting that if a young person is acknowledged as an agential human being within the residential care system, they can feel safe enough to engage both in education, and in the relationships that make education easier. Interestingly, participation was not such a central topic of conversation with professionals in Study 2. More often, positive child-centered relationships were understood to involve hearing the child, listening to them, but participation or decision-making power did not enter the discourse, and certainly not at the level of centrality and importance as it did for young people in Study 1.

It is pertinent, then to ask what do young people mean by participation, and how is it conceptualized differently than the professionals with whom they work and live? The findings suggested a divergence in understandings of participation, as well as its applicability and relationship to education. The DCDE and Tusla have spent significant time and resources developing policy (DCEDIY, 2021) and practice frameworks (Tusla, 2019) for participation in decision-making for young people in care, including training for Tusla professionals from managerial to front-facing roles (Jackson, 2018; Tierney et al., 2022). Though positive in their influence and precedent development, these types of participatory frameworks have proven problematic within the Irish context. Invitations to care meetings were met with mixed results, as some young people felt disempowered or belittled throughout the process (Daly, 2016) particularly as the environment and proceedings did not cater to their needs.

Gharabaghi (2023) argued that such frameworks cannot manage the fundamental power issues at the root of participation as they are developed through adult frameworks and understandings of participation. Naturally, this begs the question of what is lost when conceptualizations of participation do not include the lens of children; what feels like participation to children, what makes them feel that they ‘matter’ (Gharabaghi, 2023), and what does not (Gilligan et al 2025)? Without doing so, adult-led frameworks can reinforce ways of being in which young people experience far more moments in which ‘they do not matter’ than ones in which they do. This type of aesthetic participation framework can maintain professional epistemic hegemony, wherein professionals are the keepers of power, knowledge and wisdom while young people can respond, critically or favourably, to what is on offer. The findings of this research reflect previous literature wherein young people have expressed serious concerns that their right to participate is often sacrificed to professional judgement (Sahl et al 2021). For example, when Catriona requested to be dropped off far away from the school gates, while the professional refused, as the professional was the one to decide that this should not have mattered to Catriona.

For young people in this research, participation focused on relational engagement both interpersonally and structurally in day-to-day life in residential care. This is distinct from high level frameworks discussed above which focus on inviting young people in adult spaces such as care meetings or judicial reviews. It is important to note that young people in this study were not suggesting that they, or their

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peers, should be allowed to do what they want by virtue of their right to participation in decision-making. Rather, that young people wished to share in epistemic viability with professionals. They wanted recognition that they are capable of having knowledge that could make a meaningful contribution to a shared plan, and that without including this contribution, these plans inevitably would lack key information fundamental to inform decision-making. This is perhaps visible in the lack of discussion of agency and participation in decision-making in Study 2 with professionals, who it could be argued, are missing a key piece of information that could inform how best to support the education of young people in residential care.

As Gharabaghi (2023) contends, when it comes to State Care, everything matters, and everything is connected. How family visitation is decided, when and how a young person eats, what they are permitted to wear at home, or how their needs are determined and understood may look disconnected to the larger question of education. However, when the perspective of young people is included, the connections become clear. When a young people, like James and Rachel in Study 1, experience that they can influence the things that affect their life (school placements, contact with family) and things that actually are their life (what they wear, when they eat and where they can go), residential care becomes a setting of opportunity. Opportunity to feel loved and safe in relationships with social care workers. Opportunity to reach out for help and know you will be believed when you are experiencing racist bullying at school. Opportunity and trust that a social worker will see your potential when you request a school placement change. However, such a conceptualization of participation requires a fundamental shift in balance of power that go beyond procedural mechanisms, as evidenced with the example of the Likert Scale survey that one participant spoke about in Study 1.

This fundamental shift requires a reshaping and rethinking of the environment of the residential care home. As young people in this research suggested, residential care homes are designed to be quite controlling environments. Study 2 revealed the level of surveillance and control that many professionals see young people experience, as well as the knock-on effects of this on their sense of felt safety and need for agency. Following Gharabaghi's (2023) suggestion to move beyond frameworks and look deeper into interpersonal and systemic ways of being that require attention, two challenges appear within the findings of this research. First is the connection between childism, stigma and participation. Young people in care

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are generally not seen as agential (Mercer, 2025) and applications of participatory principles are often seen as being in tension with safeguarding (Gal & Duramy, 2015). Young people in residential care, who are generally understood to experience heightened levels of stigma due to an association with more ‘difficult’ or ‘deviant’ behaviours (Gill & Michell, 2025; Knezevic, 2017) are therefore assumed to be even less capable of full agency and more in need of professional intervention. Seen through an epistemic lens, young people in residential care experienced hermeneutical injustice, whereby their knowledge could not be introduced into a wider discourse of understanding. Instead, their knowledge had to be filtered, validated and understood through adult professionals (read: ‘to have their voices heard’) before being applied.

A second challenge is found in the connection between the culture of risk aversion within the Irish care system (Brown et al., 2018; Jackson et al., 2023) and the lack of participation in young people’s day-to-day lives. Brown et al. (2018) previously argued that relationship-based work in residential care in Ireland has been stymied by a culture of fear within professional spaces. The findings of this research suggest that the fear many professionals feel may be connected to anticipatory risk, which requires professionals to understand and predict all potential harm possibilities of the future. This results in the gatekeeping of teenagerhood found in Study 1, amongst other aspects of surveillance, that inhibited young people’s capacity for agency. If a professional’s acknowledgment of agency is a prerequisite for trusting relationships, the anticipatory risk and culture of fear in turn become a barrier to trust. Additionally, if young people were to be accepted as having unique epistemic resources instrumental to decision-making, the care system would have little choice but to rethink its understanding of risk. This is because anticipatory risk, in which risk is understood through a calculation of probabilities through affect: an ‘anticipatory reality’ felt by a threatening future, relies on professional knowledge.

Professionals are required to pre-empt not-yet materialized threats through their knowledge of a young person, their environment and the care system. However, if young people are seen as holders of knowledge that is integral to this discourse, professional knowledge cannot maintain its hegemonic power over the mitigation of risk. This requires a relational co-constructing of risk, one that involves both the young person and the professional to co-construct safety together, maintaining the epistemic integrity of all parties. It goes beyond consultation, beyond hearing a young person’s voice, and has the potential to

transform the location of the young person as a service recipient to one of shared expertise, resources and power with professionals. It would also involve accepting levels of risk in decision-making that are compatible with how young people assess risk (Gharabaghi, 2023), as was the case with experiences of teenagerhood and connection to peers discussed in Study 1, an often underdeveloped and underappreciated aspect of the care experience by professionals and auxiliary adults (Cooley et al., 2021; Mihalec-Adkins & Cooley, 2020).

This type of work requires a fundamental shift at a conceptual, relational and structural level within the care system. However, according to young people in this research, this type of shift was considered fundamental to the ability of young people to fully enjoy the positive potential of education while living in residential care. This relationship between participation and agency within the residential home and engagement with education represents a new addition to established literature which suggest self-reliance and self-sufficiency are common themes in the educational experiences of young people in residential care. It also expands our understanding of how trust between professionals and young people in care stems from professionals' ability to enable participation (Moore et al., 2018) and this type of trusting relationship begets stronger facilitation of educational supports (Bell, 2002; Garcia-Molsosa et al., 2021a; Husby et al., 2018).

8.3.6 What is a Barrier, What is a Support?: Epistemic Diversity in Policy and Practice Reform

The findings of this research also suggest the need for epistemic diversity when it comes to understanding and responding to complex experiences such as residential care at practice and policy levels. The findings of this research affirm that residential care is a multi-faceted experience, with multiple potential inputs and outputs that can take shape and impact young people's lives in a multitude of ways, at varying degrees of severity and importance. Every young person in residential care has a different set of circumstances that led them into care, at a different age, with different strengths and difficulties which culminate in different experiences within the care system (CCYP, 2019; Senior, 2023). For example, the findings in this research show how the impact of placement instability can vary depending on the timing, how the change is communicated, distance from home community and placement type to name a few. This is further complicated by intersections of identities, such as race, sexuality, gender or membership of ethnic minority such as the Traveller community. The experiences of Black Irish, queer and Traveller young people

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in this research show that such intersections make the care experience more complex, leading to additional barriers and need for supports.

Paciscopi (2024) argues that certain groups hold a situated knowledge, specific to the phenomenon which is unique and irreplicable by those on the outside. The silencing of said knowledge can be understood as particularly egregious when the silenced group hold epistemic resources to articulate a specific phenomenon. If looked at through the lens of situated knowledge, young people's understanding of the supports required for the education of young people in residential care constitutes a situated knowledge. This knowledge also requires articulation in a very specific sense, as all of their needs are gatekept through the care system via professionals. If young people are blocked from articulating this knowledge, as was suggested in the findings of this research, then professionals and policy makers could also experience epistemic harm. Fricker (2016) suggested that those who are blind to the epistemic resources of others become epistemically ignorant. Therefore, we can understand the stigmatization of young people in practice and policy spaces as a manifestation of testimonial and hermeneutical injustice in constituting a picture of young people that does not include their situated knowledge, but instead constructs a caricature of young people and their educational needs.

As Tronto (1993) argued, understanding and responding to the needs of people is a central tenet of care. Established research in the field of the education of young people in care often focuses on the experience of stakeholders, in particular professionals within care and education as well as foster carers and other pastoral carers. This presumes that these stakeholders have epistemic resources that are relevant to evaluating, understanding and acting upon the needs of young people concerning their education. Given the complexity of the experience of residential care, the situated knowledge of young people within it, their unique position of need in relation to professionals in their lives, epistemic diversity may be central to the development of future policy and practice in this space.

In research spaces, epistemic diversity mandates the inclusion of various hermeneutical experiences and reservoirs of knowledge to impact scientific production (Xu, 2022). Epistemic diversity has also been successfully utilised in research working to equalize knowledge in multi-disciplinary medical teams, whereby nurses, social workers and other professionals often feel epistemically harmed in their perceived

epistemic subservience to medical doctors (Bueter & Jukola, 2025). Research often insists on the unique nature of the care-experience and tracking the nature of this experience into adulthood. However, the connection between the uniqueness of this experience and the special nature of the epistemic resources it results in has yet to be made explicit. Established research has suggested the importance of young people's participation in decision-making concerning their own care (Brady et al., 2019; Brummelaar et al., 2018; Grace et al., 2018) but has yet to focus a critical lens upon the level of epistemic recalibration that would be necessary to do so in a way which disrupts this level of hermeneutical injustice.

On a policy level, epistemic diversity can work to include young people in policy development concerning their lives in a way that acknowledges their unique situated knowledge. In a recent report, Kelly et al. (2025) describes a redesign of success frameworks for youth aging out of care, co-developed by care-experienced young people. In doing so, the new frameworks centered the situated knowledge of young people concerning what success means and looks like within the experience of care during the transition to adulthood. Such epistemic diversity has the potential to work within the Irish context concerning future research, such as the development of robust data collection concerning the education of young people in care. The involvement of young people in developing the parameters of data collection, the types of data collected, and identifying what within the care experience needs to be monitored on a larger scale could impact how educational experiences are understood and conceptualized in the future, as well as their policy and practice implications.

8.3.7 Methodological Considerations

The nature of the participation in policy development required of epistemic diversity can feel particularly complex (Purtell et al., 2023). Youth participatory approaches are also at risk of perpetuating agential epistemic injustice through defective uptake and defanging (Ćirić, 2026). As participation frameworks enter the mainstream of child welfare services and education, the lens of agential epistemic injustice allows for critical discussion of the use of young people's epistemic resources in service of systems that hold immense power over them. In the case of this research, both the education and child welfare systems can potentially use young people's epistemic resources for their own gain, reinforcing adult-centered hegemonic ways of working and knowing within these systems. Policy makers and civil servants

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in this research expressed some of the common concerns for increased participation of young people in policy making. Tokenism, misuse of resources and an undervaluing of young people's knowledge can all be understood through the lens of agential epistemic injustice (Medina, 2022). The critical defanging of epistemic resources of young people in residential care through their inclusion by those with power is a serious concern in this context. This is also a common experience of others with lived experience involved in policy development (Ellis & Sen, 2025). This has a potentially corrosive effect on young people (Adu-Gyamfi, 2013) who spend significant time and energy, often re-living traumatic experiences, with the hope of better material conditions for their peers. The findings of this research suggest that attention needs be given to the pervasive level of stigma towards the care experience within governance, and how this may affect any future collaborations with young people in care.

Lundy (2018) has argued issues such as tokenism should not halt progress as it can make way for deeper, more complex participation in the future. However, given the lived harm that such participatory structures have resulted in for young people within this research, such as the use of Likert scale surveys to enhance participation in care, and of advocates in other research (Ellis & Sen, 2025), due consideration must be given to potential ethical and epistemic harms caused by 'participation'. There is a risk of epistemic exploitation (Berenstain, 2016), in which privilege persons (professionals, policy makers) compel marginalized persons to educate them on the nature of their oppression. If such labour remains unrecognized, uncompensated, emotionally taxing it can become exploitative. Ethical considerations can be administrative in nature (such as the signing of consent forms, when and where), conceptual (such as how knowledge is treated, by whom, and with what language) as well as interpersonal (how power is shared or understood, how roles are distinguished and separated).

Payment of collaborators is one such topic. This can be perceived as a complex, even impossible task within governance, with concerns about tax implications. This does not discount the potential for empowerment that consulting care-experienced collaborators may experience. Rather, it is to question how such decisions are made, and who is privileged in such decision-making. For example, if remuneration does not occur, this free labour necessitates that each young person be in a financial position to take on hours of unpaid work. Who does this exclude from an already excluded cohort? Whose experience is not being heard

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by virtue of this exclusion? What burden does this place on those involved? As discussed in Chapter 4, engaging with literature written by care-experienced researchers and advocates gives considerable insight. Hoffman-Cooper's (2021) eight ethical questions constitute a robust starting point, engaging adults in questions of power, discourse and benefits concerning engaging young people in care.

At its foundation, the use of a participatory model of engagement with young people in residential care in this research affirms the depth of meaningful insight and analysis that can be offered to research, practice and policy spaces, if done ethically. This research offers some methodological considerations for future research or policy development with young people in residential care, that may also be applicable to other highly structured institutions for people under the age of legal adulthood. First, though group work is often lauded for its ability to shift power imbalances between adults and young people using participatory methodologies, additional considerations are required within group settings. Considering the lack of choice as to whom they live with and with whom they spend time during their day-to-day life, young people in residential care within this research preferred to collaborate on an individual basis. Positive examples of co-construction within institutionalized settings such as prisons (Sartori, 2020) or asylum-seeker detention facilities (Sartori-Meaney & Nwanze, 2019) may offer insights into how epistemic resources can be brought to the fore within the parameters of such settings. Socially engaged art practices within children and young people also offer such insights from settings that potentially allow more creativity and freedom than traditional academic or policy making spaces (Whelan, 2014, 2018). Though not the case in this context, future research may also consider that young people may not wish for their insights to be grouped together with others during analysis. This may call for different types of analysis, or a case-study style presentation of the findings, which allows the work of each young person's collaboration to stand alone.

Second, participation does not necessitate a focus on lived experience or life story. Though powerful and often insightful in their meaning making, such research can often feel extractive despite its participatory methodology (Hoffman-Cooper, 2023). By shifting the focus to one of analysis from a standpoint of knowledge, there is no impetus on young people to validate their analysis through the discussion of their lived experiences. As with professionals and policy makers, some young people chose to use their lived experiences to illustrate their analysis, but this was not a prerequisite of their involvement. The use of

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participatory methodologies in this way offered an alternative to focusing on lived experience as data; lived experience can otherwise be used as a perquisite to stage analysis, affirming the value of young people's epistemic resources, rather than just their life stories.

Participatory collaborative structures of engagement also often necessitate public dissemination projects, often centering those with lived experiences. Though this is commonly understood as best practice, particularly for adults with lived experience, there are ethical complexities involved when working with young people. First, specifically for young people in residential care, engagement in public dissemination projects would put their anonymity at risk, as well as be a potential safeguarding issue. For those who have aged out of care since data collection was completed, engagement in public dissemination projects would still potentially identify them as participants in this research, even if not explicitly confirmed. This type of engagement also assumes that young people are interested in this type of long-term engagement. Particularly for those aged-out, other aspects of their life other than their care experience may take precedence, such as their first taste of adulthood, their schooling or their job. It is not a given that all participants will have the same level of interest in future dissemination as the lead researcher, even if remuneration is guaranteed. This complicates a tenet of participatory methodologies which value power sharing in dissemination of projects, which may implicitly or explicitly assume that if is not evident, the research cannot be considered participatory. Given these considerations, following discussions with young people, other types of shared dissemination have occurred in writing this manuscript. This included consultation and permission from participants (when available and willing) of use of any slides, and participation in public speaking events and disseminations developed by the researcher. While the door remains open for potential future public collaborations, keeping space for a 'no, I don't want to do that anymore', is also of vital importance, given the substantial time, effort and emotional and intellectual energy already given to this research.

The structure of this research also brings methodological insights. First, that by analysing and presenting findings from each cohort in separate studies, rather than in one larger study, affords time and space for each cohorts own particular experiences, viewpoints and analysis to be given due consideration and discussion. As discussed in this chapter, it also allows for analytical comparison between conceptualizations of support and barriers across stakeholders, while interrogating how such

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conceptualizations may be influenced by cultural, systemic or history structures, including questions of power. Interacting with participants from small professional worlds such as care and education professionals as well as civil servants, or public figures such as elected officials, also brings insights as to the depth and complexity of ethical considerations such as confidentiality and anonymization, which are important considerations, specifically for researchers with complex insider/outsider positionalities associated with those professional spaces, or researchers working in countries with relatively small, or strongly linked, professional communities. The use of member checking, rigorous supervision and supportive colleagues with insider professional or local cultural is invaluable in this regard.

The methodology of this research offers insights into how participatory methodologies can be used to expand how knowledge is understood, produced and sought of from young people in care. Focusing on the analytical power of their situated knowledge, rather than their life stories, offers a new lens upon which to view systems and their ability to support young people. This adds a richness to our understanding of these systems, as well as the impacts of the practice and policies informing them, that is otherwise unavailable from the perspective of professionals or other pastoral adults.

8.4 Contributions to Knowledge

This research offers a robust, multi-perspective qualitative analysis of the extent to which the Irish education and care systems can support the education of young people in residential care. This first look into the post-primary education of young people in the contemporary residential care system in Ireland offers meaningful empirical, theoretical and methodological contributions to international and national contexts. In doing so, it has contributed to a significant gap within the research field and yielded deep insights into the barriers and supports available for the post-primary education of young people in residential care concerning their education.

8.4.1 Empirical Contributions

First, this research discusses how and to which extent internationally recognized chronic systemic barriers to the educational achievement of young people in care, and residential care in particular, manifest within Irish context. As discussed in Chapter 2, this includes a low priority on education within the care system, a lack of clear professional roles concerning education within residential care, lack of training for

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education professionals, low levels of wrap around supports and low education expectations. This is emblematic of structural and interpersonal stigma towards young people in residential care noted in international research and also reflected in these studies. The impact of placement instability is of particular concern within the Irish context, given the pervasive structural barriers within Tusla to ensure stability and quality of placements in the last decade. These issues continue to worsen despite public calls for change from advocacy groups, the judiciary, and professionals within Tusla.

The findings of this research suggest that though professionals know what needs to be done on a relational level to support young people, they can rarely circumvent the fundamental, structural barriers in place. The findings also suggest that current conceptualizations of disadvantage within the education system, either through the DEIS program or a disability diagnosis, cannot fully support the education of young people in residential care. A confused system of governance tasked with policy-level supports also illuminates the need to further strengthen legislative frameworks and break away from stigmatized conceptualizations of young people in residential care and its impacts on how policy is developed, when and for whom. Through the use of a participatory method of inquiry with young people, the day-to-day participation of young people in matters concerning their life within the residential care home is revealed as directly linked to their engagement with education. This connection has previously not been made clear within research and has implications for how education supports should be developed with young people. It also allows for a different perspective when attempting to understand and intervene with school attendance problems, reticence to engage in relationships with staff or perceived ‘bad behaviour’ which may be understood as bids for agency and participation within a highly structured and controlled residential care environment.

8.4.2 Theoretical Contributions

This research also tends to the noted poverty of theory within the field. It showcases how critical theories can be employed to uncover new understandings of the education of young people in residential care that focus on structural and systemic barriers and how these impact relational and personal experiences. The use of epistemic injustice as a lens through which to examine how young people in residential care are supported in their post-primary education brings to light meaningful investigations of

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how power, stigma, voice and participation currently function within the care and education systems.

Reflective of previous research concerning stigma and participation within care, of central importance was findings illuminating how young people in residential care feel their agential capacity was not fully understood, recognized, respected or employed within the care system. A novel contribution to the field was the connection between epistemic injustice experienced by young people and their engagement with education, including their ability to accept support and intervention from professionals. Additionally, stigma power uncovered how stigma plays a structural role in how young people in residential care are supported through their post-primary education.

8.4.3 Methodological Contributions

The central relevance of this research is owing to an awareness and centering of the situated knowledge and epistemic resources of young people. This research works to further normalize the participation of young people in residential care in research concerning their lives. It offers methodological recommendations for future research using this structure, as well as ethical considerations concerning agential epistemic injustice and how to handle young people's contributions with respect, sincerity, seriousness and value on an inter-personal, cultural, economic and theoretical level. It also affirms the unique position young people in residential care occupy for future policy and practice development due to their situated knowledge within the care and education system.

8.4.5 Practical Contributions

The analysis of the findings yielded a number of key areas of recommendation and strategic focus for future research, policy and practice. This analysis and its recommendations should be of interest to those working in education disadvantage, child welfare services, children and young people's rights and policy makers who wish to work towards an alternative care system with more positive outcomes for young people who, as of yet, remain invisible within the education system in Ireland. The following chapter discusses these policy and practice recommendations in depth.

8.5 Conclusion

This chapter brought together the findings of all three studies in discussion with one another. Following a concise overview of the findings and discussions from all three studies, this chapter discussed

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key areas of similarity and difference between analysis and understanding of the supports and barriers to education for young people in residential care between the perspectives of young people themselves, professionals and policy makers. A cycle of agency and powerlessness, as well as manifestations of stigma, were identified as a key unifying findings across all three cohorts, as well as confusion concerning remit and responsibility, both at a political and practice level, concerning the education of young people in residential care. Then, differences in conceptualizations of exactly what barriers and supports are in this case, as well as what participation looks like according to the three cohorts was discussed. Finally, given the unique methodological nature and design of this study, methodological considerations were discussed before overviewing contributions of the research as a whole. In the following concluding chapter, recommendations for policy, practice and future research are outlined in the context of the limitations of this research.

Chapter 9: Conclusion

9.1 Introduction

In light of the discussion of findings and contributions to research above, this chapter sets out to outline the recommendations for policy and practice. First, limitations of this research and how this may inform future inquiries will be outlined in order to contextualize said recommendations.

9.2 Limitations & Recommendations for Future Research

That this research marks the first inquiry into the education of young people in residential care in Ireland since the establishment of the contemporary child welfare service necessitated an exploratory design. In addition, a qualitative and participatory research design was used in order to maintain the ethical and epistemological responsibilities of such research. Both of these design features create limitations. First, due to the small participant size of Study 1, this research cannot make substantive claims for every child living in residential care. The small participant size of young people also limits understandings of intersections of identity within care, such as queer identities, Irish-Travellers, Black-Irish and disabled young people. Focused research, done in collaboration with these communities, is necessary to further discuss and critically reflect on how the care system interacts with these identities in particular but rather offers insight into the complex nature of the residential care experience in the context of education, and the urgent need to seek out the situated analysis of those within the care experience in particular. In Study 2, though the largest cohort recruited for this inquiry, difficulty in recruiting social workers limits the understanding of this role in the context of education and future research should take particular care in investigating how social workers support the education of young people in residential care. The small participant size of Study 3, particularly the small pool of policy makers and civil servants from the DoE, as well as the change in remit between the DCDE and DEY since fieldwork completed, also means that recommendations concerning policy below should be read with this consideration in mind.

Future research would benefit from a mixed methods approach, including working with Tusla and the Department of Children, Disability and Equality (DCDE) to make statistical data available in a manner that reflects data protection and management standards. To supplement these areas of strategic practice and policy reform, additional research should be carried out concerning the educational experiences of

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young people in care more broadly, as well as the professional experiences of those supporting young people in care in their education. Such research should be approached using mix methods designs, following epistemically just ways of working such as participatory approaches, co-research and community-based research practices. Given the noted paucity of research in this area, there are many pathways for future research. A Republic-wide investigation into the educational experiences of young people in care by placement type would establish, first, if practices and experiences detailed in this research are replicated across different alternative care types and beyond the Dublin-Mid Leinster area. It would also ascertain other patterns specific to other counties, including positive ways of working. Most importantly, there should be a strong focus on the lived experiences of young people and care-experienced adults as well as their unique situated knowledge that can offer special analysis of the care and education systems unavailable to other groups.

The findings of this research suggest that residential care is a particular type of experience, developing particular types of barriers within the education system. This research also specifically focused on the experiences in facilities run by Tusla. Three quarters of young people in residential care are placed in privately run facilities, which have been the subject of intense scrutiny and criticism. Given that Health Information and Quality Authority does not currently hold statutory remit to monitor private facilities, the experiences of young people within private residential care homes should be of focused concern for researchers and policy-makers. Other types of alternative care also require inquiry in order to understand the differences or shared patterns within the system. Research into the educational experiences of children and young people in foster care, kinship care, special care and SEA all require the level of scrutiny and inquiry as residential care, centering the expertise of the young people living within them. Research focusing on early years and primary level education would also support the development of holistic, wrap around supports including early intervention.

Findings suggest that minoritized groups experience particular injustices and barriers within care and education. Additional research with these groups including those from the Traveller community, Black Irish young people, unaccompanied minors/asylum seekers in the care of Tusla, LGBTQ young people and young people with disabilities using critical theoretical lenses such as critical race theory or

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postcolonial theories may work to uncover how these intersections of identity experience care and education. Collaborations with community members would support a just and well-structured research methodology. Additional research with teenage boys may also be of interest, considering hints of a gendered difference in experience within residential care in the findings of Study 1. Although Traveller, Black Irish, LGBTQ and disabled young people participated in this research, the nature of the research did not inquire into these specific experiences with adequate depth for a full understanding. This is a limitation of this research which must be followed up on in the future.

9.3 Recommendations for Policy & Practice

9.3.1 Collect and Report on Education Data for Young People in Care

Though continued reporting from the CSO is a welcome insight into the educational experiences of young people in care, collection and reporting of education data should be done in collaboration between the DCDE and DEY in order to maintain its longevity and public access. In order to develop well-placed and well-informed supports for the education of young people in care, data must be regularly collected and reported concerning their educational outcomes. To capture the complexity of this experience, the development of data collection and reporting measures should include educators, care professionals and young people in care, who have relevant insight into what data points are most relevant and when. Ethical considerations, including but not exclusive to GDPR, should be considered. Collaborating with young people in care will allow for sensitivity towards risks of over-exposure or stigmatization through the nature of data collection, analysis and reporting in policy spaces, professional networks and the general public. Special concern should be taken in the collection, analysis and discourse used in reporting of data, particularly any data concerning static markers such as race, gender or sexuality, and its potential to further stigmatize young people in care.

As indicated by the research, placement instability and school mobility is a major cause for concern and the nuances of this experience should be of particular focus. This includes the nature of a placement change (type of placement), reason for placement change, location or distance between placements, frequency of placement change, and timing (re: school calendar). This type of data should be cross-referenceable with school placement changes including type of school and reason for the change. The same

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type of detailed data must also be collected for school attendance problems, as the reporting currently does not include information regarding the reason for missed days of school. As evidenced by this research, this can include system-based decision-making (such as appointments, family visitation, changes in placement) or individual decision-making on the part of the social care workers or the young person. Data collection should also pay close attention to placement type, including kinship, foster, residential secure, SEA and respite as well as voluntary, Tusla-run or private. This will also allow future research into potential points of difficulty. For example, if many young people experience disengagement with school when placement changes occur between foster care and a first time in residential care placement, or if educational engagement increases during special care, when young people usually attending school on campus such data collection allow for additional supports or structural changes to be put into place to attend to these issues.

9.3.2 Invest in Consistent, High Quality Public Residential Care

Stable placements lead to stable relationships for young people in residential care. This is the bedrock of any and all educational interventions, supports and services. Placement instability is the most well-cited and well-evidenced structural barriers for education attainment for young people in residential care, and the findings of this research support this reality in Ireland. It is vital for discourse around placement instability to move away from individualized, stigmatizing language towards a more honest reflection of its reality for young people: housing instability. Young people in residential care cannot realize their potential at school if they experience housing instability, and the breakdown of trust, missed instruction time and lost relationships that come with it. Most worryingly, three quarters of young people in residential care are placed in private residential care facilities, which international research and policy suggests worsen these outcomes. Therefore, this research echoes the Ombudsmen for Children's (2026b) most recent report which recommends a 5-year action plan to increase State and voluntary provision of residential care. Without establishing a strong, consistent and high-quality home environment for young people in residential care, the prospect of equality of educational outcomes wanes.

9.3.3 Make Care Education-Aware, and Education Care-Aware

The ability of the care system at large, and the residential care system in particular, to support the post-primary education of young people in residential care was the subject of constant debate within these

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findings. Many professionals felt that residential care was incongruous with educational attainment of young people, due to its low priority within care. Despite this, social care workers and social workers understood the importance of education for the well-being of a young person in residential care. At the same time, findings indicate the need for dedicated education policy which acknowledges the distinct experience of care within post-primary education. Current retrofitted support services within TESS, as well as iScoil, only offer support to those already disengaging from education. Therefore, it is a recommendation of this research that a concerted effort is made across both the care and education systems to prioritize the education of young people in residential care at a structural and practice level. The upcoming National Framework for Alternative Care offers an opportunity for wide-scale, systemic change.

Recent amendments to the Child Care Act (2025) also give legislative weight to the requirement of cross-department collaboration on this topic. Accordingly, one of the recommendations of this research is that an Inter-Departmental Oireachtas committee, comprising of the DEY and DCDE, should be established to examine and develop a coherent action plan to address these issues comprehensively. There is potential to leverage the location of TESS, funded by the DEY while functioning under the DCDE, to house much of the support required across both departments. This should include an education and pedagogical framework for residential care homes, the development of robust lines of communication and collaboration between the care home and school and flexibility and adaptability within the school setting reflective of the needs of young people in residential care. It is a recommendation of this research that a role within the alternative care system specifically concerning the education of young people be developed to ensure that this remains a priority in the future.

The new DEIS to 2035 Strategy promises an expansion of DEIS supports and services to better serve children and young people in care. This should include resources that follow a young person throughout their primary and post-primary education, rather than being tied to a disability diagnosis or their geographic location such as a DEIS-band school. Professionals indicated a need for a wider array of supports, which acknowledge the unique disadvantage that young people in residential care, and care more broadly, experience due to their life circumstances before care, as well as their experiences in care. One such way to do so is to codify the care-experienced as a target of specific resources and supports at the

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policy level. The findings of this research suggests that policies to deliver both equality of condition and outcome alongside practices reforms will continue to be limited in their success in the absence of a radical reconfiguration of the current organisation of how education is understood within the care context, and how care is understood within the education context.

9.3.4 Include Young People in Decision-Making Processes for Policy & Practice

This research has highlighted the lack of agency in decision-making, at a practice and policy level, that young people in residential care experience. It has also verified the immense richness and capacity for analysis to be found in their situated knowledge of both the care and education systems. The findings support a greater need to include young people in the development of future policy and practice changes. Such initiatives must be robust in their ethical considerations, including how young people are remunerated for their time, and how their knowledge is understood and handled by adults around them. This research makes plain how adult ways of knowing often impact how young people's knowledge is accepted, particularly in adult-centered settings such as policy and practice development. In particular, the paid consultation of care-experienced adults is of great importance, as they offer specialized knowledge of great value to policy makers. However, the participation of care-experienced adults cannot be seen as a substitution for meaningful engagement with young people currently in care, but rather a much-needed addition to the epistemic diversity required of this type of work.

9.3.5 Realize Day-to-Day Participation in Residential Care

Despite pronounced efforts to engage in youth participation in decision-making within the care system, the findings of this research align with international trends that suggest these high-level structures often do not positively impact young people's day-to-day lives. It is therefore recommended that the National Framework for Alternative Care include the development of a day-to-day participation practice framework, as well as training and upskilling for young people and social care workers. Participatory action research offers a promising framework that is capable of achieving a collaborative approach to the development of such a practice framework, which should include both social care workers, managers and young people currently in residential care. It is recommended that such an approach be adopted to co-develop practice framework for the day-to-day participation of young people in residential care.

9.3.6 Develop a Transparent and Child Centered Complaints and Response System

Throughout the course of this research, several young people made reference to past abuse within foster care and residential care placements. In addition, many felt that their rights were being violated within the residential care system. They expressed that previous experiences of disclosure to other professionals were met with disbelief. They felt brushed off, passed aside and ignored. Owing to these experiences, none of the young people in this research had faith in currently established internal complaints systems. This suggests that a transparent and child-centered disclosure and response system is required for young people currently in care. Such a system, as with recommendations above, must center how safety and disclosure are experienced and felt by the young people themselves, as well as in consultation with child safeguarding experts.

9.4 Moving Forward

The irony and the gift in this work is that the State is fully responsible for the provision so clearly needed to deliver equal opportunity in education for young people in residential care, as both the parent and the educator according to the Irish constitution. The State can, and should, take on this responsibility with the humility and seriousness reflective of the experiences of young people in residential care in this study, as well as the professionals currently working to support them in a system which has remained systemically blind to their needs. The first step to do so is to admit that we, as professionals, or policy makers, or adults, are not the only experts in this field. O'Donnell (2015) suggests that a starting position must be drawn at the critical perspectives of the “marginalized, silenced, stigmatised and excluded” (p. 258). An honest pivot away from a monopolized identity as ‘experts’ of the lives in which we have not lived is the way forward towards inclusiveness, equality of voice, meaningful participation and a critical perspective that would allow the type of radical change for which this research calls. Such a starting position would mean that future policy and practice reforms could begin to speak directly to the needs of those for which we purport to care. The urgent necessity for such work is evident in the findings and discussion throughout all three studies of this research and is predicated on believing young people as capable, agential and special in their knowledge within the care system.

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Appendices

Appendix I

MAYNOOTH UNIVERSITY RESEARCH ETHICS COMMITTEE

MAYNOOTH UNIVERSITY,
MAYNOOTH, CO. KILDARE, IRELAND



Dr Carol Barrett
Secretary to Maynooth University Research Ethics Committee

03 November 2023

Tara Ćirić
Department of Education
Maynooth University

Dear Tara,

The Social Research Ethics Sub-committee has reviewed the ethical protocol for your project: **Young people submission-Invisible and unheard?: Education and residential care in Ireland** in Ireland and we would like to inform you that ethical approval has been granted.

Any deviations from the project details submitted to the ethics committee will require further evaluation. This ethical approval will expire on 30/09/2026.

Please note: all projects now require an end of project report which is attached. Please complete and upload the end of project report to your RIS ethics record after the project end date.

Kind Regards,

A handwritten signature in blue ink, appearing to read "Carol Barrett", enclosed in a rectangular box.

Dr Carol Barrett
Secretary,
Maynooth University Research Ethics Committee

c.c. Dr Catriona O'Toole and Professor Aislinn O'Donnell, Department of Education

Reference Number SRESC-2023-37391

DO YA GET ME?



Tusla Research Ethics Review

Applicant Feedback Form

Review Date	12 December 2023
Applicant	Tara Ćirić
Title	Exploring educational experiences of young people in residential care: a holistic inquiry / <i>Invisible and unheard?: Education and Residential Care in Ireland</i>
Institution	MU
Qualification	PhD (Structured)
Supervisor	Catriona O'Toole, Aislinn O' Donnell
Commission	IRC Award - funded

Decision
The reviewers acknowledge the work put into this application. Recommendation: Approve once the queries / issues above are addressed.

NREC Summary for Applicants Form

Dear Applicant,

Thank you for submitting your study proposal to the NEPS Research Ethics Committee (NREC). The NREC has now reviewed your application and the outcome is presented below. Please follow the instructions detailed below. Should you have any queries, please contact the NREC by emailing ethicsneps@education.gov.ie.

	<i>Please tick</i>	<i>Comments to applicant</i>
Provisionally approved	X	Your study has been provisionally approved subject to some minor amendments / satisfaction of queries, as outlined below. Please review the 'comments for applicants' below and make the necessary adjustments to your study protocol. Please then send your revised proposal to ethicsneps@education.gov.ie , along with a cover note outlining your responses to comments and revisions made.
Request for resubmission		Substantial ethical concerns have been raised in relation to your study proposal. These are outlined below in the 'comments for applicants' section. Please review these carefully, revise your study proposal accordingly and resubmit your application by the submission deadline for the next NREC meeting. If you feel the judgment was not warranted, you can appeal the decision by outlining your grounds for appeal on the 'Appeal of Decision' Form and emailing to ethicsneps@education.gov.ie .
Declined		Serious ethical issues have been identified within your study proposal. These are outlined below in the 'comments for applicants' section. The NREC has judged these issues to be beyond repair in the current study proposal and must decline the request for ethical approval. You cannot proceed with this study in its current form. We appreciate that this may be a disappointing outcome. If you feel this judgment was not warranted, you can appeal the decision by outlining your grounds for appeal on the 'Appeal of Decision' Form and emailing to ethicsneps@education.gov.ie .

Appendix II



INFORMATION AND CONSENT FORM FOR RESEARCH PARTICIPANTS- INTERVIEWS WITH PROFESSIONALS

Purpose of the Study. I am Tara Ćirić, an academic researcher and PhD candidate, and I am conducting this research with Department of Education Maynooth University. This research is funded by the Irish Research Council. It is concerned with the experience of young people in residential care concerning their education as well as the experiences of professionals who work with young people in residential care.

One part of this research is working directly with young people in residential care as co-researchers to develop a research project concerning their education and the challenges and particularities of this experience. A second part of this research, for which this information sheet and consent form is relevant, is speaking to professionals and policy makers about their experiences working with young people in residential care concerning their education or in writing policy about this area.

What will the study involve? You will be invited to take part in an interview with me for approximately one hour. This interview will take place via Microsoft Teams according to your availability and preference. We will discuss your experiences working with young people in residential care as well as your experience helping them navigate the education system.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. If you are employee of Tusla, ethical approval has been retained by their Independent Research Ethics Committee for permission to speak to you. You may have a copy of either approval if you would like.

Why have you been asked to take part? You have been asked to take part in this study because you are a professional who has experience working with young people in residential care.

Do you have to take part? No, you are under no obligation whatsoever to take part in this research. You are invited to take part in an interview. It is entirely up to you to decide whether you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research data (information) are anonymized (June 2024).

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work; electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by Tara Ćirić.

No information will be distributed to any other unauthorised individual or third party. A transcript of your interview will be provided to you for you to review and discuss with the researcher following transcription and anonymization.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such

DO YA GET ME?

circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent. '

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed. Manual data will be shredded confidentially, and electronic data will be reformatted or overwritten by the researcher in Maynooth University.

What will happen to the results? Your interview will be included as part of the larger research project, as explained above, which will be written up and presented as Tara Ćirić's PhD thesis and may be disseminated through research meetings, conferences and published in research journals. A copy of the research findings will be made available to you upon request.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part in this research. These interviews will follow normal professional conversations and no identifies of clients, adult or young person in your charge will be disclosed. However, should any issues arise, you will have the opportunity to discuss this with the researcher. If you experience any distress following the interview, you may also contact organisations such as Mental Health Ireland (Tel: 01 284 166), Aware (Freephone: 1800 80 48 48) and Samaritans Ireland (Tel: 116 123).

What if there is a problem? While there are no physical risks to your health in this study, issues may arise due to the sensitive nature of the topic being explored. It is important for you to know that while you have the opportunity to express your own views and insights, you can contribute as much or as little as you feel is most appropriate. You do not have to answer any questions that you do not feel comfortable in answering. You do not have to give a reason for not responding or continuing with the discussion.

Any further queries? If you need any further information, you can contact the researcher, Tara Ćirić at tara.ciric@mu.ie.

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

Thank you for taking the time to read this



INFORMATION AND CONSENT FORM FOR RESEARCH PARTICIPANTS- INTERVIEWS WITH POLICY MAKERS

Purpose of the Study. I am Tara Ćirić, an academic researcher and PhD candidate, and I am conducting this research with Department of Education Maynooth University. This research is funded by the Irish Research Council. It is concerned with the experience of young people in residential care and their education.

One part of this research is working directly with young people in residential care as co-researchers to develop a research project concerning their education and the challenges and particularities of this experience. A second part of this research, for which this information sheet and consent form is relevant, is speaking to professionals and policy makers about their experiences working with young people in residential care concerning their education or in writing policy about this area.

What will the study involve?

You will be invited to take part in an interview with the researcher (Tara Ćirić) for approximately one hour. This interview will take place via Microsoft Teams according to your availability and preference. We will discuss your experiences working in the policy landscape where it pertains to children and young people in care, particularly young people in residential care.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked to take part in this study because you are a policy maker in the landscape of children and young people in care.

Do you have to take part? No, you are under no obligation whatsoever to take part in this research. You are invited to take part in an interview. It is entirely up to you to decide whether you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research data (information) are anonymized (June 2023).

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by Tara Ćirić.

A recording of the Teams meeting by audio and video recording will be automatically deleted by the researcher and will expire and be automatically deleted after a set period of time (i.e., 60 days).

No information will be distributed to any other unauthorised individual or third party. A transcript of your interview will be provided to you for you to review and discuss with the researcher following transcription and anonymization.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such

DO YA GET ME?

circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent. '

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed. Manual data will be shredded confidentially, and electronic data will be reformatted or overwritten by the researcher in Maynooth University.

What will happen to the results? Your interview will be included as part of the larger research project, as explained above, which will be written up and presented as Tara Ćirić's PhD thesis and may be disseminated through research meetings, conferences and published in research journals. A copy of the research findings will be made available to you upon request.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part in this research.. However, should any issues arise, you will have the opportunity to discuss this with the researcher. If you experience any distress following the interview, you may also contact organisations such as Mental Health Ireland (Tel: 01 284 166), Aware (Freephone: 1800 80 48 48) and Samaritans Ireland (Tel: 116 123).

What if there is a problem? While there are no physical risks to your health in this study, issues may arise due to the sensitive nature of the topic being explored. It is important for you to know that while you have the opportunity to express your own views and insights, you can contribute as much or as little as you feel is most appropriate. You do not have to answer any questions that you do not feel comfortable in answering. You do not have to give a reason for not responding or continuing with the discussion.

Any further queries? If you need any further information, you can contact the researcher, Tara Ćirić at tara.ciric@mu.ie.

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

Thank you for taking the time to read this



INFORMATION SHEET FOR CHILDREN IN RESIDENTIAL CARE

What is the study about?

This study is about the experience of going to school for young people in Ireland who live in residential care. I want to work with young people who are living in residential care to create a research project by and for them, that will help people who work with them to better understand what they need and want to support them in their education.

Why have I been invited to take part in this research?

You have been invited to take part because you are a young person living in residential care in Ireland. Since you are a young person living in residential care, you are an expert in this topic, and your thoughts and reflections are important to me. It doesn't matter if you are currently going to school, taking a break, or have decided to leave school. All of these perspectives are important!

What happens if I take part?

This research is a participatory project. That means that anyone who wants to be part of this research would be *co-researchers* in the project with Tara (me), the academic researcher. This would mean that, as a group or individually, you and me will work on creating ideas together that analyze, or make sense of, education while in residential care.. I, the academic researcher, would help guide this process. This would mean meeting up to eight times to decide our rules, what we want to focus on and how we want to explain the information we create. You will not be asked about your personal life. Instead, you will be asked to use your experiences to act as an expert about the care and education systems, because you've lived it. We will talk about how you think those systems can or cannot support young people in residential care about their education. You can share as much or as little as you want.

There are some benefits to taking part. This project will give you a chance to have your voice heard by a group of adults who are a part of your care. It will also give you a chance to develop some skills that you might like to use later in life like how to work in a group, how to think critically about systems and people, as well as how to create a research project from start to beginning. There will also be a payment scheme via One4All gift cards to pay you for your time.

How will the information be used?

Three ways:

1. In the write up of my PhD thesis
2. In a semi-public viewing for an audience of the group's choice
3. Future publications in journals or books

You can have a copy of the written thesis as well as future publications. I can print them out or send them to you by email. I will also give you a summary of all of these things, which will be shorter and easier to read.

Do I have to take part?

DO YA GET ME?

No, only if you want to. It is your choice. If you decide that you do not want to take part in this research, that is okay, and nothing will change. If you say ‘yes’ now, and change your mind later, that is also okay. If you decide that you want to be a part of this study, there is an Assent Form for you to sign. You will be given a copy of this information sheet and assent form to keep.

Confidentiality - Is everybody going to know about this?

You will choose a pseudonym (a fake name) that will be used instead of your real name for any part of the project that the public will see- like my dissertation. Your real name and any information about you will not be shared with anyone who does not work in this study. If there is a possibility that you are recognizable from information you include in any artwork we make, we will talk to you on whether or not you want to share the artwork. Anything that could identify you in your artwork, like your name, face or home street, will be pixelated. As we are working as a group, other young people in the group will know who you are, as you will know who they are. Some Tusla employees may know about this study. This means that confidentiality is never 100% guaranteed, but we will talk about ways we are going to limit risks together and as individuals.

I won't repeat anything you say to anyone else. But, if during the interview you mention that you are being hurt by an adult in your life, I legally have to report this to the authorities(www.gov.ie/en/policy-information/d1b594-children-first/).

What if there is a problem?

Since we are talking about residential care and education, topics that are potentially very sensitive, you may feel uncomfortable during some of these group sessions. It is important for you to know that while you have the opportunity to express your own views and insights, you can contribute as much or as little as you want. You do not have to talk about anything or do any work that you do not feel comfortable doing. You do not have to give a reason for not responding or continuing with the discussion. You can also choose to call Treehouse Practice, who have agreed to speak to anyone that is having trouble after any sessions.

To contact Treehouse Practice for aftercare services please call: 01 2937882 or contact Dr. Sara O'Byrne at sara@treehousepractice.ie. You can also contact EPIC (Empowering People in Care) to speak to an advocate about anything that happened during the research or anything happening in residential care in general: <https://www.epiconline.ie/advocacyhttps://www.epiconline.ie/advocacy-forms/forms/>. You can also talk to Tusla if something goes wrong using their Tell Us form here:

<https://www.tusla.ie/about/feedback-and-complaints/>

Any further questions?

If you need any further information, you can contact me, the researcher (Tara Ćirić) at Tara.Ciric@mu.ie. You can also contact my supervisors Aislinn O'Donnell

(Aislinn.ODonnell@mu.ie) and Catriona O'Toole (Catriona.A.OToole@mu.ie)

If you agree to take part in the study, please complete and sign the assent form.

Thank you for taking the time to read this!



INFORMATION SHEET FOR PARENTS/LEGAL GUARDIANS

Title of the study: *Invisible and unheard?: Education and Residential Care in Ireland*

What is this all about? I am Tara Ćirić, an academic researcher and PhD candidate, and I am conducting this research with Department of Education Maynooth University. This research is funded by the Irish Research Council. It is about the experience of being in school while being a young person in residential care.

What will the study involve? This research is a participatory project. That means that any young people in residential care who want to be part of this research would be *co-researchers* in the project with Tara, the academic researcher. This would mean that, as a group or individually, the young people and the researcher will work on creating research data. Tara, the academic researcher, would help guide this process. This would mean meeting up to eight times to decide our rules, what we want to focus on and how we want to explain the information we create. They will not be asked about their personal lives. Instead, they will be asked to use their experiences from the point of view of experts to talk about how the care and education systems can or cannot support children in residential care with their education. They can share as much or as little of their personal stories as they want to.

Who is doing the research? Tara Ćirić is doing this research and will be in all the group sessions working with the group. I am also supervised by Dr. Catriona O'Toole and Dr. Aislinn O'Donnell, who are two professors in the Department of Education at Maynooth University.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee and Tusla Independent Research Ethics Committee. You can have a copy of these approvals if you like.

Why has my child been asked to take part? They have been asked to take part because they are aged 13-17 years of age, living in residential care in Ireland. They may or may not be in school- both are important viewpoints!

Does my child have to take part? No, only if they want to and you consent to their participation. It is their choice, along with yours. If you decide that you do not want your child to take part in this research, or if they decide the same, that is okay, and nothing will change. If you or they say 'yes' now, and change your mind later, that is also okay. There is a Consent Form for you to sign. You will be given a copy of this information form and consent form to keep. Your child has also been given an Information Sheet and Assent form to sign.

Confidentiality - Is everybody going to know about this? Your child's name and any information about them will not be shared with anyone outside the study. Your child will be given a choice to choose another name or for the researcher to choose for them. Anything that could identify them in their artwork will be obscured (pixelated) using a special software called Pixelate. The young people will be aware of each other's identities and it is possible that a TUSLA employee will know that research is being carried out. This means that confidentiality is never 100% guaranteed. As a group we will discuss these

limitations and the responsibilities we have as a group and as individuals. Tusla employees are bound by strict confidentiality regulations that oblige retain confidentiality and anonymity for the child in these circumstances.

DO YA GET ME?

All conversations, as well as everything they draw during sessions will be kept anonymous. The academic researcher won't repeat anything they say to anyone else. But, if during the sessions they mention that they are being hurt by an adult in their life, I am legally has to report this to the authorities (www.gov.ie/en/policy-information/d1b594-children-first/).

'It must be recognised that, in some circumstances, confidentiality of research data and records may be circumstances the

University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the information that they give? All the information your child provides will be kept at Maynooth University on an MU Server that only the I have access to. I will show every young person how this works and I can go through this process with you. When the research is finished, I will keep the anonymized data for 10 years and then it will be destroyed.

What will happen to the results? When we are finished creating our story my hope is that we will be able to show it to an audience of the group's choosing, like a semi-public viewing. I also hope to publish some of the findings in papers and books; they will also be included in my PhD dissertation. A copy of the anything written about this research will be given to you to read.

What if there is a problem? While there are no physical risks to your child's health in this study; issues may arise due to the personal and sensitive nature of the topic being explored. Every young person involved will be reminded that they are under no obligation to share, to be involved in any sessions, activities or conversations if they do not wish to. They can choose to share as much or as little as possible. At the end of the sessions, we will discuss with each young person how they found the experience and how they are feeling. If they experience any distress following any sessions, they will have the chance contact a trusted adult in the services they attend. They can also choose to call Treehouse Practice, who have agreed to speak to anyone that is having trouble after any sessions.

To contact Treehouse Practice for aftercare services please call: 01 2937882 or contact Dr. Sara O'Byrne at sara@treehousepractice.ie. They can also contact EPIC (Empowering People in Care) to speak to an advocate about anything that happened during the research or anything happening in residential care in general: <https://www.epiconline.ie/advocacy-forms/>. You can also talk to Tusla if something goes wrong using their Tell Us form here: <https://www.tusla.ie/about/feedback-andcomplaints/>.

Any further questions? If you need any further information, you can contact me at Tara.Ciric@mu.ie. You can also contact my supervisors Aislinn O'Donnell (Aislinn.ODonnell@mu.ie) and Catriona O'Toole (Catriona.A.OTOole@mu.ie)

If you agree for your child to take part in the study, please complete and sign the consent form overleaf.

DO YA GET ME?

Appendix III

Consent Form for Part One: Professionals

I.....agree to participate in Tara Ćirić's research study titled, *Invisible and unheard?: Education and Residential Care in Ireland*

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily. ☐

I am participating voluntarily. ☐

I give permission for my participation in an interview with Tara Ćirić to be recorded using audio and video recording. ☐

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

I understand that I can withdraw permission to use the data (information) right up to when the data is anonymized (June 2023) ☐

It has been explained to me how my data will be managed and that I may access it on request. ☐

I understand the limits of confidentiality as described in the information sheet ☐

Please select as appropriate:

I **agree** to quotation/publication of extracts from my interview ☐

I **do not agree** to quotation/publication of extracts from my interview ☐

Signed..... Date.....

Participant Name in block capitals

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed..... Date.....

Researcher Name in block capitals

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner. For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at dataprotection@mu.ie.

Should you have any concerns or queries before, during or after the research please contact:

Tara Ćirić: Email: Tara.Ciric@mu.ie

Maynooth University Department of Education, Maynooth, Co. Kildare, Ireland

Consent Form for Part One: Policy Makers

DO YA GET ME?

I.....agree to participate in Tara Ćirić's research study titled, *Invisible and unheard?: Education and Residential Care in Ireland*

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily. ☐

I am participating voluntarily. ☐

I give permission for my participation in an interview with Tara Ćirić to be recorded using audio and video recording. ☐

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

I understand that I can withdraw permission to use the data (information) right up to when the data is anonymized (June 2024) ☐

It has been explained to me how my data will be managed and that I may access it on request. ☐

I understand the limits of confidentiality as described in the information sheet ☐

Please select as appropriate:

I **agree** to quotation/publication of extracts from my interview ☐

I **do not agree** to quotation/publication of extracts from my interview ☐

Signed..... Date.....

Participant Name in block capitals

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed..... Date.....

Researcher Name in block capitals

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner. For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at dataprotection@mu.ie. Maynooth University Data Privacy policies can be found at <https://www.maynoothuniversity.ie/data-protection>.

Should you have any concerns or queries before, during or after the research please contact:

Tara Ćirić: Email: Tara.Ciric@mu.ie

Maynooth University Department of Education, Maynooth, Co. Kildare, Ireland

DO YA GET ME?

Consent Form for Parent(s)/Guardians

I _____ (PRINT NAME) agree that my Child / the Child whom I have guardianship of
_____ (PRINT CHILD'S NAME) may take part in the research process being
undertaken by Maynooth University.

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I've been
able to ask questions, which were answered satisfactorily. ☐

I understand that my child's participation is voluntary. ☐

I understand that my child can withdraw from the study, without repercussions, at any time,
whether that is before it starts or while they are participating. ☐

I understand that I can withdraw permission to use the data (information) right up to when the data
is anonymized (January 2025) ☐

It has been explained to me how the data will be managed and that I may access it on request. ☐
I understand the limits of confidentiality as described in the information sheet
☐

I consent to my child being involved in both group sessions and individual interviews, which will
be audio recorded ☐

Please select as appropriate:

I agree to quotation/publication of extracts/artworks from my child's contributions ☐

I do not agree to quotation/publication of extracts/artworks from my child's contributions ☐

Signed..... Date.....

Participant Name in block capitals

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed _____ Date _____

Researcher Name in block capitals _____

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner. For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at dataprotection@mu.ie. Maynooth University Data Privacy policies can be found at <https://www.maynoothuniversity.ie/data-protection>.

DO YA GET ME?

Certificate of Assent (to be completed by the young person)

In consenting to take part in this research, I confirm the following:

Please tick the box for each sentence below

I have read and understood the information sheet explaining what this study is about ☐

I understand what is involved in this study and what I will be expected to do. ☐

I understand that the data (information) collected as part of this study will be put together to form part of a dissertation and the results and artworks may be included in other publications or at conferences ☐

I know that I do not have to take part in all of the activities and that I can decide not to continue at any time. ☐

I have had my questions answered and know that I can ask questions later if I have them. ☐

I understand that I have the right to access my personal data at my discretion ☐

I understand that my artworks or spoken word could be used for this project but that no one will know that it is me. My name and any other information that could identify me will not be shared.

No one else can take my artworks or spoken words and use it for another project. ☐

I understand that I am consenting to both group sessions and individual (optional) interviews which be audio recorded ☐

I agree to take part in this research. ☐

Please tick as appropriate:

☐ I agree that words and artworks (without using my name) from this research may be put together to form part of a dissertation and that the findings and art **may be** included in other publications or conferences

☐ I do not agree that words and artworks (without using my name) from this research may be put together to form part of a dissertation and that the findings and art **may not** be included in other publications or conferences

Name (Block Letters) _____

Signature _____ **Age** _____

Date _____

Appendix IV



Gatekeeper Information Sheet

Purpose of the study. I am Tara Ćirić, an academic researcher and PhD candidate, and I am conducting this research with Department of Education Maynooth University. This research is funded by the Irish Research Council. The purpose of this research is to engage young people in residential care in a participatory project about the intersection of residential care and education. In doing so, we will develop a more holistic understanding of this experience with the objective of articulated future hopes of policy and practice developments.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee as well as the Tusla Independent Research Ethics Committee. You can have a copy of both approvals if you wish.

What I need your assistance with. With your help, I am hoping to recruit 8-10 young people living in residential care in Ireland, age 13-17, for this project. This could be several different young people from different centres, or from the same centre. They can be in any type of education including mainstream, iScoil or Youthreach. They can also have chosen to leave school or not be attending currently. Exclusion criteria include any young people who may be in acute mental or physical distress. It is also possible that many young people in residential care are being asked to participate in many programs outside of school hours, and that an addition of a research project may prove an undue burden and therefore inappropriate. This will be done at the discretion of the gatekeepers who know the participants best.

What will taking part in the research involve? This research is a participatory project. That means that any young people in residential care who want to be part of this research would be *co-researchers* in the project with Tara, the academic researcher. This would mean that, as a group or individually, the young people and the researcher will work on creating research data. Tara, the academic researcher, would help guide this process. This would mean meeting up to eight times to decide our rules, what we want to focus on and how we want to explain the information we create. They will not be asked about their personal lives. Instead, they will be asked to use their experiences from the point of view of experts to talk about how the care and education systems can or cannot support children in residential care with their education. They can share as much or as little of their personal stories as they want to.

Who will have access to the data from this research? All information that is created during the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on Maynooth University servers and will be accessed only by Tara Ćirić.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the results of the study? Two things will happen to the results of the focus group. First, this focus group will be included as part of the larger research project, as explained above, which

DO YA GET ME?

will be written up and presented as Tara Ćirić's PhD thesis and may be disseminated through research meetings, conferences and published in research journals.

Second, the reflections and feedback on the findings given by the focus group will be analyzed into themes, which will be communicated back to the young people who were the co-researchers. During this process no identifying information will be shared with the young people. This is in order to these young people to receive genuine and timely feedback on their work, which is part of the ethical obligation the researcher has to the young people as co-researchers.

Who can I contact for more information? If you need any further information, you can contact the researcher, Tara Ćirić at tara.ciric@mu.ie or either of her supervisors Catriona O'Toole Catriona.a.otoole@mu.ie and Aislinn O'Donnell Aislinn.odonnell@mu.ie.

If you agree to take part in the study as a gatekeeper, please complete and sign the consent form overleaf.

Thank you for taking the time to read this!

Gatekeeper Consent Form

I _____ (PRINT NAME) voluntarily agree to help facilitate this research study as a gatekeeper.

Please tick each statement below:

- ☐ I understand that even if I agree to help now, I can withdraw at any time without any consequences of any kind.
- ☐ I have had the purpose and the nature of the study explained to be in writing and I have had the opportunity to ask questions about the study.
- ☐ I understand that I will assist in identifying potential young people in residential centres for participation in this study as well as potentially following the distress protocol.
- ☐ I understand that all data collected in this study is confidential and anonymous.
- ☐ I understand that I am free to contact the researcher (Tara Ciric) or her supervisors to seek further clarification and information.

Signed.....

Date.....

Gatekeeper Name in Block Capitals

I the undersigned have taken the time to fully explain to the above gatekeeper the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed_____

Date

Researcher Name in block capitals _____

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at dataprotection@mu.ie. Maynooth University Data Privacy policies can be found at <https://www.maynoothuniversity.ie/data-protection>

Gatekeeper Introductory Email

Dear X (Gatekeeper),

We're looking for your assistance in identifying young people in residential care who may be interested in taking part in a research project title "*Invisible and unheard?: Education and Residential Care in Ireland*".

This will be a participatory project, where young people are co-researchers working as a group, with me (Tara) to explore education for young people in residential care from their point of expertise.

As highlighted, I am hoping to work with young people in residential care aged 13-17 over a period of several sessions to develop a research question, generate data responding to this question and working on a dissemination plan together. We are hoping to be as inclusive as possible in working with young people from different socio-economic and culture backgrounds. However, we are aware that due to the small population in residential care this may not be possible but hope to endeavour to do the best we can.

Young people who are acutely distressed will not be recruited to take part in this project. It is also possible that many young people in residential care are being asked to participate in many programs outside of school hours, and that an addition of a research project may prove an undue burden and therefore inappropriate. This will be done at the discretion of the gatekeepers who know the participants best.

Given the relationships you have established with young people in residential care and your understanding of local context, we would be grateful if you could help identify young people who may be interested in taking part. However, if it is your professional judgement that a young person is currently acutely distressed or unwell, then their participation in the research is not advised.

Thank you for your support in this study.

DO YA GET ME?

Communication Email Example for Adult Participants

Dear X (professional or policy maker),

My name is Tara Ćirić and I am a PhD researcher working on an Irish Research Council funded research project entitled “*Invisible and unheard?: Education and Residential Care in Ireland*”

“*Invisible and unheard?: Education and Residential Care in Ireland*” is a project concerned with the challenges and particularities of getting an education as a young person in residential care in Ireland. Young people in residential care are co-researchers on this project with me and we will be developing a research question, creating data to answer this question, and eventually stage a private viewing to an audience of our choosing to show key stakeholders our findings. This could include [professionals/policy makers] such as yourself.

Alongside this work, I am looking to interview [professionals/policy makers] to discuss their work [with young people in residential care and their education/developing policy regarding young people in residential care and their education].

The interview would be approximately **one hour via Microsoft Teams**.

The discussion would be audio and video recorded for the purposes of transcription and will then be anonymized. The anonymized data will be used as a part of my PhD dissertation.

Ethical approval has been granted by Maynooth University. I can send you this ethical approval if you would like.

I’ve attached an information sheet with more detailed information as well as a consent form if you would like to take part.

Please let me know if you have any questions or would like to talk more about the project.

Sincerely,
Tara Ćirić
PhD Researcher
Maynooth University

Appendix V

Topic Guide for Interviews- Professionals

1. Introductions, review of information sheet and consent form
2. The context

Guiding Question Examples:

- a. Tell me a little bit about your understanding of the care system and of residential care
- b. What types of experiences have you had with interactions with the care system?
- c. Do you feel well prepared in working with young people in residential care?

3. Supports and responses.

Guiding Question examples:

- a. How do you come in contact with young people in residential care?
- b. How has your school/setting/organization been able to respond to young people in residential care concerning their education?
- c. How do you identify their needs? What are they, typically?
- d. What do you see as the major barriers/challenges in helping this group with their educational needs and hopes?
- e. In your experience, how effective are the available supports/resources/policies practices re: education?
- f. Who, in your view, is 'in charge' of making sure these young people retain an education that is impactful for them?
- g. Who would you think these young people would turn to for help with their education?
- h. What do you think it's like to be a young person in residential care going through the education system?

4. Larger picture

Guiding Question examples:

- a. If you could do anything to help young people in residential care with their education, with no restrictions, what would you do? b. What needs to happen next?

Topic Guide for Interviews- Policy Makers

1. Introductions, review of information sheet and consent form
2. The context
 - a. Personal background, how you came to this policy landscape.
 - b. Personal background, experience working with young people

3. The policy

Guiding Question examples:

- a. How are policy decisions made concerning young people in residential care? Their education?
 - i. What does this process look like?
 - ii. Who decides what is an important topic?
 - iii. Where do you go from there?
- b. Who, in your view, is tasked with developing policy for young people in residential care concerning their education? Under whose purview is this topic?
- c. What informs your policy making?
 - i Research? Lived experience?
 - ii Who is involved in this information gathering?
- d. What have been some obstacles or surprising factors when developing policy?

4. Contact with young people

Guiding Question examples:

- a. To what extent are the children and young people in residential care involved in the development of policy?
 - b. Where do you see contact being made by people in charge of care and the young people in residential care?
 - c. Have you even been to a residential facility? A foster home?
 - d. Have you ever met with foster parents, residential workers, other professionals?
 - e. What about young people in residential care? Care-experienced adults?
5. Larger picture
 - a. Blue sky thinking: what do you think needs to happen to improve the lives of young people in residential care? For their education?

Overview of Sessions with Young People

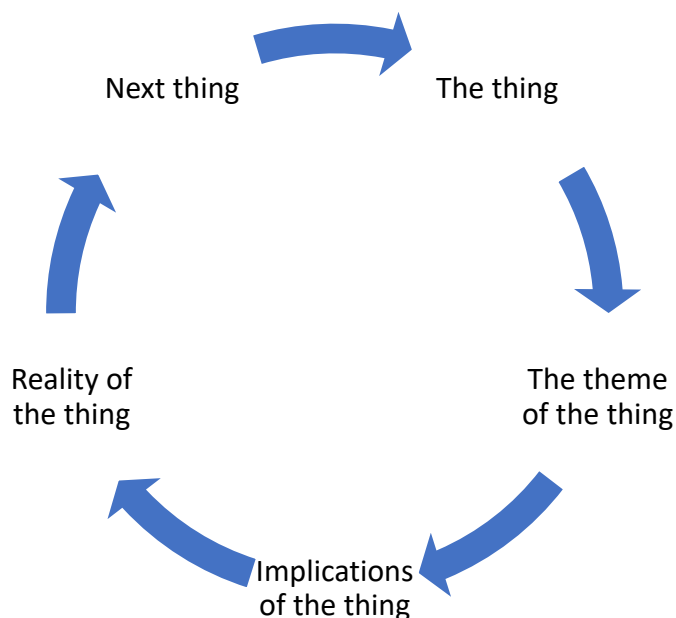
Before any 'research' begins

1. Rule development
 - a. What are our rules of engagement?
 - b. Major dos and don'ts
 - c. How do we make appointments?
 - d. Who contacts who?
 - e. What do we do if we don't feel like working that day?
 - f. What is our safety plan? What does safe feel like?
2. Goals
 - a. Sharing goals for our working relationship
 - b. Sharing goals for this research- what do we want to get out of it
3. General agenda setting
 - a. Parameters of research
4. Reminders- consent, assent, GDPR, anonymity etc.
 - a. How do we want to check in about these?
5. What could go wrong? What do we do?

Research 'Sessions'

1. If education is the 'topic' → what do you think is the most important thing someone from the outside would need to know about education and residential care?
2. How do the care and education systems interact with that thing- what do they do with it/about it/around it?
3. If a new person were coming into the house, what would you tell them about this thing?

We keep going on with this analysis until we get deeper and deeper into 'the thing'.



DO YA GET ME?

Appendix VI

Gatekeeper Journal Example:

Tuesday April 2, 2024 - NOON

Gatekeeper names

Gatekeeping overruled

2 YP interested from **home**

YP **YP**

- no research exp
- LCA @ mainstream

↓

first meeting, wants KN there

↓

cafe? neutral ground

- young man
- previous research exp
- LC @ mainstream

↓

may want to pause for study

↓

talk through timeline w/ him, potentially align w/ keyworker

- other YP
↳ one potential YP, but after LC
↳ check timeline

GK OS

↳ future potential YP
↳ closed door 'policy'

↓

@ comfort of YP

↓

notify if specific safeguarding concern

Timeline

0.4 0.5 0.6 0.7 0.8

→ pause? →

→

YP6? ? →

YP7 after LG
X →

↳ ability to travel to Athlone

↳ YP may want to pick me up from station w/ KN

3 OCT 2024- familiarization

This phase in my head was going to be so easy. You just sit there and listen. But maybe somewhere at instinctually knew it was going to be hard for me, because I've been putting it off for weeks. I only really started in earnest on Wednesday & I'm finding it really hard. I'm finding it really hard to not be overly critical of my past self. I've learned so much in the last year about my research, about myself, about doing research. I think well I would've done this or said this on something.

It's bringing a lot of anxiety. Have I fucked this up? But the 'data' is good. I'm aiming for something meaningful here, and is it perfect? No! I'm not aiming for that though. How do I learn to be critical + compare

Appendix VII



IRISH RESEARCH COUNCIL
An Chomhairle um Thaighde in Eirinn



Maynooth
University
National University
of Ireland Maynooth

TUSLA EMPLOYEES NEEDED

for a study on the
education of
children in
residential care

Who?

- social workers
- social carers
- after-care workers
- residential staff
- all staff in contact with
kids in residential care

What would I need to do?

Hour long interview via Teams

- Talk about working with
children in care + their
education
- Successes + challenges

Scan for more details!



Contact tara.ciric@mu.ie





IRISH RESEARCH COUNCIL
An Chomhairle um Thaighde in Eirinn



Maynooth
University
National University
of Ireland Maynooth

EDUCATORS NEEDED

for a study on the
education of
children in care

Who?

Educators of all kinds like:

- teachers
- school leaders
- SNAs
- home-school liasons
- counsellors

What would I need to do?

Hour long interview via Teams

- Talk about working with
children in care
- Successes + challenges

Scan for more details!



Contact tara.ciric@mu.ie

