

Youth Homelessness: An Investigation into the Emotional Effects on Social Care Workers

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Abstract

This research aims to investigate if social care workers were emotionally affected when working with young people aged between 12-17 years accessing emergency services. The researcher adopted a qualitative approach and data was collected through the use of semi structured interviews. A thematic analysis was conducted and the data identified four themes which revealed there was a difference between social care workers working with young people in emergency settings compared to a residential setting.

The research study found that social care workers were emotionally affected while providing young people out-of-home with emergency accommodation, basic needs and support. This study has contributed to the large gap in the existing literature of emergency placements and how these young people accessing emergency accommodation are vulnerable to the detrimental effects of trauma exposure, psychosis and post-traumatic stress disorder.

Introduction

Adolescence is a time when young people need a strong support system, to help face the difficulties and often challenging tasks of becoming an independent adult. Yet, an increasing number of young people find themselves in an unfamiliar territory: Homelessness. This research project begins by giving an overview into Ireland's legislation framework of youth homelessness and focuses on defining and measuring this heterogeneous population.

For individuals entering the field of social care and working with some of the most vulnerable group in our society know that that they will encounter the full range of human pain, grief and outcomes of abuse (Dwyer, 2007). The Literature reviewed would indicate that professionals working within child and youth services are particular vulnerable to physical assaults and threatening behaviour. Social care workers working within these services can be emotionally challenging and may go beyond ordinary work related stress (Seti, 2007).

The researcher will identify clear gaps in knowledge on emergency placements offered to young people and how this particularly group are more vulnerable to the detrimental effects of trauma exposure, psychosis and post-traumatic stress disorder. The purpose of this study is to enhance the literature and develop a deeper understanding of how social care workers are emotionally affected when working with young people accessing homelessness for the first time.

Literature Review

Youth Homelessness

According to Giddens (2009, p. 512) Homelessness can be an extreme form of exclusion and is one of the most visible signs of social deprivation. However, Farrugia (2011, p.763) explains that young people who find themselves homeless are often labelled as a homogeneous stigmatised group who are irresponsible, dangerous or passive. In Ireland, the 1990's undoubtedly marked a turning point in the recognition of the needs of children. The introduction of the Child Care Act in 1991 emerged as a landmark legislative development for the protection and welfare of children (Considine & Dukelow, 2009, p. 374). Under Section 5 of the Act, the Health Service Executive has statutory responsibility for the provisions of suitable accommodation of young people under the age of eighteen who are homeless or in need of emergency care (Mayock, 2013, p. 5).

In 2001 the Department of Health and Children published the '*Youth Homelessness Strategy*' which provided the framework to tackle youth homelessness on a national level for the first time. The key difference between adult homelessness and youth homelessness is that the vast majority of young people under the age of eighteen have a place of residence from which to operate from. Hence, when a young person becomes homeless, it is because they can no longer operate from this base. Therefore the term 'out of home' is used to refer to children rather than 'homeless', as their current place of residence is no longer available. Today it is now generally accepted that youth homelessness is a result of complex interactions between individual characteristics and wider structural factors (Mayock, 2013, p. 11). According to Giddens (2009, p.504) who states that homeless is rarely the outcome of a direct 'cause effect' sequence. For young people, the experience of leaving home usually follows a

breakdown in family relations and tends to come from structurally disadvantage backgrounds (Farrugia, 2011). Other factors identified include child protection concerns such as family violence and neglect, as well as sexual, physical and psychological abuse, parental drug and alcohol use, mental health problems, debt, anti-social behaviour and school exclusion (Edidin, Ganim, & Hunter, 2012, p. 356)

Emergency Accommodation

In Dublin, the statutory provision of services for young people under the age eighteen currently operates within a child welfare framework. Within this framework, the Crisis Intervention Services, referred to as the Out-of-Hours Service is the initial point of contact for many young people who experience homelessness for the first time. Generally young people who wish to avail of the service do so by presenting to a Garda Station and declaring him or herself homeless. Depending upon assessment the young person may be placed in emergency accommodation (Mayock, 2013). According to the Ombudsman for Children Office (OCO), report titled '*Homeless Truths*' (2012, p. 18) a number of different approaches are taken by the HSE to accommodate children up to the age of eighteen, such as emergency fostering families, supported lodgings and emergency beds in designated accommodation units across Dublin. The latest figures published state a total of 179 young people aged between 12-17 years were accommodated in one of the above emergency placements in 2011 (Mayock, 2013, p. 9).

However, the OCO (2012, p. 11) identified a number of concerns relating to children experiencing homelessness. One key concern was that young people availed of the out-of-hours service for extended periods of time. Mayock (2013, p.6) research findings showed that a number of children had spent over six months accessing emergency accommodation. Coates and McKenzie-Mohr (2010, p. 69) found that psychological distress and high rates of psychiatric disorders increase the longer a young person remained in emergency accommodation. Other concerns reported by the OCO (2012, p. 25) included suitability of the services, as young people spoke about being stigmatised by the wider community due to their circumstances and expressed feeling embarrassed, ashamed, and humiliated or anxious presenting to a Garda Station.

McManus and Thompson (2008, p.94) state that for young people who are experiencing homelessness for the first time often reside in environments with reoccurring violence, victimisation and danger. Young people stated that they had forged friendships with peers staying in the same unit which offered a strong sense of solidarity and mutual understanding. On the other hand the children reported incidents of fighting, bullying, intimidation and theft occurred within the units (OCO, 2012, p.32). For Coates and McKenzie-Mohr (2010,p.68) young people experiencing homelessness can be particularly damaging as it offers a sense of insecurity and instability and may result in exposure to additional risks, such as poverty, physical and sexual abuse, crime, violence and rejection.

Adolescents

Adolescents and early adulthood are periods of marked social, psychological, and physical development (Edidin, Ganim, & Hunter, 2012, p. 357). For many young people, puberty is a potentially sensitive period during which demonstrates rapid changes in aggressive/delinquent behaviour. According to a study carried out by Najman and Hayatbakhsh (2009) there are important gender differences in the impact of puberty on males and females. For males, puberty has been associated with increased rates of anti-social behaviour. For females, puberty has been associated with negative impacts in existing social networks and increased parental conflict. Among the changes that occur during this time is rapid brain development. Due to the numerous changes in the structure and function of the brain, there is greater potential for the environment to affect development. According to Edidin, Ganim and Hunter (2012) young people experiencing homelessness can affect neurocognitive development and can have a detrimental effect on a young person's academic functioning and financial stability as well as mental and physical health.

McManus and Thompson (2008) state that exposure to trauma during adolescents can disrupt emotional growth and affect a young person's self-esteem, emerging sense of self, manage stress, plan for the future and avoid victimisation. Emotions that seem intolerable such as intense fear or sadness along with other factors can lead to impaired social competence and can contribute to substance abuse, suicide ideation and other risky behaviour (Coates & McKenzie-Mohr, 2010). Studies have consistently found that high levels of substance abuse was twice as high among homeless youths and can be understood to be a form of self-medicating in order to manage the distressing effects of trauma. McManus and Thompson (2008) argue that young people use substance to cope with emotional pain by numbing themselves to the experiences and emotions of traumatic events.

Post-Traumatic Stress Disorder

The literature reviewed has consistently reported that homeless youths comprise a population particularly vulnerable to the detrimental effects of trauma exposure, including depression, anxiety, psychosis, attention deficit hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD). The lifetime prevalence of psychiatric disorders is almost twice as high for young people who access homelessness compared to their housed peers (Edidin, Ganim, & Hunter, 2012, p. 362). According to the American Psychological Association (2013) PTSD has been defined as an often chronic and debilitating psychological disorder that develops after extremely traumatic events that threatens your safety or makes you feel helpless, characterized by intrusive memories, flashbacks, nightmares, anxious feelings, increased avoidance and interpersonal difficulties.

McManus and Thompson (2008, p. 93) argue that the experience of being homeless is a form of psychological trauma and PTSD is the most common anxiety disorder to develop among homeless youth. Since many young people become homeless due to the premature exit or being forcibly removed from their homes, often due to abuse by their primary caregiver and this can violate a youth's basic trust, disrupt attachment and diminish feelings of self-worth. Research findings from a study carried out by Coates and McKenzie Mohr (2010, p.83) revealed that young people forced out of their homes had experienced extensive trauma. The results indicated that the trauma is both a cause and a consequence of young people being homeless. Trauma symptoms are often combined with other disorders commonly found among young people who experience homelessness, such as mood, anxiety and conduct disorders (McManus & Thompson, 2008, p. 95). Research has suggested that young people who experience homelessness are four times more common to develop disorders than housed youths. (Edidin, Ganim, & Hunter, 2012).

Aggression

According to Kunimatsu and Marsee (2012, p.248) aggression can be broadly defined as acting with the intent to harm another. Research has shown that the determinants of youth aggression are diverse and range from genetic to environmental factors, such as peer influence and socialisation in the family (Arim, Dahinten, Marshall, & Shapka, 2011, p. 207). However in recent years there has been an increase in social and psychological research on the various forms and functions of youth aggression. A common distinction made in aggression research is between two major categories, proactive and reactive. (Boxer, Tisak, & Goldstein, 2004). According to Kunimatsu and Marsee (2012) *Proactive aggression* is characterised as being ‘cold blooded’ and often brings about an outcome that is reinforcing to the aggressor such as social dominance or money. It is non-emotional and intended to achieve an instrumental goal. *Reactive aggression* is typically a response to a perceived threat, such as fear or anger and is described as ‘person-directed’ rather than goal directed forms of physical and verbal aggression.

A study by Winstanley and Hales (2008) found that Social Care Workers (SCW) were more likely to experience aggression throughout their careers and were particularly vulnerable to physical assault and threatening behaviour from young people in care. It also seemed that male social care workers and young social workers were more frequently victimised than female or older social workers. According to Littlechild (2005, p.393) Intimidation, harassment and threats were the most common forms of violence and appeared to be more focused on the individual worker rather than on the agency they worked for. Violence was also more likely to occur when SCW were delivering decisions regarding the young person’s future, such as before, during or after child-protection conferences or court hearings.

McManus & Thompson, (2008) explain that young people have been exploited and victimised by adults, including their family and find working with SCW difficult and may associate rules with power and control. According to Seti (2007, p.200) SCW are confronted with multiple stressors as many young children in residential placements display high levels of aggression and must intervene when these behaviours occur. Littlechild (2005, p.393) notes that over a period of time these violent incidents can significantly affect SCW capacity to continue working within this field.

Social Care Workers and Stressors

Stress in contemporary society is increasingly present in everyday life and the effects of work-related stress on ill-health operate in physiological, cognitive, emotional and behavioural ways (Marc & Osvat, 2013, p. 122). According to Choi (2011, p.226) SCW are likely to encounter survivors of violence and sexual assaults regardless of their practice settings. Although individual's entering the field of social care know that that they will encounter the full range of human pain, grief and outcomes of abuse (Dwyer, 2007, p. 50). For professionals working within these services can be emotionally challenging and may go beyond ordinary work-related stress. Bride (2007) found that SCW were highly likely to be secondarily exposed to traumatic events through their work and may even meet the diagnostic criteria for PTSD. Likewise a study by Baker and Brien (2007) found that professionals who work with children in crisis every day and listen to painful maltreatment stories, experienced high levels of emotional exhaustion and high levels of stress. Furthermore, reading case files daily that document cruel and abusive acts that relate to children are work related tasks that can make SCW vulnerable to work related stress as studies suggest that professionals with repeat exposure to distressing materials is at risk of Secondary Traumatic Stress Disorder

(STS) or Burnout (Sprang, Craig, & Clark, 2011). According to Marc and Osvat (2013, p.122) '*Burnout*' is a psychological distress related to work and consist of three dimensions: emotional exhaustion, depersonalization and diminished personal accomplishment. According to Seti (2007, p.203) emotional exhaustion is the feeling of been emotional drained and depleted. Depersonalization, meaning care workers who become emotionally distant from their clients and treating clients like objects rather than people. Thirdly, diminished personal accomplishment is the decline in feelings of job competence and achievement in their work. Acker (2010, p.406) refers burnout to a cluster of physical and emotional symptoms. An individually who may suffer from burnout would show symptoms of headaches, fatigue, exhaustion, poor self-esteem, substance abuse, inability to concentrate, rigidity or insomnia.

According to Seti (2007, p.205) '*Compassion Fatigue*' is a term that is generally confused with burn out and is often referred to as STS. Compassion fatigue is a direct result upon hearing emotionally intense and/or shocking information while interaction with a client and can emerge suddenly as an acute reaction, while burnout emerges slowly over time and can be an unconscious process. Eastwood and Ecklund (2008) explain that compassion fatigue is a function of bearing witness to the suffering of others and can include a sense of helplessness, isolation and confusion among care workers. Baker and Brien (2007) propose that SCW who work with people in crisis can suffer from '*vicarious traumatization*' meaning staff can begin to view the world as a less safe place and suggest that workers can even experience similar symptoms to their clients such as intrusive thoughts or nightmares. However, a study by Choi (2011) found that care workers who received support from their co-workers, supervisors and managers demonstrated lower levels of STS.

Qualifications & Training

For many the argument for a minimum degree-level qualification in the field of social care is generally accepted and marks a crucial development on social care education. Galpin (2009, p.77) acknowledged that the degree-level qualification can represent the 'glue' that binds SCW personal development, competency and intellectual abilities to their social work values and beliefs. However Orme, et al (2009) state that social care education should involve both classroom and practice based learning. Winstanley and Hales (2008) reinforce argument this by stating that although it is commonly assumed that qualified SCW are better equipped to deal with young people in crisis, experience or 'time on job' can be deemed an moderate factor as it allows SCW to become more experienced and practiced in dealing with challenging behaviours.

Although Dwyer (2007) claims that even the most skilled workers can be overwhelmed when faced with difficult situations. Winstanley and Hales (2008) study on aggression towards social workers found that regardless whether SCW were qualified or not, staff experienced similar levels of assaults and threatening behaviour. Similarly, staff with lower levels of experience did not experience a higher level of assaults or of threatening behaviour, nor difference in age or sex found to be an important issue. However, Kallio (2012) claims it is vital that professionals working with young people are appropriately skilled, trained and qualified and have the ability to work well within service boundaries.

Literature Review Conclusion

The review of the literature surrounding the subject matter of Youth Homelessness would indicate that for many young people the journey into homelessness is paved with uncertainty and doubt. As young people experience homelessness for the first time generally begins with a breakdown within family relations or been removed from their home due to child protection concerns. Many young people are often then placed in one of the designated units that provide emergency beds on a night by night basis. The Literature review suggest that for the SCW working within these services can be emotionally challenging and are likely to be confronted with multiple stressors. Studies have stated that SCW are particular vulnerable to physical assault and threatening behaviour from young people. Although many studies have been carried out on SCW working with young people in residential centres the researcher intends to establish if the findings from the literature review extend to emergency placements.

Research Question:

How Social Care Workers are emotionally affected with working with young people while accessing emergency accommodation?

Methods

Aims and Objectives

The aim of this research is to investigate if social care workers are emotionally affected when working with young people accessing emergency accommodation.

The researcher intends to accomplish the following objectives:

- To explore the social care workers individual responses and experience when working with young people accessing emergency accommodation.
- The researcher hopes to identify clear gaps in knowledge on emergency placements offered to young people.
- The researcher hopes that the findings of the study will contribute to the literature and provide a deeper understanding of youth homelessness in Dublin.

Approach

The researcher chose to perform a qualitative research study in order to answer the central research question and achieve the aims and objectives of the study. According to Ritchie & Lewis (2003, p.3) a qualitative research approach aims to provide an in-depth and interpreted understanding of the social world by learning about people's social and material circumstances, their experiences, perspectives and histories. This approach will allow the researcher an opportunity to gain a more personal and detailed account of how social care workers are emotional affected when working with young people accessing emergency accommodation.

Participants

The researcher purposely selected social care workers who work directly with young people aged between 12-17 years within three of the residential/hostel centers within Dublin who provide young people with emergency accommodation, basic needs and support. According to Ritchie and Lewis (2003, p.79) purposive sampling suggests that a sample is chosen with a 'purpose' to represent a location or type in relation to a key criterion, to ensure that all relevant subject matters are covered. A letter requesting permission to conduct the study and gain access to participants was forwarded to the Principle Social Worker of the out-of-hours-service. The researcher was granted permission and was provided contact details for each of the three locations. The researcher made contact with several social care workers randomly and briefed each one on the nature and participation of the study. Five social care workers each from the different locations expressed interest and volunteered to take part in the study. The researcher arranged for interviews to be conducted privately at a convenient location for each of the participants.

Procedures

The researcher interviewed a total of five social care workers, three females and two males each working within three of the centres that provided young people with emergency accommodation, basic needs and supports. Three interviews were conducted with SCW during their lunch break and two of the participants arranged to meet after work hours.

The researcher met with each participant at a secure and private location at their workplace as this was convenient for the participants. All participants was asked between 10-15 questions regarding their experience and opinions which focused on working with young people placed emergency accommodation. Each interview conducted lasted approximately between 20 and 30 minutes.

Method of Analysis

The researcher conducted the study through the use of semi-structured in-depth interviews, which claim to be one of the main methods of data collection used in qualitative research (Ritchie & Lewis, 2003, p. 138). According to Silverman and Marvasti (2008, p.50) an additional bonus of qualitative data collection is that in some cases it can also provide additional information to become data that was not originally part of the research. The researcher used the technique of asking open-ended questions to allow the participants to express and voice their opinions, views and experiences. This method of analysis allowed the researcher an opportunity to gain a more personal and detailed narrative insight into how SCW are emotional affected when working with young people in crisis. The researcher used a thematically analysis approach conducting individual interviews. The researcher used the computer software program Nvivo to successfully transcribe and analysis the data. This enabled the researcher to code the data and identify key themes that emerged from the interviews to effectively uncover the findings as accurately as possible.

Materials

The researcher used an interview guide which consisted of 10-15 questions relating to various topics of the subject matter. The researcher issued a consent form to each participant to obtain permission to take part in the study and a demographic form to gather additional information such as age, gender, and occupation position, length of time in position and level of educational attainment (See Appendix). The researcher used a Sony BX132 Dictaphone to facilitate with the collection of data. According to Silverman and Marvasti (2008, p.227) tape recorded interviews allows the researcher to return to the data in its original form as often as they wish.

Ethical Considerations

Ethics is entirely devoted to the study of ethical guidelines and violations in scientific research (Silverman & Marvasti, 2008, p. 120). While conducting the study the researcher followed the three core principles from the Belmont Report: *Ethical Principles Guidelines for the Protection of Human Subjects of Research* (1979) respect for persons, beneficence and justice. The researcher anticipate any ethical issues that may arise during the qualitative research process and ensure that all safeguards were put into place to protect the rights of participants. According to Ritchie & Lewis (2003, p.67) informed consent includes providing participants with information about the purpose of the study, the funder, the researcher, how data will be collected, used and subjects to be covered.

The researcher ensured that all participants were advised of the nature of the study, aims and objectives and data collection methods. Informed written consent was sought from each participant to request permission to record each interview. Individual were informed that they could withdraw from the study at any time without penalty. Anonymity was ensured by removing all identifying information from the data and each participant was assigned a pseudonym. Participants were informed of safety measures to ensure that all associated documentation and data collected will be securely stored on a password protected computer.

Presentation of Findings

The main focus of this research was to establish if SCW were emotional affected when working with young people aged between 12-17 years placed in emergency accommodation. This was accomplished by conducting five in-depth interviews which allowed SCW to express their experiences, opinions and views. Following the interviews, a thematic analysis was conducted and the data revealed four themes; Emergency Settings compared to Residential Settings, Behaviours and Characteristics of Young People accessing Emergency Accommodation, Social Care Workers Emotions and Professionalism and Reflective Practices. There presentations findings are provided below.

Emergency Settings compared to Residential Settings

Each of the five participants interviewed stated that they had all worked previously in a residential setting before currently working with young people in emergency settings. Each SCW described in their experience various ways in which they felt there was a difference between the two settings. Re-occurring sub themes emerged such as Time and Space, Structure and Aggression.

Time and Space

SCW compared a residential setting to more of a home like environment, a space that was shared by staff and young people together. SCW interviewed expressed that residential environments was more stable and tailored to suit the individual needs of young people. SCW referred to the words 'time' and 'space' which reflected how in their opinion a residential setting allowed staff to build trusted relationships with the young people compared to emergency settings. For example:

I suppose in residential the relationship building space is bigger; there's a larger space and time to allow me to build upon relationships that were share the space that you and I live in, because that's what it

feels like to somebody working in residential. There's a kinda respect thing...in residential it's almost like their home almost so they will make it feel like home and more comfortable themselves and that kinda sets the environment and the atmosphere as well (Elliott)

Structure

Another re-occurring sub theme that emerged in terms of emergency placements compared to residential was 'structure'. SCW expressed that a residential setting had provided staff structure in terms of receiving documentation such as child care reports and assessments that would provide information regarding a young person's background, medical history or presenting behaviours. This allowed staff to prepare and plan in advance before a young person's arrival compared to emergency placements where little information is received before the placement of a young person. For example:

...with residential, it's very much a different piece, it's more a plan pieced and there is more of a structure in that setting whereas with emergency settings, social care workers have to look at the young people though at that particular time and at that particular junction" - Peter

In residential, you have a better understanding of their background. With emergency placements there is not always the information provided as it can be late at night as they could be there for only one night (Rachel)

Aggression

Each SCW interviewed shared a common view in terms of differences when working with young people in a residential compared to emergency. All SCW expressed that young people were more likely to display high levels of aggression in a residential setting and revealed that staff were more likely to be physically assaulted by young people while working in residential. All SCW interviewed stated only receiving or witnessing verbal aggression while working in emergency settings. One SCW gives her account:

I have seen high levels of aggression, more in residential than emergency...Although I wouldn't see any physical aggression towards staff in emergency, plenty of verbal.... but definitely seen physical in residential (Jennifer)

Behaviours and Characteristics among Young People accessing Emergency Services

Throughout the interviews process, the theme of common behaviours and characteristics among young people while accessing emergency services was one which carried through the whole research process. Participants described in their experiences patterns of behaviours among young people when they first present to emergency services and changes in behaviour after accessing these services for longer period of times. Three sub themes emerged from this theme such as Feelings and Emotions, Substance-abuse and Post-traumatic stress disorder.

Feelings and Emotions

Throughout the interviews, SCW described how young people present to the services as vulnerable, anxious, nervous, confused, frustrated, embarrassed and afraid. All SCW articulated how these feelings and emotions and lead young people to act out other aggressive and risky behaviours. However one SCW describes how young people first present to the services:

Initially for the first few days the young people are normally checking you out, there a lot of sussing you out, it can be very nice and respectful but a lot of them will start pushing boundaries to test you (Jennifer)

SCW gave a clear understanding into why in their experience young people displayed aggressive behaviours. Most of the SCW interviewed spoke about the young people been afraid and not having the ability to articulate or express how their feel regarding their current

situation and circumstances. One SCW gives their insight into how the feeling of ‘fear’ translated into aggression:

I see a pattern in aggression and I see the pattern born out of fear... because we’re talking about children, you know... they’ve come in to a crisis environment and damn it their afraid and you can see it in a kid because what fear looks like at that age is aggression.. I recognise it; I see it and its fear, fear of isolation, fear of loneliness, which leads to aggression, which leads to a stressful life (Elliott)

Substance Abuse

A behavioural sub theme which emerged from the interviews was the relationship between young people accessing emergency accommodation and drug use. SCW expressed why in their opinion they felt there was a correlation between the two. SCW expressed concerns in terms of location or emergency placements available to young people based within Dublin City Centre. SCW interviewed revealed that they believed drug dealers were aware of the location of these services and pacifically target young people into selling or using drugs. For example:

The world of services is often based in the city, there often based around a certain class or certain area and those areas are often associated with drug use. So if they haven’t used before their likely going to ‘use’ while in crisis service because there is drugs everywhere (Elliott)

“There seen as vulnerable to dealers who are hanging around so they know the location that there in, so they see them as targets and draw them in to deal or take drugs (Jennifer)

SCW also stated that many of the young people who are placed in emergency accommodation are extremely vulnerable as their lives can appear to be so chaotic. SCW felt that young people took drugs as a way of coping or dealing with the reality of their situation. For example:

I think for them its escapism.... and looking at blocking out what-ever is happens or going on at that stage and they want to think of anything rather than the here and now (Peter)

I would see this as a coping mechanism, it's no fun been on the streets. I mean they would generally have a day service from 9am-5pm and a night service from 5pm until the next (Jennifer)

PTSD

SCW were asked if they had worked with young people who had been diagnosed with Post Traumatic Stress Disorder while accessing emergency accommodation. Each SCW interviewed revealed that no young person had ever been diagnosed while accessing emergency accommodation. Although SCW identified that for any young person been out of home, away from their community and friends, regardless of the circumstances and accessing accommodation on a night by night basis was a traumatic experience. One SCW stated the following:

I have never worked with anyone been diagnosed with PTSD but with a lot of the young people coming through it would not surprise me... it's definitely possible I suppose given their history or stories of most of the young people who present as no one is out of home because they want to be you know (Rachel)

SCW throughout the interview process has witnessed physical signs or symptoms of the disorder such as nightmares, anxious feelings, fearfulness, avoidance, irritability and anger.

One SCW gives her account:

I would certainly see the symptoms. Yes you see anxiousness, even with the physical signs such as pains in their stomach or anxiety when meeting with social workers or even going to school, even engaging with us one to one (Jennifer)

Social Care Workers Emotions and Professionalism

Throughout the interviews process, the theme of Social Care Workers Emotions and Professionalism was one which carried through the whole research process. Each participant described the type of feelings and emotions one would experience through various aspects of working within emergency services that provided young people out-of-home with accommodation, basic needs and services. Two subthemes emerged from this such as of Intrusive Thoughts and Reading Material.

Intrusive Thoughts

SCW interviewed expressed experience various emotions throughout their day. SCW expressed feeling nervous, anxious, fear and awkwardness. All SCW spoke about their initial feelings and expectation before meeting a young person accessing emergency services. SCW described having their 'guard up' as they may have read or heard that the young person arriving to the service may have a history of physical violence or possibly just assaulted a family member or the Gardai. One SCW describes his initial feelings:

I am nervous, because forgive me... I expect aggression and I'm anxious about it. I suppose my feeling is that in this uncertain time and sometimes hostile and uncomfortable space maybe a kid is volatile; I don't know the kid... I might of read case notes but I don't know him (Elliott)

SCW also revealed that they would have had reoccurring feelings or thoughts thinking about a young person's situation after work hours. SCW stated that it was not something they would like to admit happens and referred to being only 'human' or how some particular young people just resonate a trigger within them. However most SCW spoke about how they had achieved to learn the skill of switching off after work hours. SCW give their account:

I don't like to admit this, but yea I have...sometimes I think some kids just get to you more than others (Sandra)

I suppose I have learned to put up the barriers when I go home but there are certain kids or certain incidents that have happened throughout the day that would overplay in your mind after work hours (Jennifer)

Reading Material

Each SCW voiced having mixed feelings and emotions when reading material that documented cruel and abusive acts that relate to the young people presenting to the service. SCW described how sometimes they may or may not respond emotionally and referred to a specific type of language used by professionals in report writing. SCW expressed how over time this style of writing becomes repetitive and SCW become accustomed to it. When asked how they felt reading material related to young people, one SCW replied:

I think its profound, I can be sometimes quite effected by case notes and other times as profoundly they splash off my back, so that's profound thing to say at all right!. Sometimes I read something horrific and I won't respond to it and sometimes I don't know why that is, but then you just can't respond to everything... I suppose we kind of develop durability (Elliott)

However, two of the participants interviewed expressed that been mothers had an impact on type of material they read especially around cases of child abuse. They also expressed that working in this sector had exposed them to the negative sides of life and made them more aware of their surroundings. For example:

It can definitely touch a raw nerve and for different reason. I'm a mother so when I read or hear about children been abuse, it can touch a raw nerve or if you had a client previously with a similar history...but sometimes there is a bit of oh not another case like this again (Jennifer)

I think in this line of work your exposed to a lot of...the negative side of live and how people can be cruel to children, like neglect and

abuse...“...some of the material can be quite horrific you know and you think how has this happened? but it does happen and yea it changes how you feel...I think your also become very aware of what’s going on around you...so yea, it changes your surroundings (Sandra)

Reflective Practices

All participants interviewed expressed how their qualifications and training were essential when working with young people in emergency placements. Each participant interviewed educational attainment was to Degree or Master Level. Participant interviewed expressed other factors that were essential in order for SCW to deliver and maintain a high standard of service to young people in crisis. Two subthemes emerged within this theme and will be discussed, Professional Development and Personal Development.

Professional Development

SCW interviewed continuously referred to the concept of Professional Development. SCW felt that it was the responsibility of the individual to be highly skilled and qualified and did not expect their organisation to provide relevant or continuous training. SCW expressed that individuals working within the sector should ‘up skill’ regularly on the latest research, developments and techniques relating to social care. However all SCW stated that although qualifications were essential to qualify a person to work within the sector, experience or the practical side of the job was an key component to working within crisis services. SCW interviewed continuously refer to this as ‘floor’ or ‘ground’ work. For example:

I think continuous professional development is really important and everybody should do an up-skill course every year, but I think college gives you the basic but really you need to get out in the field because you can do all the years in college you want but really unless you get on the floor you really won’t know (Rachel)

Another SCW reinforces this:

I would say that my experience working one on one with the young people, working on the ground, sort of speak is something that you will never find in college...because the experience on the job gives you the knowledge to put all that experience from paper into practice”
(Sandra)

Personal Development

The second subtheme that emerged was the importance of Personal Development and felt that debriefing and supervision sessions were essential component of working with young people in crisis. Each of SCW interviewed seemed to be mindful and aware of the importance of self-care, although only one of the SCW interviewed referred to the word ‘burn out’. SCW felt that in their opinion it was the responsibility of the organisation to promote self-care and encourage personal development. SCW interviewed revealed that regular debriefing and supervision sessions were not been delivered by management after incident occurs. For example:

Training yes...debriefing...No. So after post crisis there is not enough time or support... so if there is an incident of violence or aggression, there are systems that you should go through with you line manager and then be offered counselling afterwards, which is available in my organisation but only three sessions (Jennifer)

I think the most important thing is good supervision, whether its informal supervision over a cup of coffee or structured clinical supervision with your supervisor because that is going to help you at the end of the day and avoid burnout, self-care and reflective practices are so important and I think the most important thing is that you’re not cynical, that you can still wake up in the morning and enjoy your job (Peter)

Discussion

The overall aim of this research study was to investigate if social care workers were emotionally affected when working with young people accessing emergency accommodation.

The researcher accomplish this by conducting five individual in-depth interviews with social care workers who work within three of the centers in Dublin that provide emergency accommodation, basic needs and support to young people aged between 12-17 years who are currently out of home. The researcher set out to explore social care workers individual responses and express their experience, opinions and views when working within emergency services.

The purpose of the study was to enhance the literature and identify clear gaps in knowledge on emergency placements offered to young people. Following the interviews the researcher conducted a thematic analysis of the data and the research findings lead to identifying four main themes; Emergency Settings compared to Residential Settings, Behaviour and characteristics of Young People, Social Care Workers Emotions and Professionalism and Reflective Practices. The themes emerged contributed to answering the research question; how social care workers are emotionally affected with working with young people while accessing emergency accommodation? The themes will also show how they relate to the existing literature and will be followed up with the limitations of the study, recommendations and the final conclusion of the study.

Emergency Settings Compared to Residential Settings

All SCW interviewed had previous experience working with young people in a residential setting and was able to explain why in their opinion there was a clear difference between the two. Subthemes that emerged were the following; Time and Space, Structure and Assaults when SCW were discussing the differences between the two settings. The findings suggested that overall SCW expressed that residential settings offered young people a more home-like environment and referred to the concept of 'time and space' when describing how a residential setting offered SCW a place to build trusted relationship with the young people. Referring to the Literature review, Farrugia (2011) reminds us that for young people the experience of leaving home usually follows a breakdown in family relations. McManus and Thompson (2008) explain that some young people may have been forcibly removed from their homes due to been exploited or victimised by adults.

SCW interviewed felt that residential settings also offered more 'structure' which allowed SCW to cater for a young person's individual needs before placement as opposed to emergency placements. SCW explained that most placements occurred late at night, the only information received was from the night's events. Referring to the Literature reviewed Mayock (2013) reminds us that generally young people present to a Gardai Station before been placed in a designated emergency bed provided by the HSE. Findings from the research interestingly revealed that SCW were more likely to be physically assaulted in a residential setting compared to an emergency setting. Each SCW interviewed revealed that they had only received or witnessed verbal aggression from young people accessing emergency services. Referring to the literature review this would indicate there was a distinguishing between the two settings in terms of the two forms and functions of youth aggression. This

finding suggest that *Proactive aggression* which is characterised as being ‘cold blooded’ and often associated as non-emotional and intended to achieve an instrumental goal would be more likely to be experienced in a residential setting. Whereas *Reactive aggression* which is typically a response to a perceived threat, such as fear or anger and is described as ‘person-directed’ rather than goal directed forms of verbal aggression is more likely to be experienced in an emergency setting (Kunimatsu & Marsee, 2012).

Behaviours and Characteristics among Young People accessing Emergency Services

The findings of the current research would indicate that there are clear patterns of behaviours among young people while accessing emergency accommodation. The findings revealed that young people presented to emergency services as vulnerable, anxious, nervous, confused, frustrated, embarrassed and afraid. SCW initiated that these feelings were related to dealing with difficult emotions. Referring to the literature review the OCO (2012) reported that young people had voiced feeling stigmatised by the wider community due to their circumstances and expressed feeling embarrassed, ashamed and humiliated presenting to a Garda Station. The findings also suggest that SCW had a clear understanding that young people did not have the ability to articulate or express how they really felt about their life situations. SCW understood that when young people display aggressive behaviours it is due to them been afraid and feeling the emotion of ‘fear’. This concept was supported by Coates and McKenzsie-Mohr (2010) who stated that when emotions seem intolerable such as intense ‘fear’ or ‘sadness’ along with other factors can lead to impaired social competence and can contribute to substance abuse, suicide ideation and other risky behaviour. These findings lead to why SCW felt there was a correlation between young people accessing emergency accommodation and drug use. One factor of concern was in terms of location and all

emergency services been based within Dublin City centre. SCW revealed that in their experience, drug dealers were aware of the locations and specifically targeted young people into using or selling drugs. Another factor of concern was that SCW felt young people used drugs as a coping mechanism and a way of escaping the reality of their current situation. McManus and Thompson (2008) remind us that young people use substance to cope with emotional pain by numbing themselves to the experiences and emotions of traumatic events. Findings from the research seemed to indicate that young people accessing emergency accommodation displayed symptoms of Post-traumatic Stress Disorder. McManus and Thompson (2008) remind us that the experience of being homeless is a form of psychological trauma and PTSD is the most common anxiety disorder to develop among homeless youth.

The concept of young people suffering from PTSD was one shared by all SCW. Each revealed that they had witnessed young people display symptoms similar to the disorder, although admitted that they had never worked with a young person who had been diagnosed. SCW did agree that for any young person been away from home, their community, friends and school and accessing emergency accommodation on a night by night basis was a traumatic experience. McManus and Thompson (2008) remind us that for young people who experience homelessness for the first time often reside in environments with reoccurring violence, victimisation and danger. Coates and McKenzie-Mohr (2010) found that psychological distress and high rates of psychiatric disorders increase the longer a young person remained in emergency accommodation.

Social Care Workers Emotions and Professionalism

The findings of the current study indicated that SCW working in emergency services experience various emotions and feelings continuously throughout their day. SCW revealed that while working in emergency services they would encounter feelings of nervous, anxious, fear and awkwardness throughout their day. SCW described having their 'guard up' before initially meeting a young person for the first time as they would expect challenging or aggressive behaviours. This would support Seti (2007, p.200) argument that SCW are confronted with multiple stressors as many young children in care placement display high levels of aggression and must intervene when these behaviours occur. Littlechild (2005, p.393) reminds us that intimidation, harassment and threats were more likely to be focused on the individual worker as opposed to the agency in which they worked for. SCW also revealed that they had reoccurring thoughts after work hours either in relation to a young person's situation or regarding incidents that took place at work. These findings were also supported a study by Winstanley and Hales (2008) who found that SCW reported feeling fear, anxiety and stress regularly while working with young people in care. For professionals working within these services can be emotionally challenging and may go beyond ordinary work-related stress.

Referring to the Literature review, Choi (2011, p.226) states that SCW were likely to encounter survivors of violence and sexual assaults regardless of their practice settings. SCW revealed experiencing mixed emotions when describing reading material in relation to a young person family history and describe some cases of child abuse as 'horrific'. Findings would indicate that SCW working within this sector experiencing Compassion Fatigue, a term according to Seti (2007,p 205) is a direct result upon hearing emotionally intense and/or

shocking information while interacting with a client. Eastwood and Ecklund (2008) supports these claims by explaining that compassion fatigue is a function of bearing witness to the suffering of others and can leave SCW feeling helplessness, isolated and confused. Sprang, Craig and Clark (2011) also recognises that SCW reading material that document cruel and abusive acts that relate to children are at risk of Secondary Traumatic Disorder (STS) or Burnout. SCW also revealed that working within the emergency sector exposed them to the negative sides of life and felt that this had an impact on their lives and had an even profound effect on two SCW interviewed who revealed they were mothers. This would support Baker and Brien (2007) who propose that SCW who work with people in crisis suffer from ‘vicarious traumatization’ meaning staff can begin to view the world as a less safe place.

Reflective Practices

A key finding that emerged from Reflective Practices was the concept of Professional Development and was supported by all five participants. Results showed that SCW felt that it was the individuals responsibility working within the sector to be fully qualified and to continue with training which allowed SCW to ‘upskill’ on the latest or current research, skills and techniques when supporting young people. Findings of the current research suggested that SCW seemed to be in agreement with Galpin (2009) featured in the literature review who claims that holding a degree-level qualification was generally accepted while working within the sector and can represent as the ‘glue’ that binds SCW competency and intellectual abilities to their social work values and beliefs. However the value of experience within the field was emphasised as necessary when working within young people in emergency services and was referred to as ‘floor’ or ‘ground’ work. Orme et al (2009) also recognises that social care education should involve both classroom and practice based learning. This was also

supported by Winstanley and Hales (2008) who claim that 'time on the job' was an essential factor that enabled SCW to become more experienced and practiced in dealing with challenging behaviours. Support in the workplace and the concept of Personal Development was a reoccurring subtheme that emerged from Reflective Practices. Results indicated that SCW felt strongly that it was the responsibility of the organisation to promote self-care and encourage personal development. Referring to the literature review Marc and Osvat (2013, p.122) remind us that for professionals working within childcare services can be emotionally challenging and may go beyond ordinary work-related stress. The effects of work-related stress on ill-health operate in physiological, cognitive, emotional and behavioural ways. Although findings suggested that SCW seemed aware of the importance of self-care which is in line with Dywer (2007, p.50) who acknowledges that individual's entering the field of social care know that that they will encounter the full range of human pain, grief and outcomes of abuse.

Interestingly SCW revealed that regular debriefing session or supervision session with line managers did not occur after incidents of violence or aggression within the workplace. Referring to the literature review, Littlechild (2005, p.393) reminds us that over time violent incidents can significantly affect SCW capacity to continue working within this field. Baker and Brien (2007) propose that SCW who work with people in crisis can even begin to experience similar symptoms to their clients such as intrusive thoughts, nightmares and anxious feelings. These findings were supported by Bride (2007) who found that SCW were highly likely to be secondarily exposed to traumatic events through their work and may even meet the diagnostic criteria for PTSD. Choi (2011) who found that SCW who received support from their co-workers, supervisors and line managers demonstrated lower levels of STS, compassion fatigue and avoid burnout.

Limitations

Although the present study did involve five social care workers from three different locations within the wider area of Dublin, it was of course a relatively small scale sample. The researchers original aim was to conduct six to eight interviews, regrettably many social care workers advised that due to various reasons they were not in a position to participate. Although each of the five SCW interviewed viewed the process as a positive experience the researcher felt that one reason SCW failed to participate within the study was due to the nature and confidentiality of the service as few professionals or the general public are aware that these services exist. Findings from the research study indicate that further research should be extended to the other areas that provide emergency placements to young people who first leave home such as supported lodgings and emergency foster carers.

Recommendations

The world of Social Care is extremely emotionally and demanding work. Each SCW interviewed shared similar responses, feelings and emotions when working with young people accessing emergency accommodation despite the level of education or length of time in service. The findings from this research study suggest that SCW working within the emergency services have very few supports available to them. The researcher recommends that Training Programmes be implemented on coping strategies, intervention and techniques to prevent STS, PTSD and Burnout. Management need to give greater consideration into how SCW are supported. The researcher recommends that each of the three locations should create space to allow for regular debriefing session to take place after incidents of violence or aggression. Interventions such as group discussions will allow staff to discuss the day's events and provide a forum for SCW to process through their feelings in a safe and

supportive environment. The researcher also recommends that clinical supervision needs to take place once a month to assess individual workers needs in relation to their Personal Development. This practice needs to be encouraged and implemented at a management level in order for SCW to feel like they are been supportive. This researcher hopes that the findings from the study will encourage the HSE to change its policy on issuing young people night by night accommodation and offer young people out of home more of a respite placement that is secure, safe, stable and comfortable.

Conclusion

The findings from this study suggest that SCW working within the emergency sector needs more of an open discussion, acknowledgement and support as they work closely with some of the most vulnerable young people in our society. The researcher felt that this topic was relevant today as child and youth services experience further cuts in funding from the government. In reference to the aim of this study, findings suggest that social care workers are emotionally affected when working with young people accessing emergency accommodation. The researcher feels that the voice of the social care workers needs to be heard as extensive knowledge and experience of emergency services for young people should be of particular importance to government policy. Despite the limitations of the study the researcher feels that although there is growing body of literature in the area of youth homelessness, this study has contributed to the large gap in the existing literature of emergency placements offered to young people who first present out-of-home.

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Appendix

Appendix 1: Consent Form

Youth Homelessness and Emotional Effects on Social Care Workers

My name is Annette Bermingham and I am conducting research in DBS School of Arts that explores how Social Care Workers are emotionally affected when working with young people placed in emergency accommodation

You are invited to take part in this study and participation involves an interview that will take roughly 20-30 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact

Orna Farrell orna.farrell@dbs.ie or James Brunton, brunton.james@gmail.com.

Thank you for participating in this study.

Participant Signature: _____ Date: _____

Appendix 2: Demographic Information

All Information provided is entirely anonymous and confidential

Interviewee No:

Gender: Male Female

Age:

Occupational Position:

How long have you worked within Emergency Services?

Highest level of education attained?

Appendix 3: Access Letter from DBS

Dr. Bernadette Quinn
Research Coordinator
Social Science Programme
Dublin Business School.

21 October 2013

Dear Sir/ Madam,

Re: Permission to conduct a research study with members of your organisation.

Annette Bermingham is enrolled as a final year social science student at Dublin Business School. DBS social science students are required to complete an independent research project during their final year of study. Annette's final year research project aims to investigate the effects of aggression on care workers from adolescents accessing emergency accommodation and she is requesting permission to carry out her study with members of your organisation.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are strictly confidential, and to be used for assessment of the researching student's qualifications for receipt of a BA in Social Science. Annette is requesting written permission, as soon as possible, to collect research data.

Please feel free to address any questions regarding this research to Dr. Bernadette Quinn, Research Coordinator, Social Science Programme, Dublin Business School. Annette (Email: bermingham.annette@gmail.com) can also provide further details about how she will conduct her research study.

Thank you for your time.

Yours Sincerely,

Dr. Bernadette Quinn
Email: bernadette.quinn@dbs.ie

Appendix 4: Interview Guide

Q1: Could you tell me how long you have been working with young people in emergency accommodation? and when it comes to the YP, what elements of the job do you enjoy the most?

Q2: Have you ever worked with young people in a residential setting?

Q3: In your opinion, is there a difference in attitude towards SCW when working with young people in residential or emergency accommodation?

Q4: So when YP first access your service, do they generally display common traits or behaviours towards SCW?

Q5: And would you say these traits or behaviours change towards SCW over a period of time?

Q6: Studies have shown an increase relationship between YP experiencing homelessness and substance abuse! In your experience why do you think this is so?

Q7: YP placed in emergency accommodation may display high levels of aggression, is this something you would of experienced?

Q8: Can you describe any feelings or expectations you may have before meeting a YP for the first time coming through your service?

Q9: Have these expectations changed since you began working in this field?

Q10: Research has suggested that PTSD is a common anxiety disorder among homeless youths; would you agree with this statement? And have you ever witnessed a young person display symptoms of PTSD?

Q11: Can you describe what kind of emotions you experience when reading material in relation to an YP accessing your service?

Q12: Have you ever thought about an YP's situation after work hours?

Q13: Since working in this profession, has your views on society changed?

Q14: In your opinion what qualifies someone to work within this field?

Q15: As a SCW, would you say that experience or length of 'time on the job' helps when working with homeless youths?

Q16: In your own opinion do you feel that your organisation provides effective in house training (if any) to help you manage YP in crisis?

Q17: What helps you to switch off after work?