"It's about connecting with people in a way that they've never really connected before": An exploration of a therapeutic approach to residential child care.

By Tracey McQuillian

Contents

Abstract

Internationally, there is a lack of consensus on the underpinning principles of therapeutic residential child care (Gilligan, 2014; Whittaker et al, 2016). In Scotland, there is a current political push to review whether residential care is currently able to meet the needs of Scotland's most vulnerable young people (Sturgeon, 2016). This study enters into this contemporary debate by generating new knowledge to contribute to policy direction. It critically examines the therapeutic approach of one residential child care provider in Scotland. It de-constructs how the approach is conceptualised, alongside the processes required to support it. These elements are then contextualised via an exploration of the challenges posed by the approach within its personal and structural context. The study featured semi-structured interviews with ten residential care workers. Thematic analysis and visual concept mapping were used to identify key themes and conclusions from the research. The therapeutic approach was found to be underpinned by the dominant concept of love. This was communicated via a deeply felt belief that young people could achieve their potentials. This was demonstrated symbolically, by staff who helped young people to create narratives around difficulties, and communicated via non-judgemental acceptance. However, for a small sub-section of respondents, shifting age related behavioural expectations presented challenges which were expressed in 'moral' terms. In addition, structural challenges were identified as the approach was not universally understood by social workers across all local authorities. A reflective culture was highlighted as essential to supporting staff to maintain the approach. This appeared to develop self-awareness and emotional regulation amongst staff and young people, whilst simultaneously encouraging practice to continually evolve. The study concluded that genuine emotional connections between staff and young people may have therapeutic potential. The study found that further research exploring the role of love in residential care could be of value to current political debates. However, the study recommends that future research should also explore the systemic challenges inherent in this aspect of practice to offer platforms for inter-professional discussion between local authorities and residential care providers.

Chapter One: Introduction

A total of 1,529 young people are currently accommodated in residential child care settings in Scotland (Farrugia, 2016). Residential care is a term used to describe group care, which accommodates more than one child at a time, in settings which are staffed by employees who live off-site (Scottish Government, 2017). The ethos, scope and provision of services is known to vary dramatically between providers (Bayes, 2009; Whittaker, 2015; 2016). Increasingly, residential care is being used as a last resort for young people who have experienced trauma, neglect and multiple placement breakdowns (Bayes, 2009; Davidson et al, 2009; Langland, 2009; Whittaker, 2015; 2016). This means that many young people in residential care have complex emotional, behavioural and/or mental health needs (Langland, 2009). A vast terrain of research explores the complex needs facing young people within the care system (Perry, 2007; Belsky & Nezworski, 2015; Goldberg et al, 2015; Bowlby, 1969). Despite this, there are very few studies which examine the process involved in delivering therapeutic residential care (see Gallagher & Green, 2012; Berridge et al, 2012).

Internationally, a lack of agreement on the underlying therapeutic principles of residential care has led towards calls for urgent legislative reform (Gilligan, 2014; Whittaker et al, 2016). Within Scotland, there are calls for a systematic 'root and branch' review of residential care (Sturgeon, 2016). This sits alongside political discourse which questions whether residential care can meet the complex needs of Scotland's most vulnerable young people (Sturgeon, 2016). This research is being undertaken to contribute to both policy and practice by examining how one specialist provider conceptualises their therapeutic approach to residential care. The aim of this is to generate new knowledge about the potential for residential care to make a positive difference in the lives of young people. Using case study methodology, the research critically analyses the processes which support the approach, and considers the challenges that staff face in daily practice.

The study is motivated by my own belief that the need for change should be situated within the system, rather than the pathology of individual young people. The study avoids a pathologizing focus, by identifying the challenges that young people may face, whilst looking at how services can adapt to meet needs. This is recognised however, as an area of potential researcher bias.

The studied organisation came to my attention around one year before the research began. They provide specialised therapeutic residential care to young people who have experienced trauma, loss and multiple placement breakdowns. Because of my own experiences in this area, and my belief in the need for structural change, I met with the organisation's managing director to deepen my own professional learning. At this point, there was no plan to conduct research. However, as interest grew, tentative enquiries were made. This revealed that the organisation were open to potential

researchers. To avoid the impact of potential researcher bias, the study features visual concept mapping. The purpose of this is to allow readers to interpret and analyse the findings, encouraging discussion. Throughout the research, reflexive processes have been used to check for assumptions to maintain study objectivity.

Chapter Two – Background & Literature Review

Navigating the Literature

The first stage in the literature review consisted of an unstructured search using large scale search engines. This is often described as a narrative approach (Onweugbuzie & Frels, 2016). This began with an initial search using the term 'therapeutic residential care", which revealed a vast amount of literature. From this, the following key themes were identified as important to the study:

- Therapeutic Relationships
- Reflection
- Theoretical Knowledge

These terms were then used as keywords in subsequent searches using university databases and internet search engines. This identified key journal articles, and their reference lists helped to source further literature. Supervision was also used to identify key authors. I made direct contact with some of these authors, to deepen my own learning and allow critical discussions. This highlighted contrasting perspectives, which helped me to cast a wide conceptual net by identifying further sources of literature. Carey (2016) points out that the narrative approach is sometimes criticised by positivism because it is subject to the researcher's frame of reference. However, it was considered important to the study, because it provided a way to navigate a large volume of literature within time constraints; whilst allowing sufficient flexibility to generate new insights.

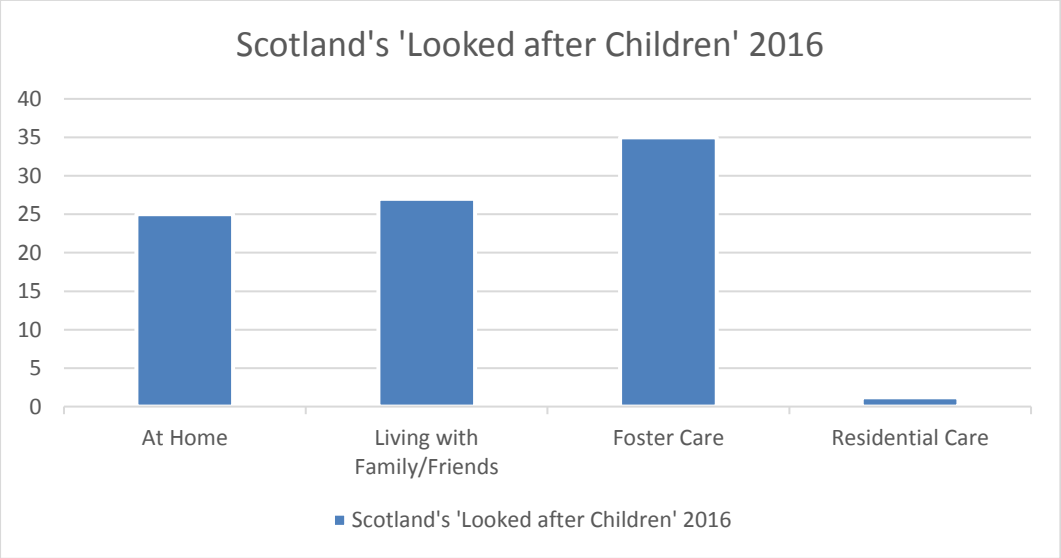
Policy & Legislative Context

To contextualise the study, a brief exploration of the policy and legislative context of residential care is required. In Scotland, all professionals involved in the life of a child have a duty to work together to ensure that young people's wellbeing needs are met (Children & Young People (Scotland) Act, 2014; Scottish Government, 2008). Wellbeing is universally assessed against common domains: safe, healthy, active, nurtured, achieving, respected, responsible and included (SHANARRI). Where a young person is in need of support and protection, referrals are made to the Children's Reporter. From here, the case may be heard at a children's panel (Children's Hearing (Scotland) Act, 2011). Within this, a panel of trained lay members make decisions about the steps required to promote wellbeing (McKnorrie, 2013). The panel make decisions about whether a child needs to be 'looked

after by the local authority' to ensure that his/her needs are met (Davis & Gordon, 2011; Children (Scotland) Act 1995, S.17, 22, 25).

Scope

The following graph gives a breakdown of the settings where young people may be accommodated within the 'looked after' system:



As the graph highlights, residential care is only used in approximately 10% of cases. Despite fluctuations in all other forms of care provision, this statistic has remained static over the last ten years (Farrugia, 2016).

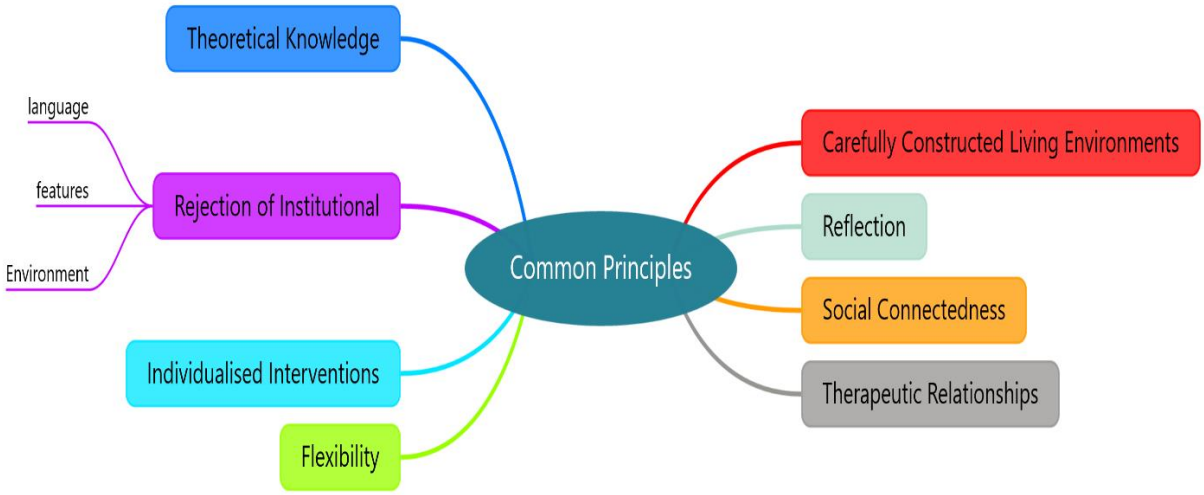
Inequalities

Research has shown strong links with social inequalities and involvement with child welfare services (Bywaters et al, 2014a; 2014b; 2015). The likelihood of young people being accommodated by the local authority has been shown to rise significantly with deprivation levels (Bywaters et al, 2014a). In Scotland, young people who become accommodated belong overwhelmingly to the most disadvantaged social groups (Bywaters et al, 2015). This research highlights the importance of considering how residential care approaches can support young people to manage transitions into care. It also points to a need to examine how residential care can be used to provide young people with opportunities to overcome structural oppression.

Therapeutic Residential Care

In 2016, researchers and practitioners from across the world came together to form an international working group (Whittaker et al, 2016). Their aim was to examine the current position of residential care and identify future directions. Within their consensus statement, they stated that a specialist

therapeutic form of residential care should exist within a "suite of intensive, family based interventions to offer choice" to placing social workers, young people and their families (Whittaker et al, 2016:93). From the reviewed literature, it became evident that the following concepts are considered important within therapeutic approaches to residential care:



(Picture source: researcher's own. Data sources: Whittaker et al, 2016; Gallagher & Green, 2012; Berridge et al, 2012; Robinson, 2012; Perry, 2009; Gordon & Hughes, 2012).

However, it is worth pointing out that these principles are often embodied across all residential care approaches, not merely confined to the domain of 'therapeutic' services (Cross, 2010). Whittaker et al (2016) state that is the intensity and flexibility that distinguishes specialised therapeutic residential care as a specific form of placement. Whittaker et al (2016) highlighted that there is an urgent need for further research which critically analyses the components of individual therapeutic approaches to create clarity and insights. They state that this has the potential to add value to policy and practice by identifying innovative approaches, whilst identifying key underpinning principles which are shared across therapeutic providers. This study contributes to this gap in literature by considering how the studied therapeutic approach is conceptualised and supported, alongside the challenges that staff encounter in practice.

Challenges

Many researchers suggest that the specialism of residential care is rarely recognised (Steckley & Smith, 2011; Smith 2009; White, 2016; Bayes et al, 2009; Langland, 2009). Smith (2009; 2011) argues that historical (and current) abuse scandals create fear and distrust which affects the sector. This, he states promotes an audit culture in which residential care workers must account for and evidence all aspects of practice. This creates a power differential between residential care staff and placing social

workers, which can cause challenges in daily practice (Bayes, 2009; Langland, 2009). Steckley & Smith (2011) point out that these factors lead to structural oppression in the form of societal ambivalence towards the sector.

Bayes (2009) suggests that a lack of belief in the ability for residential care to make a positive difference means that advocating for young people's unique needs can be difficult. She suggests that there is a further dynamic to this issue. Bayes (2009) argues that within society, the media and politics, there is a lack of awareness about how trauma and neglect affects young people's development. This means that the wider community and other professionals can often see young people's struggles, without recognising the progress that they may be making, or indeed the nature of the challenges they may face. This one-dimensional view disempowers both staff and young people, which constrains their ability to have the complexities of care and recovery more widely understood (Steckley & Smith, 2011). Furnivall (2011) highlights that therapeutic approaches must respond to young people's emotional needs, rather than chronological age. The importance of this is extolled throughout the literature (Blaustein et al, 2016; Gallagher & Green, 2012; Gordon & Hughes, 2012; Vaughan, 2016; Bayes, 2009). However, Furnivall et al (2012) point out that shifting behavioural expectations and focusing on emotional need requires a further cultural and ideological change. This shows a need to examine how therapeutic approaches adapt to unique needs, alongside how this is perceived by staff and wider professionals.

Bayes (2009) claims that a lack of societal acceptance of the challenges that young people in care face promotes a focus on their in-care experiences rather than the possible impact of pre-care histories. In her view, this locates blame within the residential care system, and paradoxically within the pathology of the young person. This obscures the need for services to adapt to meet unique needs by promoting the concept that young people's behaviour must change, without considering the needs which underlie behaviour. This creates structural oppression, because wider services fail to adapt to young people's unique needs, thereby limiting the therapeutic opportunities available to them (Bayes, 2009). This also promotes the ideological notion that young people who have been accommodated away from home are less likely to achieve long term positive life outcomes (Bayes, 2009). This highlights a need for further research which examines how services can respond to unique needs, offering reparatory, healing opportunities. The study looks at how care could adapt to support young people to develop at a pace which supports their needs.

Critical Analysis of Contextual Issues

In 2008, Scotland's 'these are our bairns' policy stated that all residential child care providers should offer young people love, belonging and opportunities (Scottish Government, 2008). This built upon a policy focus geared towards providing emotional warmth, safety and 'attachment' relationships between residential care staff and young people (Scottish Executive, 2007; Scottish Government, 2008). In 2016, Nicola Sturgeon, Scottish First Minister announced plans to undertake a systematic review of residential care providers, to assess whether the needs of Scotland's "most vulnerable young people" were being met by the care system (Sturgeon, 2016). The outcome of this review cannot yet be known, but it perhaps reflects a recognition that these policy aims have not yet been universally achieved. This is relevant to the study because it shows that there is growing political recognition that there may be gaps between the rhetoric about therapeutic residential care and practice realities. This study contributes to this by generating new knowledge about how one Scottish residential child care responds to challenges, whilst embodying therapeutic concepts in practice.

Conceptualising Therapeutic Approaches

Relationships

The study will now look towards how therapeutic approaches are conceptualised. Within the literature, relationships between staff and young people are considered important (Berridge et al, 2012; Bullock & McSherry, 2009; Gallagher & Green, 2012; MacDonald & Millen, 2012). Gallagher & Green's (2012) case study highlighted that therapeutic relationships were complex, and were often underpinned by staff member's knowledge of attachment theory. Bowlby's (1969) attachment theory emphasises the importance of an infant's primary relationship with his/her caregiver, stating that this provides a blueprint for all future relationships. In their study, Gallagher & Green (2012) found that this theory helped staff to look beyond behaviour, and to make links to what a young person might be communicating about his/her needs. In their study, young people valued relationships which helped them to develop emotional coping skills and communication abilities. This was confirmed by the perspectives of Matos et al (2013), who highlighted that approaches which could help young people to regulate emotions had the potential to improve longer term mental health outcomes.

'Family Metaphors'

Berridge et al's (2012) study compared findings between four therapeutic residential childcare approaches in Northern Ireland. They found that a focus on building therapeutic relationships was common across each of the approaches. Relationships which embodied genuine emotional warmth were valued by both staff and young people. Their study drew links to relationships, which were

'kin-like in nature'. This is something which is explored further by Kendrick (2013) and Fowler (2015). Kendrick (2013) uses the term 'family metaphors' to describe the ways that staff conceptualised their role. In his research, terms such as 'like a mum/dad/auntie/uncle' were often used. Fowler's (2015) research also found that many staff used terms such as this to make sense of their role as residential care workers. In her study, all staff acknowledged that they did not entirely fulfil these roles. However, the family like terms helped staff and young people to make sense of their relationships, by providing a frame of reference which drew from personal experiences. Emond et al (2016) emphasised the ways that the environment and engaging in activities such as eating together could be used symbolically to create this sense of togetherness and in-group membership.

Love

However, Giata's (2012) research explored the nature of relationships further. She began to use the term 'love' to define the genuine emotional connections which emerged between staff and young people. Her study suggested that a deeply felt desire to see, hear and respond to young people's feelings was often described by staff as love. Maata & Uusiautti's (2013) study also explored the presence of love in residential care. They defined this as staff's ability to demonstrate that relationships could withstand difficult circumstances. In their study, this was intertwined with staff's deeply felt belief in young people's ability to change. Maata & Uusiautti (2013) suggested that this form of love offered commitment and could communicate that young people were accepted and valued. They found that this had a transformative healing power, because young people came to understand that acceptance was not contingent on behavioural expectations. In their study, this was a vehicle which could be used to develop positive self-narratives and identity, which helped young people to develop resilience and coping skills. This was also considered important within the studies of Schore (2015) who suggested that love was central to the development of a positive sense of self.

Equality

Loreman's (2011) study however, points out that love can only exist in organisational cultures which avoid dominance and control. This means that love requires an acceptance that all humans are equal, regardless of their status as young person or staff member. In his study, this was found to create a culture of mutual respect. Arguably, links can be made between this and Rogers (1980) concepts of unconditional positive regard. In Rogerian terms, this requires empathy and emotional congruence. In Loreman's (2011) study, this was demonstrated by equalising power relations and communicating acceptance. For Rogers, unconditional positive regard also includes the ability to mirror emotions in a positive way by validating feelings. The study considers how these perspectives fit within the studied therapeutic approach. However, this discussion highlights that love is a concept which holds potential therapeutic value. The study considers the extent to which these concepts are

embedded within the approach, and looks to some of the challenges involved in this aspect of practice.

Ideologies & Therapeutic Approaches

White (2016) claims that the dominance of attachment theory means that, from the 1960s and 1970s onwards, relationships with young people in general could be thought of in technicalised, scientific terms, where emotional bonds could be re-defined as 'attachment style' rather than 'love'. This, he claims, coincided with a political focus on creating services which could evidence value for money. Within this, the quality of relationships could be measured in technicalised ways, to evidence the value of therapeutic approaches, which promoted the concept that care could be standardised (White, 2016).

Hanlon (2007) argues that residential care's history of abuse scandals plays into this, by encouraging emotional distance to be viewed as a valued aspect of professional care practice. In White's (2016) view, technicalisation of care obscures the complexities of human relationships, thereby reducing their healing potential. He claims that this embodies a 'neo-liberal Western metanarrative' in which failures to thrive can be located in the pathology of the young person, rather than failures of the wider social system. Steckley & Smith (2016) suggest that blame for poor outcomes is also often attributed to residential care staff and/or organisations. Each of these researchers claim that this obscures the ways that the wider social structure oppresses young people by denying them love, belonging and genuinely felt care (Steckley & Smith, 2016; Hanlon, 2007; White, 2016). These perspectives highlight that although love is a possible direction for therapeutic residential care, cultural and ideological issues may present challenges within practice. The study considers these perspectives in relation to the therapeutic approach, to offer insights into the challenges staff encounter in practice.

Challenges & Support Mechanisms

Ruch's (2007) study found that to maintain therapeutic relationships with young people, staff required help to understand their own emotional needs and behavioural triggers. She found that managers often provided an important role in 'containing' staff's emotions. Her work builds upon Bion's (1962) concept of 'emotional containment'. This is where a supportive person listens non-judgementally and absorbs troubling emotions. These are then detoxified by the reassurance and unequivocal acceptance provided by the other person. In Ruch's (2007) study managers provided this to residential care staff via supervision and reflective discussions. Her study found that reflective discussions helped staff to become critically aware of their own expectations of young people's behaviour. Additionally, she found that this helped staff to examine their own family experiences,

and develop awareness of how these affected their responses within the care setting. Over time, this 'containment' allowed staff to develop emotional resilience. This helped staff to respond positively to difficult situations.

Ruch's (2007) study found that emotional containment created a reflective organisational culture, where all staff, young people and managers were encouraged to openly discuss and analyse emotions. However, she also found that where managers were unable to provide 'emotional containment', there was a risk that staff, young people and the entire organisation could be overwhelmed by emotion. Various other studies have sought to examine this (see Bloom, 2013; Berridge et al, 2012; Houston, 2010; Ruch, 2007). Overwhelmingly, the research indicates that if staff member's emotions are not validated and mindfully supported, it can lead to defensive organisational practice (Bloom, 2013; Cairns, 2007; Houston, 2010; Ruch, 2007). This is where young people become blamed for the perplexing emotions that their behaviour evokes, thereby reducing the likelihood of supportive interventions (Ruch, 2007; Houston, 2010; Berridge et al, 2012; Bloom, 2013). These points generate important contextual information which highlights the importance of exploring how staff perceive reflection within the studied approach.

Knowledge

Houston's (2010) study re-enforced the concept that reflection and open discussion of emotions can support staff to manage the challenges of daily residential care practice. However, his research considered how organisational anxiety could be managed. He found that therapeutic approaches were strengthened by manager's ability to cascade theoretical knowledge mindfully down throughout the organisation. His study showed that reflection was a vehicle to encourage critical thinking. This encouraged flexible interventions to meet young people's needs, because staff were encouraged to question assumptions and think creatively about solutions to presenting issues. This perspective highlights that therapeutic approaches may be underpinned by theoretical knowledge. The study considers this within the context of the therapeutic approach, and looks to how knowledge supports the approach and why.

The study examines how these concepts relate to the studied therapeutic approach and considers how the approach is conceptualised and what processes support it, alongside some of the challenges experienced in practice.

Chapter Three – Methodology

The Organisation

The studied organisation is a private residential childcare provider, based in Scotland. They provide residential care for young people aged 12- 18 years, who have experienced multiple placement breakdowns, trauma and/or neglect. Referrals are accepted from local authorities throughout Scotland. The organisation has three houses, which are set in rural locations. Each house accommodates a maximum of two children, who are supported daily by two staff members. Staff members live off-site with their own families, who are not involved in the care of young people. Shifts are rotational, and are 24 hours long, beginning and ending at 7am.

Research Aims

The study critically analysed how the therapeutic approach was conceptualised and identified the challenges, alongside the support required to maintain it. Case study methodology was used to critically analyse this, offering an in-depth qualitative exploration. Case study methodology is sometimes criticised on the basis that it is difficult to prove how representative it is, given the absence of comparisons (Bryman, 2015). However, this methodology was selected because comparing two or more settings in the allotted time frames was unlikely to gain sufficiently detailed data. Within the literature, there was an urgent call for studies which offer an in-depth qualitative exploration of individual therapeutic models. Case study methodology was selected to uncover new knowledge to contribute to policy and practice in this area.

Research Questions

The study aimed to answer the following research questions:

1. How is the therapeutic approach conceptualised by staff?
2. What processes support the therapeutic approach?
3. What are some of the challenges involved in the therapeutic approach?

Ethical Considerations & Participant Recruitment

A detailed ethical proposal was approved by the university ethics committee in December 2016. This highlighted that no amendments were required, and gave permission to commence research. This enabled formal proposals to be outlined to the organisation. I then attended a management meeting, and three team meetings to outline proposals and recruit participants. This allowed open discussions about study aims, design, confidentiality and data storage procedures (see appendix ii).

Sampling

From the outset, staff were generous in their sharing of perspectives and insights. Study reliability was important, so a decision was made to avoid purposive sampling. Carey (2013) describes

purposive sampling as being where participants are selected who are most likely to give insight into a specific issue. I understood that there was a risk of selecting participants who would embody my own view. To avoid this, and create objective, valid research, I randomly selected participants from a high number of interested respondents.

Study Reliability

To obtain a cross section of opinions, equal numbers of participants were selected from each of the organisation's houses. Participants were predominantly residential care workers, although two managers were also randomly selected for inclusion in the research. Due to the size of the organisation, and the close relationships between participants, identifying individuals by job role had the potential to expose identities. To avoid this risk, no distinction was made in terms of job role within the finished research. However, it is also a limitation of the research, because this is an area where further insights may have been of value.

Study Design & Methods

In total, ten interviews were conducted. The following pseudonyms have been used throughout the research:

Lucas	Danny	Jamie
Suzanne	Terry	Sarah
Bob	Lucy	Patricia
Andrew		

Pilot Interview

A pilot interview was conducted to test the study design. This revealed that the interview questions were too vague. A decision was then made to adapt the questions prior to commencement of the main study (see appendix iii).

Limitations

The focus of the study was to consider how the approach was conceptualised by staff. Whilst this generated valuable insights, it failed to examine how the approach was understood and experienced by young people. If further research is done in this field, it is recommended that young people's voices are incorporated. It is possible that this would generate alternative viewpoints, which may bring value to both policy and practice.

Although interviewees were not asked specific questions about length of service, some volunteered information about the length of time that they had been with the organisation. Cross referencing this data with responses revealed some potential trends. However, this data was not reliable because it was not universally known across all participants, so the insights gained could not be

considered conclusive. This is seen as a limitation of the research. If further research is done in this area, it is recommended that the study design can offer comparisons between participant responses and length of service.

Study Scope

The interview questionnaire had a total of sixteen questions. It became apparent that many participants were highly motivated to contribute to research in the field. As a result, very detailed data was uncovered. The interview questions, although refined, were still relatively open to interpretation. This meant that interviews lasted between 45 minutes to one hour and 45 minutes. This generated a large amount of data, which had to be processed and transcribed. Initially, I had planned to transcribe data from the audio files verbatim. However, given the sheer volume of data, and time constraints, it was necessary to transcribe only the relevant data. The need for study reliability was important, so I drew upon supervision to reduce the risk of skewing the data. Due to the small scale of the research, the vast quantity of data was manageable. However, it is important learning, because if the study had been larger, the scale of the data may have rendered the project unmanageable within time and/or funding constraints.

Research Theory

An inductive reasoning approach helped to analyse the literature review, and the study data. This meant that I did not set out to prove or disprove a specific theory. This helped to maintain study validity by reducing the risk of researcher bias (Carey, 2013). Avoiding a fixed hypothesis helped to avoid the risk of contaminating the research with my own perspectives. Despite this, themes such as therapeutic relationships, reflection and theoretical knowledge emanated strongly from the literature. This meant that I had to recognise these themes as pertinent to the study. Once this became apparent, an element of deductive reasoning was used to create the interview questionnaire. Carey (2013) refers to this combinistic approach as ‘retroduction’. What this means is that inductive reasoning helped me to avoid a firm hypothesis, whilst deductive reasoning provided a framework to understand and analyse findings.

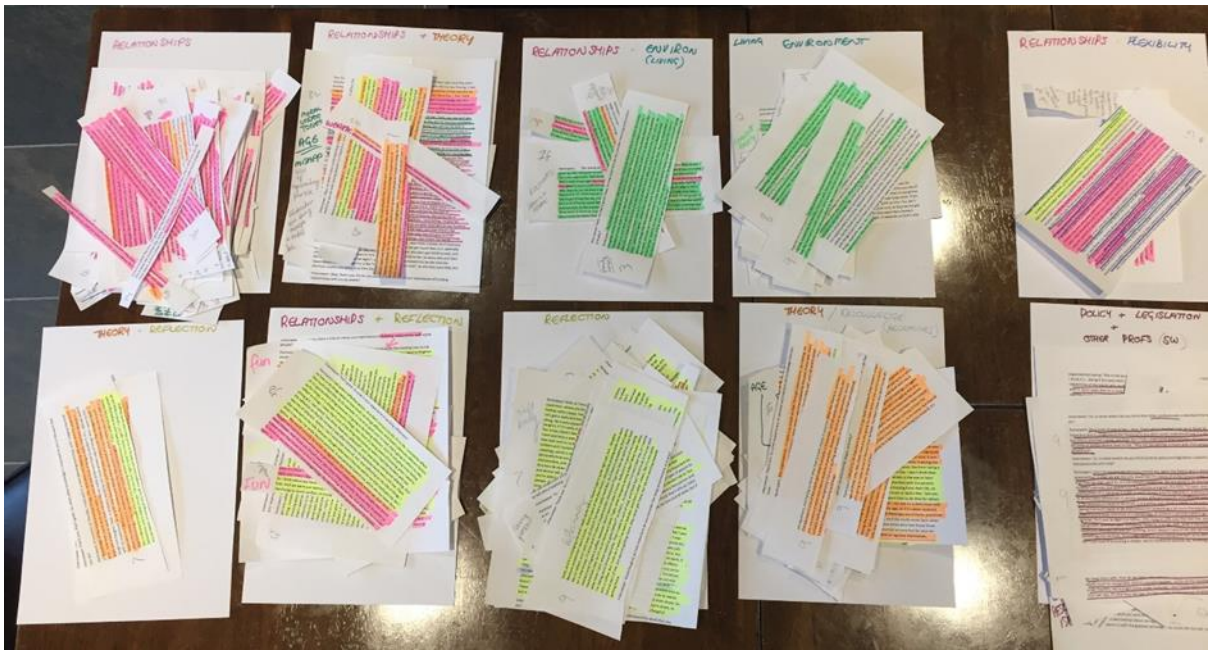
However, the case study methodology was also important because I could recognise that I may identify phenomenological data, which whilst pertinent to the study, may sit outside general research findings. Open-ness to this possibility allowed me to cast a wide conceptual net, and I was open to re-negotiating hypotheses as they began to form. Within the literature review, many researchers had identified the importance of this form of research to the field (Whittaker et al, 2016; Gallagher & Green, 2012). This re-enforced the decision to adopt this methodology.

Data Analysis

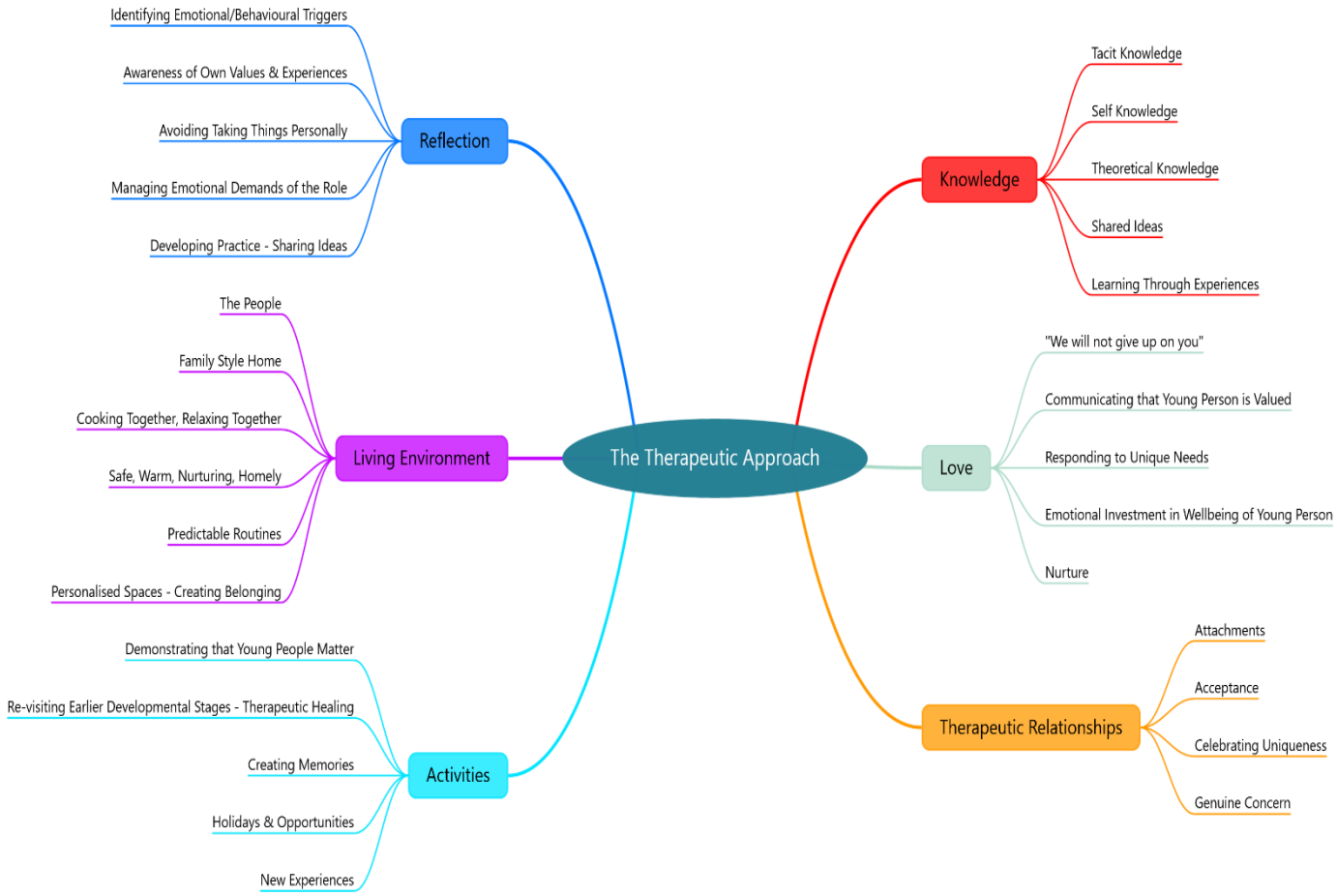
Initially, a grounded theory approach was used for data analysis (Glaser & Strauss, 1967). This meant that I listened carefully to audio recordings and analysed interview transcripts, using thematic analysis to scope for identifiable codes. Initial coding helped me to analyse findings, reducing the data into the following categories:

- Therapeutic Relationships
- Living Environment
- Activities
- Reflection
- Knowledge

However, two outliers were also identified – these were 'love' and 'morals'. Within a grounded theory approach, my aim was to reduce the data by developing the dominant categories into a theoretical framework (Silverman, 2006; Carey, 2013). However, the two outliers and the links between the concepts required further analysis. To manage this, I used concept maps to explore links between themes (Wheeldon, 2010). Initially, these were in written form as the picture below shows:



However, I began to pull these themes together into the following concepts and drew links, as the below graphic shows:



Wheeldon (2010) points out that concept maps can help to identify how phenomenological findings fit within overarching themes. Lee et al (2014) highlight that creative methods can generate important innovative insights within qualitative data analysis. I understood that using concept maps would allow the data analysis to be flexible. It was also an innovative way to analyse the subjectivity of participant's narratives, whilst being open to reflexive and critical thought. This showed that in fact, some of the supposed outliers, such as 'love' were significant findings, which thematically linked across all other areas. This discovery heralded the way for topical findings.

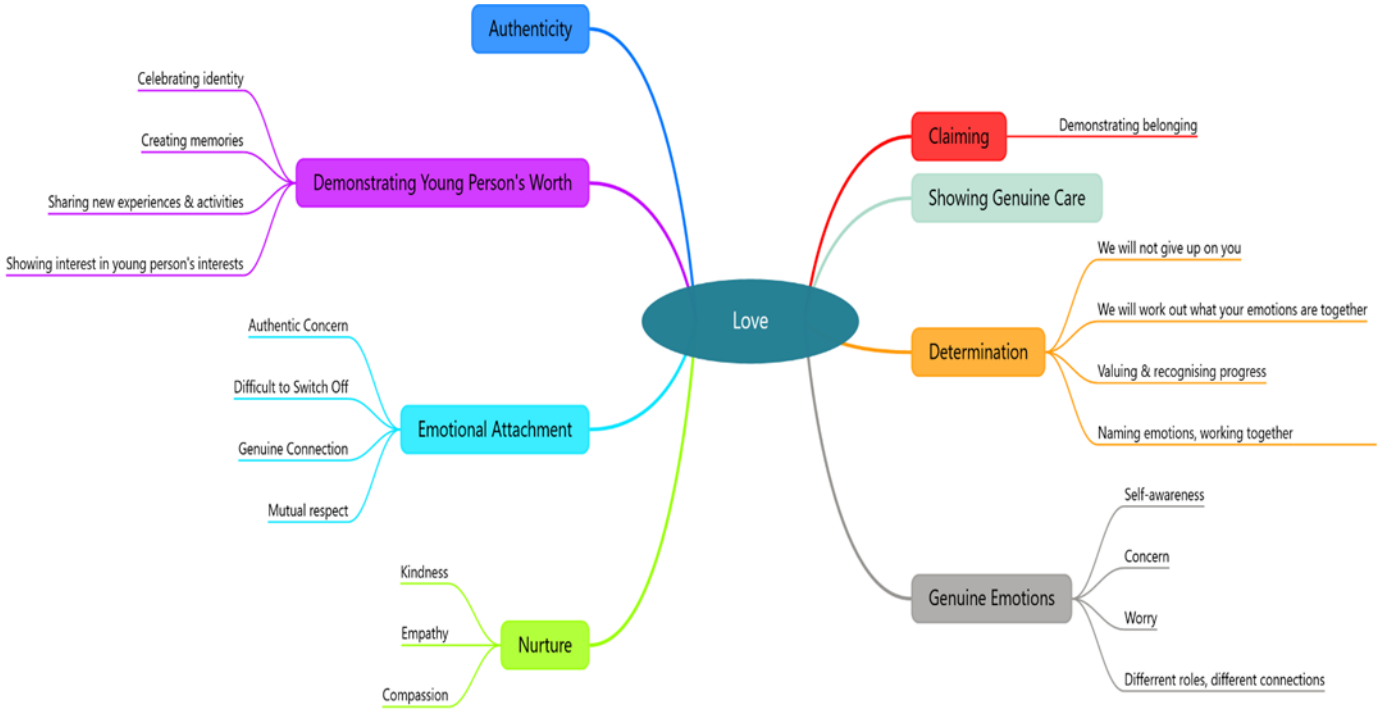
The use of concept mapping was also helpful because it helped to minimise researcher bias. Constructivists argue that all qualitative data is subjective (Creswell & Plano Clark, 2007). It is also recognised that data analysis is inevitably influenced by the subconscious value that a researcher places upon participant's responses (Wheeldon, 2009; Creswell & Plano Clark, 2007). Without the use of the concept maps during the second stage of data analysis, there is a risk that I may have missed the importance of the theme of 'love' within the research.

Chapter Four – Findings

Research Focus One: Conceptualising the Therapeutic Approach

Love

The first research question aimed to look at how the therapeutic approach was conceptualised. This revealed that love was a central concept within the approach. This concept was found to interlink with many other aspects of practice, as the following graphic shows:



The study found that the concept of love linked with staff's descriptions of therapeutic relationships. For example, one participant stated,

> *"We are trying to get their trust, we are showing them what love is, we are showing them what a relationship is, we are showing them empathy." (Terry)*

The above quote highlights a trend within the findings. The importance of staff engaging in meaningful relationships with young people was explored by many studies within the literature review (Gallagher & Green, 2012; Berridge & Biehal, 2010; Whittaker et al, 2016). Standing with young people, and helping them to make sense of difficulties was shown to be significant across other studies also (Gallagher & Green, 2012; Berridge & Biehal, 2010). However, within these studies, this appears under the terminology of 'therapeutic relationships', rather than 'love' (Berridge & Biehal, 2010; Gallagher & Green, 2012).

Within participant's accounts however, the term 'love' was found to have more than semantic value. It appeared to help staff to make sense of genuine, emotional connections, and their investment in working to ensure the wellbeing of young people. The literature review highlighted however, that love is a concept to which residential care may be returning. This shows that these findings are not unique. However, they do demonstrate a contemporary change in thinking, which may highlight a potential new direction for Scotland's residential care sector.

Organisational Culture

In her 2012 study, Giata found that love was linked to empathy, which is consistent with the above quote. However, Vincent (2016) argues that love is a far wider, more reaching concept than empathy. Vincent's (2016) research suggests that describing the concept of love in terms of empathy often reflects a recognition that love is a debated term in professional care services. Consistent with this perspective, the study highlighted that for staff, love although linked to empathy, was described more as a way of being. This often linked to notions of ethos and organisational culture as this example shows,

> *"I see it like a holding place. Like containing. They're allowed to express their emotions, their trauma. We'll try and help them understand why they might be feeling the way they're feeling. We try to help them to see what might be the trigger, the catalyst that's caused them to have a really good day, or a really bad day, but because we have only got them for a short time, maybe a year, well you've got to kind of slow-drip it, you know compassion, kindness, love, nurture" (Suzanne).*

The above quote highlights a key theme, where staff linked love to showing young people that they were determined to help them to build positive narratives around difficulties. In many ways, the concept of love appeared to support the approach, because it acted as a motivator for staff, who often communicated a deeply felt belief in young people's ability to overcome current difficulties, and attain positive futures. In the literature review, Maata & Uusiautti (2013) described this as 'transformative', indicating that it had huge therapeutic potential. One participant explored this by stating,

> *"it's showing [young people] that they are interesting, and that they are loveable. Like even when they are struggling, we are not going to put in the towel, that we are going to love you and support you because that is what the need is. They're in because they are struggling, not because they are thriving"* (Lucas).

The above quote highlights that staff often recognised and reflected upon young people's struggles. Within this, the theme of acceptance emerged. Many participants linked love to themes of empowerment and solidarity. For example, one participant stated,

> *"Well, it doesn't matter what kids do, they don't leave us, unless they are moving on. So there's been… kind of, windows taken out the building and stuff, but they don't go to secure. That's what I mean by claiming them. We don't give up. We try to let them know that we understand why they are doing things. Instead of being like "oh, they're bad" and we don't use restraint, so they know we'll take time to help them work things out" (Danny).*

The above quote demonstrates staff's acceptance of young people's individual pathways towards recovery. In the literature review, this was often framed as an aspect of love in professional practice (Giata, 2012; Loreman, 2011; Hanlon, 2007). Loreman's (2011) research highlights that love cannot exist without a sense of mutual value and equality. The findings confirm this perspective, in that staff regularly linked the therapeutic potential of the approach to the organisation's non-restraint policy, as this example shows,

> *"… let's not communicate to that person that they're bad, that they're not okay. I'm not that chuffed with the behaviour, but you're okay. It's okay to be upset, it's okay to be angry as well, it's how you display that anger. And I'm watching it every day with our young people, who yes, smash things and yes, do smash things to pieces. And then the next day, it's not six cups that get smashed, it's five. It's someone who goes from smashing things to [swearing]. And yes, that's not very nice. It's not very nice to be on the receiving end of that, but you know, because we are not physically intervening, that person is building a relationship." (Bob).*

The above quote shows that for staff, avoiding restraint allowed young people space to work through difficulties. The study did not expressly look at how risk was managed within this, which remains an area where further study could be of value. However, a further theme was also found to link with this, where staff regularly expressed that connecting with young people on a genuine level was possible due to staff building relationships at each young person's pace. Linking to Loreman's (2011) perspectives, staff within the study often expressed that they valued young people as equals, and felt that they were all in it together.

Several aspects of the environment were found to be important ways to communicate belonging, equality and in-group membership. Participants regularly mentioned that only two young people lived within each house, and that they were supported by the same two shift partners on a rotational shift basis. Many participants reflected that shift partners were 'like a mum and dad' during their 24-hour shifts, as the following example shows,

> *"while I'm on shift, even the adults can come to me. So even sometimes, I get told that I'm not Dad. Not so much now, because I'm aware of it now, but I'd be like I'll protect everyone, I'll look after everyone. I'd do all the heavy lifting, I'd sort the car. I would do 'father role'" (Danny).*

The above quote highlights that many staff drew upon concepts of kin to understand their daily roles. The literature review highlighted that this is a potential trend within residential care settings (Kendrick, 2013; Fowler, 2015). However, the study found that daily activities such as cooking together and domestic tasks were often used to communicate belonging and love, because they demonstrated equal power relations, and that staff valued young people. This finding links to the perspectives of Emond et al (2016) who suggest that these activities convey belonging and in-group membership. This also links to Loreman's perspectives in that it required an avoidance of dominance and punitive control, as this example shows,

> *"And it's kind of like unconditional acts of care. You are trying to support them with their behaviour, but within all of that there's got to be unconditional acts of care where judgements are not made, and it's not held against them" (Lucy).*

The above example highlights that the approach was underpinned by staff's ability to continue to offer nurturing care no matter how difficult situations or behaviour became.

Discussion & Recommendations

The first research focus was to examine how the therapeutic approach was conceptualised. Although the study did not initially intend to examine the concept of love, it became evident that this was inherently important to staff members, and this was found to be a central concept within the approach. As the above section highlights, love was also a means to communicate determination, and a deeply felt desire to help young people to overcome difficulties. This appeared to be underpinned by non-judgemental acceptance and flexibility. Although this exploration largely answers research question one, the depth of data uncovered suggests that larger scale research may

be of benefit. It is possible that further research may be able to analyse this further, leading to insights which could be developed into a framework for therapeutic residential care practice.

The literature review highlighted that dominant theories and ideologies have allowed the relationships between staff and young people in residential care to be described in technicalised terms. This means that in practice, it is common for notions of 'care' to be considered distinct from notions of 'love'. The finding that love was the dominant therapeutic concept was important, because it challenges this, showing that love is a concept to which residential care may be returning. Staff gave many examples where demonstrating enduring love and acceptance had helped young people's behavioural issues to reduce. Staff reflected that the therapeutic approach had helped young people to build emotional coping skills, as the genuine relationships offered a platform to create narratives around difficulties. However, the study did not feature the direct voices of young people, so how the approach was experienced by young people cannot be known. The findings indicate that this is a potentially promising direction for residential care practice. To fully investigate the potential of this, it is recommended that further research is undertaken which explores how this form of practice is experienced by young people, placing their voices at the centre of enquiry. Further research in this area could add value to Scotland's ongoing review of residential child care (Scottish Executive, 2008; Sturgeon, 2016).

Research Focus Two: Supporting the Therapeutic Approach

The second aim of the study was to examine how the approach was supported. Overwhelmingly, the approach was found to be supported by a reflective organisational culture as the following concept map highlights:

As the concept map shows, reflection was found to have a range of functions, and was supported in various ways. The following sections will critically analyse this in more depth. As shown above, the findings were consistent with much of the reviewed literature, in that reflection was the overarching support mechanism which was valued by staff (Ruch, 2007; Houston, 2010; Gallagher & Green, 2012). Within the study, reflection appeared to have two main functions: it helped staff to manage the emotional demands of the role, whilst also generating new strategies and ideas, thereby continually evolving practice.

External Supervision & Management Support

The theme of managing emotions emerged from the findings, and it was evident that engaging with young people on a meaningful, emotionally attuned level could be present emotional challenges for staff at times as the following example shows,

> *"I think I do struggle quite a lot with… what these kids are going through. Sometimes, I wish I didn't care so much, because I do get quite emotionally involved I would say. But then, I do have the spaces to talk about it, so that's positive as well. I'm sure that there's people in this line of work who don't have that" (Lucy).*

The above quote encapsulates a key theme, where staff could recognise aspects of practice which felt emotionally challenging to them as individuals. However, in common with the above quote, staff tended to be able to identify sources of support which they could draw upon to make sense of emotions. In Ruch's (2007) study, the 'emotional containment' offered by supervision with managers was emphasised. Within the study, it became clear that supervision with managers, and external supervisors was valued by staff. This was reported to increase self-awareness. Staff described using supervision as a confidential space to explore the impact of their own histories, emotions and behavioural triggers. This was found to support staff to help them to understand why specific events had felt especially difficult, and to plan coping strategies for future situations. Staff reported that this increased their ability to stay calm in a crisis. One participant summed this finding up stating,

> *"Reflection is part of my coping mechanism now" (Andrew).*

As the above quote shows, reflection appeared to help staff to manage difficulties. Some staff mentioned that it brought benefits across all aspects of their lives. Ruch's (2007) study confirmed these findings also, stating that reflection helped staff to increase emotional coping skills. Within the study, staff regularly related this to their ability to understand what might be going on for young people. In this way reflection was found to support staff to respond to young people's emotional needs, whilst simultaneously managing their own.

Management Support

Managers were also found to play an important role in supporting staff to maintain the therapeutic approach, as the following example highlights,

> *"… the support that you get from managers, and external supervisors as well. Because there's been times where I've been struggling. My manager has sat me down and said "right, I wonder if you're struggling for this reason?" and it'll be something that I've completely not thought of but it's something that I've been holding on to… And it's not until my manager*

has named it for me that I've gone "No, you're absolutely right!". And that's helped me process it" (Jamie).

The above quote is thematically consistent across much of the findings. These findings are consistent with Houston's (2010) research which emphasised the importance of managers who could help staff to understand difficulties in practice. Ruch (2007) suggested that this helped to detoxify troubling emotions. This was certainly evident within staff's accounts, as the above quotes show. However, the study found that this was also mirrored in staff's accounts of their role with young people. Staff regularly stated that it was their role to help young people to make connections between their past experiences, emotions and behaviour. This was considered central to demonstrating loving acceptance, and creating narratives around difficulties. The study found that this was echoed in the role that managers and supervisors played for staff. However, it was not clear whether staff were aware of this mirroring of roles. The study could not conclusively say what the impact would be if this mirroring was not positive. It is possible to suggest that further study which examines the impact of supervision relationships upon direct practice experiences may bring value to the field.

Additionally, staff reported that reflection created a culture of mutual learning and support. This was valued by staff, who recognised that as they learned more about themselves, they were more able to develop meaningful, positive relationships with young people. However, many participants suggested that although reflection played a supportive role, it could also be challenging. For example,

"Even when I go home, I reflect on what I could've done better… I really should stop, because I need to just go home and forget and switch off and come into work the next day" (Lucas)

The above quote was thematically significant across the findings, where many staff indicated that switching off critically reflective thought processes at the end of a shift was difficult. Many staff stated that they tended to focus on things that had gone wrong, rather than celebrating positives. For some, the level of introspection was challenging, and it was clear that developing self-awareness could, for some, be an arduous process. Some participants described this as a learning curve which they adapted to with length of service as this example shows,

"I love my supervision because reflectively looking on, and it's someone else's opinion on what's going on and it's you know, sometimes you need that… It's quite hard, but. Well that was hard to start off with, but now I've settled into the company, and the way the company works and the support that's there for you, it's good. It's really good. So, going back

reflectively, I'm taking more positives out of everything that's happening now. Rather than thinking, "have I done that wrong?" (Andrew).

As the above quote shows, the study began to suggest that reflection may become easier through length of service. However, study design meant that staff were not asked explicitly about length of service. Because of this, it is not possible to conclusively say whether reflection became easier through time. The literature review highlighted that residential care's problematic history has created an audit culture, where staff must account for each decision made (Smith, 2016). It is possible to speculate that this context may contribute towards difficulties in reflection, by generating fear over getting things wrong. This aspect of the findings suggests that further research which considers whether reflection requires additional support during early employment, may bring value to practice.

Knowledge

Knowledge was also found to support the therapeutic approach. It became evident however, that theories and practice were intertwined in applied ways, rather than being explicitly discussed. For example, the literature review highlighted the importance of responding to young people's emotional needs, rather than chronological age. Many staff considered this central to the ethos of the organisation, as this example shows,

"… we were all sitting at the table, and it was totally fine. And then "Elidh" [young person – pseudonym] started to get quite hyper. And she had a cup of tea and a yoghurt, and as she was laughing she was spitting the tea out everywhere, in a very up, up hyperactive mood. And then, sort of even taking it further, because at this stage, we had all kind of stopped laughing, and we were watching her. And she took the yoghurt in her hands and started smearing it on the table. And she is sixteen, so I would say she totally regressed into toddler mode. And I think the natural reaction to that would be "You are sixteen, stop doing that, get a hold of yourself! Go and clean it up!" but I managed to recognise that this was her completely regressing. So I went through and I got a cloth, and I said "Right, come here you, you messy pup" and I started cleaning her hands. And through that I started encouraging her to clean the table herself. And then she actually did it. And then she completely calmed down after that" (Suzanne).

Within the above account, the participant did not mention theoretical perspectives as drivers to her response. Instead, she felt that she was acting on instinct, and from reading the situation. Many staff reported that they valued opportunities which allowed young people to regress to earlier developmental stages, stating that these times were used to convey nurture and acceptance. In

theoretical terms, this links to Gordon & Archer's (2012) work, where this technique is often referred to as 'developmental reparenting'. Within the study, many staff used this term to describe similar events. Staff expressed knowledge that this helped young people to reduce anxieties and develop coping skills, alongside emotional regulation.

Interestingly however, many staff expressed that they had very limited theoretical awareness, whilst simultaneously giving practice examples like the above quote, where clear links to theories could be drawn. Closer analysis of this apparently phenomenological finding revealed that theoretical knowledge was conveyed via organisational culture and internal policies rather than being an explicit part of daily discussions. In the literature review, Houston's (2010) emphasised the importance of organisational cultures in which theoretical knowledge was cascaded down from management. He suggested that when this combined with reflection, it had the capacity to encourage flexible, creative interventions and an organisation which could tolerate the uncertainty that genuinely therapeutic approaches can bring. The findings confirm that knowledge was shared via discussions between colleagues, managers, and the managing director. In common with much of the literature, this appeared to allow practice to continually evolve and adapt to individual young people and circumstances.

Discussion & Recommendations

Despite the small scale of the research, it became evident that understanding human interactions is inherently complex. Staff reported that reflection and supervision supported them to maintain the therapeutic approach by increasing self-awareness. This also appeared to unify individual staff members with the overarching therapeutic approach. However, for many staff, this level of introspection was challenging. The study showed early indications that the ability to experience reflection as supportive and helpful may increase according to length of service. Due to the study design, it was not possible to conclusively say whether this capacity built over time. Further research which explores this is recommended. Particularly, research which identifies ways to support reflection and self-awareness in the early stages of employment could help to reduce the impact of high staff turnover within the sector (Bayes, 2009).

These findings partially answer the second research question, which was to look at the processes involved in supporting the organisation's therapeutic approach. This question was answered via a critical discussion which highlighted that knowledge and theory were interwoven within practice in an applied, implicit way. This was found to support the approach for two reasons. Firstly, it supported staff to respond in flexible, innovative ways to young people's individual needs. Secondly, knowledge was found to be regularly exchanged and discussed between managers, staff and

colleagues, which meant that practice continually evolved. This was found to support staff to manage the anxieties inherent in working flexibly. The literature review highlighted that the specialism of residential care is rarely acknowledged (Steckley & Smith, 2011; Langland, 2009). Langland (2009) made the point that this disempowers both staff and young people. The study's findings touch upon some of the complexities inherent in practice. It is hoped that this exploration, however brief, contributes new knowledge to the sector, which encourages critical discussion on the role, scope and potential of residential care.

Research Focus Three: Challenges Inherent in the Therapeutic Approach

The third research question looks at the challenges involved in the approach. The study found that, staff encountered challenges on a personal, professional and structural level. The following sections discuss all three of these challenges separately, but it should be noted, that they are at times, all interlinked.

Personal Challenges

As discussed, many participants felt that being able to respond flexibly to young people's emotional needs was central to the therapeutic approach. However, the study revealed a small number of outliers, for whom this aspect of practice presented personal challenges, which were often described in 'moral' terms. Although these responses deviated from the majority, they represented an important finding within the study. For this sub-group of participants, behavioural expectations were found to link closely to young people's chronological age, and staff member's personal experiences of parenting or being parented. The below quote gives an example,

> "*I mean, you wouldn't put up with that from your own child. And we are reparenting… there needs to be emphasis on manners and having to take stock for your behaviour… sometimes language and behaviour is unacceptable. I don't think that is sorted out enough, it's just sort of let go some of the time… and this is not an eight, nine-year-old: this is a fifteen, sixteen, seventeen-year-old" (Patricia).*

The quote above highlights that for this small sub-group of participants, the term 'reparenting' created a further dynamic. For this group, the term appeared to serve as a vehicle which connected age related behavioural expectations to staff member's own family biographies. These expectations often implicitly linked to notions of morals. For these staff members, the fact that the approach prioritised nurture over discipline created an element of ethical stress. Staff who felt this way expressed feeling that more consequences should be issued for 'poor behaviour', as the below example highlights,

"The world is full of rules, you have to follow them. If we are a lawless community, the world would be a horrible place" (Sarah).

This quote is an example of a theme within the sub-group of participants. These participants expressed feeling that more action should be taken for negative behaviour, to prepare young people for a world which might be less tolerant. However, despite the tensions they described, each member also expressed valuing and adhering to the therapeutic approach. Interestingly however, staff who felt this way described using emotional distance to manage the ethical stress involved for them, as the following example highlights,

"And you do keep an emotional distance, professionally, you have to" (Sarah).

Although this theme was consistent across the sub-group, it differs notably from the remainder of the findings. From analysing this, it was not possible to be conclusive about possible links between emotional distance and managing ethical stress. However, further research which examines this could be of value, especially when considering the place of love within residential care.

Structural Challenges

The study also revealed challenges on a structural level. Staff reported that most local authorities embraced the approach. However, participants mentioned that in one local authority, their relationships with young people, and the organisation's desire to offer aftercare had been viewed negatively by placing social workers. Looking to the literature review, this study raises the question about whether these findings link to ideological concerns surrounding love in residential care. The following quote gives an example of staff's perceptions about this,

"they just don't get the whole love thing. They think we are weird" (Terry).

The above quote summarises a key theme where staff recognised that providing loving care for young people was debated and frequently misunderstood by other professionals. From the findings, it was not possible to identify which specific factors had caused debates between the organisation and a local authority. It was clearly an area which staff found uncomfortable to discuss, highlighting that it may have presented further challenges in practice than the findings suggest. Many participants stated that they felt disempowered in their roles and that decisions around young people's care was often out of their hands. Although they described efforts to work in partnership with social workers, it was clear that there were tensions involved in this. The literature review highlighted that this is a common issue within residential care (Steckley & Smith, 2011; Bayes, 2009; Langland, 2009; Whittaker et al, 2009). This finding indicates that further research which explores how relationships between social workers and residential care staff could be strengthened may

bring value to the current political debates facing the sector. This is particularly significant given the emphasis on multi-professional partnerships within the Scottish context (Scottish Executive, 2008).

Systemic Challenges

From the study, it became clear that many staff found the context of care challenging, and were motivated to contribute towards systemic change. For example, many staff expressed deeply felt concern for young people's future wellbeing, and need for aftercare support. Talking about this, one participant stated,

> *"… It's just so needed, all the kids would really benefit from it, and all the legislation like 'Staying put Scotland' and the new Children & Young People's act as well is all saying through care and aftercare, and I've just not seen it happening yet. And I think it's really quite sad, especially how much care and support the kids do get at [the organisation]. And I think it must be so hard to go from being so cared for, and so supported to…you know… just not" (Lucy)*

This quote highlights that for staff, keeping in touch with young people after they had left the organisation's care was a way to demonstrate that relationships had been genuine and meaningful. This, when possible, was considered to support the therapeutic aims of the approach. However, staff expressed concern that this was not universally supported by social workers across all local authorities, which staff found challenging to accept, causing ethical stress, and frustration. When we consider this finding in the context of Scottish policy and legislation which emphasises aftercare, it is possible to suggest that there may be a gap between political rhetoric, and practice realities (Scottish Government, 2013). Once again, the findings indicate that further research which considers how ethical stress is managed within residential care may bring value to practice within the sector.

Discussion & Recommendations

These findings are particularly significant given Scotland's current 'root and branch review' of residential care (Sturgeon, 2016). Policy makers are beginning to have discussions with care providers and researchers to establish how residential care can evolve to offer all young people emotional warmth, love and opportunities. This study's findings highlight that loving, emotionally informed care presents many challenges within a multi-professional system. In common with the perspectives in the literature review, the study indicates that this may require a cultural and ideological shift (Furnivall, 2011; White, 2016). Despite many policy and legislative initiatives supporting the use of love and emotional warmth, research shows that acceptance of this is not consistent across all providers, or all local authorities (Langland et al, 2009; Davidson et al, 2009; Bayes, 2009; White, 2016; Smith, 2016). The study has touched the surface of some of these issues,

but has been unable to offer a sufficient depth of analysis due to scope and remit. Therefore, it is recommended that further research is undertaken which identifies ways to equalise power imbalances within the sector, to allow meaningful platforms to discuss therapeutic approaches, and specifically the role of emotions and love within professional practice.

Personal Reflection

The emergence of love as the dominant underlying principle of the therapeutic approach came as a surprise to me. Perhaps this surprise is indicative of a wider issue. As a practitioner, it is possible that despite attempts to resist, I had subconsciously come to view the social world as one in which clear, unambiguous statements could be made, and understandings sought. Despite the insights offered by a grounding in post-modernist thought and a belief in the subjectivity of both truth and experience, I had un-knowingly begun to see things in a way that could be described as 'technicalised'. This means that the messy truth of life and humanity had somehow become lost amid a heavy reliance upon grand theories such as attachment and child development. For me, the findings of this research caused some inward reflection, which had to then be located within the wider sphere of social work practice.

Conclusion

This study set out to consider how a therapeutic approach was conceptualised, by identifying underlying principles. The concept of love has been noted as a dominant principle, which infiltrated all other aspects of care. The care environment and supportive relationships between staff and managers were seen to support and maintain the approach. Knowledge was identified as a framework which influenced organisational culture, creating flexible interventions designed to meet unique needs. Knowledge was best described as applied, and although derived from theories, it was greatly supported by managers. This appeared to support staff to manage the uncertainty inherent in caring under difficult circumstances.

The study also aimed to look at how the approach was supported. Reflection was shown to be fundamental in supporting the approach. This appeared to help staff to manage their own emotional and behavioural triggers. This increased their ability to do the same for young people. In the findings, it was apparent that this increased emotional resilience and coping skills across the organisation. Concept maps have explored the ways that this was supported organisationally, offering unique findings and a basis for further discussions. This has led to insights which could contribute to wider policy and practice.

The third aim of the study was to consider the challenges posed by the approach. Within this, wider culture, ideologies and fears over residential care's problematic history appeared to create friction in some local authorities in terms of their perceptions of the approach. The ability to discuss and demonstrate love through enduring relationships and tenacity caused significant challenges in how the approach was perceived by local authority social workers. A discussion around this has highlighted several areas worthy of future research.

This study has highlighted that despite political and academic interest in moving towards emotionally warm, therapeutic relationships, a further ideological and cultural shift may be required. This study has raised important questions about the humanitarian principles of love. Within families of origin, the need for young people to feel nurtured, accepted and genuinely loved are not only societally endorsed, but also enshrined within Scottish legislation (The Children & Young People (Scotland) Act 2014). Whilst this same legislation applies to young people within residential care, the study shows that there is uncertainty about offering this same love in care practice. This has highlighted a potential gap between public discourse, political rhetoric and the realities facing young people in care. This shows the need for further research to explore and develop ideas about how approaches such as this can be more widely applied. The studied approach is one which claims to be specialised and inherently therapeutic. However, it raises some question about whether, in a context where nurture, inclusion and acceptance are a child's legal right, should 'love' ever be the domain of specialist providers? This study highlights that further research into the ideological context of love in Scotland's residential care settings could be of benefit to policy direction, with the potential to drive forward practice in this field. This study has therefore highlighted several areas worthy of further investigation, and has made several recommendations to contribute towards ongoing debates around the scope and use of residential care in Scotland.

References

Bayes, K. (2009) *Higher Aspirations, Brighter Futures: Overview of the National Residential Child Care Initiative*. Glasgow: Scottish Institute for Residential Child Care.

Belsky, J. and Nezworski, T.M. (2015) *Clinical implications of attachment*. London: Routledge.

Berridge, D., Biehal, N., & Henry, L. (2012) *Living in Children's Residential Homes.* London: Department for Education.

Bion, W. (1962) *Learning from Experience*. London: Heinemann.

Blaustein, M. E., & Kinniburgh, K. M. (2015) ‘ When Age Doesn’t Match Stage: Challenges and Considerations in Services for Transition-Age Youth with Histories of Developmental Trauma - Focal Point: Youth, Young Adults, & Mental Health’ in *Trauma-Informed Care*, Vol.29, 17-20.

Bloom, S. (2013) *Creating Sanctuary: Toward the Evolution of Sane Societies, Revised Edition.* London: Routledge.

Bowlby, J. (1969). Attachment and Loss: Volume 1. Attachment. London: Hogarth Press.

Bryman, A. (2015) *Social research methods*. Oxford: university press.

Bullock, R. and McSherry, D. (2009) Residential care in Great Britain and Northern Ireland: Perspectives from the United Kingdom, in Courtney, M.E. and Iwaniec, D. (eds) *Residential care of children: Comparative perspectives*, Oxford: Oxford University Press.

Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2014a) Child welfare inequalities: new evidence, further questions. Child & Family Social Work, doi:10.1111/cfs.12154.

Bywaters, P., Brady, G., Sparks, T., and Bos, E. (2014b) ‘Inequalities in child welfare intervention rates: the intersection of deprivation and identity’, *Child and Family Social Work*, online advanced access.

Bywaters, P., Brady, G., Sparks, T., Bos, E., Bunting, L., Daniel, B., Featherstone, B., Morris, K., and Scourfield, J. (2015) ‘Exploring inequities in child welfare and child protection services: explaining the ‘inverse intervention law’*. Children and Youth Services Review* 57, 98-105.

Bywaters, P., Brady, G., Sparks, T., Bos, E., Bunting, L., Daniel, B., Featherstone, B., Morris, K., and Scourfield, J. (2015) ‘Exploring inequities in child welfare and child protection services: explaining the ‘inverse intervention law’. *Children and Youth Services Review* . Vol.57, 98-105.

Cairns, K. (2007) ‘Caring for the carers: Preventing and managing secondary traumatic stress’ in *Responses to Traumatized Children* (pp. 186-199). Palgrave Macmillan UK.

Carey, M. (2013) *The Social Work Dissertation: Using Small-Scale Qualitative Methodology.* Maidenhead: Open University.

Children’s Hearing (Scotland) Act, 2011

Creswell, J., & Plano Clark, V. (2007). *Designing and conducting mixed methods research.* London: Sage.

Cross, R. (2010) 'Do you seek to be a specialist therapeutic residential care provider for children and young people who have complex needs? Some thoughts on the necessary criteria for practice in specialist residential services’ in *Scottish Journal of Residential Child Care*. Vol.9 (1).

Davidson, J., Wilkinson, C., Docherty, B., & Anderson, M. (2009), *Higher Aspirations, Brighter Futures: National Residential Child Care Initiative Workforce Repor*t. Glasgow: Scottish Institute for Residential Child Care.

Davis, R., & Gordon, J. (2011) *Social Work and the Law in Scotlan*d. London: Palgrave.

Emond, R., Steckley, L., & Roesch-Marsch (2016) *A Guide to Therapeutic Child Care.* London: Jessica Kingsley.

Farrugia, B. (2016) *Looked after children statistics: Analysis of Scottish Government Social Work statistics, 2014-15.* Glasgow: Centre for Excellence for Looked After Children in Scotland.

Fowler, N. (2015) '"We're like one, big, dysfunctional family": Struggling to define the role of residential child care workers' in *Scottish Journal of Residential Child Care.* Vol. 14(3): 19-32.

Furnivall, J. (2011). *Attachment-informed practice with looked after children and young people*. IRISS Insight no. 10. Glasgow: IRISS.

Furnivall, J., McKenna, M., McFarlane, S. & Grant, E. (2012). *Attachment Matters for All – An Attachment Mapping Exercise for Children's Services in Scotland*. Glasgow: CELCIS.

Gallagher, B., Green, A. (2012) 'In, out and aftercare: young adult's views on their lives, as children, in a therapeutic residential establishment' in *Children & Youth Services Review.* Vol. 34: 437-450.

Garfat, T., Fulcher, L. C., & Digney, J. (2013) *Making moments meaningful in child and youth care practice.* Capetown: Pretext.

Giata, R. (2012). Love and teaching: Renewing a common world. Oxford Review of Education, 38(6), 761-769.

Gilligan, R. (2014). *Foreword*. In Whittaker, J.W, Del Valle, J.F. and Holmes, L. (Eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice*. London and Philadelphia: Jessica Kingsley Publishers.

Glaser, B. G., & Strauss, A. (1967). *Discovery of grounded theory: Strategies for qualitative research.* Chicago: Aldine.

Gordon, C., Archer, C. (2012) *Reparenting the Child Who Hurts: A Guide to Healing Developmental Trauma and Attachments.* London: Jessica Kingsley.

Gordon, K. S., & Hughes, D. (2012) *Creating Loving Attachments: Parenting with PACE to Nurture Confidence and Security in the Troubled Child.* London: Jessica Kingsley.

Hanlon, N. (2007) 'An equality perspective on residential care' in *Scottish Journal of Residential Child Care.* Vol.(1): 23-31.

Houston, S. (2010). 'Building resilience in a children's home: Results from an action research project' in *Child & Family Social Work*. Vol.*15*(3): pp 357-368.

Kendrick, A. (2013) Relations, relationships and relatedness: residential child care and the family metaphor. *Child & Family Social Work*, *18*(1), pp.77-86.

Langland, R., Bayes, K., Davidson, J. (2009) *Higher Aspirations, Brighter Futures: Overview of the National Residential Childcare Initiative.* Glasgow: Scottish Institute for Residential Child Care.

Lee, B.R., & Barth, R.P. (2014). Improving the research base for therapeutic residential care. Logistical and analytic challenges meet methodological innovations. In Whittaker, J.W, Del Valle, J.F., & Holmes, L. (Eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice (pp. 231–245).* London and Philadelphia: Jessica Kingsley Publishers.

Loreman, T. (2011) *Love as pedagogy*. Rotterdam: Sense Publishers.

Määttä, K., & Uusiautti, S. (2013). *Many faces of love.* Rotterdam: Sense Publishers.

Macdonald, G., & Millen, S. (2012a) *Therapeutic approaches to social work in residential child care settings Literature review.* London: Social Care Institute for Excellence.

Macdonald, G., Millen, S., McCann, M., Roscoe, H. and Ewart-Boyle, S. (2012b) *Evaluation of therapeutic approaches to social work in residential child care settings (Report 58).* London: Social Care Institute for Excellence.

Matos, M., Pinto-Gouveia, J. and Costa, V., (2013) 'Understanding the importance of attachment in shame traumatic memory relation to depression: The impact of emotion regulation processes' in *Clinical Psychology & Psychotherapy*, *20*(2), pp.149-165.

McKnorrie, K. (2013) *Children's Hearings in Scotland.* Edinburgh: W. Green.

O'Higgins, A., J Sebba, J., & Luke, N. (2015)*What is the relationship between being in care*
Onwuegbuzie, A. J., & Frels, R. (2016) *Seven Steps to a Comprehensive Literature Review: A Multimodal and Cultural Approach.* London: Sage.

Perry, B, D. (2009) 'Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinica Applications of the Neurosequential Model of Therapeutics' in *Journal of Loss and Trauma.* Vol. 14: 240-255.

Rogers, C. R. (1980). *A way of being*. New York: Houghton Mifflin.

Ruch, G. (2007) 'Reflective practice in contemporary child-care social work: The role of containment' in *British Journal of Social Work*, *37*(4): pp.659-680.

Schore, A.N., 2015. *Affect regulation and the origin of the self: The neurobiology of emotional development*. Routledge.

Scottish Executive (2008) *Looked after children & young people: we can and must do better.* Edinburgh: Scottish Executive.

Scottish Executive (2008) *These are our bairns.* Edinburgh: Scottish Executive.

Scottish Government (2007) www.gov.scot/Topics/People/Young-People /protecting/lac/residential care, accessed 15th January, 2017.

Scottish Government (2009). *Getting it right for every child: Values and principles*. Edinburgh: Scottish Government.

Scottish Government (2013) *Staying Put Scotland Providing care leavers with connectness and belonging.* Edinburgh: Scottish Government.

Scottish Government (2017) http://www.gov.scot/Topics/People/Young-People/protecting/lac/residentialcare; accessed 10 January 2017.

Silverman, D. (200*6) Interpreting qualitative data: Methods for analyzing talk, text and interaction.* London: Sage.

Smith, M. (2009) *Rethinking Residential Child Care.* Bristol: Policy Press.

Smith, M. (2011). Love and the child and youth care relationship. Relational Child and Youth Care Practice, 24(1-2), 189-192.

Steckley, L. & Smith, M. (2011) 'Care ethics in residential child care: a different voice' in *Ethics and Social Welfare*. Vol 5(2): 181-195.

Sturgeon, N. (2016) speech http://www.snp.org/nicola_sturgeon_address_to_snp16; accessed 19 December, 2016.

The Children & Young People (Scotland) Act, 2014.

The Children (Scotland) Act 1995.

Vincent, J. (2016). Perspectives on love as a component of professional practice. [Joint Special Issue, Love in Professional Practice] Scottish Journal of Residential Child Care, 15(3) and International Journal of Social Pedagogy, 5(1), 6-21.

Wheeldon, J. (2010) 'Mapping mixed methods research: Methods, measures, and meaning' in *Journal of Mixed Methods Research*. Vol.4(2): 87-102.

White, K. (2016) 'The growth of love' in *Scottish Journal of Residential Child Care, 15(3) and International Journal of Social Pedagogy*. Vol.5(1), 22-33.

Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., Canali, C., Courtney, M., Currey, L., Daly, D., Gilligan, R., Grietens, H., Harder, A., Holden, M., James S., Kendrick, A., Knorth, E., Lausten, M., Lyons, J., Martin, E., McDermid, S., McNamara, P., Palareti, L., Ramsey, S., Sisson, K., Small, R., Thoburn, J., Thompson, R., Zeira, A. (2016) 'Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care', *Residential Treatment for Children & Youth*, Vol. 33(2): 89-106.

Appendices

Appendix i

Ethical Approval Proposal – Accepted December 2016

SECTION B: Project details

B1. Project title: *"It's about connecting with people in a way that they've never really connected before":* An exploration of a therapeutic approach to residential child care

B2. Proposed start date: 09/01/2017 Proposed completion date: 14/04/2017

B3. Project description

This research aims to address gaps in existing literature, by offering an idiosyncratic exploration of a model of therapeutic residential care for young people. Whittaker et al's (2016) research recognises that although aspects of shared language exists around the concepts of 'therapeutic residential childcare', there is very limited research upon the principles which underpin this in practice. There appears to be some consensus within literature that more research about the processes involved in models of therapeutic residential childcare would be of value (Whittaker, 2016; Green & Gallagher, 2012; MacDonald & Mullen, 2012; Boyd, 2007).

This research aims to fill this gap by providing an in-depth exploration of practitioner's conceptualisations of their organisation's approach to therapeutic childcare. The research will consist of one to one semi-structured interviews with practitioners.

The study aims to identify which elements of the approach are considered important, and what factors support or challenge the approach. A range of policy and research will be analysed alongside interview data, to identify immerging key themes. This will help to analyse the extent to which the approach shares similarities with existing literature, and will identify whether unique aspects of the practice model exist.

Whittaker et al (2016) suggest that research which captures data on the idiosyncrasies of therapeutic approaches is useful as it holds the potential to lead to promising and/or innovative new practice models. Therefore, within this idiosyncratic exploration, a further aim of the research is to establish whether future study within this field could lead to insights which could impact upon policy and practice. It is hoped that this research will elicit data which will identify whether further study of this model could contribute towards a framework for future practice in this field.

References:

Boyd, A.S., Einbinder, S.D., Rauktis, M.E. and Portwood, S.G. (2007) 'Building research capacity in residential treatment centers: An approach for empirical studies' in *Child and Youth Care Forum*. Vol. 36 (1): 43-58).

Green, A., Gallagher, B. (2012) 'In, out and aftercare: young adult's views on their lives, as children, in a therapeutic residential establishment' in *Children & Youth Services Review.* Vol. 34: 437-450.

Macdonald, G., & Millen, S. (2012) *Therapeutic approaches to social work in residential child care settings*

Literature review. London: Social Care Institute for Excellence.

Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., Canali, C., Courtney, M., Currey, L., Daly, D., Gilligan, R., Grietens, H., Harder, A., Holden, M., James S., Kendrick, A., Knorth, E., Lausten, M., Lyons, J., Martin, E., McDermid, S., McNamara, P., Palareti, L., Ramsey, S., Sisson, K., Small, R., Thoburn, J., Thompson, R., Zeira, A. (2016) 'Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care', *Residential Treatment for Children & Youth*, Vol. 33(2): 89-106.

SECTION C: Ethical considerations

Does your proposed dissertation project involve any of the following?

C1. Research involving living participants If **YES**, please answer the following, if **NO** proceed to **C6**.	**Yes**
C2. Research involving vulnerable groups *(e.g. children and young people under the age of 18, those with a learning disability or cognitive impairment)*	**No**
C3. Research which would induce psychological stress, anxiety or humiliation or cause more than minimal pain	**Yes**

C4. Research involving intrusive interventions which participants would not encounter in the course of their everyday lives *(e.g. taking samples, administering drugs)*	**No**
C5. Research involving deception, concealment or covert observation **which is conducted without participants' full and informed consent**	**No**
C6. Recording or use of audio-visual material (e.g. oral history research)	**Yes**
C7. Remote acquisition of data **from or about human participants using the internet and its associated technologies**	**Yes ☐ No**
C8. Research where there are issues of safety for the researcher and/or participant(s) *(e.g. lone working, international research) Will this apply to you?*	**Yes**
C9. Research involving sensitive topics *(e.g. sexual activity, illegal behaviour, experience of violence, abuse or exploitation, mental health) Will this apply to your research?*	**No**
C10. Research involving access to records of personal or confidential information concerning identifiable individuals	**No**
C11. Activities which could temporarily or permanently damage or disturb the environment, or archaeological remains and artefacts?	**No**

If you have answered **YES** to any of the above, please complete **SECTION D**. Otherwise proceed to **SECTION E**.

SECTION D: Ethical considerations

Please provide details of arrangements in relation to the following areas:

D1. Consent procedures	The study will involve the collection of qualitative data via one to one interviews with practitioners and managers within the chosen agency. Consent will be achieved in writing and verbally. The attached information and consent form will explicitly detail the type of information that will be collected, how it will be used and how it will be stored. Participants will be asked to sign this consent form prior to interviews commencing. A copy of the consent form will be provided to participants prior to the date of the interview to allow each

	participant to make an informed choice as to whether to participate. In addition, consent will be explicitly discussed at the beginning of interviews. This will include a discussion about the procedures that the researcher will be required to follow if a disclosure occurs which indicates that a participant or another individual is at potential risk of harm.
D2. Access to respondents	I have engaged in tentative, informal discussions with [organisation]. It would appear that the agency is a learning organisation, which is open to potential researchers. Once ethical approval has been granted, I will engage in formal discussions with the agency. The agency have highlighted that once this has occurred, the next step will be for me to attend a management meeting to discuss my proposed research with the management team. At this stage, I will give the attached consent and information sheets to managers to aid them to have informed discussions with practitioners. Once this consultation has occurred between practitioners and management, I will attend a team meeting where both managers and practitioners will be present. This will allow an open, transparent discussion about the research aims. It is hoped that this will provide potential participants with clarity as to what is being asked of them if they decide to participate. At this point, I will make it very clear that the decision to participate rests with the individual participants. I aim to avoid the risk of coercion by ensuring that potential participants understand that there will be no consequences if they decide not to participate. I will also make it clear at the start of interviews that if a participant decides to withdraw their consent and opt out of the research, they retain the right to do this at any time. Should an individual consent to participation and subsequently decide to retract their contribution, they will retain the right to opt out for a

	cooling off period of two weeks. I will provide contact details to allow participants to retract their contribution if required. I will use a coding system within anonymised notes, transcripts and audio recordings to identify participants. This will allow me to identify each individual's contribution, to ensure that I am able to act upon instruction to retract contributions with immediate effect. Once respondents have informed me of their decision to participate at the team meeting, I will arrange a suitable interview date. I will also provide my contact details to allow participants to decide to participate without the knowledge of their colleagues if required, to protect each individual's right to confidentiality within his/her workplace.
D3. Confidentiality	All collected data will be anonymized via the use of pseudonyms. Within the written dissertation report, no distinction will be made in terms of job role, to avoid identifiable data. However, it is acknowledged that due to the size of the proposed agency, it is possible that some of the elicited voices may be recognizable to readers. Every step will be taken to avoid this eventuality. To minimize the likelihood of this issue, all personally identifiable features will be removed, and direct quotes will be minimized where possible. Participants will be made aware of the potential risk of colleagues recognizing their opinions from the research prior to the commencement of interviews. It is hoped that this will allow the participant to make informed decisions about whether or not to take part in the research. The researcher commits to adopting the practice of using the University of Stirling's secure email server to transfer requested data to Prof. Brigid Daniels (Dissertation Supervisor). As an added measure to ensure that participant confidentiality is not compromised, all data will be anonymized prior to any form of data transfer.

	All information will be collected, maintained and stored in accordance with the principles and guidelines detailed within the data protection act 1998.
D4. Data storage, archiving and destruction	An audio recording device will be used to record interviews. The purpose of this will be explained fully to participants both verbally and within the attached consent form. Immediately after the recording has been made, it will be uploaded into an audio file and will be stored securely on the Student's password protected University of Stirling secure server account. The data will then be transcribed into a word file, which will also be stored on the Student's password protected University of Stirling server account. The original collected data such as transcripts, notes and audio recordings will be destroyed three months after the dissertation has been graded. The finished dissertation will be stored in the University of Stirling's library and copies will be made available upon request. The researcher's aim is to create insights which may inform future research, which could in turn create knowledge transfer to strengthen policy and practice in this area. Therefore, dissemination permissions will be sought from participants and the participating agency before the study commences (see attached consent form). If results of this study are subsequently published or presented, individual names and other personally identifiable information will not be used.

D5. Prevention of harm/ distress to respondents or the environment	The research aim is to elicit practitioner perspectives on their specific model of therapeutic childcare. Therefore, interviews will be conducted with practitioners only and will not feature any form of discussion with children or young people. To avoid disruption to children and young people, the research will take place during school hours at times specifically chosen when no young people will be present. This precaution will be taken to show respect for the children and young people's home environment and to avoid any potential for disruption to their routines and/or privacy. However, in the interests of transparency, the researcher will request that practitioners make children and young people aware of the proposed research, to allow children/young people to ask practitioners questions, thereby avoiding the risk of collateral damage. During initial team consultations about the forthcoming research (which will take place once ethical approval has been granted), practitioners will be encouraged to share the details of the attached information sheet with children/young people in age appropriate ways. It is hoped that this will reduce the likelihood of the research causing any distress, anxiety for the children and young people who live within the proposed residential setting. In the unforeseen event that a child/young person returns to the residential cottages whilst the researcher is conducting interviews, interviews will be terminated and resumed at a later date. Whilst the researcher is present in the environment, she will in no way be considered responsible for the care or safety of children/young people. Nor will the researcher engage in any form of covert

	observation, or questioning which falls out-with the scope of this ethics proposal. The researcher will interview practitioners only. She will not ask questions which require respondents to disclose personal data. However, in the unlikely event that questions inadvertently cause distress, the researcher will encourage the participant to seek appropriate support from the individual's workplace supervisor. In the unlikely event of potential or actual distress, the researcher will engage in discussion with Brigid Daniel, dissertation supervisor. The researcher will take steps to manage the risks that research may pose to participants due to the small size of the agency. The researcher recognises that it is possible that her presence may influence interactions within the environment. To avoid the risk of practitioners feeling under scrutiny, the researcher will aim to be highly transparent about research aims and process. It is hoped that open discussions about the research aims and the interview process will provide clarity, thereby reducing the impact of the researcher's presence. It is hoped that the attached information sheet will also help to limit possible disruptions to the environment. During tentative discussions about possible research, [the managing director, of the organisation] has stated that if research goes ahead, she would encourage participants to use reflective team groups to discuss their experiences of having taken part in the research. Once ethical approval has been granted, the researcher will engage in formal discussions about this and will request that reflective groups be offered on an opt-in basis after the research has been concluded to ensure that participants are able to obtain support without any impact upon the study results. It is felt that the proposed reflective groups would allow participants the opportunity to engage in a supportive de-brief with their colleagues, thereby reducing any potential disruption to service provision. In the unlikely event that issues are raised which evoke emotions, all staff members will be offered additional supervision and/or consultations with external counsellors.

D6. Safety of researcher and participants	The subject area is about professional practice. Therefore, discussions are considered unlikely to evoke a heated emotional response. However, the researcher will consider the dynamic nature of risk and will respond to any situations pertaining to safety immediately. In the unlikely event that a participant's response appears emotionally fuelled, the researcher will in the first instance, use crisis de-escalation skills. The participant will be offered a break and if necessary, the interview will be terminated. Participants at all stages will be reminded of their right to opt out of the research. Should any disclosures be made in which the participant, researcher, or another individual is considered to be at risk of harm, the researcher will inform relevant persons immediately. This procedure will be detailed within the attached consent form. The researcher proposes to conduct interviews within a private room within each of the organisation's three residential cottages. Interviews will be conducted when there are no children or young people present within the building (to avoid disruption to the environment and to manage risks). It is likely that although the interviews will be conducted in a private office room, other staff members will be present elsewhere in the building during the interviews. Therefore, lone working procedures are not considered relevant. The interview room will be carefully chosen to protect participant confidentiality. If a participant expresses concern over confidentiality, an option of a private office room within the organisation's headquarters will be offered as an alternative. Despite the presence of other professionals at each proposed location, the researcher will take a further preventative safety measure. The researcher will check in with the organisation's managing director before and after the interviews by using mobile phone technology. The researcher will ensure that her planned daily schedule is known by the aforementioned person.

	In the unlikely event of any threats to the safety of the researcher, she agrees to contact Prof. Brigid Daniel (Dissertation Supervisor) immediately to discuss. If the research evokes emotions for the student researcher, she will contact Brigid Daniels (Dissertation Supervisor) to de-brief.
D7. Disclosure Scotland and other relevant issues	n/a as the researcher will not have contact with children, young people or vulnerable adults during the course of the research project. However, in the unexpected event that children or young people return to the residential setting during interviews, the researcher will not have unaccompanied contact, as this is outwith the scope of the proposed study. However, the researcher has an up to date PVG membership and SSSC membership which can be made available upon request.
D8. Details of any external ethical approval to be sought	It is not anticipated that the proposed agency has a specific ethics approval procedure or committee. However, once ethical approval has been granted with the University, the researcher will be invited to attend a formal meeting with the agency's management team, where proposals will be outlined. It is hoped that formal approval to conduct the research will be granted by the agency at this stage.

Statement of ethical research practice

I agree to conform to these ethical procedures and to inform participants in any fieldwork that the research forms part of a degree programme. In addition, if further ethical issues arise during the conduct of my research, I will raise these with my supervisor.

I have consulted the following ethical guidelines:

University of Stirling Faculty of Social Sciences Ethical Guidelines

Scottish Social Services Council Codes of Practice

All of the above.

I agree to abide by the principles of ethical practice detailed within these guidelines.

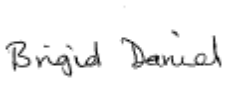
SECTION E: Signatures

By signing below (digital signatures accepted), you certify that the information provided is true and correct to the best of your knowledge.

Student's signature: Tracey McQuillian **Date**: 08/11/2016

FOR SUPERVISORS: Please sign below (digital signatures accepted) to confirm that you are happy with the arrangements detailed above and recommend this project for approval.

Supervisor's signature: **Date:** 08/11/2016



Appendix ii

Participant Informed Consent Form

PARTICIPANT INFORMED CONSENT FORM

Project Name: *"It's about connecting with people in a way that they've never really connected before": An exploration of a therapeutic approach to residential child care.*

Purpose: The purpose of this study is to explore therapeutic approaches to residential childcare with children and young people who have experienced difficult beginnings. I hope to use what I learn from the study to provide insights which benefit those working children and young people.

Research Description: This research will consist of one to one semi-structured interviews which will explore your experiences of engaging therapeutically with children and young people. Interview questions will cover the following areas:

a. How you would describe the approach that is used by your agency

b. Your views on the challenges involved in the approach

c. Your views on the benefits of the approach

Confidentiality: Information gathered in this research will be kept in a strictly confidential way. It will be stored in a secure place in keeping with the Data Protection Act 1998 and any personal data stored will be destroyed after the thesis is examined. Participant names and identifying details will be changed to protect the identity of individuals in any subsequent publications or reports. The researcher will not talk to anyone else about what participants have said, unless she is concerned about the risk of someone being harmed.

Your Participation: If you sign this form you are stating that you have agreed to the researcher interviewing you and recording what you have said on an audio recorder.

You are agreeing to the researcher using your comments in reports and journals which she may produce in the future, with the agreement that she will change your name and any identifying details to protect your identity.

Acknowledgement: I have read the above description of the research. Anything I did not understand was explained to me by Tracey McQuillian. I had all of my questions answered to my satisfaction. I agree to participate in this research and I know how to contact the researcher if I have questions about the research in the future.

Participant Signature: _____ Date:_____

Print name here: _____

Researcher's Signature:_____ Date:_____

Appendix iii

Interview Questionnaire

1. Can you tell me a little bit about your role?
    a. *Prompt: If someone you did not know well asked "what do you do?" How would you answer?*
2. Research tells me that therapeutic approaches to residential care are often underpinned by specific concepts. I'll come back to these concepts and you will get a chance to say more about each. However, could you rank these concepts in order of importance, using the cards that I have provided? Thank you. These concepts are:
    a. Therapeutic relationships
    b. Reflection
    c. Carefully constructed living environments
    d. Theoretical knowledge
    e. Flexibility
3. What is your understanding of attachment theory and how does this affect the work that you do?
    a. *Prompt: Is it helpful/unhelpful? If so why?*
4. Various researchers suggest that if a young person has not experienced attuned, responsive parenting in early infancy key aspects of development can be affected. These include neural development, emotional development and sensory development. This is often described as 'developmental trauma'. Researchers are beginning to suggest that activities which replicate some of the experiences that we associate with infancy, can help a young person to develop. So for example, being given considered, thoughtful opportunities to regress to earlier developmental stages can help a young person's social, emotional and sensory development. This is often described as 'developmental reparenting'.
    a. How familiar is this concept to you?
    b. How important do you think it is to offer young people the opportunity to regress to earlier developmental stages? Why?
    c. If relevant to your practice, can you describe some of the ways that you have used this concept in your work with young people?
5. What other knowledge is important to you?
6. What supports you to develop and maintain knowledge?
7. Can you share a little about your experiences of building relationships with young people?
8. What is your experience of working reflectively?
9. How important do you consider the living environment and why?
10. How flexible is your approach?
11. What are some of the strengths and weaknesses of your approach for young people?
12. What do you find most challenging about your role?
13. What supports you to work in this way?
14. To what extent do you think other professionals understand the work that you do?
15. To what extent do you think Scottish policy and legislation supports you to work therapeutically?
16. Is there anything else that you feel is important that you would like to share with me?