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Title Page

Building relationships with young people in residential care from a practitioner's perspective

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Submitted in part fulfilment of the Master of Arts in Child and Youth Studies

Athlone Institute of Technology

Athlone, Co.Westmeath

13th June 2018

Word Count: 14,007

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Declaration

I, Sandra Rocke, declare that this dissertation and the research involved in it are entirely the work of the author. This work, or part of it, has not been submitted for a qualification to any other institute or university.

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Acknowledgements

Firstly, I would like to thank to my supervisor Margaret O' Keefe for her guidance, wisdom, support and encouragement throughout the undertaking and completion of this research.

I would like to acknowledge the participants of this study, without their participation in the interviews this research could not have been possible.

I would like to acknowledge my manager who has been understanding, encouraging and supportive.

To all the staff in Athlone Institute of Technology, management and staff of the school of Humanities Department thank you for your constant support and guidance.

Finally, I would like to thank my partner, and son Benjamin, thank you for your patience throughout this project. And to all my friends and family for their endless support and encouragement, thank you.

Table of Contents

Abstract

The purpose of this research is to explore the practitioners' perspective on building relationships in residential care. The main aim of this research is to gain insight into the participants perspective on the meaning and importance of building relationships with young people in residential care.

The existing body of research provided the researcher with knowledge of past research and studies. The researcher used both national and international research to help conduct this research.

The research was carried out by using a qualitative exploratory research approach. Semi-structured interviews were used to explore practitioners' perspective on the importance of building relationships with young people in residential care. The researcher interviewed six participants aged between twenty-three and thirty-seven. The research looked at two main objectives. To investigate the meaning and importance of relationships for this young group from a practitioner's perspective. To identify where opportunities for developing relationships arise and the barriers which may be encountered in making and maintaining these relationships.

These topics allowed the researcher to gain a more in-depth look at building relationships from a practitioners' perspective.

The findings indicated that all six participants agreed that building a relationship with young people in residential care is one of the most important aspects of working in residential care. Participants noted that when you build a relationship with a young person this means that the work carried out with the young person is far more productive and the young person is more likely to progress themselves in their own personal lives. Participants agreed that opportunities for building relationships can occur in the simple day-to-day tasks, spending quality time with the young person and also if a young person is going through a crisis. The participants perception on barriers faced when trying to build a relationship occurred for several reasons. The young person may not want to be in residential care, their past can be a factor, age and a breakdown of communication. Participants felt that when dealing with these barriers that it is important to remain consistent with the young person.

Introduction

This study includes six sections. The first section is the abstract which summarised the study. Section two will evaluate the secondary research regarding residential care in Ireland, the importance of building relationships and barriers to building relationships. The third section sets out the methodology for the study. The forth section will present the findings for the study. Section five will discuss the finding and secondary research. The final section will give a conclusion of the overall study.

This is a qualitative study which aims to explore the views of practitioners on the importance of building relationships with young people in residential care.

The purpose of this section is to review the secondary research regarding residential care in Ireland. To investigate the meaning and importance of relationships for this young group from a practitioner's perspective. And to identify where opportunities for developing relationships arise and the barriers which may be encountered in making and maintaining these relationships.

Literature Review

This piece of research will explore social care practitioner's perception with regards to the importance of building relationships with young people in residential care. The research will focus on where the opportunities arise to build relationships and the barriers which may be encountered in making and maintaining those relationships. In order for the researcher to carry out this exploratory research, the researcher will look at the history, policy and legislation of residential care. This will give a better understanding of residential care today in Ireland and the process that residential care has went under.

History, legislation and policy of residential care in Ireland

In Ireland, historically, Child Protection was directed under the 1908 Child Care Act, legislation enacted under British rule. In the 1970's in Ireland The Reformatory and Industrial Schools Systems Report also known as the Kennedy Report, was carried out as a result of an inquiry that was carried out between the years 1967 to 1970. As a result of the findings from the inquiry, there were recommendations that came from the Kennedy Report, the Kennedy report recommended that residential care in an institutional context should no longer exist (Kennedy, 1970). Policy was shaped from as a result of the Kennedy Report (1970). Furthermore, policy was shaped from the results of the final report of the Task Force on Child Care Services (1980). Going forward policies were put into place as a result of the Child Care Act (1991). The Child Care Act (1991) clearly defines the role of the state regarding Child Protection and Welfare, the Child Care Act (1991) was fully implemented in Ireland 1996. In 2007 the Department of Education ceased the role of administration of residential childcare. Children's homes were transferred from the Department of Education to the Department of Health. (O'Sullivan, 2008). A national policy framework for children and young people, also known as better outcomes and brighter futures, sets out to operate across all government department and agencies with a central theme of the framework being implementation and putting into place arrangements to enable Government and inter agency collaboration, while connecting infrastructure to guarantee standards (Department of Children and Youth Affairs, 2014). The PA consulting group report that was set up to review the Health Service Executives children and family services, shed light on the Child Protection system in Ireland.

One of the key findings being that the needs of the service is more important than the needs of the child as the report focused on the delivery and management of services (PA Report, 2009).

In 2009 the Ryan Report was published, the Ryan Report was not the first review of Child Welfare services, however it was indifferent to other reviews that had been carried out. Recommendations from the Ryan Report went beyond the shortfalls highlighted by the report, the Ryan Report went on to criticise the complete child protection system. As a result of the publication of the report this led the Irish government to question if services were fit for purpose. As a result of the publication of the Ryan Report (2009), increased attention was then focused on the care system, however this has shed light on the past, and young people who are currently in the current care system are not being considered (Carr, 2014). This statement reflects that the Ryan Report is mostly based on the past rather than the future and provokes an emotional response. There are several reforms underway because of the report and whether there will be improved outcomes for children and families is yet to be seen (Office of the Minister for Children and Youth Affairs. 2009). There is constant criticism of the child protection system. It has been noted that there are some concerning issues within Child Protection, some of these issues include; a lack of resources, high workloads and stigma attached to being in care. In Ireland child abuse inquiry reports have brought forward recommendations for best practice regarding the promotion of children's welfare and also recommendations for safeguarding practices. Some examples of recommendations include; inter-agency work and the recommendation of sharing of information. Burns (2012) states that good practice also requires timely assessments so that caseloads are manageable and reasonable (Burns, 2012).

In Ireland there is a lack of up to date knowledge and data in child protection. Many countries are now sharing information between different sectors including; social services, health and education. When we compare this to Ireland and we can see that in 2010 the Health Service Executive were incapable of giving a precise figure of how many children in its care, had died over the previous ten years, perhaps this is an issue that needs improvement within child protection (Department of Child and Youth Affairs, 2012). Recently an audit of Irish child protection research showed that

although there is no shortage of data on record, the audit shows that the data is rarely collated or integrated. (Buckley, 2012).

In a study of service users carried out by Helen Buckley, 'Like walking on eggshells': service users views and expectations of the child protection system, findings from the study shows that regardless of the fact that public service management had been reformed and refocused, Buckley (2010) noted that service users experience of services can often be stressful and intimidating finding the experience very difficult. Service users did not see services as a way of working together to improve their children's welfare. The data from this study has highlighted the importance of developing good relationships between service users and social care workers and the development of these good relationships could be of benefit regarding the child protection system when it comes to harsher aspects of involvement between the service users and the services. The study also shows that services users have an expectation of quality of standards, in areas such as resect, accountability, courtesy, transparency and practitioner expertise (Buckley, 2010).

Consistent inquiry reports have found problems within Child Protection, some of these reports include the Kilkenny Incest case, the X case and the Roscommon case. Published between 1993 and 2012 there have been 29 Irish inquiries and reviews into child abuse and chid protection failings published (Buckley and Nolan 2012). It is evident that there are similarities in every inquiry report and that is that inter agency is not working together. There has been poor communication between agencies and an issue of agencies being territorial.

Residential Care in Ireland

Residential care in Ireland sets out to provide "a safe nurturing environment for individual children and young people who cannot live at home or in an alternative family at this time". Residential care sets out to meet 'the physical, educational, spiritual and social needs of each child'. (Task Force on Childcare Services 1981, pg.8). Despite the changes in structure the real evidence is in residential care. Residential care has gone from an institutional structure to that of small group homes. This process was accelerated by the Ryan report in 2009 which reported the abuse suffered by approximately 30,000 children living in institutions in Ireland, and this occurred throughout the years of 1936 up to the year 2000. The value of

residential care in Ireland have been shaped by the Ryan Report, subsequent enquiries and media reports on children who died in state care. Unpublished figures from the HSE shows that there was approximately 135 million euro spent on the residential care of 400 young people in Ireland giving an average figure of 337,500 euro per child per year. Despite government expenditure there continues to be limited research regarding the characteristics of residential care that produces the best outcomes, under what circumstances and for what kinds of children (Barnardos, 2009). As a result, there is a danger of interpreting the absence of clear research findings on the beneficial effects as indicating that nothing works (McSherry, 2009). There is currently no national data collection on children in care. There is currently no data collected regarding children in care and their school attendance, and also no data collection regarding children in care and their educational attainment. It is important that we are continually reviewing and developing our practice through research as this will give insights into where improvements are needed within services.

According to a recent study by Darmody (2013), Education of Children in Care in Ireland, there have been issues that have been highlighted at both national and international levels, these issues were highlighted through the UN's Universal Periodic Review process in 2011 and also through the UN Committee on the Rights of the Child in 2006, both of which have shed light on fact that there are shortfalls regarding the care planning of children and they have also highlighted a failure regarding the inclusion of children in the care planning process. It has also been highlighted that there is shortfall regarding the provision of allocated social workers to children in care. It has been highlighted that children in care have experienced difficulties regarding access to appropriate placements for the children's needs, which includes therapeutic services, mental health needs or the needs of children and young people regarding drug or alcohol problems (Darmody, 2013). Darmody (2013) also highlighted that there are deficits in provisions and policies and that these deficits could have a negative affect regarding the lives of children in care. The UN Committee on the Rights of the Child in 2006, after examination, recommended that Ireland should work towards improving data collection regarding children in care in Ireland whilst implementing this under the UN Convention on the Rights of the Child. The study carried out by Darmody (2013) shed light on deficits such as policy-

making from an evidence-informed practice. One would think that this needs to be addressed for future policies, procedures, and practices and to ensure that children who are in care do not face barriers that they may sometimes face (Darmody, 2013).

Young people in care in Ireland can often face barriers regarding their rights, this is evident in research that was published by the Ombudsman for Children's Office (OCO) in 2007 (Kilkelly, 2007). It has also been noted by Jackson and Cameron (2012) that when a young person has spent time in care as children, they can go on to experience social exclusion in their adult life (Jackson and Cameron, 2012). This sentiment has been echoed by Cameron et al (2011) stating that young women and men who have public care backgrounds are "among the most economically and socially excluded groups in European nations" (Cameron, Hollingworth and Jackson, 2011; p.3). In an article; *For the sake of the children: Making sense of children and childhood in the context of child protection,* Davies (2008) looks at the discourse of the child explaining that a child is vulnerable when involved in child protection. Davies (2008) also states that a child is a rights bearing individual another discourse of the child (Davies, 2008). In Dominic McSherry's article *Understanding and addressing the 'neglect of neglect': Why are we making a mole-hill out of a mountain?* it has been noted that over the last number of decades, where child neglect is an issue, there has been a tendency to make a mole-hill out of a mountain, meaning that the issue of neglect may be sometimes down-played and that perhaps the issue of neglect needs to be given more thought (MCSherry, 2007). McSherry (2007) has highlighted numerous inter-related reasons for this neglect of neglect. Throughout the research there has been suggestions that neglect can result in significant developmental shortfalls in children. McSherry (2007) has urged the need for this imbalance to be given consideration and has emphasised the importance in doing so. McSherry (2007) has recommended that in order for neglect to be addressed effectively, there is a need for neglect to be tackled as soon as it is identified. One way in which this can be achieved is for practitioners to both recognise the initial signs of neglect and also that when the practitioner recognises it, that they feel duty-bound to do something about it. Child neglect needs to attain a priority position within research, policy and training for practitioners to act in this way (McSherry, 2007).

The importance of building relationships in residential care

It is evident that current research is scarce regarding the success of children who have been in care (Martin and Jackson, 2002), however what has been highlighted is the importance of stable and positive relationships from those professionals who are involved in the care of children in care (Dumaret, Donati and Crost, 2011; Martin and Jackson, 2002; McLeod, 2010). It has also been stated by Berridge et al. (2011) that relationships between social care workers and young people can be an important aspect regarding fruitful outcomes. When a young person receives care in their own homes, they develop relationships with their parents or carers. More often than not this is with the young person's natural parents and these relationships can continue throughout the young person's life. When you compare this to residential care, these relationships are built with social care workers who work shift work and may not be of the same consistency as with a natural parent due to the nature of the pattern of work (Jones, Landsverk, and Roberts, 2007). Woods and Hollis (2000) stated that in order for a social care worker to build relationships with young people in care is imperative as this work is based on human encounter. Relationships that are developed between practitioners and young people are different from other types of relationships that the young person experiences this may be due to the professional relationship that is involved on residential care. The relationship differs as it does not hold continuous emotional bonds and is not indefinite where as a relationship between a child and parent may be more definite (Munro, 2002). An essential tool for social care workers, who work in residential care, considering their work revolves around human encounter, is the skill to build a positive relationship with young people (Woods and Hollis, 2000). For a social care worker to carry out good quality work with young people in residential care the social care worker relies heavily on developing quality relationships. Social care workers have the capacity and opportunity to influence the young persons' experiences in a positive way whilst in care, and this can be achieved through the relationships that the social care worker forms with the young person.

Recently there has been more of an emphasis placed on the importance of building relationships with young people in residential with considerable research and commentary from Turney (2012: 150). Turney shed light on the fact that there are

significant gaps in practice and this has been as a result of not enough importance emphasised on relationships. Following the inquiry of the Victoria Climbie case in the UK by Cooper (2005), the importance of the relationship component with social care workers was brought to light, Cooper (2005) highlights how important it is to develop dependable and positive relationships with the young people involved. Howe (1998) states that an individual's relationship history affects the individual's social understanding. Howe argues that the types of relationships a young person has experienced has a significant influence on the young person's social competence, the formation of their personality and their emotional development (Howe, 1998). If a young person experiences relationship difficulties in their past, this can result in a young person's ability to maintain healthy relationships challenging in the future (Trevithick, 2003).

Young people who are in the care system may have been exposed to extreme challenges over short or long amounts of time (Perry, Pollard, Blakely and Vigilante, 1995). When young people have been exposed extreme challenges, it is important to note that young people who are in care are not a standardised group, they can often be complex with complex needs (Dixon and Stein, 2005; Kendrick, 2008; Owusu-Bempah, 2010), and the young person's early family experiences and quality of care that have led them into the care system reflects their complex past (Pinkerton, 1999). It has been well documented that children who have experienced abuse, may present with psychological and emotional problems (Perry et al., 1995; Flores, Cicchetti and Rogosch, 2005; Cicchetti and Rogosch, 1997; Frederico, Jackson and Black, 2008). Cicchetti and Rogosch (1997) note that there are many damaging features that children present as a result of abusive home environments, some of these features include aggression and rejection, resulting in insecure attachments. Howe (1995) states that this can cause young people to have difficulty with forming and maintaining relationships as young people do not trust other adults. Once a young person is in care it may be difficult to maintain family ties leading to damaged and poor attachments (Holt and Kirwan, 2012). There is a link between the quality of the relationships between the social care worker and the young person, to the outcomes for the young person (De Boer and Coady, 2007). Houston (2010, 2011) carried out research in Northern Ireland which has highlighted the importance of building a relationship with young people, and that this can contribute to the building

of resilience in young people. Further research carried out by Cashmore and Paxman (2006), highlighted the complexities of the young people in care and the importance of secure relationships especially when it comes to separation from the young person's family. According to Shaw's (2014: 154) study when care staff consider a young person's relationship experience and pre-care history the young person receives a better quality of care.

Barriers to building relationships in residential care

Research has been carried out regarding the importance of building relationships with young people in residential care, and also barriers to building these relationships have also been identified through research. Gaskell (2009) has shed light on numerous factors that can have a negative effect on the endurance, quality and formation of quality relationships between care givers and the young people. One major factor that Gaskell (2009) has stated, is that a young person's past negative relationship history may be a factor to consider and that these negative relationships may have been experienced before a young person has entered into care or in another care setting. The young person may have difficulties in trusting adults that are in their life due to these negative relationships. Another factor that has been noted by Gaskell (2009), is that if a young person has experienced placement instability and numerous moves, which may often be the case for young people in residential care, this may leave the young person feeling unsettled and therefore this can have an impact on the types of relationships that they form in the future. Finally, Gaskell (2009) also states that there is a re-occurring theme where there is a pattern of high staff turnover and staff retention in residential care, and this in turn has an effect regarding continuity, trust and security between young people and staff in residential care, affecting how relationships are formed and maintained.

Practitioners face many barriers when working with young people in residential care. The nature of residential care work can present challenges for practitioners to preserve and develop positive relationships between the young person and the practitioner (De Boer and Coady, 2007). It has been identified in previous studies that offending behaviour and conflict are quite common in the residential care setting, more so than in other types of care placements (Shaw, 2011). When young

people in residential care display offending behaviour this can cause a reinforcement of antisocial behaviour (Sinclair and Gibbs, 1998). Barter et al (2004) conducted a large study in the UK, 'Peer violence in children's residential care', the results of this study have highlighted that offending behaviour may have a negative influence on child and staff relationships. This can be as a result of staff not fully understanding why the violent behaviour has occurred and if the staff are proficient in responding effectively and appropriately. Sinclair (2006) has suggested that residential care settings primary function is to provide a place for young people, who otherwise may not be managed in other ways. Sinclair (2006) states that this has caused residential units to become otherwise known as a last resort in terms of placement, with residential care units predominately providing a service for children who may be difficult to place in another setting. When looking back at how residential care has developed in Ireland, Gilligan (2014) echoes the sentiment that residential care is predominately responding to the needs of young people who are considered unsuitable in other care settings. With residential care developing a status of last resort, this means that some of Ireland's most troublesome and vulnerable young people, with challenging behaviour, can lead to practitioners struggling to weather the group experience as a positive one (Smith, 2009). In order for practitioners to engage and promote positive relationships with young people in residential care, they need to provide a nurturing and safe environment for the young people and do so by handling the risk through observation.

To conclude this section, the research carried out for this study, endeavours to add to the existing body of knowledge. This will be done by producing a dissertation based on semi-structured interviews with social care practitioners working in residential care. The main aim of this study is to look at the importance of building relationships with young people in residential care. Currently, there is very little research in Ireland on this particular topic and this is the justification to undertake this research topic. The researcher hopes that the reader will gain a more in-depth understanding of the importance of building a relationship with young people in residential care by the end of this study.

Methodology

A qualitative exploratory research approach was used to investigate the practitioners' perspectives on building relationships with young people in residential care. This chapter presents the methodology used to conduct the research. The research questions and objectives and an overview of the research design that comprises of the research philosophy, research approach and research strategy are presented in this chapter. Then the specific methods used for participant selection, sampling, data collection and data analysis are explained along with a justification for them.

Research Design

The research problem is to investigate the experience of practitioners working with young people in residential care and their perspective of building relationship with young people in residential care. Additional goals include investigating the barriers that are experienced by practitioners when they try to build relationship with young people in residential care and to identify opportunities for building relationship with young people in residential care. The specific research questions addressed in this research are:

1. To explore the building of relationships with young people in residential care from a practitioner's perspective.

2. To investigate the meaning and importance of relationships for this young group from a practitioner's perspective.

3. To identify where opportunities for developing relationships arise and the barriers which may be encountered in making and maintaining these relationships.

A qualitative exploratory research design has been used to investigate the above research questions. According to Fitzpatrick (2017) exploratory studies are useful for nursing research to investigate a nursing related problem. The problem addressed in this research is the practitioners' perspective towards building relationships with young people in residential care. Contemporary and historical research evidence indicate that young people in residential care are vulnerable to safety and security risks (Barter, 2003; Biehal, Cusworth, Wade, and Clarke, 2014; Euser, Alink, Tharner, van Ijzendoorn, and Bakermans-Kranenburg, 2013; Knorth, Harder, Zandberg, and Kendrick, 2008; Moore, McArthus, Death, Tibury and Roche, 2018). Relationships with trusted and competent staff in residential care are essential to create a positive and safe experience for young people who are in residential care (Moore et al., 2018). Despite the importance of practitioner-client alliance in residential care, the practitioners are faced with many barriers to building strong relationship. This is evident in the high staff turnover and instability of placement and lack of clarity of role identified among practitioners in residential care for young people (Moore et al., 2018). As individuals primarily responsible for building relationship, it is crucial to understand the practitioners' perspective of building relationship with young people. A qualitative exploratory research approach has been taken to gain insight into the importance of building relationships with young people in residential care and to better understand barriers which may be faced by practitioners.

A qualitative exploratory research is therefore essential for obtaining an in-depth understanding about the practitioners' perspective of building relationship with young people in residential care. According to Neelankavil (2015) an exploratory research that uses qualitative research techniques allows to understand the thought process of the practitioners which allows to provide insights into their perceptions and attitudes with regard to building relationships with young people in residential care. An interpretivist research philosophy is adopted for the research as it stresses understanding the perspectives of the participants and considers each situation as different. An interpretivism research philosophy is considered suitable for this research as it gives the researcher the freedom to interpret the findings specifically based on the experience of the participants as the knowledge is considered to be

uncertain (Willis Jost and Nilakanta, 2007). This will give insight into the practitioners' perspective of the importance of building relationships with young people in residential care and also where opportunities arise and any barriers that the practitioners may face.

Interpretivism is focused on revealing the participants' perspectives about a phenomenon through open ended semi structured questions (O'Donoghue, 2007). The knowledge is considered to be socially constructed and there are different ways to explain social reality and all the explanations are equally valid (Scott and Morrison, 2006). Interpretivism ignores the positivist beliefs that generalizable laws and truths can be understood about human behaviour and focuses on obtaining an understanding about the local situation through in-depth research (Willis et al., 2007). Thus, the truth about a situation or phenomenon is assessed from the perspective of the participants.

To explore the practitioners' perspective of building relationship with young people in residential care an inductive approach is considered suitable. Inductive approach is suitable when the research aims to derive concepts and themes from the detailed analysis of the raw qualitative data (Thomas, 2006). In this study, the perspectives of the practitioners from the residential care setting is used to design the factors that influence building relationship with young people in residential care. The research philosophy and research approach that was best suited to exploring the research question is therefore selected for the research. To perform an in-depth analysis of the perspectives and experiences of practitioners about building relationships with young people in residential care, semi-structured interviews were considered most suitable. This allows for the participants to answer the questions and to elaborate on the answer if needs be.

There are mainly three types of interviews which includes structured, semi structured and unstructured interviews. Unstructured interviews are considered more suitable when the research require interviews in greater depth and breadth (Gibson, 1995). However, when the research aims to investigate a specific area in detail, unstructured interviews are unsuitable as they can result in discussion of topics not relevant to the research. Structured interviews follow a rigid structure and do not

promote in-depth examination of a specific topic (Craig, 2005). Thus, a semi-structured interview is considered most suitable for this research as it follows a basic structure to stay within the topic but with the option to investigate and probe the participants (Galletta, 2013). The next section explains the specific characteristics of the participants of the study.

Participant Characteristics

The participants for the research are staff members from a residential care provider. A purposive sampling technique was used to select the samples from the population. Purposive sampling is the most suitable method for selecting the sample population for a qualitative research when only a few cases with multiple perspectives are examined (Howlett, Rogo and Shelton, 2014). A sample size of six participants from the residential care setting was considered to be suitable for the study. The first consideration when using a purposive sampling technique was to select 'good informants' who can provide sufficient and quality data that is adequate to answer the research question.

The second consideration when selecting the participants for the study was to obtain participants with multiple perspectives. To obtain multiple perspectives the sample of participants included people of different gender, with varying levels of experience, from different age groups and different positions. The majority are social care workers. From the six participants selected, one participant was male, and there were five females, five were social care practitioners, and one participant was the manager. The next section explains the materials used for the research.

Materials

The information sheet provides all the information about the research including the purpose of the research, the reason the participants were selected and any likely risks of participating in the research. Information sheets are considered essential to ensure that the participants make an informed decision to participate in the

interviews. Appendix 1 contains the information sheet. The consent form set out in Appendix 2 explained issues of anonymity in terms of measures to protect the identity of the participants and confidentiality. In addition, a request for the permission to audio record the interviews was also included.

The semi-structured interviews in Appendix 3 was designed for the participants consisted of open-ended questions mainly about the experiences and perception about building relationships with young people in residential care, the importance of building relationships and barriers that may be faced by staff from building relationship with young people in residential care. The last question to the interviews were whether the participants felt there were supports that could be put in place in order to better achieve relationships with young people in residential care.

Procedures

The first step to conducting the research was to meet the potential participants about the proposed research and obtain their agreement to participate in the research study. The main advantage of recruiting participants from the residential care sector, was the researcher has the same professional social care background, so that helps to facilitate trust and credibility with the participants, and they may feel more able to discuss any concerns they may have prior to their involvement in the research study. A sample size of 6 was selected for the research. A sample size from 5 to 50 participants is considered to be adequate in qualitative research (Dworkin, 2012). According to Sandelowski, (1995) in qualitative studies only a smaller sample size can permit deep case-oriented analysis. Since this research required an in-depth analysis a sample size closer to the lower limit was considered suitable.

The sample size for qualitative interviews is determined based on the information power of the participants (Malterud, Siersma and Guassora, 2016). According to Malterud et al., (2016) the information power of the participants is determined and based on the sample specificity, quality of dialogue and saturation power. The adequacy of the sample size is determined based on the goals of reaching saturation and redundancy. Data saturation is the point were no new information or themes can be obtained from completing additional interviews (Guest Bunce and Johnson,

2006). Data saturation can be achieved with a smaller sample size when the population for the research is a homogenous group (Boddy, 2016). The population for the research consists of staff members working in residential care, so the population for the research is considered to be homogeneous.

The six participants who agreed to take part in the research were handed over information sheets prior to the interview. Information sheets are essential components in research to achieve informed consent from the participants (Morris, 2015). Once the participants had read the information sheets, they were given a consent form which the participants had to sign before starting the formal interview. The participants were given two to three days to decide if they wanted to participate in the study. The interviews began as soon as the participants signed the consent form. The interviews with the staff members from the residential care averaged 30 minutes approximately. Once the qualitative data from the participants was collected, the next step was to analyse the qualitative data collected through semi-structured interviews.

To analyse the qualitative data from the interviews, all six interviews were transcribed for thematic analysis. The thematic analyses procedures developed by Braun and Clarke (2006) were used to analyse the transcribed qualitative data. Under this approach the transcribed data was read carefully and the initial codes for the study were generated through a line by line coding of the data. Codes allows for the theme identified in the qualitative data and connect raw data within the transcribed data for later analysis (Guest, MacQueen and Namey, 2012). In later analysis, the code co-occurrence was identified, and code frequencies are compared to develop a reliable analysis of the qualitative data. The themes emerged from the interviews and the main findings of the research are explained in the next chapter.

Ethical Consideration

The research conducted with the residential staff members is of sensitive nature and therefore significant attention was given to obtaining informed consent from the participants. Ethical approval was obtained from Athlone Institute of technology ethics committee prior to conducting the research. Measures were taken to assure

confidentiality of responses and anonymity of participants to ensure that the participants give open and honest responses. Furthermore, the participants were informed that they were free not to answer any questions which they felt uncomfortable with and they could withdraw from the interviews at any point. The consent to audio record the interviews was obtained from all six participants. One major issue is the possibility of bias in the responses as the respondents were known to the researcher prior to conducting the research. The researcher took the following steps to deal with the possibility of bias. The researcher was careful when choosing the interview questions ensuring they were semi-structured and also ensuring not to ask leading questions. Rather the questions were about the participants perspective and left no room for input from the researcher.

Limitations

This is a relatively small qualitative study that explored the views of social care workers regarding the importance of building relationships with young people in residential care. The researcher feels that in order to provide a complete overview of the importance of building relationships with young people in residential care a large-scale study would be necessary. The researcher understands that with a limited number of participants the study may not make an impact on past research that has been carried out.

Findings

This section of the study will present the findings of the qualitative study which explored building relationships with young people in residential care from a practitioner's perspective. This section explores the findings based upon the research question and the two main objectives. Thematic analysis will be used to analyse the findings. The two main objectives of the study are, firstly, to investigate the meaning and importance of relationships for young people in residential care from a practitioner's perspective, and secondly to identify where opportunities for developing relationships arise. Thirdly to explore the barriers which may be encountered in making and maintaining these relationships, and to identify recommendations for future practice in residential care with regard to building relationships with young people and how to overcome these barriers.

Characteristics of Sample/ General Details

Participants	Qualification	Type of residential care	Duration working in residential care	Capacity
Participant 1	Social Care Practitioner	Mainstream residential care	5 Years	House Manager
Participant 2	Social Care Practitioner	Mainstream residential care	1 Year	Social Care Worker
Participant 3	Social Care Practitioner	Mainstream residential care	2 Years	Social Care Worker
Participant 4	Social Care Practitioner	Mainstream residential care	1 Year	Social Care Worker
Participant 5	Social Care Practitioner	Mainstream residential care	3 Years	Social Care Worker
Participant 6	Social Care Practitioner	Mainstream residential care	3 Years	Social Care Worker

General details of the participants

The interview process consisted of six participants who are currently working in mainstream residential care. Each of the participants have worked in residential care for varying lengths of time.

The themes that re-occurred from the semi-structured interview questions are as follows:

1. The participants' perceptions of the importance of building a relationship with young people in residential care. And where opportunities arise to build relationships.
2. The participants' views on the positive aspects of building a relationship.
3. The participants' perceptions on the influence a young person's past has on the type of relationships they form in the future.
4. The participants perspectives on maintaining relationships.
5. The participants experience regarding barriers faced when trying to form a relationship.
6. The participants' views on what supports can be put in place.

To explore the participants perceptions of the importance of building a relationship with the young people in residential care. And where opportunities arise to build relationships

Sub-Themes

➢ Where opportunities arise to develop relationships
➢ When young people are in crisis

When the participants were asked about their views on whether it is important to build relationships with young people in residential care a re-occurring theme emerged from each participant. All six participants agreed that it is important to build a relationship with young people in residential care. Each participant stated that it is

either very important or one of the most important things when working in residential care.

Overall each of the participants agreed that it is important to build a relationship with young people in residential care.

"I think that's the most important thing because if you don't have a relationship you don't have anything with them because you need to start off with a relationship and build from there". (Participant 1)

Participant 2 stated that:

"Yes, I would say that building a relationship with young people is probably one of the most important things". Participant 3 revealed *"Absolutely, building a relationship, building positive relationships are important in terms of any work we do with young people.* Participant 6 stated **"***Oh yeah building a relationship is very important, that's what it is all about basically".*

Another theme occurred from each participant, in that if there is no relationship between the participant and the young person this can affect the work done with the young people and the outcomes for them.

"if you start off trying to put everything in place without a relationship it will fail". (Participant 1).

"If they have a good relationship with the social care worker, they are more inclined to move on and progress themselves in their own personal life". (Participant 3).

Participant 4 stated that:

"you can't do your work 100% if you haven't got a good relationship with the children". Participant 6 said "if you don't have a relationship with them it can make things difficult, you may not be able to help them or change anything in their lives, you need to be able to build and have a relationship".

➢ Where opportunities arise to develop relationships

When the participants were asked about where opportunities arise to develop relationships a similar theme occurred from each participant. Overall, each of the participants agreed that the opportunity to build a relationship arises in their day-to-day things. This can be in an informal way, where the you are spending time with the young person and they feel comfortable spending time with you.

Participant 1 stated:

> *"In the day to day. I think the most important thing. I always think the best bit of work can be done informally, drying the dishes, making a cup of tea, having a sandwich, that's where you can get a lot of work regarding relationship building done. I also think that is where you can get a lot of the key working done. In an informal way where a young person feels not threatened but that they feel comfortable in their own little setting and you can build a relationship in that way".*

Participant 2 noted:

> *"I think these opportunities can arise anywhere really you just have to make the most of them when they do arise. So, it could be something as simple as when they are making a meal, to go and offer them help or sit in the kitchen with them while they are cooking or go in and watch tv with them, you may not even have a conversation with them it could be just sitting with them and they are the things that help build a relationship. To be present and make yourself available to the young people means a lot to them.*

Participant 6 said:

> *"This can be day-day, you could be out and about, going to the shop with them, sitting watching tv with them, every time of the day is an opportunity to build a relationship with a young person so there is no kind of standard way of building a relationship with a young person".*

➢ When young people are in crisis

When participants were asked where the opportunities arise to develop a relationship with young people in residential care, a theme occurred in the participants' responses. Participants agreed that when young people are going through a crisis, relationships can be built, the young person may be going through a difficult time and participants have found that when this happens, and they remain present and available to the young people that this has a positive effect on the relationship between the young person and the participant.

> "also when kids are in crisis you need to be available to them, when they lash out you need to come back with your positive regard". (Participant 5).

Participant 6 said:

> "there is always an opportunity even when they are going through a crisis you can still build a relationship with the young person".

The participants' views on the positive aspects of building a relationship

When participants were asked about their views on the positive factors of building a relationship with young people.

Participant 1 said:

> "I think it creates an element of trust and openness and respect and honesty in my experience anyway".

Furthermore, the majority of Participants agreed that if there is a good relationship the outcome can be that the young person trusts and respects the practitioner. Another positive factor of building relationships is the quality of work done with the young person. This can attribute to the young person engaging in activities, employment and education which will lead to better outcomes for the young person when they leave residential care.

Participant 3 stated:

> "If a young person builds a relationship with you, you can then use that relationship for that young person to progress in other areas of their lives. Because of a relationship with you they can engage in other positive

relationships, they can engage appropriately with external professionals, this could be in an educational role or with family members. We are teaching them all the time, so that, that positive relationship is a basis, or a starting point for them, so the benefits, of that is that they can confide in you and tell you things. They are going to learn from you. Because we work with them so closely we work a 24hr shift we are with them for the whole day so it's important to have a good relationship rather than if that relationship is not there it is very hard to do any of that ono-to-one work with them".

Participant 4 agreed:

"If you build a relationship and the young person trusts you, you can get a lot more work done. You can implement key working sessions, where they can build towards stuff, like getting into employment or education. Once you have got that relationship they will trust you and they may come to you if they need help, so you can do way more than if you didn't have a relationship with the young person as they will listen to you and are open to different things.

The participants' perceptions on the influence a young person's past has on the type of relationships they form in the future

Sub-Themes

➤ Previous Placements
➤ Staff members similarity to a family member

All six participants agreed that a child's past has an influence on the types of relationships that they form in the future.

"Ah massive. A lot of young people I have worked with especially residential, they come from a trauma background and their day-to-day living is trauma informed practice". (Participant 1)

Participant 3 stated:

"I think it has a lot to do with the types of relationships that they form in the future".

Participant 5 said:

"I think a child's past definitely influences the types of relationships that they form in the future".

Participant 6 agreed:

"Oh yeah obviously, if a child is coming from a broken home, or abuse, or neglect, obviously they are not going to trust adults straight away. That will take time. So, their past is everything, probably one of the most important things when a young person comes into residential care".

➢ Previous Placements

Another theme that emerged when participants were asked about a young person's past and the influence it has on the types of relationships they form, most agreed that if a young person's past can influence the types of relationships that they form in the future. For example, if a young person had been in a previous placement, foster care or residential care, this can also have an influence on the types of relationship that they form, as the young person may have issues regarding trusting other adults. And they may have had a negative experience in previous placements.

"If a young person has had any sort of negative relationships in their past with people who were supposed to be looking after them this will have a significant impact in the future. (Participant 3).

Participant 4 agreed:

"From my experience what I would have found is that with a lot of the young people would have went from foster home to foster home, high support to residential so they may have never really had the opportunity to build good relationships with social care workers, because when they have they usually have been moved on elsewhere and this can prevent them from having a good relationship with social care workers, because they know as soon as the relationship is built they may be moved on elsewhere, with this they have learned mechanisms really to kind of distance themselves to a certain degree".

Participant 6 said:

> "Also, if they were in a previous placement, residential care or foster care, and if that placement was positive or negative, this may have an effect on the types of relationships that they may form".

➢ Staff members similarity to a family member

A theme that emerged from the interviews was that participants' perceptions of a young person's past and the influence that it can have on the type of relationships formed in the future may be as a result of a staff member striking a resemblance to a young person's family member or previous carer.

> "A staff member could look like a sibling or a family member or someone they had engaged with in the past and had a negative effect on them". (Participant 3)

Participant 4 said:

> "I have seen a lot of kids coming in and they won't take to one or two staff members and it might be because of they remind them of the mother or the father, or the grandparents, whoever has been involved in their live, so, from that point of view their past relationships can impact on the relationships they form".

The participants' perspectives on maintaining relationships

When participants were asked about their views on maintaining relationships a similar theme emerged from each participant. The majority of participants felt that it is the little things that are done that help maintain that relationship.

> "Little things I always try and check in every now and then I suppose it's a little bit different in that I would be a little more removed from the young people because being a manager I wouldn't be on the floor as much". (Participant 1)

> "It's the little things like hey how's it going? How are you getting on? If you're making a sandwich, do you want one, you know it's just the little things, just like those little informal things, like if the young person is in watching tv or

playing the play station you might just pop in for 5 mins and that kind of thing, it's kind of just more like hey I'm still around I'm still here how are you getting on". (Participant 1)

Participant 2 stated:

"To continue to spend time with them and like once you build the relationship with them you will know what they like and dislike and just to remember those little things. It could be something so small like remembering that they don't like mushrooms in their dinner and to keeping food separate without mushrooms for them, I think that can often be a big thing for them. The tiny things are the big things for them.

Participant 4 said:

"it's the little things that I think help to build and maintain a relationship. If you know what a young person likes and dislikes it shows that you have an interest in them and that you take note of the things that are important to them".

The participants' experiences regarding barriers faced when trying to f a relationship

Participants were asked for their views on barriers that they may face when trying to form a relationship with the young people in residential care.

➢ Not wanting to enter into residential care
➢ Negative relationships with adults or care givers
➢ Age
➢ Breakdown of communication

When asked what barriers may arise, a theme emerged, in that the young person may not want to be in resident care, as one of the participants noted:

"I think if you look at residential care there are massive barriers and a lot of the time they don't want to be there. So instantly they hate you, your TUSLA, your HSE, you've taken them away from their family. They can't seem to distinguish between the different roles.

Another participant stated:

> *"Kids who come into residential but who don't want to be there. They may want a placement breakdown, they don't want a relationship, they will do everything they can not to build a relationship".*

Another theme that emerged in participants answers regarding barriers faced when trying to build a relationship with young people, participants noted that negative relationships that the young people had experienced with adults or care givers in their past before entering into residential care can result in a barrier when trying to build a relationship with a young person in residential care.

> *"I suppose just generically I suppose like a lot of young people who come through have had a lot of negative relationships with adults or care givers or they just see you all as the same or like I said earlier they just see you as you are just there to do a job, rather than I actually care about you and your welfare. Sometimes that can be hard for them to understand because maybe their own family may not have cared about their welfare, so they may think well why would you".* (Participant 1)

Participant 2 agreed:

> *"a young person's past relationship could affect the relationship they form with you as they may see something that they don't like in you. Say if they had a bad relationship with their mother, they may associate something about you with their mother, they might have something against you from the start".*

Participant 4 stated:

> *"A barrier can also be a young person's past, where they have been hurt in the past and they think that there is no point in building a relationship with you".*

Participant 5 said:

> *"A child's history can also account for barriers. Lack of team support from staff members may also be a barrier".*

Participants agreed that sometimes age may be a barrier when it comes to building a relationship with young people in residential care.

> " I think sometimes that barriers can be, for example me being a younger member of staff sometimes the young people may not respect me because they may see that I am 5,6,7, years older than them and that I may not actually be old enough to tell them what to do in their eyes, so that can be difficult but it can also be an advantage because you might have a better understanding of what they are going through because you were going through it 5,6,7 years ago". (Participant 2)

Participant 3 agreed:

> "age can be a barrier a young person may not engage with you if you are a staff member that is a bit younger or a bit older".

Communication is another theme which emerged when participants were asked their views on barriers when trying to build a relationship with young people. The lack of communication can be between the participant and other members of staff, or the participant and the young people in residential care.

> "I think that lack of communication can be a major barrier". (Participant 3)

Participant 4 stated:

> "especially if there is a breakdown of communication between that worker and the young person, with that they are not going to work with you on that day and it can be very negative resulting in the young person becoming aggressive".

Participant 5 agreed:

> "Lack of team support from staff members may also be a barrier. More communication between team members with staff".

➢ Dealing with Barriers

When the participants were asked about their views of how to deal with barriers to building a relationship a similar theme emerged. Five of the six participants agreed

that in order to deal with barriers when trying to build a relationship, it is important to remain consistent.

"I would often try to remain consistent". (Participant 2)

Participant 3 said

"it is important to be open, honest and consistent"

Participant 4 stated

"I have to be very open with the young person, I have to tell them that their care plan needs to be followed, in order for consistency and for them to have a routine, and they usually like this as relationships may be something that is unpredictable for them but at least if their day is consistent this can make the young person feel secure".

Participant 6 agreed:

"You have to be consistent and professional in social care".

The participants' views on what supports can be put in place

Two main themes emerged when participants were asked what supports could be put in place.

- ➢ Theme 1 - Supervision.
- ➢ Theme 2 – More support from the wider care team.

"I think supervision is really important for this because whatever your insecurities are, or whatever barriers or problems you might be face with, with a young that this can all be discussed". (Participant 2)

Participant 3 said:

"Supervision I think is very important, you should be able to go to your supervisor or your manager or a colleague and speak about any difficulty that you are having, and this is how we get through it".

Participant 5 stated:

"I think supervision is a support that can help if a staff member is having an issue with building relationships with young people".

Participant 6 agreed:

"I suppose regular supervision, have it regular so you know where you are going wrong, and also what you are getting right. You need constant feedback in this line of work, working with young people. I would say that supervision is the most important support that can be put in place".

Overall participants felt that they needed support from the wider care team. In residential care it can be difficult to have all members of staff agree on the same things and when this does happen participants felt that they could benefit from better communication and support from their team.

"I think more communication is key and I know we always say that but sometimes I think that can break down and sometimes there are so many people involved in a young person's care. Everybody maybe has a different view or a different way of thinking or a different opinion on how something can be done". (Participant 1).

Participant 2 said:

"Even to go to other team members who may have dealt with something similar, and weather they overcame it or just ideas in general of how to overcome barriers that might be in place".

Participant 3 agreed:

"Support from the wider care team with regard to building relationships with regard to engaging with the young person I think is really important".

Summary

➤ Participants agreed that building a relationship with young people in residential care is of great importance

- The participants found barrier to building relationships included; the young person not wanting to be in residential care, the young person's past, age and communication
- Participants agreed that, in order to over-come these barriers, it is important to remain consistent.

Discussion

The previous section discussed the key findings of the study. The purpose of this chapter is to discuss the findings and to consider the implications of them in the context of previous research and literature as reviewed previously. The implications for application in practical situations will be discussed. Also, the limitations of the study will be discussed, and suggestions will be made for further research in this section.

The main aim of this research was to explore social care practitioner's perception on the importance of building relationships with young people in residential care.

Discussion of findings

The research focused on the following research objectives:

To investigate the meaning and importance of relationships for this young group from a practitioner's perspective. And to identify where opportunities for developing relationships arise and the barriers which may be encountered in making and maintaining these relationships.

The Importance of building relationships

The study explored social care practitioner's perception of building relationships with young people in residential care. The initial theme that was highlighted in the findings was that practitioners were unanimously in agreement that building a relationship with young people in residential care is of great importance. Six participants were interviewed and asked for their perception on the importance of building a

relationship with young people in residential care. All six participants agreed that this is a fundamental part of working with young people in residential care. One participant said that this is the most important part of working with young people in residential care and went on to say that if there is no relationship between the practitioner and the young person that when trying to work with them it will fail. Woods and Hollis (2000) stated that the ability to build a positive relationship with young people in care is imperative as this work is based on human encounter. Relationships that are developed between practitioners and young people are different from other types of relationships that the young person experiences. The relationship between a practitioner and a young person does not hold continuous emotional bonds and is not indefinite whereas this is more likely to be the case with a child and parent relationship (Munro, 2002). Turney (2012), stated that there are serious gaps in practice and this is due to the downplaying of relationships. The Victoria Climbie case in the UK highlights the importance of a relationship aspect of the caring profession, and this has been analysed by Copper (2005), where he has brought to light the importance of building consistent and positive relationships when working with young people. The outcomes for service users can be linked to the quality of the relationship with a practitioner and young person (De Boer and Coady, 2007). Research carried out by Singer et al. (2013) indicates that when a child or young person has at least one significant, stable relationship with an adult, this is as important as numerous different relationships.

From the findings it is clear that practitioners felt that without a good relationship with the young people, it can be very difficult do good quality work with them. It has also been noted that when there is a good relationship with the young people, this can have a positive effect on the types of outcomes for the young people in residential care. If there is a relationship between the practitioner and young person, they are much more likely to engage in education, employment and activities. This can be seen in the findings where a practitioner stated; "If they have a good relationship with the social care worker, they are more inclined to move on and progress themselves in their own personal life". "if you don't have a relationship with them it can make things difficult, you may not be able to help them or change anything in their lives, you need to be able to build and have a relationship". Engaging in these will have a positive effect on the young person not only whilst in residential care, but also when

they leave care. When these foundations are put in place, young people have a better chance securing positive long-term outcomes in their overall well-being, health and education (Harper et al, 2006; Siebelt et al, 2008; DCSF, 2009; Ryan, 2012).

In the findings, participants agreed that it is through the simple day-to-day tasks that they do with the young people that helps in building a relationship. This way the young people feel that it is done in an informal way and they feel comfortable in doing so. The participants agreed that this can be day-day, that they could be out and about, going to the shop with them, sitting watching tv with them, and that every time of the day is an opportunity to build a relationship with a young person so there is no kind of standard way of building a relationship with a young person. There have been numerous consultations carried out with young people in care and it has been shown that these young people have an enthusiasm for better relationships with professionals, however this is currently limited opportunities for this (Siebelt et al, 2008; Morgan, 2011).

Another theme that has been noted when participants spoke about opportunities to develop relationships with young people in residential care, was when a young person is going through crisis. Participants felt that when young people go through a crisis there is the opportunity there to build a relationship. This occurs when the social care practitioners remain available and present for the young person. The message this sends to the young person, is that although they may be displaying challenging behaviour, the practitioner, understands and is there for them whilst they are going through a crisis. This sentiment has been echoed in other literature when Singer et al (2013) stated that, from a young person's perspective significant, stable relationships are crucial as they can provide somebody that they can turn to at times of crisis, providing guidance and encouragement during key life events for the young person. This has also been agreed by Berridge et al (2011) who state that relationships can be a major factor regarding successful interventions with young people.

Within the findings all six participants agreed that a child's past has an influence on the types of relationships that they form in the future. Young people in residential care can often come from a trauma background. It was noted in the findings that a lot of young people that the participants have worked with especially in residential care,

the young people come from a trauma background and their day-to-day living is trauma informed practice. They may have been susceptible to abuse or neglect in their past. Abuse may have been in the form of mental, physical or sexual abuse. Participants agreed that if a young person has been subject to abuse or neglect, this can have a negative affect on the types of relationships they form in the future. When a young person has suffered abuse or neglect by an adult in their lives, say a family member, this can present as problematic for a young person to then trust other adults including professionals who are involved in their lives presently. In the findings participants noted that if a child is coming from a broken home, or abuse, or neglect, obviously they are not going to trust adults straight away. That will take time. It has also been stated in the findings that their past is everything, probably one of the most important things when a young person comes into residential care. Whilst young people are going through the different stages of their journey in care, there is a concern because of the possibility that those young people who come into care have been subjected to harm, abuse or neglect. An important process of helping these young people come to terms with their past experiences, would be the experience and development of stable, trusting and nurturing relationships (Happer et al, 2006; Munro, 2011; Care Inquiry, 2013). When a young person experiences positive relationships over a long period of time, this can help the young person to make sense of their past and can help to fill in gaps with regard to their own personal narrative. These relationships are an important part of identity formations especially in cases where a child may be unable to return to their home (Neil and Howe, 2004; Schofield and Stevenson, 2009; Winter, 2014). A young person's level of social understanding relies heavily on the quality of a young person's relationship history. The young person and their relationship experience, in their past, has a significant effect on their social competence, personality formation and their social, and emotional development. If a young person experiences relationship difficulties, this may result in the young person's ability to maintain healthy relationships with others problematic (Trevithick, 2003). The attachments that children form in early childhood is important in terms of social competence, attachments can help provide links between the young person's emotional development and their behaviour, it is important for their well-being and development. Attachment theory can be used by professionals to give them a better understanding of the young person's behaviours (Daniel, Wassel, and Gilligan, 2010). Experiences that young people have had with

their families can be the result of a young person coming into residential care which reflects diverse backgrounds (Pinkerton, 1999). When a young person has experienced abuse there may be emotional and psychological problems due to their past (Perry et al., 1995; Flores, Cicchetti and Rogosch, 2005; Cicchetti and Rogosch, 1997; Frederico, Jackson, and Black, 2008). There has been a consistent finding regarding children and young people who have been subjected to neglect and abuse, in that they may be susceptible interrelated and multiple concerns (Bailey, Thoburn and Wakeham, 2002). Cicchetti and Rogosch (1997) note that there are many damaging features that children present as a result of abusive home environments, some of these features include aggression and rejection, resulting in insecure attachments. Howe (1995) states that this can cause young people to have difficulty with forming and maintaining relationships as young people do not trust other adults. In a study carried out by Shaw (2014) it has been suggested that when the care staff consider and acknowledge the significance of the young person's pre-care history then the young person is more likely to receive a better quality of care.

Maintaining relationships

Throughout the findings, maintaining relationships with young people in residential care were explored. Participants agreed that in order to maintain relationships, this is done through spending quality time with the young people. It is important for the young person that they feel the practitioner has an interest in them and their likes and dislikes. A common theme that has been emphasised by the participants is that it is the little things that are indeed the big things for the young people and that sometimes these can be overlooked. There have been multiple studies carried out with young people and there has been a great importance placed on strong, reliable, consistent and lasting relationships, and the benefits of these relationships are to promote well-being and security for young people in residential care (Duppong, Lambert, Gross, Thompson, and Farmer, 2017; Schofield, Larsson, and Ward, 2016). Literature sheds light on the idea that young people aspire to having relationships with adults who make them feel as though they care about them as individuals and at the same time they champion their cause (Augsberger and Swenson, 2015; Gallagher and Green, 2012; Soldevila et al., 2013). This type of relationship can be seen as a positive support whilst at the same time having a symbolic value: young people foster a sense of worth, they are not alone they are

connected (Augsberger and Swenson, 2015; Gallagher and Green, 2012). Young people have described what they regard as good workers, the young people have said that if the social care worker takes and interest in them, appears to be empathetic, a good listeners, committed, warm, and willing to take action, these are the attributes that young people feel make a good worker (Mainey, Ellis, and Lewis, 2009). With regard to professionals working with young people in care there is concern that they do not take opportunities or create opportunities to speak with young people, nor do they spend time with them alone or work towards building a relationship with the young person (Laming, 2003, 2009; Ofsted, 2011). In relation to this Broadhurst et al (2010) carried out recent research which highlighted professionals as over reliant on procedural requirements which in turn can compromise the relationships developed with young people. There has been increased recognition with regard to the responsibilities and roles of residential social care workers, shedding light on the work carried out by the social care worker (Williams and Lalor, 2001).

Barriers to building relationships

Throughout the findings participants emphasised that some young people can sometimes avoid and refuse to engage in meaningful relationships. It has been noted in the findings, that if a young person does not want to be in residential care that this can have an effect on the types of relationships that they form with the practitioners involved in their care. The young person may want the placement to breakdown, they may not want a relationship, and when this occurs they will do everything they can not to build a relationship. Another factor that has been highlighted by practitioners is that if a young person has issues with trusting adults. This can be a result of the young person's past. In the findings it is apparent that there may be difficulties for the social care worker and the young people to build and maintain high quality relationships with each other. One would have to wonder if there is difficulty in building and maintain a relationship between professionals and the young person, could this be as a result of their attachment relationships being disrupted in the young person's past. When a young person has experienced a secure attachment relationship, this can result in a healthy emotional development for the young person. And at the same time, it can provide the young person with skills, and the capability to control their own emotions, whilst enabling them to form

healthy relationships and to better understand others (Shemmings, 2011; Furnivall, 2011). It has emerged in the results section of this study that when a young person does not experience a secure attachment relationship throughout their childhood, some young people may have difficulties in trusting adults when they have experienced abusive or negative encounters in their past (Leeson, 2007; Munro, 2011; Winter, 2011). When young people experience feelings of mistrust this can be aggravated by constant changes of the social care worker and also if there is a lack of time to form relationships between the social care worker and the young person. There may also be decisions that are made professionally regarding the lives of the young person, and the young person may not always agree with these decisions. A young person may also have a fear of rejection, this may result in the young person developing coping skills, resulting in them becoming avoidant when it comes to forming relationships (Reimer, 2010; Care Inquiry, 2013). In other research it has been noted from a professional's perspective that some of the barriers regarding the development and sustainability of relationships are where the social care worker finds that a lack of time can result in a barrier when trying to build a relationship with a young person. Other practitioners feel that there is often too much importance placed on the bureaucratic, form filling parts of the job and this can be another barrier when trying to build a relationship with a young person who is in care. Furthermore, practitioners also feel that there when they form close relationships with young people that this can have an opposing emotional impact on them (SWIA, 2006; Siebelt et al, 2008; Laming, 2009; Broadhurst et al, 2010; Morgan, 2012; Ruch, 2014).

Summary

From the literature review it is evident from previous research that one of the major barrier regarding building relationships with young people in residential care is the impact of negative relationships that a young person has endured in their life. This can be from a care giver or in a previous placement that the young person has been in (Gaskell, 2009). This sentiment has been echoed in the findings of this study where practitioners have stated that a young person's past can have a tremendous effect on the relationships that they form in the future. When participants were asked how they may overcome this barrier the theme that emerged in respondents'

responses was that in order to build relationships with young people who may have had negative relationships in their lives, it is important to remain consistent and available to the young person. This, in time assures the young person and helps to build trust between the young person and the care staff.

Throughout the literature review it has been noted that barriers to building relationships with young people in care are as a result of the young person's past. The young people in care often come from a trauma-based background and may have issues with trusting adults and there may also be issues regarding the types of attachments that they have formed. This has been echoed in the findings from the practitioners' perspective. In the literature review it has been highlighted that barriers to building relationships with young people in care can often be as a result of paper work, high case loads and lack of time. However, in the findings these barriers were not mentioned. The practitioners' perspective was solely focused on the young person and the barriers that they may experience as a result of the young persons past, or indeed as a result of the relationship dynamics between the young person and the practitioner. The researcher asked questions in a semi-structured way so that when participants gave their perspective on barriers faced, there were no leading questions asked, with that said none of the six participants mentioned barriers which have arisen in the literature review.

Limitations

To improve the quality of relationships that are formed between social care workers and young people in residential care it is important that research similar to this study is carried out. Residential care in Ireland faces constant criticism, and in order to improve the services provided it is vital that we constantly learn and evolve in order to give the young people in residential care the best possible care. The researcher is aware that there is a possibility for limitations when conducting qualitative research. One such limitation can arise due to ethical considerations. The researcher initially attempted to interview young people in residential care. However, this appeared unmanageable due to ethical reasons and the short amount of time that the researcher had to complete the research.

The researcher recommends that future research should include the participation of young people in residential care as this will give insight into the young person's perception on the importance of building relationships with practitioners. Research carried out with young people in residential care would also provide great insight into the barriers that young people may experience when building a relationship with the practitioner, this is important in terms of social care workers having the knowledge to improve the quality of relationships that they have with young people in residential care.

Conclusion

To conclude, the purpose of this exploratory research was to explore practitioners' perspective regarding building relationships with young people in residential care. This was done by looking at the different topics which were; to investigate the meaning and importance of relationships for this young group from a practitioner's perspective. To identify where opportunities for developing relationships arise and the barriers which may be encountered in making and maintaining these relationships. The purpose of this study was gain insight into the practitioners' perspective of the importance of building relationships with young people in residential care. The researcher believes that this was achieved whilst carrying out this study. There was sufficient information that allows the reader to understand the nature of residential care in Ireland, and for the reader to understand the importance of building a relationship with a young person in residential care. The researcher was satisfied that throughout qualitative research the aim and objectives were met.

Recommendations

The researcher recommends that future research carried out on this topic should include the perspectives of the young people in residential care.

Additional supports should be put in place for young people to help them deal with any issues from their past regarding abuse or neglect that they have been exposed to.

Additional supports put in place for practitioners to aid them in overcoming barriers to building relationships.

References

Augsberger, A., Swenson, E. (2015). *"My worker was there when it really mattered": Foster care youths' perceptions and experiences of their relationships with child welfare workers.* Families in Society: The Journal of Contemporary Social Services, 96 (4), pp. 234-240.

Bailey, S., Thoburn, J., Wakeham, H. (2002). *Using the 'Looking After Children' dimensions to collect aggregate data on well-being.* Child and family social work, 7 (3), pp. 189-201.

Barnardos. (2009). Children Experiencing Neglect. Retrieved From: https://www.barnardos.ie/assets/files/pdf/children-experiencing-neglect.pdf.

Barter, C (2003). *Young people in residential care talk about peer violence.* Scottish Journal of Residential Child Care, 2 (2), pp. 39-50.

Barter, C., Renold, E., Berridge, D., Cawson, P. (2004). *Peer violence in children's residential care.* Basingstoke: Palgrave MacMillan, Basingstoke.

Berridge, D., Biehal, N., Lutman, E., Henry, L., Palomares, M. (2011). *Raising the bar? Evaluation of the social pedagogy pilot programme in residential children's homes.* UK: Department for Education.

Biehal, N., et al. (2014). Cusworth, L.S., Wade, J., Clarke, S.E. (2014). *Keeping children safe: Allegations concerning the abuse or neglect of children in care*. University of York and NSPCC, London, England. Retrieved from: www.nspcc.org.uk/globalassets/documents/evaluation-of-services/keeping-children-safe-report.pdf

Boddy, C.R. (2016). *"Sample size for qualitative research". Qualitative Market Research*: An International Journal, Vol. 19 Issue: 4, pp.426-432. Retrieved From: https://doi-org.jproxy.nuim.ie/10.1108/QMR-06-2016-0053.

Broadhurst, K., Hall, C., Wastell, D, et al. (2010). *Risk, instrumentalism and the humane project in social work: Identifying the informal logics of risk management in children's statutory services*. British Journal of Social Work, 40 (4), pp. 1046-1064.

Buckley, H. (2010). *'Like walking on eggshells': service user views and expectations of the child protection system.* Dublin: Blackwell Publishing Ltd.

Buckley, H. (2012). *Using Intelligence to Shape Reforms in Child Protection.* Dublin: Irish Journal of Applied Social Studies.

Burns, K. (2012). *An Impossible Task? Implememting the Recommendations of Child Abuse Inquiry Reports in a Context of High Workloads in Child Protection and Welfare.* Cork: Social Care Ireland.

Cameron, C., Hollingworth, K., Jackson, S. (2011). Young people from a public care background: Secondary analysis of national statistics on educational participation. Thomas Coram Research Unit, Institute of Education, University of London, United Kingdom.

Care Inquiry. (2013). *Making not breaking: Building relationships for our most vulnerable children.* London: House of Commons.

Carr, N. (2014). *Invisivisble from view: leaving and aftercare provision in the Reublic of Ireland.* The University of Nottingham, pp. 88-101.

Cashmore, J., Paxman, M. (2006). *Predicting after-care outcomes: The importance of 'felt' security.* Child and Family Social Work, 11 (3), pp. 232-241.

Cicchetti, D., Rogosch, A.D. (1997). *The role of self-organization in the promotion of resilience in maltreated children.* Development and Psychopathology, 9 (4), pp. 799-817.

Cooper, A. (2005). *Surface and depth in Victoria Climbié inquiry report.* Child and Family Social Work, 10 (1), pp. 1-9.

Courtney M.E., Roderick M., Smithgall C., Gladden R.M., Nagaok J. (2004). *The Educational Status of Foster Children.* Chicago, IL: Chapin Hall Center for Children.

Craig, R.J. (2005). *Clinical and Diagnostic Interviewing.* New York: Jason Aronson Publishing.

Daly F., Gilligan R. (2005). *Lives in Foster Care: The Educational and Social Support Experiences of Young People Aged 13 to 14 Years in Long Term Foster Care.* Dublin: Children's Research Centre, TCD.

Daniel, B., Wassell, S., Gilligan, R. (2010). *Child development for child care and protection workers.* London: Jessica Kingsley Publishers.

Darmody, M., McMahon, L., Banks, J. and Gilligan, R. (2013). Education of Children in Care in Ireland: An Exploratory Study. Dublin: Ombudsman for Children's Office.

Davies, S. C. (2008*). For the sake of the children: Making sense of children and childhood in the context of child protection.* Journal of Social Work Practice, pp. 181 -192.

De Boer, C., Coady, N. (2007). *Good helping relationships in child welfare: Learning from stories of success.* Child and Family Social Work, 12 (1), pp. 32-42.

Department of Children and Youth Affairs. (2012) State of the Nation's Children: Ireland 2012. Dublin: Government Publications.

Department of Children and Youth Affaris. (2014). *Better Outcomes and Brighter Futures.* Dublin: DCYA.

Department for Children, Schools and Families/Department of Health. (2009). *Statutory guidance on promoting the health and well-being of looked after children.* London: DCSF/DH.

Dixon, J., Stein, M. (2005). *Leaving care: Throughcare and aftercare in Scotland.* London: Jessica Kingsley Publishers.

Dumaret, A.-C., Donati, P., Crost, M. (2011). *After a long-term placement: Investigating educational achievement, behaviour, and transition to independent living* Children and Society, 25 (3), pp. 215-227.

Duppong Hurley, K., Lambert, M.C., Gross, T.J., Thompson, R.W., Farmer, M.Z. (2017). *The role of therapeutic alliance and fidelity in predicting youth outcomes during therapeutic residential care.* Journal of Emotional and Behavioural Disorders, 25 (1), pp. 37-45.

Dworkin, S.L. (2012). *Sample Size Policy for Qualitative Studies Using In-Depth Interviews.* Retrieved From:
https://www.researchgate.net/publication/230832973_Sample_Size_Policy_for_Qualitative_Studies_Using_In-Depth_Interviews.

Euser, S., Alink, L.R., Tharner, A., Van Ljzendoorn, M.H., Bakermans-Kranenburg, M.J. (2013). *The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care Child Maltreatment.* 18 (4), pp. 221-231.

Fitzgerald, F. (2012). *Launch of the report of the task force on the child and family support agency.* Dublin: Department of Children and Youth Affairs.

Fitzpatrick, J. J., Kazer, M. W. (2011). In J.J. Fitzpatrick and M.W. Wallace (Ed.). *Encyclopedia of Nursing Research.* New York: Springer Publishing.

Flores, E., Cicchetti, D., Rogosch, A.F. (2005). *Predictors of resilience in maltreated and non-maltreated Latino children.* Developmental Psychology, 41 (2), pp. 38-351.

Frederico, M., Jackson, A., Black, C. (2008). *Understanding the impact of abuse and neglect on children and young people referred to a therapeutic programme.* Journal of Family Studies, 14 (2–3), pp. 342-362.

Furnivall, J. (2011). *Attachment-informed practice with looked after children and young people.* Glasgow: Institute for Research and Innovation in Social Services.

Gallagher, B., Green, A. (2012). *In, out and after care: Young adults' views on their lives, as children, in a therapeutic residential establishment.* Children and Youth Services Review, 34 (2), pp. 437-450.

Galletta, A. (2013). *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication.* New York: New York University Press.

Gaskell, C. (2009). *If the social worker had called at least it would show they cared". Young care leavers' perspectives on the importance of care.* Children and Society, 24 (2) (2009), pp. 136-147.

Gibson, C. (1998). *Semi-structured and unstructured interviewing: a comparison of methodologies in research with patients following discharge from an acute*

psychiatric hospital. Southampton Community Health Services NHS Trust, Mental Health and Learning Disabilities Service. Southampton, UK.

Gilligan, R. (2014). *The public child and the reluctant state?* Luddy, M., Smith, J.M, (Eds.), Children, childhood and Irish society 1500 to the present, Four Courts Press, Portland, pp. 145-163.

Guest, G., Bunce, A. and Johnson, L. (2006). *"How many interviews are enough? An experiment with data saturation and variability".* Field Methods. Vol. 18 No. 1, pp. 59-82.

Guest, G., MacQuenn, K.M., Namey, E.E. (2012). *Applied Thematic Analysis.* California: Sage Publishing.

Hammond, C., Feinstein, L. (2006). Are those who flourished at school healthier adults? What role for adult education? London: Centre for Research on the Wider Benefits of Learning. Retrieved from:
http://eprints.ioe.ac.uk/15341/1/WBLResRep17.pdf.

Happer, H., McCreadie, J., Aldgate, J. (2006). *Celebrating success: What helps looked after children succeed?* Edinburgh: Social Work Inspection Agency.

Holt, S., Kirwan, G. (2012). *The "key" to successful transitions for young people leaving residential child care: The role of the keyworker.* Child Care in Practice, 18 (4), pp. 371-392.

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

Houston, S. (2011). *Using action research to enhance resilience in children's home: An exploration of need, experience and role.* Child Care in Practice., 17 (2), pp. 115-129.

Howe, D. (1995). *Attachment theory for social work practice.* London: Palgrave Macmillan.

Howe, D. (1998). *Relationship-based thinking and practice in social work.* Journal of Social Work Practice, 16 (2), pp. 45-56.

Howlett, B.M.A, Rogo, E.J., Shelton, T.G. (2014). *Evidence-Based Practice for Health Professionals.* United States of America: William Brottmiller.

Jackson, S., Cameron, C. (2012). Leaving care: Looking ahead and aiming higher. Children and Youth Services Review, 34(6), 1107-1114.

Jackson S., Cameron C. (2010). *Final Report of the Yippee Project, WP12: Young people from a Public Care Background: Pathways to Further and Higher Education in Five European Countries.* Thomas Coram Research Unit, Institute of Education, University of London, United Kingdom.

Jones L., Landsverk J., Roberts A. (2007) *A comparison of two caregiving models in providing continuity of care for youth in residential care.* Child and Youth Care Forum, 36, pp. 99-109.

Kendrick, A. (2008). *Residential child care: Prospects and challenges.* London*:* Jessica Kingsley Publishers.

Kennedy, E. (1970). *Reformatory and Industrial School systems.* Dublin: The Stationery Office.

Kilkelly U. (2007). *Barriers to the Realisation of Children's Rights in Ireland.* Dublin: Commissioned by the Ombudsman for Children's Office (OCO).

Knorth, E.J., Harder, A.T., Zandberg, T., Kendrick, A.J. (2008). *Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care Children and Youth Services Review.* 30 (2), pp. 123-140.

Leeson, C. (2007). *My life in care: Experiences of non-participation in decision making processes.* Child and Family Social Work, 12, pp. 268-277.

Lord Laming. (2003). *The Victoria Climbié Inquiry*. London: HMSO.

Lord Laming. (2009). *The protection of children in England: A progress report.* London: The Stationery Office.

Mainey, A., Ellis, A., Lewis, J. (2009). *Children's views of services: A rapid review.* London: National Children's Bureau.

Malterud, K., Volkert Dirk Siersma, V.D., Guassora, A.D. (2016). *Sample Size in Qualitative Interview Studies: Guided by Information Power Qualitative Health Research*. Vol. 26(13), pp. 1753–1760.

Martin, P.Y., Jackson, S. (2002). *Educational success for children in public care: Advice from a group of high achievers* Child and Family Social Work, 7 (2), pp. 121-130.

McLeod, A. (2010). *A friend and an equal: Do young people in care seek the impossible from their social workers?* British Journal of Social Work, 40 (3), pp. 772-788.

McSherry, D. (2007). Understanding and addressing the "neglect of neglect": Why are we making mole-hills out of a mountain? *Child Abuse and Neglect*, 607-614.

Moore, T., McArthur, M., Death, J., Tilbury, C., Roche, S. (2018). *Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care.* Children and Youth Services Review Volume 84, pp. 68-75.

Morgan, R. (2011). *Younger children's views: A report by the children's rights director for England*. London: Ofsted.

Morgan, R. (2012). *After care: Young people's views on leaving care*. Manchester: Ofsted.

Morris, A. (2015). *A Practical Introduction to In-depth Interviewing*. London: Sage Publications.

Munro, E. (2002). *Effective child protection*. Sage Publications, London.

Munro, E. (2011). *The Munro review of child protection: Final report - a child centred system*. London: DFE.

Neelankavil, J.P. (2015). *International Business Research.* New York: Routledge Publishing.

Neil, E., Howe, D. (2004). *Contact in adoption and permanent foster care*. London: BAAF.

Nicaise, I. (2012). *A smart social inclusion policy for the EU: The role of education and training*. European Journal of Education, 47(2), pp. 327-342.

O' Donoghue, T. (2007). *Planning Your Qualitative Research Project: An Introduction to Interpretivist Research in Education*. London: Taylor and Francis Publishing.

Office of the Minister for Children and Youth Affairs. (2009). *Report of the Commission to inquire into child abuse 2009 implementation plan.* Dublin: The stationery office.

Ofsted. (2011). *Ages of concern: Learning lessons from serious case reviews*. London: Ofsted.

O'Sullivan, D. E. (2008). *Residential child welfare in Ireland.* Dublin: Trinity College.

Owusu-Bempah, K. (2010). *The wellbeing of children in care: A new approach for improving developmental outcomes.* Routledge, London (2010).

PA Consulting Group. (2009). *Review of HSE children and family services*. Unpublished report.

Perry, D.B., Pollard, A.R., Blakley, L.T., Vigilante, D. (1995). *Childhood trauma, the neurobiology of the brain: How "states" become "traits".* Infant Mental Health Journal, 16 (4), pp. 279-291.

Pinkerton, J. (1999). *Meeting the challenge: Young people leaving care in Northern Ireland*. Northern Ireland*:* Ashgate Publishers.

Reimer, D. (2010*). 'Everything was strange and different': Young adults' recollections of the transition into foster care, Adoption and Fostering*, 34, pp. 14-22.

Ruch, G. (2012). *Where have all the feelings gone? Developing reflective and relationship-based management in child-care social work*. British Journal of Social Work, 42 (7), pp. 1315-1332.

Ruch, G. (2014). *Helping children is a human process: Understanding how social workers communicate with children through 'practice near' research*. British Journal of Social Work, 44 (8), 2145-2162.

Ryan, M. (2012). *How to make relationships matter for looked after young people.* London: National Children's Bureau.

Sandelowski, M. (1995). "Sample size in qualitative research". Research in nursing and health. Vol. 18 No. 2, pp. 179-183.

Schofield, G., Larsson, B., Ward, E. (2016). *Risk, resilience and identity construction in the life narratives of young people leaving residential care*. Child and Family Social Work, 22 (2), pp. 782-791.

Schofield, G., Stevenson, O. (2009). *Contact and relationships between fostered children and their birth families*, in Schofield, G., Simmonds, J. (eds). *The child placement handbook: research, policy and practice*. London: BAAF.

Scott, D., Morrison, M. (2006). *Key Ideas in Educational Research.* New York: Continuum Publishing.

Shaw, J. (2011). '*Professionals' perceptions of offending in children's homes.* Child and Family Social Work, 17 (4), pp. 359-367.

Shaw, J. (2014). *Residential children's homes and the youth justice system: Identity, power and perceptions.* Basingstoke, Hampshire: Palgrave Macmillan.

Shemmings, D. (2011). *Attachment in children and young people (Frontline briefing).* Dartington: Research in Practice.

Siebelt, L., Morrison, E., Cruickshank, C.A. (2008). Caring about success: Young people's stories. Edinburgh: Scotland.

Sinclair, I. (2006). Residential care in the UK. McAuley, C., Pecora, P.J., Rose, V. (Eds.). *Enhancing the well-being of children and families through effective interventions: International evidence for practice.* London: Jessica KingsleyPublishers. pp. 203-216.

Sinclair, I., Gibbs, I. (1998). *Children's homes: A study in diversity.* Chichester: John Wiley and Sons.

Singer, E.R., Cosner Berzin, S., Hokanson K. (2013). *Voices of former foster youth: Supportive relationships in the transition to adulthood, Children and Youth Services Review.* 35, 2110-2117.

Smith, M. (2009). *Rethinking residential care. Positive perspectives.* Bristol: The Policy Press.

Soldevila, A., Peregrino, A., Oriol, X., Filella, G. (2013). *Evaluation of residential care from the perspective of older adolescents in care. The need for a new construct: Optimum professional proximity.* Child and Family Social Work, 18 (3), pp. 285-293.

Social Work Inspection Agency. (2006.) *Extraordinary lives: Creating a positive future for looked after children and young people in Scotland.* Edinburgh: Scotland.

Thomas, D.R. (2006). *A General Inductive Approach for Analysing Qualitative Evaluation Data.* Retrieved From:

http://journals.sagepub.com.jproxy.nuim.ie/doi/pdf/10.1177/1098214005283748

Trevithick, P. (2003). *Effective relationship-based practice: A theoretical explanation.* Journal of Social Work Practice, 17 (2), pp. 163-176.

Turney, D. (2012). *A relationship-based approach to engaging involuntary clients: The contribution of recognition theory.* Child and Family Social Work, 17 (2), pp. 149-159.

TUSLA. (2016). Integrated performance and activity report quarter 4 2015 Quality Assurance Directorate. Dublin: TUSLA.
Retrieved From:
http://www.tusla.ie/uploads/content/Q4_2015_Integrated_Performance_and_Activity_Report_Final.pdf.

Willis, J.W., Jost, M., Nilakanta. R. (2007). *Foundations of Qualitative Research: Interpretive and Critical Approaches.* London: Sage Publications.

Williams, D., Lalor, K. (2001). *Obstacles to the professionalization of residential child care work.* Irish Journal of Applied Social Studies, 2 (3), pp. 73-90.

Winter, K. (2011). *Building relationships and communicating with young children: a practical guide for social workers.* London: Routledge.

Winter, K. (2014). Understanding and supporting young children's transitions into state care: Schlossberg's transition framework and child-centred practice. British Journal of Social Work, 44 (2), 401-417.

Woods, M., Hollis, F. (2000). *Casework: A psychosocial therapy.* (5th ed.). Boston: McGraw-Hill, Boston.

Athlone Institiue of Technology

Appendix 1- Information Form

Athlone Institute of Technology

Information Form

Dissertation Topic:

Building relationships with young people in residential care from a practitioner's perspective.

I would like to know if you would help me with a piece of research that I am doing for my M.A in Child and Youth Studies in Athlone Institute of Technology. The purpose of my study is to explore the importance of building relationships with young people in residential care from a practitioner's perspective.

If you agree to participate in my research study, I will include you in my interview process. It will be used to learn more about opinions and views on a chosen topic (the importance of building relationships with young people in residential care from a practitioner's perspective), and to develop an overall picture of this topic. I hope to

explore what barriers practitioner's may face when trying to build a relationship with the service users.

The interview process will last for approximately 40 minutes. I will ask you for information on your views of working in residential care and your experiences to date. It is completely your choice to get involved and you do not have to be involved if you do not wish. If you do agree to take part you can withdraw at any time. If you take part in my research study, the information will be treated with the strictest level of confidentiality. Your name will not be presented in my study. For the interview process, is it ok if I ask your permission to let me tape what we are talking about? If you do not want me to do this, I will write down what you say.

If you have any questions, please do not hesitate to contact me on:

Phone: 087 3868530

Email: A00176858@student.ait.ie

Kindest Regards,

Sandra Rocke

Athlone Institiue of Technology

Appendix 2- Consent Form

Athlone Institute of Technology

Consent Form
Dissertation Topic:

Building relationships with young people in residential care from a practitioner's perspective.

Name: Sandra Rocke Phone: 087-3868530 Email: A00176857@student.ait.ie

Consent Form

I agree to take part in this work on building relationships with young people in residential care from a practitioners' perspective. Sandra Rocke has explained the study to me. I am taking part as long as I will not be named in the report and my place of work will not be named. I know I can change my mind and drop out of the study if I want to.

Signed _____Date _____

Athlone Institiue of Technology

Connect & Discover

Appendix 3- Interview Questions (Semi Structured Interviews).

1. Can you tell me about yourself, your age and number of years in your current role?

2. Is it important to build a relationship with the young people you work with?

3. Where do the opportunities arise to develop a relationship with the service users?

4. What are the positive factors associated with building a relationship with a young person you work with?

5. What influence has a young person's past have on the type of relationships they form in the future?

6. What do you do in order to maintain relationships that are formed between you and the service users?

7. *What barriers may be faced when trying to form a relationship with a young person?*

8. *How do you deal with these barriers?*

9. *What supports do you think could be put in place?*