“*It was a moment of vulnerability for both of us, and it changed our relationship*”:

A Phenomenological Study of Carer's Experiences in Relational Practice within Children's Residential Care.

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Contents

Abstract

Relational practices in children's residential care are known to be beneficial for the emotional and social growth of children from adverse backgrounds in residential care (Tomlinson et al., 2011; Pecora et al., 2000). However, less is known about how the carers implementing these practices, experience them. This study employed a hermeneutic phenomenological approach to explore how carers experience these practices within a rural Welsh residential care setting. The research question guiding this study is: 'How do carers in residential children's care make sense of their experiences of relational practice?' Semi-structured interviews conducted via Microsoft Teams with two experienced carers were examined through the lens of the 'lifeworld,' incorporating aspects such as temporality, spatiality, embodiment, and intersubjectivity to understand the dynamics of relational practice. The exploration revealed that deliberate and unintentional vulnerabilities influence the trust-building process, it sheds light on the complexities of managing professional boundaries while maintaining personal authenticity and highlights the essential role of reflective practices in navigating these challenges. Ultimately, this study offers new insights into how carers experience relational practice, a perspective not commonly explored.

Introduction

Relational practice is fundamental to psychology, social work, and healthcare and aims to build and sustain interpersonal relationships founded on empathy, trust, and respect (Purvis, 2009). These practices are vital in children's residential care, given the complex needs of children from adverse backgrounds (McLean, 2015). The benefits of relational practice for children are well-documented, such as improving attachment behaviours (Tomlinson et al., 2011) and enhancing psychological resilience (Pecora et al., 2000). However, less is known about how carers experience these practices.

The theoretical frameworks underpinning relational practice, including Rogers' (1957) person-centred approach, Bowlby's (1969) attachment theory and Carr's (2009) systemic theory, emphasise the importance of nurturing relationships in development and wellbeing. These theories suggest that positive relationships are beneficial for emotional and social growth, highlighting the role of carers in creating a therapeutic milieu that promotes security and personal growth.

The literature review explores diverse studies to address the paucity of research directly focusing on relational practices in children's residential care. Recent studies highlight that carers experience relational practice as a threshold concept, transforming their understanding and application of this approach. Steckley (2020) conducted in-depth interviews with experienced practitioners in various residential settings and, through thematic analysis, discovered that this transformation involves navigating dynamic and context-dependent boundaries, balancing the need to emotionally connect with children whilst upholding professional boundaries. Ashforth et al. (2000) explored how carers navigate these boundaries between their personal and professional lives. They found that 'micro transitions', the daily psychological and physical adjustments, help the carers navigate the roles. This boundary management is critical in residential care, where the personal and professional can overlap, presenting challenges in maintaining professional standards (Social Care Wales, 2022). However, some overlapping can also offer therapeutic opportunities. Through biographical interviews, Mason (2004) found that sharing personal narratives prompts the co-creation of relational identities, enhancing therapeutic

environments and developing mutual understanding and respect, which are essential for effective relational practice.

Further research reveals that personal and institutional values significantly influence the quality of relationships within residential care settings. Jakobsen's (2010) ethnographic study across various children's residential homes found that carers who empathetically engage with children foster stronger emotional connections, enhancing trust and cooperation. Contrastingly, those focusing on discipline might achieve behavioural compliance but less emotional attachment. Additionally, settings that value inclusive decision-making report more positive relationships between staff and children, whereas environments with rigid routines maintain order but lack interpersonal warmth. On the other hand, Magalhães et al. (2023) suggest that organisational contexts influence the quality of carer-child relationships more significantly than the individual traits of staff. The qualitative study utilised focus groups and semi-structured interviews with care staff and found that a supportive organisational social context with cooperative team dynamics and clear, supportive structures enhances relationship quality. These organisational factors and structures standardise practices across staff, ensuring consistency in care regardless of individual differences.

While organisational factors appear to set the stage for relational practices, the individual emotional wellbeing of carers influences their ability to form effective relationships with children. Cahill et al. (2016) utilised thematic analysis to explore how carers' emotional wellbeing influences their ability to form meaningful relationships with children. The study found that carers with better emotional health are more effective at establishing trust and fostering positive developmental outcomes in children as they can provide stable and supportive interactions. This foundation of good emotional wellbeing is essential, especially considering the emotionally intense nature of their roles. Roche et al. (2021) found that children often perceive their carers as part of a "second family," highlighting the deep personal bonds in these settings. Moreover, Kor et al. (2021) employed framework analysis to explore the dual-edged nature of relational practice, highlighting that these relationships can be therapeutically beneficial but place a significant emotional burden on carers. This dynamic can lead to stress and burnout, suggesting a gap in some current practices that fail to adequately support staff in managing these

challenges. Nevertheless, reflective practices within these settings have been found to support staff in navigating their professional roles and personal feelings, deepening their capacity for effective relational practice. Through naturalistic psychoanalytic observation and interviews, Price (2018) found that by engaging in critical reflection, carers reshape their relational approaches and enhance their effectiveness in supporting children's developmental needs.

The existing study's findings suggest complexities in managing and practising relational practice, including boundary navigation and the emotionally charged dimensions of relational practice. However, a gap remains in exploring how carers experience relational practice within children's residential care from a phenomenological standpoint. This study aims to fill this gap by employing a hermeneutic phenomenological approach to uncover the lived experiences of carers, providing a richer, more personal understanding of the complexities they navigate. It aims to add new insights to the existing literature by highlighting the emotional and subjective aspects of carers' experiences that shape and are shaped by relational practices in children's residential care settings. This deeper understanding can facilitate the development of supportive strategies for carers, enhancing their effectiveness in relational practices and improving outcomes for carers and children in residential care.

Research Question: How do carers in residential children's care make sense of their experiences of relational practice?

Method

Design

This study adopts a hermeneutic phenomenological approach to explore the lived experiences of carers in a children's residential care setting located in Pembrokeshire, Wales, UK. Hermeneutic phenomenology was chosen for its focus on the subjective nuances within individual contexts and on interpreting lived experiences, aligning with the research objective to delve into the complex interplay between carers' experiences and their interpretations. Data collection was conducted through semi-structured interviews, chosen for their flexibility in exploring the unique experiences of each participant. The initial analysis phase involved the verbatim transcription of the interviews, followed by the application of Husserl's (1913) epoché and phenomenological reduction. This process aimed to minimise preconceptions and biases, ensuring an authentic engagement with the data. Initial coding was performed to isolate meaning units, which involved identifying and labelling data segments summarising key thoughts or relevant concepts. These units were then distilled into interpretative summaries using Van Manen's (2023) guidelines for phenomenological analysis, incorporating dimensions of the lifeworld: temporality, spatiality, embodiment, and intersubjectivity. The hermeneutic circle, as discussed by Dibley., et al. (2020), was used as an iterative process throughout the analysis, enhancing my understanding through ongoing dialogue between the whole dataset and its parts. This facilitated a dynamic interplay between the evolving themes and the comprehensive dataset, ensuring that my interpretations remained closely connected to the original contexts and meanings. Additionally, I engaged in reflexivity to ensure transparency in the research process. By continuously reflecting on the influence of my perspective on the research, I aimed to uphold the integrity and authenticity of the findings. Finally, through reflective writing and iterative analysis, the study identified key themes that capture the participants' experiences, providing a rich, detailed understanding of relational practices in children's residential care.

Participants

This study utilised purposive sampling (Patton, 2015) to select two participants from one residential care home, ensuring both exclusion and inclusion criteria were met. Inclusion Criteria: Participants were required to be directly involved in a caring role with at least one year of experience, ensuring they had direct interaction and relationship-building experiences with the children. Exclusion Criteria: Individuals in administrative roles or with less than one year of experience were excluded to maintain the focus on rich, first-hand relational narratives. The study was conducted within a children's residential care home where I am employed in a non-supervisory role, ensuring objectivity, and reducing potential biases. Recruitment was initiated via email (see Appendix A), which included a detailed Participant Information Leaflet (see Appendix B).

Two professionals consented to participate:

Cerys: A carer, with eight years of experience.

Jamie: A senior carer, with five years of experience.

Both offered some diverse and some similar insights into the challenges and dynamics of relational practice in the setting. The low number of participants reflects the depth of engagement required by the study, and the requirements from the Open University.

Informed consent was obtained from all participants via the consent form (see Appendix C). They were fully briefed about the study's purpose, data usage, and their rights within the research process, including the right to withdraw up to the specified date when analysis commenced. All data were anonymised and securely stored, with personal identifiers removed and pseudonyms used as detailed in the study's data management plan (see Appendix D). The project adhered to the British Psychological Society (2021) guidelines and the General Data Protection Regulation (GDPR).

Materials

Interviews were conducted and audio-recorded using Microsoft TEAMS, with a mobile phone as a backup recording device to ensure data preservation. The interview schedule (see Appendix E) was created to align with the study's objectives, allowing for structured questions and the flexibility to explore personalised follow-up questions. The pilot interview supported the refining of this schedule. It highlighted the need for more precise questions on relational dynamics; these adjustments enhanced the depth and relevance of the data collected in subsequent sessions.

Procedure

Throughout the entire process, reflective journaling was employed to bracket personal biases and maintain objectivity, thoroughly considering how my relationships with participants and my role as a colleague might influence our interactions or my understanding.

Semi-structured interviews facilitated an in-depth exploration of the participants experiences of relational practice. Each session lasted 40 to 60 minutes on Microsoft Teams in a quiet, private setting to ensure confidentiality. The participants were advised to choose a location both private and comfortable. The study's objectives, confidentiality assurances, anonymity protocols, and participants' withdrawal rights were explained, followed by obtaining written informed consent.

The study adhered to stringent ethical standards, following British Psychological Society (2021) guidelines and the project has been granted Ethical Approval from The Open University (see Appendix F). Participants were informed about the option to pause or stop the interview as needed. Following the interviews, participants were fully de-briefed and informed about available support if the discussions evoked distress (see Appendix G).

Interviews were transcribed verbatim immediately following each session to capture detailed accounts of the discussions (see Appendix H and I). Identifiable information was removed from the transcripts to maintain participant anonymity, pseudonyms were given, and the data were securely stored following GDPR guidelines. Original audio recordings were deleted after transcription to protect participant privacy. Data was then analysed as described in the design section.

Ethical considerations

During data collection and analysis, specific segments of one interview were identified as potentially compromising the anonymity of the participant due to the unique experience shared. To maintain confidentiality, this section was excluded from the analysis presented. While potentially limiting the depth of data available for analysis, this decision was essential to adhere to ethical standards, prioritising participant privacy and aligning with the ethical guidelines provided by the British Psychological Society (2021).

Analysis

This study draws on the experiences of two participants, Cerys and Jamie. The data was analysed, and three key themes were identified: Building Trust through Vulnerability, Professional vs Personal Identities, and Growth Through Reflective Practice.

Building Trust Through Vulnerability

This theme explores how deliberate and unintentional vulnerabilities act as catalysts for building deeper relationships in residential care settings. Both Cerys and Jamie show through their experiences how opening up, either intentionally or naturally, can significantly enhance trust with children.

Cerys describes a moment when choosing to be vulnerable, sharing that she would also feel lost in navigating a bus timetable, led to a stronger connection with the children.

Cerys (555-560):

"And I think for the first time Dan saw me not just as a carer but as a human being with my own worries. It broke down a barrier, yes it did. He actually told me that he was scared, that he was worried about getting it wrong, letting people down. It was a moment of vulnerability for both of us, and it changed our relationship."

By admitting her uncertainties, Cerys humanises herself, narrowing the metaphorical distance between her and Dan, creating a space of intimacy and equality. Cerys' admission of her own vulnerabilities diminishes the hierarchical gap traditionally present between carer and care recipient. This act of sharing personal struggles breaks down barriers, embodying emotional authenticity that resonates on both a physical and affective level. The breakdown of the 'barrier' suggests a spatial reconfiguration, where the physical and emotional distances that typically separate carers and children are bridged, creating a new, equal, and empathetic space.

Contrastingly, Jamie finds himself in a situation where he must consistently offer support and build trust with young people who are often reluctant or unable to reciprocate due to their past experiences. This requires him to navigate a form of professional vulnerability, exposing himself to potential rejection while remaining committed to their care.

"It can be a really tough gig, supporting and consistently caring for young people whose experiences tell them not to trust any of us, and can sometimes not their fault but make that quite hard."

His role requires a form of involuntary vulnerability, exposing himself to potential rejection as he patiently works to gain trust without expecting immediate reciprocity. This exemplifies the intersubjectivity aspect of the lifeworld, highlighting the mutual influence and emotional exchange integral to developing meaningful relationships. His perseverance underlines the temporal dimension of trust-building, where enduring and thoughtful engagement gradually transforms his professional relationships into deep, personal connections. His dedication highlights a key element of relational practice: the gradual and often tricky cultivation of trust through consistent, vulnerable interaction.

Similarly, Cerys experiences the involuntary nature of vulnerability during her extensive shifts, where prolonged exposure and intense interactions lead to an unavoidable authenticity.

Cerys (lines 111-114):

"the relationships that you develop with those children because you are living with them, you know. And it's because the shifts are 24 hours. […] the mask slips for the children and you have to be your genuine self because you can't keep that mask up either for 24 hours."

Cerys reveals the inevitability of her "mask slipping," a phenomenon where the distinction between her professional and personal selves blur. The passage of time seems to decelerate in the 24 hours, this temporal phenomenon magnifies both the emotional and physical demands of her role, intensifying her experience. The necessity to be authentic is not just a function of time but emerges from the intimate, continuous interaction with the children, which makes sustaining any pretence impractical and emotionally exhausting. Cerys experiences her emotional state and self-concept as fluid; whilst there is a sense of her professional persona overriding her personality, the personal slips through where she embodies genuine authenticity.

Jamie's and Cerys's experiences of vulnerability, whether deliberate or unintentional, highlight its role in developing trust and deepening relationships within the caring

environment, suggesting its centrality to meaningful and empathetic relationships in care.

Professional vs Personal Identities

This theme explores the intricate dynamics between professional boundaries and personal involvement. Cerys and Jamie demonstrate through their interactions how the blending of their professional roles and personal selves deepens the relationships with the children they care for and introduces boundary navigation challenges.

Cerys shares a personal story that illustrates how revealing personal experiences can deeper connections with the children she supports:

Cerys (lines 232-236):

"My parents also were divorced when I was a child. I understand. Because I think often they through no information, they see carers as having never experienced any of these things. And how can you possibly understand because your life has obviously been perfect and that's why you're here doing this job because they are feeling often broken."

In sharing her personal history, Cerys actively bridges the existential distance that often separates carers from children. This moment of vulnerability, where Cerys acknowledges her own 'brokenness,' exemplifies the intersubjectivity crucial in relational care; it transforms her from just a provider into a fellow traveller in the complex journey of emotional healing. Her openness invites the children to view her within the spatiality of shared experiences, diminishing the emotional and psychological distances and promoting a mutual understanding that's grounded in resilience and empathy. The disclosure highlights the temporality of her experiences, linking past personal challenges with those of her current role, which deepens relational connections.

Similarly, Jamie finds that sharing personal interests can unexpectedly open new avenues for connection and trust.

Jamie (lines 542-559):

"I was hoovering the living room, lost in the music […] Out of nowhere, Ally came into the room […] she started talking about how she loved Led Zeplin […] I was literally standing there, holding onto the hoover handle, like it was genuinely holding me up. I was so taken back, […] I proper felt this overwhelming mix of emotions. There was joy, of course, that she was sharing something of herself. But there was also this deep sense of like, thankfulness. Gratitude. She chose to share this with me, of all people."

Jamie's encounter in the living room is a transformative moment, catalysed by his personal music choice resonating through the space. This unexpected interaction began when a usually reserved child approached him, drawn by her liking the music. In this moment, the spatiality of the living room; a neutral, functional area, transforms into a dynamic space of emotional and social interaction. Holding the hoover handle, Jamie finds physical stability, anchoring him as he navigates this emotionally charged exchange. The music, deeply personal and now a bridge to the child, highlights the intersubjectivity of their interaction, highlighting how personal elements brought into professional spaces can create significant connections. This event disrupts the routine and marks a temporal change in their relationship. Here, the music transcends its role as background noise to become a conduit for connection, challenging and reshaping the professional boundaries that typically define Jamie's interactions with the children.

Despite these benefits of personal interactions, Cerys discusses the challenges of maintaining professional boundaries even as personal interactions deepen, highlighting the often-precarious navigation required in their roles.

Cerys (lines 168-173):

"it's a very awkward line to tread sometimes because the relationships they border along with policies and procedures, but you have to be prepared to go there with that job. You're asking them to go there to an area where they're uncomfortable. It's dangerous. […] they're not protected by the usual, their usual mechanisms. You're asking them to drop those away. And sometimes that that means we have to go right where our borders, that borderline of our policies and procedures are."

Cerys discusses the delicate balance required in navigating professional boundaries, highlighting the complex dynamics involved in her role. Her narrative of "going there" and confronting "borders" reflects the spatiality she experiences, moving through uncharted and sometimes uncomfortable territories delineated by professional policies. This journey is not just physical but impactful on the relational space she shares with the children, as these boundaries are not just rules here, but spaces of potential growth and conflict. These moments are critical junctures where time seems to condense, presenting opportunities that could deepen the therapeutic relationship or lead to professional challenges. As she encourages the children to "drop those away," she navigates these temporal and spatial dimensions, moving towards a more genuine, empathetic connection. This process reveals the lifeworld's

intersubjectivity, where the professional and personal identities intersect, creating a complex, dynamic interaction that transcends traditional institutional interactions and fosters meaningful relationships.

Cerys and Jamie's experiences highlight the delicate balance between their personal and professional selves, revealing the essential nature of managing these dual identities to foster effective, empathetic caring within children's residential environments.

Growth Through Reflective Practice

This theme delves into the significant role of reflective practice in shaping carers' professional and personal development. It highlights how their ongoing self-reflection on successes and challenges enhances their caring approaches, deepens their empathy, and strengthens their resilience. Throughout their narratives, the transformative power of reflective practice emerges as essential for improving care quality and supporting both personal and professional growth.

Cerys discusses how reflecting on her caring approach, from leading to walking alongside the children, has transformed her relational approach. The evolution from a directive to a supportive presence embodies a shift in her professional identity, enhancing her empathy and authenticity in interactions.

Cerys (lines 576-578):

"This whole thing, really empowered me with relational practice. It was like a reminder that sometimes the best way we can help someone isn't to lead them, but to walk alongside them. Showing empathy. Being genuine."

By 'walking alongside' the children, Cerys reshapes the spatiality of their interactions, creating shared paths and experiences. Her sense of empowerment reflects a deeper bodily connection with her professional identity, resulting in more confident actions and a strengthened presence. Her reflection and focus on 'being genuine' and 'showing empathy' increases trust and openness, emphasising the intersubjectivity in these relationships; the mutual experiences that propel personal and professional growth.

Similarly, Jamie's reflections lead to personal insights into his practice, particularly regarding his ability to meet the diverse needs of those he supports.

Jamie (lines 447-466):

"I had to do a lot of reflecting on terms of what my practise is like and am I as good as I thought I was. And actually I wasn't. And the reason I wasn't is because I wasn't able to adapt to different people's needs and understand and truly understand what person-centred mean. So you know, that was a really good wake up call. […] Getting to know someone takes time, you can't force that."

Jamie's admission of not being "as good as I thought" due to a lack of adaptability highlights a transformative realisation of the essence of person-centred care, adjusting his approach to meet individual needs. This 'wake-up call' represents a significant turning point in his lifeworld, highlighting the temporal aspect where professional assumptions are dismantled and reconstructed through ongoing, reflective interactions. His reflective journey emphasises the importance of taking time to build relationships, illustrating a critical transition from a task-oriented to a relationship-oriented approach in his care practices. This shift highlights his experience with spatiality as Jamie navigates new conceptual and physical spaces within his caring environment to develop deeper connections.

Continuing his reflective path, Jamie confronts a challenging moment, shedding light on the emotional impacts of perceived failures and the lessons they offer.

Jamie (lines 497-503):

"I was really knocked back. Feeling like I'd failed her and questioning my own abilities. But. I had to remind myself that this work isn't about me it's about what's best for the kids. I spent a lot of time reflecting, speaking with colleagues, and looking up different approaches. It helped me not to dwell on it to be honest. It wasn't a failure it's a learning curve."

Jamie's reaction to feeling "knocked back" embodies a profound moment in his lifeworld, where the physical sensation of shock shows the emotional turbulence of perceived failure. This instance is a significant juncture, prompting deep reflection and a shift towards an outward focus, prioritising the needs of the children over personal feelings of inadequacy. This redirection is a crucial element of his professional development, illustrating the intersubjective nature of his work environment where interactions with peers become catalysts for personal and professional growth. Jamie redefines perceived failures and adapts his caring approach, embracing the temporality of his experiences, acknowledging that understanding and skill evolve over time. This reflective journey highlights the importance of intersubjectivity, recognising that his professional identity is not isolated but shaped through interactions with others.

This theme underscores the crucial role that reflective practice plays in enhancing the caring process. Through their introspective journeys, Cerys and Jamie

demonstrate how continuous self-reflection builds resilience, refines their caring techniques, and fosters deeper connections and personal growth.

Discussion

This research sought to explore the lived experiences of carers in a children's residential care setting, revealing insights into the dynamics of vulnerability, identity, and personal development. Central to the findings were the unexpected role of deliberate and unintentional forms of vulnerability in building trust, the intricate interplay between personal and professional identities, and the transformative impact of reflective practice on personal and professional growth. These themes collectively enhance our understanding of the complex relational dynamics carers navigate and offer implications for developing supportive, caring practices.

This study's unexpected emergence of vulnerability as a dual concept- deliberate and unintentional- enhances the understanding of trust dynamics in caring relationships. The deliberate act of sharing personal stories is a technique that aligns with Mason's (2004) findings on the power of sharing narratives to create mutual understanding and respect and supports Rogers' (1957) advocacy for empathy and genuineness in interactions. Additionally, the findings align with Quepon's (2020) theoretical perspective that openness and vulnerability are essential for developing trust in relationships, as they allow for a genuine interpersonal connection rooted in both physical and existential experiences. However, this study introduces the aspect of unintentional vulnerabilities, which arise naturally due to the demands of the caring environment. These vulnerabilities are not chosen but are a byproduct of intense interactions and long shifts, during which carers must maintain emotional engagement despite personal fatigue. This involuntary exposure often leads to the 'slipping' of the professional 'mask,' revealing a more authentic and unguarded side of carers. This phenomenon suggests that vulnerability is a strategic tool for building trust and an inherent part of the caring process that can sometimes lead to emotional strain. This duality is supported by Kor et al.'s (2021) discussion on the dual-edged nature of deep relational practices, which, while therapeutic, also place considerable emotional burdens on carers.

This study also highlights personal experiences' significant role in forming deep, therapeutic connections within caring roles, challenging Magalhães et al.'s (2023) emphasis on the structured organisational contexts being the leading influencer of said connections. While structured environments are deemed essential for

standardising carer-child relationships, this study's findings reveal that genuine, spontaneous interactions driven by the personal self are equally pivotal. The narratives of Cerys and Jamie highlight how such personal interactions can develop bonds that mirror familial connections, aligning with the findings of Roche et al. (2021). However, this study's findings also highlight the complex task of maintaining professional boundaries. In line with Ashforth et al.'s (2000) findings, the nuanced dynamics of boundary management they describe as "micro transitions" are highlighted by Cerys's experience in navigating the delicate balance between adhering to policies and engaging with the children on a deeply personal level. This demonstrates the psychological and sometimes physical shifts that carers manage, involving a complex, dynamic interplay of moving through unchartered, sometimes uncomfortable territory that is important for therapeutic opportunities. This balance of the personal and professional self is crucial for creating an environment where trust and empathy are authentically developed.

Lastly, Reflective practice emerges as an essential component in effective caring, aligning with Price's (2018) findings, highlighting that reflective practice enhances relational approaches and carer well-being. In this study, the experiences of Cerys and Jamie illustrate how reflective practice is instrumental in transforming personal vulnerabilities into professional strengths, enhancing their efficacy in caring. Additionally, this process of reflection supported participants in recognising and adapting to the individualised needs of children, which McLean (2015) argues is especially important for children from adverse backgrounds. Notably, while Steckley's (2020) exploration of relational practice underscores its transformative nature through mastering complex caring dynamics, this study extends this understanding by demonstrating that in Cerys' and Jamie's experiences, reflective practice is the catalyst for this transformation. Through critical self-evaluation and adaptation, carers engage deeply with transforming their professional identities, enriching their understanding and responsiveness within relational dynamics. This enriched understanding highlights the multifaceted benefits of reflective practice, advocating for its integration into carer training and support programs to cultivate a reflective, adaptive caring culture that enhances carer well-being and the quality of care provided.

In conducting this study, I recognised the potential influence of my role within the care organisation. My familiarity with the participants and the children they care for could have influenced their responses. To counter this, I ensured all participants were fully aware of the study's objectives and the confidentiality of their responses to foster an environment where they felt secure to express their authentic experiences. The closeness I share with the organisation can enrich the data with nuanced insights yet poses challenges in maintaining objectivity. This familiarity helped build rapport and elicit open, honest dialogue, yet it necessitated a vigilant approach to ensure that personal insights did not overshadow the analytical process. To mitigate this, I engaged in continuous reflexivity, employing journaling and epoché to bracket my preconceptions and focus on the participants' perspectives as presented. Moreover, my prior experiences as a carer and my identity as a mother provided a deep, empathetic understanding but required careful navigation to ensure that interpretations were grounded in the data rather than my personal experiences. By actively engaging in reflexivity and maintaining a rigorous methodological stance, I aimed to ensure that the interpretations remained grounded in the data and reflected the lived experiences of the participants.

The hermeneutic phenomenological method employed in this study provided deep insights into the emotional and interpersonal dynamics carers experience within children's residential care settings, uncovering nuanced realities that quantitative methods might overlook. While using virtual interviews via Microsoft Teams limited the analysis of non-verbal cues, it facilitated a comfortable and accessible setting for participants, potentially enhancing the openness and honesty of their responses. However, the inherent subjectivity of phenomenological analysis and the study's focus on depth over breadth limit the generalisability of these findings. Additionally, in the process of ensuring ethical conduct, specific segments of the data that could potentially identify participants were excluded from the analysis. While upholding ethical standards, this decision may have limited the depth or breadth of insights into certain aspects of relational practice, potentially affecting the richness of the data presented. Nevertheless, such ethical considerations are paramount and reinforce the integrity of the research process. The context of the study, being set in a specific rural Welsh setting, also limits the generalisability of the findings. Despite these

limitations, the profound individual insights gained highlight the value of this exploratory research.

Future research should include phenomenological explorations across diverse residential care settings, encompassing environments in different geographical regions. These studies could provide valuable insights into how varying socio-economic, organisational, and cultural contexts influence the dynamics of relational practice and the well-being of carers. Additionally, longitudinal research is recommended to track the long-term effects of relational practices on carers. Such studies could shed light on the sustainability of these practices and their impact over time, providing data for developing ongoing support mechanisms and professional development opportunities for carers.

In conclusion, this study has uncovered an additional perspective on what relational practice can mean to those directly experiencing it, highlighting the impact of vulnerability, the challenges of navigating professional and personal identities, and the role of reflective practice. These findings prompt important questions about integrating these elements into carers' training and support structures. As importantly, it aims to evoke further consideration about the importance of understanding carers' experiences to better support them and, therefore, support the very children they care for.

References

Ashforth, B.E., Kreiner, G.E. and Fugate, M. (2000) 'All in a Day's Work: Boundaries and Micro Role Transitions', *The Academy of Management Review*, 25(3), pp. 472–491. Available at: https://doi.org/10.5465/amr.2000.3363315 (Accessed: 19 April 2024).

Bowlby, J. (1969) *Attachment and loss: Vol. 1. Attachment.* New York: Basic Books.

British Psychological Society (2021) *Code of Ethics and Conduct.* Available at: https://doi.org/10.53841/bpsrep.2021.inf94 (Accessed: 5 May 2024).

Cahill, O., Holt, S., and Kirwan, G. (2016) 'Keyworking in residential child care: Lessons from research', *Children and Youth Services Review*, 65, pp. 216-223. Available at: https://doi.org/10.1016/j.childyouth.2016.04.014 (Accessed: 15 April 2024).

Carr, A. (2009). 'The effectiveness of family therapy and systemic interventions for child-focused problems'. *Journal of Family Therapy*, 31(1), 3-45. https://doi.org/10.1111/j.1467-6427.2008.00451.x (Accessed: 11.04.24).

Dibley, L., Dickerson, S., Duffy, M., and Vandermause, R. (2020) *Doing Hermeneutic Phenomenological Research: A Practical Guide.* London: SAGE Publications Ltd.

Husserl, E. (1913) *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: First Book: General Introduction to a Pure Phenomenology.* Available at: https://books.google.co.uk/books?id=mm1UI0QKcgQC (Accessed: 15 April 2024).

Jakobsen, T.B. (2010) '"What Troubled Children Need" Constructions of Everyday Life in Residential Care', *Children & society*, 24(3), pp. 215–226. Available at: https://doi.org/10.1111/j.1099-0860.2009.00220.x (Accessed: 23.03.24).

Kor, K., Fernandez, E., & Spangaro, J. (2021). 'Therapeutic Residential Care: A Double-Edged Sword.' *British Journal of Social Work*, 52(2), 663-681. https://doi.org/10.1093/bjsw/bcab018 (Accessed: 12.04.24).

Magalhães, E., Ferreira, M., Ornelas, S., Silva, C, S., Camilo, C., Calheiros, M, M. (2024) 'Youth-caregiver relationship quality in residential youth care: Professionals' perceptions and experiences', *Journal of social and personal relationships,* 41(4), pp.

822–845. Available at: https://doi.org/10.1177/02654075231215824 (Accessed: 02.03.24).

Mason, J. (2004) 'Personal narratives, relational selves: residential histories in the living and telling', *The Sociological review* (Keele), 52(2), pp. 162–179. Available at: https://doi.org/10.1111/j.1467-954X.2004.00463.x (Accessed: 11.4.24).

McLean, S. (2015) 'Managing behaviour in child residential group care: unique tensions', *Child & family social work*, 20(3), pp. 344–353. Available at: https://doi.org/10.1111/cfs.12083 (Accessed: 03.04.24).

Patton, M.Q. (2014) *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. 4th ed. Thousand Oaks, CA: Sage Publications. Available at: https://books.google.co.uk/books?id=ovAkBQAAQBAJ (Accessed: 02.03.24).

Pecora, P.J., Whittaker, J.K., Maluccio, A.N., and Barth, R.P. (2000) *The Child Welfare Challenge: Policy, Practice, and Research,* 3rd edn. New York: Aldine de Gruyter, pp. 217-234.

Price, H., Jones, D., Herd, J., & Sampson, A. (2018) 'Between love and behaviour management: the psychodynamic reflective milieu at the Mulberry Bush School', *Journal of social work practice*, 32(4), pp. 391–407. Available at: https://doi.org/10.1080/02650533.2018.1503167 (Accessed: 17.04.24).

Purvis, K.B., Cross, D.R. Pennings, J.S. (2009) 'Trust-Based Relational Intervention TM: Interactive Principles for Adopted Children With Special Social-Emotional Needs,' *The journal of humanistic counselling, education and development,* 48(1), pp. 3–22. Available at: https://doi.org/10.1002/j.2161-1939.2009.tb00064.x (Accessed: 14.03.24)

Quepons, I. (2020) 'Vulnerability and Trust', *PhaenEx*, 13(2), pp. 1–10. Available at: https://doi.org/10.22329/p.v13i2.6220 (Accessed: 30 April 2024).

Roche, S., Flynn, C., & Mendes, P. (2021). 'They became my second family: Children's relational lives and relationship-based practice in residential care in the Philippines.' *Child & Family Social Work*, 26(4), 652-663. https://doi.org/10.1111/cfs.12846 (Accessed: 15.04.24).

Rogers, C. R. (1957). 'The necessary and sufficient conditions of therapeutic personality change.' *Journal of Consulting Psychology*, 21(2), 95-103. Available at: https://doi.org/10.1037/h0045357 (Accessed: 17.04.24).

Social Care Wales (2022) *Code of Professional Practice for Social Care.* Available at: https://www.socialcare.wales/cms_assets/file-uploads/Code-of-Professional-Practice-for-Social-Care.pdf (Accessed: 06 May 2024)

Steckley, L. (2020) 'Threshold concepts in residential child care: Part 2, relational practice as threshold', *Children and youth services review*, 112, pp. 104825-. Available at: https://doi.org/10.1016/j.childyouth.2020.104825 (Accessed: 11.04.24).

Tomlinson, P., Gonzalez, R., and Barton, S. (2011) *Therapeutic Residential Care for Children and Young People: An Attachment and Trauma-Informed Model for Practice.* London: Jessica Kingsley Publishers. Available at: https://books.google.co.uk/books?id=0EeVJHOgRdQC (Accessed: 13.03.24).

Van Manen, M. (2023) *Phenomenology of Practice: Meaning-Giving Methods in Phenomenological Research and Writing*. 2nd ed. Routledge. Available at: https://doi.org/10.4324/9781003228073 (Accessed: 20.03.24).

<u>Appendix A</u>

<u>Email sent to recruit</u>

Good morning all,

I am completing a project as part of my dissertation and currently recruiting
participants.
I am hoping to include both coaches and seniors in the project.
Please print the attached document to allow seniors to have a look, and please have
a look yourselves.

I look forward to hearing from you soon.

Best wishes,
Caz.

**[Attached document was participant information leaflet, to be printed so that all staff who
work directly in the homes can read].**

Participant information leaflet

Relational Realities: A Phenomenological Study of Staff Experiences in Relational Practice within Children's Residential Care

Participant Information Leaflet

Project details

My name is Cazine McCarthy and I am a psychology student at the Open University. As part of my studies, I am conducting a research project that contributes to my degree.

My project explores the experiences and perspectives of staff in a children's residential care home regarding the implementation and impact of relational practice. This study aims to uncover the day-to-day realities faced by these professionals in their work with vulnerable children. My hope is that the findings will help understand the nuances of relational practice in care settings and shed light on how these practices can be enhanced to better support both the children and the staff.

You have been invited to take part in the research because you are a staff member at a children's residential care home, where you actively engage in relational practice. This study specifically seeks participants who have an active role in relational practice to gain insights into the real-world application and impacts of these practices. Please do NOT take part if this might be a difficult topic for you.

Staff members who do not directly engage in relational practice are excluded from this study to maintain a focused perspective on those with hands-on experience. Additionally, Staff members with less than one year of experience in relational practice will be excluded to ensure that participants have enough experience to reflect upon.

If you agree to take part, you will be invited to participate in an interview which will be conducted via Microsoft Teams. Please note that if the interview is online, you do not need to have used Microsoft Teams before to take part. Detailed instructions will be sent to you before the interview, and I would be happy to discuss any concerns you may have. If you do not have access to a stable internet connection, it may be possible to conduct the interview using standard mobile or landline network. Please contact me if you wish to discuss this option.

The interview is likely to last around 60 minutes and will be recorded for research purposes. You will be asked questions about your experiences, perceptions, and practices regarding relational care in the children's residential care home setting. The questions will explore topics such as your approach to relational practice, the

experiences that you encounter in your role, and your views on the impact of these practices on the children and the overall care environment.

Voluntary participation & confidentiality

Participation in the study is entirely voluntary. After you have read this information please feel free to contact me if you have any questions or concerns. If you are happy to participate please complete the Informed Consent Form provided below.

Note that if at any time before, during or after the interview you wish to withdraw from the study, you can do so simply by letting me know. You can withdraw at any time, for any reason and you will not be asked to explain your reasons for withdrawing. Note however that once the interview has been transcribed and anonymised (expected to be by 22.03.24), it may not be possible to withdraw your individual data from the research. However, only anonymised quotations from the interview will ever be used.

There is no direct benefit to you as a participant from taking part in the study. However, you will be contributing to research on the implementation and impact of relational practice, and you may enjoy sharing your views and experiences. In terms of risks, there is a possibility that you may become uncomfortable when answering some questions. Note, however, that you have the right not to answer any question, and you can stop the interview and withdraw from the study at any point.

How will the data collected in the interview be used?

Data collected will be stored confidentially and transcripts will be anonymised. Before agreeing to take part, please read the Data Protection Privacy Notice below which explains in detail how the data will be managed after collection.

How do I give consent to take part in the study?

If you are happy to participate in the study the easiest way to give consent is by return e-mail. All you need to do is reply to the email, and, within the body of the message, indicate 'yes' to each statement listed below, and then enter your name and the date. A copy of the email (including the header information with email address and date) will be retained with the project files as proof of consent. I will e-mail you back to acknowledge receipt, and this e-mail will serve as proof that I have taken your consent (if given) and that I agree

to the terms set out in the consent form. We strongly recommend that you keep a copy of that e-mail for your records.

Please note that the consent form will be kept separately from the transcription of the interview. Also, your name will be removed from the transcript, and replaced with a pseudonym. Any information that could directly or indirectly identify you will be removed. Only anonymised quotations, under the assigned pseudonym, will be used in the final written report and any publications derived from it.

Once I have received the consent form, I will contact you to set up a suitable time for the interview and discuss technical arrangements.

Questions, comments or complaints

If at any point you need more information about the study, or you have any concerns, please contact me by emailing cazine.mccarthy@birrbi.org. You can also contact the project supervisor, Paula Singleton, at paula.singleton@open.ac.uk. If wish to make a formal complaint, please contact the DE300 module chair at DE300-Chair@open.ac.uk.

Thank you for your time and I look forward to hearing from you ideally before 28.02.24,

Cazine McCarthy.

Data Protection Privacy Notice

The research study complies with UK and General Data Protection Regulations (GDPR) and the UK Data Protection Act 2018.

What personal information will be collected from me?

As part of the study, the researcher will record your name, role in the children's residential care home, and length of service in this field. Additionally, the researcher will collect demographic information such as gender, age, ethnicity, and education level. This data will help to understand the diversity of viewpoints and backgrounds within the care home staff, offering a more comprehensive picture of relational practice in this setting. While not central to the study's primary focus, these demographics could provide valuable context and potentially highlight systemic issues or areas for future

research. The nature of the research is such that you will not be asked to disclose sensitive personal information. The project does not require you to disclose special category data like political views, religious affiliation, trade union membership, health issues, or sexual orientation. However, if during the course of the interview you choose to share such information about yourself, it will be treated with the utmost confidentiality as described in this document.

Why is this personal information being collected? We are collecting this personal data to be able to understand the characteristics of the group of participants who took part in the study. Please note also that if the interview is online, [MS Teams], the company that owns the software that will be used to conduct the interview, collects a limited amount of electronic data from users (e.g. their location, IP address, e-mail if you have an account with them, and so on), in line with its privacy policy.

How long will the data be retained? Interview recordings and consent forms will be kept for no longer than a year, while anonymised interview transcripts may be kept for longer (subject to participants not withdrawing consent before (April 6th 2024). All data and consent forms will be stored on the researcher's password-protected hard drive, with a backup copy on an encrypted or password protected external drive. Except for a copy of the consent forms, e-mail correspondence with participants will be destroyed immediately after the data has been collected.

Will my taking part in this study be kept confidential? Measures will be taken to ensure confidentiality of participants. Your name will be removed from interview transcripts, with all information that could directly or indirectly help identify interviewees removed to ensure that any risks are minimized.

How will the data collected from me be used? The results of the study will be used as a basis for a research project report as part of the Open University module DE300 Investigating Psychology 3. The author of the study reserves the right to publish the findings as an academic publication, or in another form. Both in the report and any subsequent publication, data will either be presented in aggregated form or using quotations with pseudonyms.

Will my data be shared with others? Your data will only be available to the researcher, their supervisor and, in exceptional circumstances, academic staff on the DE300 module team.

What if I am not happy with how my data has been managed? If you have concerns about data protection and how your information was handled, please contact the course chair at DE300-Chair@open.ac.uk. You can also contact the OU's Data Protection Team at data-protection@open.ac.uk. If you feel that your concerns about the handling of data have not been resolved, you have a right to lodge a complaint with the Information Commissioner's Office (ICO), who are the relevant regulator for data privacy and protection matters. The ICO can be contacted at Wycliffe House, Water Lane, Wilmslow, SK9 5AF and your will find more information at https://ico.org.uk.

Informed Consent Form

Informed consent form

I, the undersigned participant, hereby confirm the following:

Please indicate 'yes' or 'no' next to each item by deleting the option that does not apply

1. I have read and understood the information set out in the Participation Information Leaflet and the Data Protection Privacy Notice and have had the opportunity to ask questions about the research, interview process and my participation. [YES/NO]

2. I voluntarily agree to participate in this study and understand that I am free to withdraw without providing an explanation, and that I will not be penalised for doing so. [YES/NO]

3. I confirm that I do not expect the topic of relational practice to be a difficult one for me [YES/NO]

4. I understand that I will not be able to withdraw my data from the study after [March 15th 2024]. [YES/NO]

5. I am aged 18 or over. [YES/NO]

6. I understand that my participation will contribute to psychological research, but I will receive no reward, payment, or other direct benefit. [YES/NO]

7. I was advised of any risk or disadvantage of participating in this research. [YES/NO]

8. The use, storage and destruction of my contributed data (including the measures taken to secure confidentiality) has been thoroughly explained to me [YES/NO]

9. I consent to my interview being audio recorded. [YES/NO]

10. I consent to anonymised quotes from my interview being used in the research report and any publications derived from it. [YES/NO]

11. I understand that, by returning the consent form by e-mail, I am giving my informed consent. [YES/NO]

Participant name:_____   Date:_____

Data management plan

Qualitative (interviews and focus group) Data Management Plan

There will be two types of data: (i) consent data which is personal data because it includes names of participants; and research data, such as audio recordings and transcriptions of audio recordings. These are likely to include personal data until it is de-identified or anonymised. How you will manage each type of data will need to be considered. Start of ActivityStart of Question

1. How will participant consent data be collected and retained?

(In face-to-face settings, a paper-based consent form may be used; where participants are interviewed online, consent may be obtained by email. You will need to outline how you will protect participant data such as keeping paper-based consent forms in a locked cupboard or storing electronic consent in a password-protected file on a password-protected PC, and deleting participants' emails, including any email addresses automatically stored in contacts lists.)

Invitations for participation in the study will be sent out via email to potential participants; staff members at the children's residential care home. These invitations will include a Participant Information Sheet and Consent Form, which interested staff are asked to complete and return by email.

Once received, each participant's consent form will be saved to a password-protected file on my password-protected laptop. Backup copies

of these forms will be stored on an encrypted and password-protected external hard drive.

All participant emails and contact details, including any auto-saved addresses in my email client, will be permanently deleted once the interview has been completed.

End of Question

Start of Question2. Are you collecting categories of sensitive personal data?

(For example, data concerning racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, a person's sexual orientation, etc.)

While the research is not intended to collect sensitive personal data, it's possible that participants may voluntarily disclose such information during the interviews. If sensitive information is disclosed, it will be treated with confidentiality. The research protocol will include measures to handle this data ethically and securely, ensuring it's protected in line with data protection regulations and ethical guidelines. In cases where unexpected sensitive information is disclosed, I will consult with my project supervisor to determine the appropriate course of action, which may include omitting this data from the study to protect participant privacy. End of Question

Start of Question

3. How will the research data be collected?

(If conducting interviews or focus groups face-to-face you will need to specify how you will record these, such as using a mobile device, and ensure automatic uploading to cloud-based storage is inhibited. If you are conducting interviews or focus groups online, you will need to specify how they will be recorded in a way that protects participants' data.)

Each interview will be conducted and recorded using Microsoft Teams. The interviews will use the audio recording function only, to respect the privacy of participants which will be made clear to participants. To ensure data reliability, interviews will be double recorded using a secondary device, such as a mobile phone, which will not be auto uploaded onto cloud-based storage. This backup recording will be initiated only after obtaining consent from the participant for the use of a secondary recording device.

Immediately following each interview, both the primary and back up audio recordings will be downloaded and saved to a password-protected folder on my password-protected laptop.

A backup copy of each recording will be stored on an encrypted and password-protected external hard drive.

Both the original audio recordings on Microsoft Teams and the backup recordings on the secondary device will be permanently deleted once they are securely transferred to the protected storage. Additionally, all participant contact details in Microsoft Teams and any temporary data on the secondary recording device will be permanently deleted immediately after the interview.

End of Question

Start of Question

4. How will you de-identify (anonymise) the research data?

(You will need to explain how you will remove names and any information that could identify participants indirectly within the transcription.)

In the process of transcribing the interviews, I will, from the beginning, employ pseudonyms to replace the actual names of participants. Additionally, any other potentially identifying information, such as specific roles, length of service, or details about the care home, will be either omitted or altered to ensure anonymity. This includes avoiding mentioning of unique or identifiable characteristics of roles or services at the care home. Care will be taken to ensure that despite these changes, the essence and integrity of the responses are maintained.

End of Question

Start of Question

5. How will the research data (i.e. recordings and transcriptions of the recordings) be stored?

(For example, a password-protected file on a password-protected PC.)

The audio recordings and transcriptions from each interview will be stored in a password-protected file on my password-protected laptop. Additionally, backup copies will be kept on an encrypted and password-

protected external hard drive for added security. I will follow GDPR and BPS guidance on the storing of this data.

End of Question

Start of Question

6. Who will have access to the research data and consent forms?

(For example, researcher, project supervisor.)

The project researcher (myself), project supervisor (Paula Singleton) and, exceptionally, DE300 Module team members will have access to the research data. Only I (the project researcher) will have access to the participant consent forms.

End of Question

Start of Question

7. Will the de-identified (anonymised) research data be shared with a third party?

(If planning to publish, some journals have data-sharing policies.)

Yes – I will share the de-identified research data with my supervisor, Paula Singleton. I am considering the potential for publishing the research findings, the de-identified data may be shared with third parties such as academic journals. Any sharing of data will abide by requirements of the journals, ensuring that all published data remains de-identified and anonymised to protect participant confidentiality. This process will be in accordance with ethical guidelines and data protection policies.

End of Question

Start of Question8. When will the data (research data and consent forms) be destroyed?

(Usually this will be at the end of the study when you have received your DE300 module results. However, if you are planning to publish your project report you may need to retain the data for a longer period, such as ten years.)

Given the potential for publishing my research findings, the project data and consent forms will be retained for a longer period than initially planned. Specifically, the data will be stored securely for up to ten years post-publication to comply with academic and ethical guidelines for research publications (ensuring that data can be reviewed or reanalysed if needed). After this period, or if the decision is made not to pursue publication, the data will be permanently and securely destroyed, adhering to data protection standards.

End of Question

Start of Question

9. How will the data be destroyed?

(This should explain how the data will be permanently deleted and no

longer be retrievable.)

The project data folders and all consent forms will be deleted, including deletion from the recycle bin on the desktop to ensure the data is no longer retrievable.

End of Question

Appendix E

Interview schedule

Plan

Introduction (5 minutes):

- Welcome and thank the participant.
- Briefly explain the purpose of the study and the interview process.
- Confirm consent and discuss confidentiality measures.

Script- Hello and thank you for agreeing to participate in this study. I really appreciate your time and input. The purpose of our interview today is to explore your experiences and perspectives on relational practice within the children's residential care home setting. Our conversation will last about 60 minutes, and I'll be asking a series of questions related to your professional experiences. Before we begin, I want to confirm that you've read and signed the consent form and remind you that all information shared will be kept confidential. Your anonymity will be maintained in any reports or publications resulting from this research. If you're ready, we'll start with the first question. Do you have any questions before we begin?

Warm-Up Questions (5-10 minutes):

- Ask about their role in the care home.
- Inquire about their general experience working in children's residential care.

Script: Could you start by telling me about your current role in the care home?

What are your main responsibilities and day-to-day activities?

How long have you been working in children's residential care?

I'm interested in hearing about your overall experience in this field?

Main Interview Questions (30-40 minutes):

- Explore their understanding and views on relational practice.
- Discuss specific experiences they've had implementing relational practices.
- Ask about challenges and rewards they've encountered in their role.
- Explore their perceptions of the impact of relational practice on children.

Script: How do you understand and define relational practice within the context of your work?

Could you share your views on relational practices importance in the care home setting?

Can you recall any specific experiences where implementing relational practices made a significant difference?

What was the situation, and how did you handle it?

Can you tell me about a time when you were trying to practice relationally and it did not go as you expected, in as much detail as you can?

What challenges have you faced while applying relational practices in your role?

Can you tell me about a time when you were trying to practice relationally, and it went really well or better than expected?

On the flip side, what rewards or positive outcomes have you observed?

In your perspective, does relational practice impact the children in the care home and if so how?

Can you share any examples or observations that highlight this impact?

Closing Questions (5-10 minutes):

- Ask if there's anything they would like to add or emphasise.
- Inquire about suggestions for improving relational practice in the care home.

Script: Before we conclude, is there anything else you would like to add or emphasise about your experiences or views on relational practice that we haven't covered?

Finally, based on your experience, do you have any suggestions or ideas on how relational practice within the care home could be improved?

Conclusion (5 minutes):

- Thank the participant for their time and contributions.
- Explain the next steps (e.g., data analysis, follow-up if necessary).

Script- Thank you so much for your valuable contribution to this study. Your insights and experiences are incredibly important to understanding relational practice in children's residential care. In terms of next steps, I'll be analysing the data collected from all interviews, including our discussion today. Depending on the findings, there might be a need for a follow-up conversation, in which case I will contact you. Once the study is complete, I'll ensure that the findings are shared in a way that respects your confidentiality. Again, thank you for your time and for sharing your experiences with me

Debrief (Optional, 5 minutes):

- Provide space for any immediate reactions or feelings about the interview.
- Offer support or resources if needed, especially if sensitive topics were discussed.

Ethical approval

DE300 Qualitative Project Ethical approval form

The Ethical approval form is evidence that you have gained ethical approval for your project and that your tutor has approved your study. You must include the final, signed copy of this form with your Project report as part of your EMA submission. If you do not include the forms with your report, you will risk failing the EMA.

You must under no circumstances begin collecting data (including pilot data) before your form has been signed off. The form will be returned to you when TMA 03 results are released.

You must complete each part of this form:

Part 1: DE300 Ethics Risk Assessment Checklist

Part 2: Ethics form

Part 3: Declaration

To complete this form, you must study the ethics related material in Weeks 6 and 13 of DE300. You should also ensure that you have read pages 1–26 of the BPS's Code of Human Research Ethics (2021).

Topics you should consider include:

- informed consent – you should include a copy of your draft consent form with TMA03
- participant instructions – again, a draft of your Participant Information Leaflet should be submitted as an appendix to assignment
- materials (including draft interview/focus group questions, recording equipment, etc.)
- participant safety
- researcher safety
- potential distress to participants
- potential distress to researcher – investigating a sensitive topic, even using existing data, can be upsetting to the investigator.
- confidentiality and anonymity
- debriefing participants
- how participants can obtain further information or discuss the research
- possible need for additional support/disclosure issues
- right to withdraw from the study
- storage of participant information and data (Data Management Plan)
- disposal of participant information and data (Data Management Plan).

Note that some of these topics are not relevant if you are accessing existing textual data from Nexis.

Part 1: DE300 Ethics Risk Assessment Checklist

Please indicate your answers by selecting the relevant box in the 'Student' column of the form. Your tutor will complete the boxes shaded in grey.

The purpose of the form is to assess the level of ethics risk associated with your project. If you have answered 'yes' to any of the questions below, make sure you address them explicitly in Part 2 of this form.

If your project does not fall firmly within the Level 1 (low) risk category it may be referred to an ethics panel which will review the case and provide feedback, or rejected. Note that having the proposal rejected or referred may cause delay to data collection, so it is in your interest to select a project that falls firmly into the low-risk category, as described in the Ethics Status Document.

Ethics Risk Assessment		Student		Tutor	
		Yes	**No**	**Yes**	**No**
1	Could the study induce psychological stress or anxiety or cause harm or negative consequences in the participants beyond the risks encountered in normal life?	☐	☐ x	☐	☐
2	Could the study induce psychological stress or anxiety or cause harm or negative consequences in you as the researcher, beyond the risks encountered in normal life?	☐	☐ x	☐	☐
3	Will you be specifically recruiting participants belonging to a vulnerable group, e.g. those experiencing mental health problems, those grieving, or those experiencing neurodiversity?	☐	☐ x	☐	☐
4	Does your proposed research raise any issues of personal safety for yourself, or other persons involved in the project (e.g., meeting participants in non-public spaces)?	☐	☐ x	☐	☐
5	Will you be collecting personally identifiable data, such as participants' email address, name, work role and organisation, etc.	☐ x	☐	☐	☐
6	Does your project focus on negative life experiences?	☐	☐ x	☐	☐
7	Does your project involve the discussion of high-risk topics such as (but not limited to) sexual, physical, or emotional abuse, recent experiences of loss (including abortion and miscarriage), imprisonment, war, family disputes, criminal behaviour, drug use, etc.	☐	☐ x	☐	☐
8	Is your research likely to involve discussion of sensitive topics (including, but not limited to, mental and/or physical health/wellbeing, personal and/or confidential information, sensitive political topics)?	☐ x	☐	☐	☐
9	Does the study involve the use of non-trivial deception, either in the form of withholding essential information about the purpose of the study or intentionally misinforming participants about aspects of the study?	☐	☐ x	☐	☐
10	Does your proposed data collection strategy need initial clearance from a 'gatekeeper' (e.g. workplace manager, online discussion group moderator, other organisation manager)?	☐	☐ x	☐	☐

Part 2: Ethics and your DE300 project:

1. What method will you use to collect data:

☒x Interviews

☐ Focus Groups

☐ Existing data (Nexis)

2. Will your research involve live participants?

Yes ☒x

No ☐ (if 'No', go to Question 10)

3. Who are the participants for this project (i.e. what sorts of people will be invited to participate?) For instance, if you are doing a project on the experience of engaging with nature, you may stipulate that you will recruit participants who regularly engage in outdoor activities. Or if you are doing a project on how career change in mid-life affects women's identities, you need to set out the gender, age and professional characteristics of your prospective participants. Please note, do not include actual names of participants.

The participants for this project will be staff members working in a children's residential care home. These individuals will be selected based on their direct involvement with relational practice within the care setting, which could be determined by role title (Coach, Senior Coach, Deputy Manager, Manager). Participants are required to have had at least 1 years' worth of experience in their roles, to provide informed and reflective insights into the relational practices employed in the care of children. While the study does not restrict participants based on age or gender, it is intended that the participant group will encompass a variety of experiences and perspectives within the care environment.

4. How will participants be recruited (identified and approached)?

Participants for the study will be recruited through an email invitation sent to the staff of the children's residential care home. The email will include a clear and concise Participant Information Leaflet that outlines the purpose of the study, requirements of participation/exclusion, what participation involves, the voluntary nature of participation,

confidentiality measures, the right to withdraw and contact information for any queries or concerns. This approach ensures that all potential participants receive the same information and can make an informed decision about their participation. Additionally, to ensure a comfortable and pressure free environment, the invitation will emphasise that participation is voluntary and that there will be no negative consequences for choosing not to participate. Follow up reminders will be sent to ensure maximum reach and to give potential participants time to consider their participation. Once applications have been received, I will review to ensure participants meet the inclusion criteria of direct involvement in relational practice and have at least one year of experience in this role. The selection process will aim to represent a range of roles within the care home to capture diverse perspectives. If more applications are received than required, participants will be chosen based on a balance of these criteria to ensure a comprehensive representation of experiences. This approach will help in selecting participants whose experiences can provide in-depth insights into the nuances of relational practice within the care home setting.

5. How will the interviews/focus group be conducted:

Online x☐

Face to face*   ☐

6. If you are collecting data face to face, please outline how you will manage issues of personal safety?

7. How will you obtain the consent of participants? Will this be written? How will it be made clear to participants that they may withdraw consent to participate at any time?

Consent from the participants will be obtained through a written consent form. This form will be sent to potential participants, along with the participant information leaflet via email. The form will clearly outline the purpose of the study, what their participation entails, and their rights, including the right to withdraw from the study at any point, without repercussions before the given date (proposed to be: 06.04.24). Participants will be asked to sign and return the consent form before participating in the interview. To ensure participants are fully aware of their rights, the option to withdraw will be stated in both the information leaflet and the consent form.

Additionally, at the beginning of each interview, I will acquire verbal consent and I will verbally reiterate their right to withdraw at any time.

8. Might participants experience anxiety, discomfort, or embarrassment as a result of your study?

Yes* ☐x

No* ☐

**If yes, explain why and outline what steps you will take to explain and minimise this?

While the primary focus of the study is on professional experiences in relational practice, it is acknowledged that discussing certain experiences or reflections might induce a level of discomfort, anxiety, or embarrassment among participants. This could be due to the personal and potentially sensitive nature of their work in the care home.

The participant information leaflet and the consent form will clearly state the nature of the questions and the focus of the study, allowing participants to be mentally prepared for the topics of discussion. I will also add in the exclusion criteria , that participants should not take part if they expect this to be a difficult topic for them. I will verbally reiterate this, prior to the interview. I will adopt a sensitive and non judgemental approach ensuring that participants feel respected and heard. Participants will be reminded of their right to refuse to answer they are not comfortable answering and to withdraw from the study at any time without and repercussions.

To ensure a supportive and empathetic interview environment, I will engage in pre-interview communication for rapport building, utilise active listening and empathetic responses, ask questions sensitively, regularly assure confidentiality, and empower participants by respecting their control over participation and response comfort level. If participants become upset during the process of the interview, I will ask if they would like to pause, or finish the interview early - I will ensure that the participants know that there will be no consequences to finishing the interview early.

After the interview, participants will be debriefed and provided with information on where to seek support if they feel distressed or uncomfortable as a result of the discussion.

*If no, explain how you can be sure that no discomfort or embarrassment will arise?

9. How will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?

After each interview, I will conduct a debriefing session to ensure participants are fully informed about the study and to address any immediate concerns or questions they may have. This debriefing will include:

I will reiterate the overall aim of the research, emphasising how their contribution fits into the larger context of understanding relational practice in children's residential care homes.

Expressing gratitude for their time and insights, acknowledging the value of their participation in the study.

Briefly outlining the next stages of the research process, including how the data will be used and when the study results might be available.

Allowing participants to ask questions or express any concerns that they may have about the study, or the topics discussed.

Offering contact information for support services (We provide an independent counselling service for staff members).

Reinforcing the commitment to confidentiality, and anonymity in the handling and presentation of the data collected.

Reminding them of their right to withdraw their data from the study after the interview, with instructions on how to do so.

10. Might you as the researcher experience anxiety, discomfort, or embarrassment as a result of your study?

Yes* ☐

No* ☐x

* If yes, explain why and outline the steps you will take to minimise this?

*If no, explain how you can be sure that no discomfort or embarrassment will arise?

Based on my professional background and familiarity with the topic of relational practice, I am confident in my ability to handle the discussions without experiencing significant discomfort or embarrassment. My experience and training have prepared me to engage with personal and sensitive topics in a professional context. The nature of the interviews, combined with clear ethical guidelines and boundaries, will help maintain a focus that mitigates potential personal discomfort. Moreover, the emphasis on understanding participants' experiences from a research perspective allows me to approach the conversations with the necessary objectivity

and professional detachment. While I acknowledge the personal nature of relational practice, my preparation and experience equip me to navigate these discussions effectively, reducing the likelihood of personal discomfort. Nonetheless, I will remain aware and responsive to any unexpected emotional responses that may arise during the research process.

Alongside my professional background and training, I will engage in continuous reflexivity throughout the research process. This will include maintaining a research journal to reflect on my experiences, thoughts, and emotions after each interview, and seeking regular supervision. These practices will ensure I remain aware of and manage my own responses, maintaining objectivity and a professional approach, while being responsive to any unexpected emotional responses that may arise during the research process

11. **Are there particular features of the proposed work which may raise ethical concerns or add to the complexity of ethical decision making? If so, please outline how you will deal with these below.**

    It is important that you demonstrate your awareness of potential risks or harm that may arise as a result of your research. You should then demonstrate that you have considered ways to minimise the likelihood and impact of each potential harm that you have identified. Please be as specific as possible in describing the ethical issues you will have to address.

There are several ethical concerns inherent in my research on relational practice in a children's residential care home. Throughout the research process, I will follow the BPS guidance.

Confidentiality and Privacy: Discussing professional experiences in a care setting could unintentionally reveal sensitive information about the care home or the children. - I will ensure that all data is anonymised and any potentially identifying information is removed during transcription. Participants will be instructed to avoid mentioning specific details that could compromise confidentiality.

Emotional Impact on Participants: The discussion of experiences in relational practice might evoke emotional responses or discomfort. - I will create a supportive environment during interviews, allowing participants to skip questions or pause the interview if needed. I will then ask if they would like to continue, or if they would rather stop the interview- it is their choice and I will inform them that there will be no consequences to their withdrawal. I will also provide information on support services in case participants feel distressed post-interview and give a debrief document that covers the support that is available to all participants.

Researcher Bias: As an individual working in the field, there is a risk of introducing personal biases into the research process. I will engage in reflective practice throughout the research, regularly consulting with my supervisor to ensure objectivity. I will also employ the technique of bracketing, to fully immerse myself in the data and understand it from the participants' perspectives.

Data Security: Handling sensitive interview data poses risks related to data security and protection. - All digital data will be stored on encrypted devices with restricted access. Data

will only be used for the purposes of this research and will be disposed of securely when it is no longer needed. I will be gathering my interview data on my work laptop, which has layered password protection, and encryption- with only myself, the researcher, knowing the passwords to access the information, ensuring that it is fully confidential.

Informed Consent: Ensuring that participants fully understand the nature of the research and their rights. - Participants will be provided with a detailed information leaflet and a consent form. The leaflet will clearly explain the study's purpose, the participants' rights, and how their data will be used. A thorough debriefing will also be conducted post-interview. This debriefing will reinforce the study's objectives, address any questions, and ensure participants are comfortable with how their information was obtained and will be used.

If you are conducting interviews or focus groups please attach the following to this form

- Participant Information Leaflet and other materials to be used to inform potential participants about the research.
- Consent form
- Interview/focus group schedule
- Data Management Plan

Part 2 Declaration

I have read, understood, and will abide by the BPS's Code of Human Research Ethics (2021):

Yes ☐x No ☐

I confirm that to the best of my knowledge the information provided in this form is correct and this is a full description of the ethics issues that may arise in the course of this project as I anticipate it at this stage.

Yes ☐x No ☐

I understand that if I make any changes to my project I will need to inform my tutor and if necessary seek a new proposal and ethics approval.

Yes ☐x No ☐

Name: Cazine McCarthy

Date: 29.01.24

Please submit your complete ethics forms as part of TMA03

If your tutor approves and signs this Ethical approval form, you can start your project.

If your tutor has requested changes to your study, make those changes, and post the amended Ethical approval form in your Project forum to allow your tutor to scrutinise it, and providing you have addressed their concerns, to approve it.

You must **not** start the project until your tutor has approved your project and signed it off. This is very important and you will risk failing your project if you do not comply with this instruction.

The following section will be completed by your tutor and returned to you with TMA03.

Ethical approval by tutor:

Notes to tutor: In the box below, please provide **feedback** on the student's Ethical approval form, giving advice about how to further address any ethical issues.

This is a comprehensive submission.

Once you have reviewed my comments above and made or accepted any suggested changes then I will be happy to approve. There are minor changes to the participant info sheet, consent form and interview schedule below. (in red)

My role within the care home is Therapeutic Support Practitioner, working with the Therapy Team. Within the organisational hierarchy, I am situated at the lowest rank. I do not supervise or manage anyone within the organisation and work on a separate team from the potential participants which will help mitigate any potential pressures people may feel to participate in this research. Additionally, I will ensure participants that there will be no consequences, or rewards for choosing to participate, or not.

Please tick one of the boxes below, then sign and date the form. Then return the Project proposal and Ethical approval form to the student.

This project is approved.	TICK

Tutor signature: Paula Singleton, Ph.D. Date: 17 Feb 2024

Debrief

Thank you very much for participating in this study. Your insights and experiences are invaluable to understanding the implementation and impact of relational practice in children's residential care homes. This research aims to enhance our knowledge in this area, potentially informing future practices and policies.

If you feel that you need additional support following the interviews, you have access to a free counselling service, please refer to Smart Health for assistance.

Should you have any further questions or wish to discuss any aspect of the study, or if you would like to provide feedback on your experience as a participant, please feel free to contact me. Additionally, if you have any concerns or complaints about the study, you can address them to:

Researcher: Cazine McCarthy / cazine.mccarthy@birribi.org

Supervisor: Paula Singleton / paula.singleton@open.ac.uk

Address for Complaints: DE300-Chair@open.ac.uk

Your participation in this study has been greatly appreciated. I would also like to reassure you that all information shared will remain confidential and will be used solely for the purposes of this research.

Sincerely, Cazine McCarthy.

1   **Appendix H (Cerys transcript)**

2   0:0:0.0 --> 0:0:25.320

3   Cazine McCarthy

4   Hello and thank you for agreeing to participate in this study. I really appreciate your time and

5   input. The purpose of our interview today is to explore your experiences and perspectives on

6   relational practise within the children's residential care home setting. Our conversation will last

7   around 60 minutes and I'll be asking a series of questions related to your professional

8   experiences. Before we begin, I want to confirm that you've read and signed the consent form.

9   0:0:26.840 --> 0:0:29.240

10   Cerys

11   Yes, I have.

12   0:0:30.200 --> 0:0:38.280

13   Cazine McCarthy

14   And remind you that all information shared will be kept confidential. So your anonymity will be

15   maintained in any reports or publications resulting from this research. If you're ready, we'll start

16   with the first question.

17   0:0:38.30 --> 0:0:38.762

18   Cerys

19   Yes.

20   0:0:39.560 --> 0:0:54.0

21   Cazine McCarthy

22   Do you have any questions before we begin?

23   0:0:54.320--> 0:0:54.810

24   Cerys

25   No.

26   0:0:55.240--> 0:0:56.910

27   Cazine

28   OK, thank you. So could you could you just start by telling me about your current role in the care

29   home?

30   0:0:57.550 --> 0:1:5.910

31   Cerys

32   Yes, I currently work for a children's residential company. Um I'm a therapeutic coach, I'm

33   mainly based in one home, but I'm occasionally deployed to other homes and I'm responsible

34   for carrying out [organisations] care ethos within those homes as part of a team.

35   0:1:7.200 --> 0:1:9.0

36   Cazine McCarthy

37   Great, thank you.

38	0:1:10.960 --> 0:1:24.120
39	Cazine McCarthy
40	So what are your main responsibilities and day-to-day activities?

41	0:1:25.640 -->0:1:29.40
42	Cerys

43 Literally the day-to-day activities and day-to-day living of those children. Umm, we're advised by
44 a therapeutic care team. Umm, In terms of difficulties, the children may have, we do also
45 explore with those and our reports are fed back to therapeutic Care team. Who in turn take that
46 information and then advise us.

47	0:1:29.80 --> 0:1:37.200
48	Cerys

49 But we also deal with the the day-to-day needs getting up in the morning and morning routines,
50 attending school, college activities during the day, in the weekends and school holidays,
51 bedtime routines, all the things that a parent would. So basically we're standing parents for
52 those young children.

53	0:1:38.40 --> 0:2:2.800
54	Cazine McCarthy
55	Thank you. How long have you been working in children's residential care all together?

56	0:2:2.840 --> 0:2:8.680
57	Cerys

58 Altogether I think about eight, about eight years now. With Birribi seven, I think eight In
59 December. I did a year in [another children's residential care home]. Prior to that I worked with
60 challenging children in schools and an autism centre.

61	0:2:9.200 --> 0:2:25.360
62	Cerys
63	So a long. Coming up 15 to 20 years of working with children with difficulties and challenges,
64	lots of experience. I hope.

65	0:2:27.160 --> 0:2:34.160
66	Cazine McCarthy

67 So I'm interested in hearing about your overall experience in the field?

68	0:2:36.960 --> 0:2:40.480
69	Cerys

70 Within Children's residential?

71	0:2:41.600 --> 0:2:43.560
72	Cazine McCarthy
73	Yes.

74	0:2:45.800 --> 0:2:48.520
75	Cerys
76	Oh gosh, that's very broad.

| 77 | 0:2:48.520 --> 0:2:51.220 |

78 Cazine

79 It is, yeah. And you can talk about whatever part of the overall experience that sticks out to you
80 the most.

81 0:2:54.170 --> 0:3:28.10

82 Cerys

83 I suppose I went into children's residential, because I considered fostering and I felt very
84 strongly about getting it right because we talk about people have car stickers that say dog is for
85 life and not just for Christmas. Well, how much more does that apply to a child? And I feared
86 that if I took in a foster child and it was not at all what I thought it was going to be, the damage
87 that would be done in terms of rejection for that child would be enormous. So I felt the safer
88 option was to go into children, to children's residential home and experience it there.

89 0:3:28.210 --> 0:3:31.330

90 Cerys

91 Where if I left, I'm just another staff member that's leaving.

92 0:3:31.980 --> 0:3:42.740

93 Cerys
94 People do come and go in jobs. It would not be anywhere near as impactful for that child as it. If
95 I take my foster child, that was my reason for coming into it and then my experience once, once
96 I've been in it. Some things met my expectations, other things not at all.

97 0:3:44.420 --> 0:3:46.260
98 Cazine McCarthy
99 Mmh mmh

100 0:3:48.300 --> 0:3:50.820

101 Cerys

102 It's it is amazing and unique job.

103 0:3:52.620 --> 0:4:12.900
104 Cerys
105 You have a bond with your team like I have never experienced in any other sector of work, umm
106 in this company and in the previous it seems to be something that's related to residential care
107 and in meeting or consultations we'd be very intense, challenging situations.

108 0:4:13.340 --> 0:4:45.260
109 Cerys
110 It makes you bond like a team and I have worked in other areas with challenging children. It's
111 never been quite the same as this. Umm and you the relationships that you develop with those
112 children because you are living with them, you know. And it's because the shifts are 24 hours.
113 You truly are. You know, there's there's no, the mask slips for the children and you have to be
114 your genuine self because you can't keep that mask up either for 24 hours. So obviously working
115 within policies and procedures.

116   0:4:45.780 --> 0:5:14.620
117   Cerys
118   You have to be you and they they sense that and that's been the biggest difference, I think,
119   between working with children for an 8 hour day. I say, to working a 24 hour shift umm where
120   you're living that life with them. It's been rewarding, frustrating, challenging all of those things in
121   a more intense way than I think 1 experiences in a nine to five job.

122   0:5:15.600 --> 0:5:23.760
123   Cazine McCarthy
124   Yeah, that's really interesting. Thank you. For this next question, there is no right or wrong
125   answer. How do you understand and define relational practise within the context of your work?

126   0:5:47.760--> 0:5:55.830

127   Cerys

128   OK, for me it's kind of drawing on what I've just said. Really when we talk about genuine positive
129   regard, it's easy to focus on a positive regard. We have to be positive towards these children. We
130   have to take their behaviours and look for express needed hidden need. We have to bridge
131   everything in a positive way.

132   0:5:58.570 --> 0:6:1.970
133   Cerys
134   But if you're not genuine in your relationship with them, none of it works. You know, I I firmly
135   believe that. The difficulties these children, them young people have.

136   0:6:3.490 --> 0:6:29.770
137   Cerys
138   They've spent their whole lives being let down by something, somebody, a system, a person,
139   whatever. And they're coming to you in a very, very vulnerable state with issues that are buried
140   deep and that they haven't necessarily expressed with their, the other rooms of their family,
141   people far closer to them than you are. And if you don't make an effort to be your genuine self
142   and meet them as their genuine selves, not expecting a mask either.

143   0:6:30.300 --> 0:6:59.740
144   Cerys
145   They have to be them. That doesn't mean that comes with no boundaries and expectations. You
146   know, I was making very clear what my expectations are and that aggressive behaviour to me or
147   conversation at that point stops, you know, because I'm not being treated like that. And I respect
148   you too much to expect that you'll treat me like that. I understand that it's probably a hidden
149   need expressed, need difficulty, but I'm being genuine with you and I genuinely want you to
150   come and meet me on this higher platform.

151   0:7:0.420 --> 0:7:3.860
152   Cerys
153   And trust that that I will hold your hand on that platform.

154   0:7:4.300 --> 0:7:34.300
155   Cerys
156   So you don't feel comfortable, it's not your normal way of dealing with things, and we'll ride it
157   through together. But I have this rule and all the kids that I've worked with anywhere know I will
158   never lie. And if a company asked me to, I would refuse. I do say there may be times I cannot tell

159 you something that I know and that that is an unfortunate part of this business, but I will never
160 lie to you about anything. You know, if I can't tell you, I'll tell you. I can't tell you.

161 0:7:34.380 --> 0:7:39.740
162 Cerys
163 Or you must accept. Sometimes you simply won't know things that I know because that's
164 deemed in your best interest.

165 0:7:43.690 --> 0:8:17.450
166 Cerys
167 Yeah. So I think I think, yeah, that's the basis for it. You you know, you have to ahh you have to
168 form that relationship. It's a, it's a very awkward line to tread sometimes because the
169 relationships they border along with policies and procedures, but you have to be prepared to go
170 there with that job. You're asking them to go there to an area where they're uncomfortable. It's
171 dangerous. It's they have, they're not protected by the usual, their usual mechanisms. You're
172 asking them to drop those away. And sometimes that that means we have to go right where our
173 borders, that borderline of our policies and procedures are.

174 0:8:17.820 --> 0:8:47.340
175 Cerys
176 To meet that child and have a meaningful, genuine, true relationship with them. But that will say
177 that also comes with its pitfalls, because then you start to get into an area of now my
178 relationship because you have your personality and I have my personality. Our relationship is
179 now personalised and that often doesn't fit in with a care company's desire for universal,
180 repeated, identical.

181 0:8:47.700 --> 0:9:18.180
182 Cerys
183 Relationships between carers and children. It's not real. It's that's company led, not child led.
184 But I do understand it can create difficulties, but if you generally want to help a child, there has
185 to be some understanding, trust and compromise between the carer and the company that's
186 they've built up trust over time because equally can be very dangerous territory for the company
187 too. But unless you do all of that, the child doesn't see an investment from you. So unless you're
188 prepared to go there, invest in them.

189 0:9:18.410 --> 0:9:57.370
190 Cerys
191 And spend the time with them and say right, I may not agree with all that you're going to tell me,
192 but you can trust me to tell me, and I'm gonna do my very best to get into your shoes. Because
193 until you believe that I care and have taken the time to understand, you will never open up to me
194 and you will never trust me to say I know that's how you've been doing yet. Can you trust me to
195 help you to make a change? Yeah.

196 0:9:58.200 --> 0:10:8.840

197 Cazine McCarthy.

198 That's really insightful Cerys. Thank you.

199 0:10:8.890 --> 0:10:11.590

200 Cerys

201   Does that answer everything? I'm sorry, I get really into it.

202   0:10:13.270 -->0:10:17.670

203   Cazine

204   Absolutely, this is the purpose. Something stood out to me that you said about. You know, when
205   I asked you to define relational practise, you said, well, it's being genuine. It's being yourself.
206   Could you tell me more about what that means to you?

207   0:10:17.980 --> 0:10:44.110
208   Cerys
209   Two things I guess it's. There's no point in trying to be somebody that you're not in life you know,
210   is it? You can go in and you can try and be the cool dude. And if you're really not the cool dude
211   and your the nerdy person, be that you're good at being that and that's a solid foundation base
212   that won't waver. And whatever else, when children start to trust they, they often kind of
213   metaphorically check back. Am I, are you still that solid platform you told me you were? Are you
214   still that person, that shape of a person. Because I'm pinning all my trust on that.

215   0:10:44.330 --> 0:10:49.310
216   Cerys
217   So please don't change. So if you start to try and be one thing and then you're not.

218   0:11:4.510 --> 0:11:7.430
219   Cerys
220   Yes, so be your genuine self and be who you are.

221   0:11:9.740 --> 0:11:41.780

222   Cerys

223   Which means exposing parts of you which actually can be bits, because we all have our
224   baggage and that that's a very big difference between telling a child inappropriate things. You
225   don't do that. And you also have to keep yourself safe. So if you've got something that's super
226   sensitive and you know that if somebody chucks a rock at that window, it's going to break, then
227   don't say it, you know, keep that within, if you have safe areas, you're asking them to open up to
228   you. And that doesn't say, it does not mean you dump your divorce proceedings on that child.

229   0:11:42.180 --> 0:12:13.260
230   Cerys
231   Yeah, you don't share things inappropriate or irrelevant, but you can share things where you can
232   say I have been through that experience. My parents also were divorced when I was a child. I
233   understand. Because I think often they through no information, they see carers as having never
234   experienced any of these things. And how can you possibly understand because your life has
235   obviously been perfect and that's why you're here doing this job because they are feeling often
236   broken.

237   0:12:13.620 --> 0:12:43.60
238   Cerys
239   They cannot perceive, umm and it's very good for them to perceive how somebody who may
240   have been in a similar position with difficulties in their childhood, and now I'm stood, you know,
241   and so is that carer and that carer and that carer it gives them some sort of hope and level
242   playing field with you and the belief that you can genuinely understand and empathise some

243 with some of what they're going through because you've lived not even the same experiences,
244 but you've lived experiences.

245 0:12:43.740 --> 0:12:47.500
246 Cerys
247 Which made you feel similarly, maybe made you feel unsafe, vulnerable.

248 0:12:48.800 --> 0:12:55.80
249 Cerys
250 Umm. Stuck all of those things. So yes, those are the two aspects of I guess. Owning and
251 knowing your sense of self.

252 0:12:56.280 --> 0:13:3.960
253 Cerys
254 And therefore being genuinely relatable.

255 0:13:5.320 --> 0:13:16.640
256 Cazine McCarthy
257 Hmm, thank you.

258 0:13:18.720 --> 0:13:24.280
259 Cazine McCarthy
260 Could you share your views on relational practises importance in the care home setting?

261 0:13:25.750 --> 0:13:36.150
262 Cerys
263 I feel like I talk so much I'm covering multiple questions. OK. The importance of relational
264 practise.

265 0:13:36.170 --> 0:13:38.250
266 Cerys
267 It is really, it is all that I've I've said and that.

268 0:13:40.130 --> 0:14:13.50
269 Cerys
270 Meaningful work, proper foundational work upon which they can then build, it's solid, it comes
271 from relationship practise. In my belief, that does not mean that all other practises of practise
272 are irrelevant. In fact they're very relevant and that. But for me that's the foundation. When kids
273 first come in, you can't have that because you've just met them. They and they have no reason
274 to trust you. And in fact that I've found for me the the, the most meaningful relationships have
275 been the hardest to win because those kids.

276 0:14:13.770 --> 0:14:14.970
277 Cerys
278 Are really pushing you away.

279 0:14:15.440 --> 0:14:43.800
280 Cerys
281 And it takes a long time and again it's that also that belief of don't rush it. Be honest. Sometimes
282 you have to go in and you've met a child and you've got to go and talk about something deep,
283 meaningful, personal, difficult. But the sort of level of honesty is being honest about that too. I'd
284 be able to say to you this is going to be this is going to be hard. This is going to be tricky for you

285 and for me because we've just met, own it, you know, don't try and kid them. That you're
286 sudden, suddenly this wonderful person who they can trust.

287 0:14:44.800 --> 0:15:4.80
288 Cerys
289 At the moment you're just somebody sat in front of them and other than the fact that they work
290 in a care home and and most kids are quite switched on on things like policies, procedures,
291 DBS, checks, that's the only level that they have. So be be honest about it, own it, embrace it
292 and say I realise that and I really hope that we can go on to have a better relationship.

293 0:15:5.720 --> 0:15:14.440
294 Cerys
295 But unfortunately, these things they need to be started now for your sake, and I really hope that
296 as this unfolds.

297 0:15:14.880 --> 0:15:23.800
298 Cerys
299 You will feel that you can trust me with these things, but we will have to start somewhere, don't
300 we? You know. Relational practice, building these relationships is key.

301 0:15:25.240 --> 0:15:32.720
302 Cazine McCarthy
303 Yeah. OK. So can you recall any specific experiences where implementing relational practise
304 made a significant difference?

305 0:15:38.140 --> 0:15:38.980

306 Cerys
307 Yes.

308 0:15:41.620 --> 0:16:0.700
309 Cerys
310 Mainly my relationships with children are nearly all deep. Yeah, they they are. And that's
311 because that's the person I am. And that's why I the way I work and I spend a lot of time trying to
312 read a child and work, work them out. That's the point of the relationship.

313 0:16:2.300 --> 0:16:13.380
314 Cerys
315 They they also will spend time reading me, you know. But I think it's more of a one way street and
316 I spend the time reading them and really getting to know them. What motivates them
317 incentivises them.

318 0:16:14.900 --> 0:16:19.140
319 Cerys
320 What are going to be roadblocks? Because until you, you really know that person.

321 0:16:20.600 --> 0:16:28.360
322 Cerys
323 And then comes in the trust that they will allow you to know them and they will start being
324 honest about who they are, you know.

325 0:16:30.840 --> 0:16:42.280
326 Cerys

327 So yeah, all children, that's the way I work. There have been a few instances with a memorable,
328 partly because they got me into trouble, haha, at the time.

329 0:16:43.800 --> 0:16:50.840
330 Cerys
331 But which in hindsight, I wouldn't go do any different. I wouldn't like, you know, I thank God this
332 is confidential.

333 0:16:52.440 --> 0:17:5.280
334 Cerys
335 I wouldn't do it any differently. I've spent a lot of time reflecting on these things, and it's OK for
336 companies to get things wrong as well. You know, it's. And I can say that because that was what
337 was that was what was the outcome for everybody at the time.

338 0:17:6.290 --> 0:17:23.530
339 Cerys
340 And it is tricky. But yes, without a doubt. I mean in this company, [Olivia] and [Liam] were the
341 two that I have meaningful relationships where I am now. But if I go back to them, Liam was one
342 who I felt.

343 0:17:25.210 --> 0:17:38.170
344 Cerys
345 He had a very maternal. So did Olivia actually, very maternal. I have maternal relationships with
346 children. Very rarely have anything else, actually usually maternal. I think if they were older, it
347 would be big sistery. It would always be on that maternal line.

348 0:17:38.610 --> 0:17:52.290
349 Cerys
350 Because that's where I operate. I find it difficult not to be maternal and Olivia. Liam. Sorry was
351 he became his his vulnerable self. I knew him for longer than I knew Olivia.

352 0:17:54.10 --> 0:17:59.690
353 Cerys
354 And she began to open up on things. It took her a long time to trust.

355 0:18:1.210 --> 0:18:8.130

356 Cerys
357 And a lot of that was based on my thing of like she, I think she truly did trust me not to lie, that
358 that she had spent a lot of time being lied to in her opinion.

359 0:18:8.810 --> 0:18:38.50
360 Cerys
361 She felt that a lot of people had lied to her, actually predominantly before [organisation]. You
362 know, it was like a psychotherapist and a lot of people in her life, she felt, had told her lies. So I
363 was mindful of that, also aware that probably that had not happened to anywhere near the
364 extent she felt it had. But the point is she felt it had. And she actually came up with very
365 plausible thought processes for why she thought it had. I could see how she got to that belief
366 system.

367   0:18:39.990 --> 0:18:40.270
368   Cerys
369   And.

370   0:18:42.240 --> 0:18:50.320
371   Cerys
372   Yeah, that was one that I felt had a meaningful impact in that she would. She'll be able to open
373   up and talk to me about things that she was she.

374   0:18:51.800 --> 0:19:21.680
375   Cerys
376   I don't know what other conversations she had, whether they were as deeply meaningful.
377   Obviously, children have all sorts of levels with the staff across the staff team as they should in
378   a in a family, and that's the other sort of when when I say a company and not just this company
379   or companies, they have an expectation of uniformity of relationships that's used that's
380   institutionalised, that even in your own family, that doesn't happen. You have different
381   relationships. You'll talk about something to somebody and not somebody else, but you will talk
382   about the other thing to them and not the first person. So that's really normal.

383   0:19:22.470 --> 0:19:29.590
384   Cerys
385   And and it was helpful. I felt it was helpful for her. It she truly believed.

386   0:19:30.950 --> 0:19:52.70
387   Cerys
388   That our relationship was invested in something real and that she could count on. Liam, so
389   known him for longer, and he was completely vulnerable. I don't think other than things he has
390   he not yet disclosed, in terms of him and who he was, there was nothing. I don't think they
391   couldn't come to me about.

392   0:19:54.80 --> 0:20:3.320
393   Cerys
394   You know things happening with his penis or an itchy bottom. Yeah, I've had one of those till the
395   point where he said, you know, if you were my mum, you could have a look.

396   0:20:4.200 --> 0:20:5.200

397   Cerys
398   But I'm not your mum.

399   0:20:7.240 --> 0:20:28.720
400   Cerys
401   That shows the trust. It was lovely to see. Given what we do know of his past, I was incredibly
402   honoured, you know, to think that he did. And he there was no expression on his face of of worry
403   over that. You know, it's it's obviously it didn't happen. But the fact that the fact that he he really
404   did.

405   0:20:29.80 --> 0:20:54.200
406   Cerys
407   This way same way your own children would come to you and say, yeah, they actually have got
408   something going on. Something odd going. Can you have a look, you know? Oh my gosh, it
409   doesn't get much bigger than that. And given his past, oh, my goodness, you know, I was so was

410 honoured for myself, but I was so pleased for him that somewhere he could trust again, you
411 know.

412 0:20:54.240 --> 0:21:5.840
413 Cerys
414 That was huge for me because, I mean, that's how huge it was going to be for him to have and.
415 And once you do that one person, it's easier then you can find other people that you can do it
416 with and what an incredible.

417 0:21:7.210 --> 0:21:8.450
418 Cerys
419 Progression for him.

420 0:21:9.930 --> 0:21:22.610
421 Cerys
422 And it opens up possibilities in his world.

423 0:21:22.630 -->0:21:22.990

424 Cazine

425 Mm hmm.

426 0:21:23.0 --> 0:21:25.120

427 Cerys

428 Which until he took that step weren't necessarily gonna be easy for him to to find and take
429 advantage of. They'll be there, but if he's not open to it, how?

430 0:21:25.330 --> 0:21:39.90
431 Cerys
432 And the same thing with him, with lots of other things that he would be worried about, worried
433 about. And because Liam often carries this, he puts up a shield of cool dude. I've been there,
434 done it, got the T-shirt. Everybody knows the stories of the 20 Ferraris that Dads got in the
435 garage.

436 0:21:39.640 --> 0:22:8.640
437 Cerys
438 And the £50 a week pocket money they used to get. And obviously I had all of that the same as
439 others and amongst other people's, It wasn't just me, those those bravado steps just dropped.
440 He would start off with saying it and then look at me and it would be like that, Unsaid we both
441 know you're bullshitting here. So you know, let's not, and to the point where he just stopped
442 bothering, he didn't need to. And for me the lovely thing is that he felt in our relationship he was
443 enough.

444 0:22:9.700 --> 0:22:40.500
445 Cerys
446 He didn't need all of that to be somebody I would want to interact with and have a relationship
447 with. He was enough. And that's again massive, absolutely massive, because kids who do that
448 kind of thing, they don't believe they're enough. You know, their stuff seems on the floor. The
449 biggest, you know, all the bravdo that goes on usually find the esteem in that little person is like

| 450 | this, you know? And that's so that was huge. But all of that comes, I believe, comes from a |
| 451 | genuine relationship. You have to expose your vulnerabilities as well. |

452	0:22:40.860 --> 0:23:11.500
453	Cerys
454	They have to believe you're a real person and the real you, not just the Carer you. There's there's
455	two heads. And when you meet children, you are just the Carer You that other bit is a twinkle in
456	your eye. It's nothing. you hope to grow it, but no guarantee it will. But once they get the two and
457	the honesty comes from also being sentient, I know it's difficult and I know sometimes because
458	our relationship has evolved. You want to do things that I could perhaps do with you or talk to
459	you about.

460	0:23:11.580 --> 0:23:13.740
461	Cerys
462	Outside of my care role, but you have to remember.

463	0:23:14.70 --> 0:23:47.390
464	Cerys
465	But here I am still a carer and this is where our relationship exists. So again, own it. talk about
466	that, you know it's real. There's an important pretending it's not there and it also prepares them
467	for future life where the people around them won't have the care of hats on, you know? Does
468	that answer your question?

469	0:23:47.750 --> 0:24:16.790
470	Cazine McCarthy
471	Absolutely. Thank you Cerys. Would you be able to tell me about a time you were trying to
472	practise relationally and it didn't go as expected?

473	0:24:17.20 --> 0:24:37.740
474	Cerys
475	
476	

| 477 | **[REDACTED due to concerns that the unique experience, could potentially identify** |
| 478 | **the participant. More information is located within the method section].** |

479	
480	
481	

482	0:37:55.90 --> 0:38:01.240
483	Cazine McCarthy
484	After your experiences with Olivia, how did you process these events? And has this experience
485	influenced your approach to relational practice going forward?

| 486 | 0:38:20.510 --> 0:38:26.830 |

487   Cerys

488   Umm, it was a rollercoaster for me, emotionally and professionally. Processing it, well, it wasn't
489   easy. I felt a bit lost at first, questioning my methods. But then, I had this moment of sort of
490   clarity. I had to reconcile the personal hurt with my professional beliefs. It reinforced my
491   commitment to working relationally, but with a sharper awareness of the boundaries and the
492   frameworks we're operating within.

493   0:38:28.470 --> 0:38:50.430

494   Cerys

495   It was a learning curve, no doubt. It was pretty shit, pretty shit. I doubted myself. I was fearful for
496   a while, then I had a word with myself. Thought, you know, you know that there is nothing wrong
497   with your practise. I am truly helping this young lady with her fear, helping her feel safe and
498   supported.

499   0:38:50.470--> 0:38:50.780

500   Cazine McCarthy

501   Would you like to take a break? We can finish at any time that you like.

502   0:38:51.0--> 0:38:51.930

503   Cerys

504   No no, this is actually quite good for me. Thank you though.

505   0:38:52.850--> 0:38:9.170

506   Cerys

507   Made me more mindful, more reflective. I still believe in the power of genuine connections, but
508   now, I'm even more deliberate in how I manage those connections. With within the parameters
509   set by policies and procedures.

510   0:38:9.940--> 0:39:15.890

511   Cerys

512   It's about finding that balance, isn't it?

513   0:39:17.370 --> 0:39:39.610

514   Cerys

515   Making sure that while we're building these real relationships, also safeguarding ourselves and
516   the kids within the legalities of everything. So, yeah, it was tough, but it's shaped me into a more
517   thoughtful, maybe even a wiser practitioner.

518   0:39:41.370 --> 0:39:49.570

519   Cazine McCarthy

520   Hmm. Thank you. Can you tell me about a time when you were trying to practice relationally,
521   and it went really well, or better than expected?

522   0:39:51.460 --> 0:40:22.540

523   Cerys

524   Oh, lots. Dan sticks in my mind. So articulate, you'd think he had it all together, but he struggled
525   with basic things like catching a bus. It was a big deal for him. He was so used to putting up a
526   front, afraid of showing any vulnerability. One day, I just shared my own fears, made myself
527   vulnerable. And that opened a door for him to express his own fears without feeling diminished.
528   We broke it down together, step by step, and that day, he not only learned to catch a bus, he
529   learned it was okay to not know something and ask for help.

530   0:40:22.580 --> 0:40:23.460

531   Cazine McCarthy

532   Could you tell me more about that experience?

533   0:40:24.60 --> 0:40:24.740

534   Cerys

535   Ofcourse

536   0:40:26.340 --> 0:40:53.740
537   Cerys
538   So Dan was one of those kids who could really throw you off with how articulate he was. People
539   always assumed he had everything figured out just because he could express himself well. But
540   that wasn't the case, especially when it came to basic real basic life skills, like you know
541   catching a bus. It sounds simple, but for Dan, it was a huge barrier, one of those things that filled
542   him with anxiety.

543   0:40:54.740 --> 0:41:24.620

544   Cerys

545   One day, he was meant to catch a bus, it was part of his ILS. Staff were getting impatient with
546   him, expecting him to just get on with it because, like I said, he seemed more than capable. But I
547   could see the hesitation, the fear.

548   0:41:25.220 --> 0:41:27.220

549   Cerys

550   So, I took a different approach. A relational one, haha.

551   0:41:27.970 --> 0:42:6.810

552   Cerys

553   I shared my own insecurities, my own lack of knowledge about buses, which was true at the
554   time, I drive everywhere. I admitted to him that I would be just as lost trying to figure out a bus
555   timetable or finding the right stop. And I think for the first time, Dan saw me not just as a carer,
556   but as a human being with my own worries. It broke down a barrier, yes it did. He actually told
557   me that he was scared, that he was worried about getting it wrong, letting people down.

558   0:42:7.570 --> 0:42:10.370

559   Cerys

560   It was a moment of vulnerability for both of us, and it changed our relationship.

561   0:42:12.170 --> 0:42:18.290

562   Cerys

563   So we worked through the process together, step by step, breaking it down into manageable
564   bits. I made sure to frame it in a way that wasn't judgmental or condescending. It was about us
565   learning together.

566   0:42:20.250 --> 0:42:56.410

567   Cerys

568   It wasn't even really about helping Dan catch a bus. It helped him realise its ok to not know
569   something, and that its ok to ask for help. Be a bit vulnerable and open up.

570   0:42:57.40 --> 0:43:26.160
571   Cazine McCarthy

572   Reflecting on this experience with Dan, how did this interaction affect your own feelings and
573   perceptions about relational practice?

574   0:43:26.880 --> 0:43:40.800

575   Cerys

576   This whole thing, really empowered me with relational practice. It was like a reminder that
577   sometimes the best way we can help someone isn't to lead them, but to walk alongside them.
578   Showing empathy. Being genuine.

579   0:43:41.360 --> 0:43:57.120
580   Cerys
581   Also, I noticed that Dan wasn't ok with the bus thing. That's because I've got to know him. And
582   relational practice isn't about just providing support. We have to cocreate a space between us,
583   where genuine conversations and learning can happen. Safely.

584   0:43:58.480 --> 0:44:13.440
585   Cerys
586   So relational practice is a raw thing to do. It can make us vulnerable too, but its taught me the
587   importance of being present, how to truly listen, and being genuine. Sharing experiences opens
588   up new paths.

589   0:44:13.520 --> 0:44:16.960
590   Cerys
591   A more meaningful relationship, where amazing things can happen.

592   0:44:17.320 --> 0:44:47.520
593   Cazine McCarthy
594   Hmm. That's really insightful. In your perspective, does relational practice impact the children in
595   the care home and if so how?

596   0:44:47.840 --> 0:44:59.880
597   Cerys
598   Yes. Yes. It does. I've only told you, I think I've only told you about two experiences. But we work
599   this daily. And it's a slow process, with small or even big moments of reward.

600   0:45:1.440 --> 0:45:19.440
601   Cerys
602   But you can see the all of the children across the homes benefitting it from one way or another.
603   Relationships are important. And through developing these relationships, they're learning so so
604   many things.

605   0:45:19.960 --> 0:45:51.80
606   Cerys
607   Actually, we assign key workers to our young people. And sometimes, the key workers don't
608   have the best relationship with the assigned key worker. You can see the children turn to those
609   who they have a good relationship with. When they need support. It's clear as day. Those who
610   are either more approachable, or relatable, or honest. Whatever that specific child needs, they
611   are drawn to the person who offers it. And that says it all.

612   0:45:51.600 --> 0:46:23.200
613   Cerys
614   How could we not work relationally? Like actually being mindful of building relationships, the
615   quality of the relationship is just. How could we not? To answer your question, how. The young
616   people can grow through the good relationships. Especially when they've usually only
617   experienced the bad ones.

618   0:46:23.800 --> 0:46:25.800
619   Cazine McCarthy
620   Hmm. Thank you. Based on your experience, do you have any suggestions or ideas on how
621   relational practice within the care home could be improved?

622   0:46:26.680 --> 0:46:34.0
623   Cerys
624   You know, it's all about taking a moment before we leap straight into this is how we always do it
625   mode. Like, if someone's done something, let's stop and think why. It's just like when we're
626   dealing with the kids and their hidden needs and expressed need and all of that.

627   0:46:35.560 --> 0:46:55.520
628   Cerys

629   But we can't just chuck out all those rules and procedures. I mean, they're there for a reason,
630   right? But, and this is a big but, we have to be more open to not just the deep stuff but all the
631   levels of relationships. I mean, why should all relationships between staff and children be the
632   same? Like, really? That's not how is works and its not very human.

633   0:46:56.830 --> 0:47:14.910

634   Cerys

635   It's not about making everything fit into this perfect business model because, let's be honest,
636   people aren't like that. And yeah, I do think staff, myself included, we've got to do our bit. Also,

637 relationships should be a community thing. If we have a good relationship with them, we should
638 be supporting them develop other relationships with staff and peers.

639 0:47:16.330 --> 0:47:17.890
640 Cerys

641 So basically I think it could be a bit more human. More natural. Yeah.

642 0:47:19.250 --> 0:47:51.370
643 Cazine McCarthy
644 Thank you Cerys. I'm wondering, before we conclude, is there anything else that you would like
645 to add or emphasise about your experiences or views on relational practice that we haven't
646 covered?

647 0:47:51.790 --> 0:48:12.110
648 Cerys

649 Oh my gosh, I think I've covered absolutely everything.

650 0:48:13.420 --> 0:48:33.940
651 Cerys
652 I can't think of any other fact than that I think it's super important, really, really do.

653 0:48:35.300 --> 0:48:49.300
654 Cerys

655 Yeah, I can actually. I can't imagine working and relational practice not being the seat of my
656 practise. That's, you know, it's like I said, it's really important to have those other factors,
657 approaches and ways of working. You can't just stick with one thing. One size does not suit all.
658 So everybody has their own style of relationships. But we work with multiple children and I know
659 that we'll say the great thing is that in in a team, there's always somebody that child could hook
660 onto.

661 0:48:50.780 --> 0:48:56.20

662 Cerys
663 It's also true that on any given day, that child might not have that person to hook onto, so you
664 have to make an effort to come out of your comfort zone and be prepared to try and relate to
665 people in on their terms. You know, if they find that really difficult, which might be
666 uncomfortable, you still be genuine. There's no right that's the wrong in saying, well, I'm not
667 really into that, but I will give it a go. What I mean is, well, Josh is a great example. Josh interacts
668 with the children on a play level.

669 0:48:57.340 --> 0:49:22.980
670 Cerys
671 And being a cool dude. But his play would be, by adventure canoeing.

672 0:49:53.490 --> 0:50:5.250
673 Cerys
674 I don't think now, I'm none of those things, but It might end up with Dave being sick and on a day
675 he has planned to do that with a child. So I'm like.

676 0:50:9.220 --> 0:50:14.100

677   Cerys

678   I'll give this a quick go. I'll be honest and say you and I both know this can be entirely different

679   experience than it would have been with Dave. So you know we and it's really it's really

680   important because if you're not prepared to go outside your comfort zone to the degree that you

681   can and to be honest, most kids will accept and respect that. Have a laugh. They're like, you

682   know, like you know, OK and that you've made the effort and they they do appreciate that even if

683   they can't kind of have that as an actual thought process, the appreciation is there.

684   0:50:9.220 --> 0:50:14.100

685   Cerys

686   So yeah.

687   0:50:17.20 --> 0:50:22.980

688   Cazine McCarthy

689   Thank you so much for your valuable contribution to this study. Your insights experiences are

690   incredibly important to understanding relational practise in children's residential care. In terms

691   of next steps, I'll be analysing the data collected from all interviews, including our discussion

692   today. Depending on the findings, there might be a need for a follow up conversation, in which

693   case I will contact you once the study is complete and ensure that the findings are shared in a

694   way that respects your confidentiality.

695   0:50:24.10 --> 0:50:57.530

696   Cazine McCarthy

697   Again, thank you for your time and sharing your experiences with me.

698   0:51:10.730 --> 0:51:39.10

699   Cazine McCarthy

700   If you feel that you need additional support following the interviews you have access to a free

701   counselling service. Please contact Peter Blofeld for assistance should you have any further

702   questions or wish to discuss any aspect of the study, or if you would like to provide feedback on

703   your experiences as a participant, please feel free to contact me. Additionally, if you have

704   concerns or complaints about the study, you can address them to Paula Singleton. I will hand

705   you her e-mail and also the address for complaints is DE 300 slash chair at open dot ACUKUK.

706   This is all in the leaflet too.

707   0:51:39.50 --> 0:52:0.570

708   Cazine McCarthy

709   Your participation in the study has been greatly appreciated, and it will remain completely

710   confidential for the purposes of this research. Thank you.

1   **Appendix I (Jamies transcript)**

2   0:0:0.0 --> 0:0:14.880

3   Cazine McCarthy

4   Hello and thank you for agreeing to participate in this study. I really appreciate your time and

5   input the purpose of our interview today is to explore your experiences and perspectives and

6   relational practise within the children's residential care home setting.

7   0:0:16.120 --> 0:0:19.240

8   Cazine McCarthy

9   Our conversation will last about 60 minutes.

10   0:0:20.600 --> 0:0:28.280

11   Cazine McCarthy

12   And I'll be asking a series of questions related to your professional experiences. Before we

13   begin, I want to confirm that you've read and signed the consent form.

14   0:0:28.450--> 0:0:29.720

15   Jamie

16   Yes.

17   0:0:30.10 --> 0:0:43.610

18   Cazine McCarthy

19   And remind you that all information shared will be confidential. Your anonymity will be

20   maintained in any reports or publications resulting from this research. If you're ready, we'll start

21   with the first question. Do you have any questions before we begin?

22   0:0:43.960 --> 0:0:44.800

23   Jamie

24   No, not at all.

25   0:0:45.450 --> 0:0:45.850

26   Cazine McCarthy

27   OK.

28   0:0:47.610 --> 0:0:50.290

29   Cazine McCarthy

30   So could you start by telling me about your current role in the care home?

31   0:0:51.730 --> 0:1:4.10

32   Jamie

33   So my current role is a bit of a mixed bag to say is probably the best way to describe it, so having

34   worked for Birribi for the last five years.

35   0:1:5.610 --> 0:1:15.770

36   Jamie

37   Kind of. I've had the privilege of working in lots of different departments within the organisation,

38   so my current role is a senior therapeutic coach, but I have worked as a therapeutic coach, key

39   worker, and learning coordinator. Bit of a mixed bag really.

40   0:1:23.110 --> 0:1:30.990

41   Jamie

42 It's is attached to the operations team in in terms of how we support our staff to implement our
43 approach, which is the YCIA.

44 0:1:35.710 --> 0:1:52.110
45 Jamie
46 I guess a lot of our roles link in with lots of other teams, the therapy team to understand the
47 approach, HR with you know, learning development and things like that. But anyway I am
48 currently one of the senior coaches.

49 0:2:5.230 --> 0:2:9.630
50 Jamie

51 I originally joined Birribi as a therapeutic support worker. They were called then, then they
52 ultimately changed the job title to therapeutic coach.

53 0:4:0.310 --> 0:4:1.150
54 Cazine McCarthy
55 Ah, thank you.
56 So what are your main responsibilities and day to day activities?

57 0:4:8.250 --> 0:4:35.880
58 Jamie
59 Yeah. So it could, it could range wildly depending on what's going on. Anything a parent would
60 do for their child, plus all of the supporting development things that our young people need
61 support with. So like key working, pro-social modelling. Anything and everything a parent would
62 do.
63 Caring for the young people is a really easy job. When things go well.

64 0:4:37.560 --> 0:4:46.840
65 Jamie
66 When I'm concerned and what I'm focused on, it's how do we implement our best working
67 practises under pressure? I do all the paper work and meeting stuff that a senior does, but I
68 know we're here to talk about relational practice, and I do that a lot. Supporting the team, but I
69 do directly work with the young people too.

70 0:4:48.620 --> 0:6:36.80
71 Jamie
72 It can be a really tough gig. Supporting and consistently caring for young people whose
73 experiences tell them not to trust any of us, and can sometimes, not their fault, but make that
74 quite hard.

75 0:6:36.120 --> 0:6:53.880
76 Jamie
77 So yeah, we try to do everything a parent does. Day to day. But we use a different approach,
78 regular parenting strategies don't work with children who have experienced trauma. These
79 young people need to re-build trust, you know, to help them have a healthy attachment. And
80 have support to fill in the gaps of development.

81 0:6:54.280 --> 0:7:0.720
82 Jamie
83 It's hard work at the best of times raising children without trauma, let alone with children with
84 trauma experiences and so on.

85   0:7:6.930 --> 0:7:7.370
86   Jamie
87   Yeah.

88   0:7:2.110 --> 0:7:12.510
89   Cazine McCarthy
90   Thank you Jamie.

91   0:9:14.340 --> 0:9:17.460
92   Cazine McCarthy
93   I'm interested in hearing about your overall experience in this field?

94   0:9:19.140 --> 0:9:21.940
95   Jamie
96   Ok.

97   0:9:23.660 --> 0:9:43.460
98   Jamie
99   I love it. I've said about how hard it is, but when you can connect and get through to a young
100   person. It is, it's amazing. Every young person deserves to be happy, deserves safety, and to feel
101   secure. And when that happens. It all makes sense.

102   0:9:43.990 --> 0:10:49.740
103   Jamie
104   But then it sounds quite bad saying this that you know, ultimately we're here to care for the
105   children and they should be the first and foremost part of our thinking. But in reality we can't get
106   away from where we are as a society. We can't get away the financial constraints that social
107   workers are under, the immense workload where you have maybe 20 to 30 loads and they're
108   spread all over the country and you know, we expect at least one monthly visit or meeting. So to
109   have to fit that in with potentially 30 children, we have to be a bit realistic and and amenable
110   sometimes to their pressures and understand when they make decisions, they're not making it
111   to necessarily.

112   0:10:50.940 --> 0:12:20.600
113   Jamie
114   Deter or detract from the young person. They're doing it because they're under professional
115   practise. And what we can do, as individual workers, or as a team, can be so beneficial to the
116   young people.

117   0:12:24.420 --> 0:12:26.830
118   Cazine McCarthy
119   Yeah.

120   0:12:56.600 --> 0:13:26.240
121   Jamie
122   Call a spade a spade. What we currently have isn't necessarily working, and that's not just the
123   children's, that's all the way through to adults. I do like Scandinavia models a lot. I I I am a big
124   believer in that the village raises a person. The village supports the person. I think that's that's
125   very much in Britain, something we've come away from we we kind of followed the Western
126   world in in.

127 0:13:51.450 --> 0:13:51.730
128 Cazine McCarthy
129 Hmm.

130 0:13:26.440 --> 0:13:56.440
131 Jamie
132 In the sense of, you know, we look after ourselves, we, we we keep ourselves to ourselves, look
133 after #1 and and doesn't matter about everybody else around us, whereas well, actually if you
134 look at the top 5% of the happiest nations in the world, the vast majority of them Scandinavians
135 and they haven't even got the weather to be happy about. In all fairness, you know, when we
136 look at things like seasonal depression disorders and things like that, you know, they've got
137 horrendous weather.

138 0:13:57.30 --> 0:13:57.430
139 Cazine McCarthy
140 Mmm.

141 0:13:57.420 --> 0:14:17.700
142 Jamie
143 So for them to have been the happiest sort of countries, generally it's down to the society
144 structure than it is anything else. So you know, there's a lot that needs to be unpacked there that
145 I don't think I'll ever see in our lifetime. But I do think we are moving in the right direction with
146 that.

147 0:14:18.660 --> 0:14:19.860
148 Cazine McCarthy
149 OK. Thank you.

150 0:14:23.840 --> 0:14:38.960
151 Cazine McCarthy
152 And and with this next question, there's no right or wrong answer. So how do you understand
153 and define relational practise within the context of, you know, children's residential care?

154 0:14:43.650 --> 0:14:46.330
155 Jamie
156 So from from a.

157 0:14:47.570 --> 0:15:29.970
158 Jamie
159 A support worker or a carer to the young person's sort of view it. It's about how meaningful can
160 you build that relationship? The quality of the relationship determines the quality of work that
161 can take place. Relational practice is a means to building positive relationships that have
162 meaning and positive affects.

163 0:15:0.690 --> 0:15:12.90
164 Jamie
165 It's it's imperatively important that children understand the boundaries and the type of and the
166 context of that relationship. It's incredibly important.

167 0:15:13.370 --> 0:15:26.290
168 Jamie

169 It's incredibly important for children to be able to distinguish between friendly and friends, from
170 love and care, so from relational practise point of view it it it's about setting.

171 0:15:27.690 --> 0:15:29.850
172 Jamie
173 Clear boundaries.

174 0:15.30.450--> 0:15:33.730
175 Jamie

176 But still being able to fulfil a meaningful role within that child's life.

177 0:15:35.20 --> 0:16:6.100
178 Jamie
179 It's also understanding what you have to bring to the table for that young person, so it's been
180 understanding that sometimes I'll work with a young person and me doing the best for that
181 young person is keeping my mouth shut and offering a cup of tea and a good morning. And that's
182 it, because it's understanding that actually, if I force a relationship with that young person, it's
183 going to diminish their ability to build relationship with others. So it's about being.

184 0:16:21.490 --> 0:16:21.730
185 Cazine McCarthy
186 Mmm.

187 0:16:8.620 --> 0:16:37.100
188 Jamie
189 Understanding of where they're at. Sometimes we need to build one relationship. One
190 relationship goes to two and three and four, and then we can step in and kind of understand,
191 right? This is what our relationship's going to look like. So having a really good depth and breadth
192 of understanding of about what relationship looks like in terms of getting the best outcome for
193 that young person from a professional point of view, it's that systemic approach. So we're
194 looking at.

195 0:16:37.510 --> 0:17:7.470
196 Jamie
197 Not only what we can do for that young person, but how that links into education, how that links
198 into other organisations and other services that are involved in that child's care. So it's about
199 how amenable we are to the pressures of other organisations and again, the ultimate focus
200 being is what is the best outcome we can get for the shown person. So understanding that a
201 social worker might not be as.

202 0:17:7.740 --> 0:17:25.20
203 Jamie
204 Approachable or contactable as we'd like, understand that education might not go the way that
205 we would like, and and so on so forth. So there's a lot of understanding, especially in Wales at
206 the minute in terms of how.

207 0:17:26.460 --> 0:17:37.260
208 Jamie
209 Drakeford is sort of is trying to bring back control to the local authority in terms of having their
210 own homes and having their own children placed within the local authority.

211   0:17:42.420 --> 0:17:42.580

212   Cazine McCarthy

213   Yeah.

214   0:17:38.650 --> 0:17:48.650

215   Jamie

216   We can talk for days about that sort of thing, but that will have a knock on effect on relationships

217   with private organisations such as ourselves.

218   0:17:48.690 --> 0:17:58.90

219   Jamie

220   I think short term we will probably see a bigger uptake of children on the border. So we're talking

221   Bristol, Gloucester, Worcestershire on.

222   0:18:0.770 --> 0:18:15.490

223   Jamie

224   And I think we in about 10 years time, things will settle down and and it it more Welsh children

225   will stay in Wales, I think on paper it's a fantastic idea to have.

226   0:18:16.590 --> 0:18:25.310

227   Jamie

228   All organisation working in with children not-for-profit. I don't believe that any organisation

229   should be making a profit as such.

230   0:18:35.10 --> 0:18:35.130

231   Cazine McCarthy

232   Hmm.

233   0:18:26.950 --> 0:18:36.550

234   Jamie

235   But ultimately this has had a big impact on social services and therefore we've had to change

236   our expectations to be able to manage that relationship.

237   0:18:38.150 --> 0:18:41.230

238   Jamie

239   So if we can manage to understand, be cohesive.

240   0:18:42.670 --> 0:18:47.310

241   Jamie

242   And transparent with this is what we can do. This is what we absolutely can't.

243   0:18:47.840 --> 0:19:4.560

244   Jamie

245   So at least then there's there's a dialogue there of being able to work. And if we can't do

246   something, that doesn't mean education or lack or cams can't do something, you know, it's it's

247   about being understanding what our limitations are, but also what we're really good at doing.

248   0:19:5.310 --> 0:19:5.590

249   Cazine McCarthy

250   Yeah.

251   0:19:5.880 --> 0:19:17.960
252   Jamie
253   And and sort of, not be that sort of British stereotype of humble, shout about it a bit! We are
254   extremely good having positive results for young people.

255   0:19:25.980 --> 0:19:26.100
256   Cazine McCarthy
257   Hmm.

258   0:19:18.390 --> 0:19:50.70
259   Jamie
260   I think from a [organisation] perspective, our statistics are pretty flipping good for a company
261   that's eight years old and and not not just having positive transitions, but really successful
262   young people who have gone on where you could argue that most children in their position and
263   age now wouldn't be able to cook a meal, but yet we have young people who are.

264   0:19:50.110 --> 0:19:52.830
265   Jamie
266   Organising driving tests for themselves, working for themselves.

267   0:19:54.320 --> 0:20:13.760
268   Jamie
269   Sorting bills out living on their own so you know, in all fairness, 161819, they're doing
270   fantastically well. And I do think that's because we have a good systemic and relational practise
271   where we work really well with everybody involved in that young person's life. And they have
272   developed a secure base, confidence in themselves and also confidence in others. Something
273   they may never have known.

274   0:20:15.750 --> 0:20:22.550
275   Cazine McCarthy
276   Thank you. So could you share your views on relational practises importance in the case
277   setting?

278   0:20:23.80 --> 0:20:32.440
279   Jamie
280   Yeah. So you know, it's everything really. What kind of work could we do if we didn't build a
281   relationship first? Or do the work through the relationship.

282   0:20:33.840 --> 0:20:37.120
283   Jamie
284   Without relational practice, I dunno. But with it. We can truly get to know the young people, we
285   see them as equal individuals who are competent and brilliant.

286   0:20:39.160 --> 0:20:41.680
287   Jamie

288   Taking the time to get to know them, what they like, what sets them off.

289   0:20:41.760 --> 0:21:24.470
290   Jamie
291   It builds mutual respect, and understanding. And sets the pathway for incredible valuable work
292   that can be done. You know, supporting the young person in gaps of their development.

293 0:21:25.30 --> 0:21:35.830
294 Jamie
295 Young people who have learnt that the world is unsafe, do not want to listen to adults telling
296 them to do something, or to learn something. Or even begin to open up, process what's
297 happened to them.

298 0:21:37.350 --> 0:21:45.230
299 Jamie
300 Actually, most things. Which would hinder their healing process massively. Plus, everyone
301 deserves to feel secure and form healthy relationships. Relational practice supports that.

302 0:21:56.600 --> 0:22:14.0

303 Jamie

304 Also it helps us. It does create this sort of understanding of ah, that's what's going on. This is
305 what we need to do. This is how we need to move forward. This is probably what we need to do
306 to support them.

307
308 0:23:6.800 --> 0:23:21.360
309 Jamie
310 And we work relationally in our teams too. We support each other. God we couldn't do this job
311 without one another.

312 0:23:22.640 --> 0:23:35.320
313 Jamie
314 We know each other so well, we know when one of us needs support. Or a break. Which is
315 essential for the wellbeing of both staff and kids, you know.

316 0:23:36.760 --> 0:23:37.600
317 Cazine McCarthy

318 Yeah.

319 0:23:38.360 --> 0:23:46.360
320 Jamie
321 So, yeah, its very important.

322 0:23:47.160 --> 0:23:47.280
323 Cazine McCarthy
324 Thank you.

325 0:23:47.700 --> 0:24:1.60
326 Cazine McCarthy
327 Can you recall any specific experiences where implementing relational practices made a
328 significant difference?

329 0:24:2.770 --> 0:24:5.770
330 Jamie
331 Hmm. Yes, loads.

332 0:24:6.0 --> 0:24:6.820

333   Cazine McCarthy

334   Can you tell me about a time?

335   0:24:7.130 --> 0:24:20.40
336   Jamie
337   Mmm. One sticks out in my mind. We had a young lad, [Kyle], who had a really tough start in life.
338   He was quite mistrustful of adults due to his past experiences, which is, you know,
339   understandable.

340   0:25:5.320 --> 0:25:20.820

341   Jamie

342   When he first arrived, he was quite standoffish, would hardly speak, and was often quick to
343   anger. I made sure to consistently offer him a safe space, showing understanding and patience,
344   no matter his behaviour. You know, all of the stuff we all do. I'd sit with him, offer to play games,
345   or just be there in silence. If, if that's what he needed.

346   0:25:34.530--> 0:25:44.730

347   Jamie

348   Over time though, I was, we were all persistent with gentle engagement. And I was always trying
349   to be reliable, caring. We all started to see a change in Jamie. He began to open up, starting with
350   small things, like asking for help with homework or joining in group activities. He even shocked
351   us, joining in on some banter. Haha.

352   0:25:55.870 --> 0:26:2.190

353   Jamie

354   This was a proper significant step for Jamie, showing trust and willing to connect with us. On his
355   level.

356   0:26:3.420 --> 0:26:13.700

357   Jamie

358   One moment really stands out to me, I'll always remember it. After a few months, [Kyle] had a
359   real bad day. He, and instead of lashing out or isolating himself in his room, like he did before,
360   he sought me out. He genuinely asked for [Jamie]. He didn't say much, but he didn't have to. It
361   was the fact he chose to be around someone, showing he felt safe and supported.

362   0:26:22.340 --> 0:26:28.270

363   (Silence)

364   0:26:29.430--> 0:26:31.970

365   Jamie

366   That moment really shows how relational practice works in our work. You know, building those
367   connections and trust can genuinely change, excuse me, change the dynamics for someone
368   who's faced a lot of trauma in their life.

369   0:26:33.820 --> 0:26:35.740

370   Cazine McCarthy

371   That that's really insightful, [Jamie]. Thank you. Would you like to take a break?

372   0:26:37.140 --> 0:26:40.340

373   Jamie

374   No, no. Keep the questions coming.

375   0:26:57.60 --> 0:26:58.420

376   Cazine McCarthy

377   Ok. Can you describe how you felt during the initial stages of working with and supporting
378   [Kyle]?

379   0:26:59.940 --> 0:27:3.260

380   Jamie
381   Of course. In the early days, I felt a real mix to be honest. Of like, worry and hope. There was this
382   pressure to get it right with him, to not push him too much but also to show him he wasn't alone.

383   0:27:3.810 --> 0:27:12.10

384   Jamie

385   Seeing him so guarded, it made me really want to reach out and help more. You know, just
386   having that conversation with him. But I knew it had to be on his terms. So yeah, I was anxious,
387   but underneath that, there was this strong sense of hope and a proper determination to help
388   him feel safe and understood.

389   0:27:13.600 --> 0:27:28.520

390   Jamie

391   It was all about taking it one day at a time, really.

392   0:27:30.670 --> 0:27:32.630
393   Cazine McCarthy
394   What were your thoughts when [Kyle] began to show trust towards you?

395   0:27:33.910 --> 0:27:46.630
396   Jamie
397   God, it was like a light at the end of a tunnel. I felt this immense relief. And excitement. It
398   showed me that we were making real progress. You know, encouragement to keep going.

399   0:27:33.910 --> 0:27:46.630

400   Jamie

401   Umm, there was also a sense of responsibility that came with his trust. I knew how fragile it was
402   and the importance of nurturing it carefully. It was amazing to see him start to open up, and it
403   reinforced why we do what we do. It gave me a lot of hope, not just for Kyle, but for the work we
404   do with all the kids.

405   0:27:48.270 --> 0:27:52.750

406   Cazine McCarthy

407 Hmm. Yes. Can you tell me about a time where you were trying to practice relationally, and it did
408 not go as expected, in as much detail as you can?

409 0:27:48.270 --> 0:27:52.750

410 Jamie

411 Yeah. We had a girl living in [a home], Ally. I was trying to build a relationship with her, and there
412 was a moment of challenging behaviour. No, a defiant behaviour. Anyway, I used humour.

413 0:27:54.310 --> 0:27:57.430
414 Jamie
415 And it felt flat on my face.

416 0:27:57.590 --> 0:28:2.270
417 Jamie
418 I kept pushing and pushing with this humour, really hoping for a breakthrough. And sort of not
419 realising it wasn't working and I wasn't reading the room. Or Ally, I should say. I was digging the
420 hole as if I was going to China.

421 0:27:57.590 --> 0:28:2.270
422 Jamie
423 And that event set our relationship back two years. So from that point forward.

424 0:28:3.600 --> 0:28:13.80

425 Jamie
426 All I could do with Ally was a consistent approach. Good morning. How are you? I'm making a
427 cup of tea. Do you want one? Anything outside of that would cause chaos and it would really
428 disrupt and dysregulate this, this young person. We had to rebuild our relationship.

429 0:28:14.520 --> 0:28:38.600
430 Jamie
431 And it was just a slow and consistent build over two years for us to be able to then get onto the
432 same page where she then understood where I was coming from, and I could see where she
433 was coming from. She probably saw the change within myself, my own development and growth
434 in knowing the young people, and not assuming that they all respond in the same way to the
435 same approaches.

436 0:28:39.510 --> 0:28:55.350
437 Jamie
438 Working with her gave me the understanding of what her fears are and what her interests are.
439 And so therefore I could completely change my approach to work with Ally.

440 0:28:56.830 --> 0:29:13.550
441 Jamie
442 And the final two years of her stay with us was fantastic.
443 She had her go to people and I ended up being one of them. So she had a mother figure. I was
444 her father figure in in that sense, between myself and our operational manager.

445 0:29:14.920 --> 0:29:26.800
446 Jamie

447 And you know, it was a slow and steady process where I had to do a lot of reflecting on terms of
448 what my practise is like and am I as good as I thought I was.

449 0:29:28.320 --> 0:29:39.920
450 Jamie
451 And actually I wasn't. And the reason I wasn't is because I wasn't able to adapt to different
452 people's needs and understand and truly understand what person-centred mean.

453 0:29:40.950 --> 0:29:41.230
454 Cazine McCarthy
455 Hmm.

456 0:29:41.760 --> 0:29:44.520
457 Jamie
458 So you know, that was a really good wake up call.

459 0:29:45.210 --> 0:30:18.530
460 Jamie
461 Only a relationship could have taught me, so I have to sort of understand that process of
462 relationship building to really understand what my role is and and and how to then better
463 support other people from not making the same mistake that I did. And I'm kind of chilling out a
464 bit and doing less is more not worrying about, Oh my God, is someone going to think I'm lazy or
465 I'm not doing my job, whereas actually no, I am building relationships. Getting to know someone
466 takes time, you can't force that.

467 0:30:31.520 --> 0:30:31.800
468 Cazine McCarthy
469 Yeah.

470 0:30:18.890 --> 0:30:48.610
471 Jamie
472 Just, just let them come to you. You know, just be around. You don't have to do anything. You
473 don't have to do big gestures. Just be there consistently to start off with. Everything else will
474 come and that and that was a really big turning point in sort of my career, my and I generally
475 think if I never worked that young person, I wouldn't be where I am today because I never would
476 have stopped and reflected as well, as I did without having encountered that sort of
477 relationship.

478 0:30:54.110 --> 0:30:54.830
479 Jamie
480 So basically, I messed up. We both took the time to rebuild our relationship. And once the
481 relationship became, you know, strong well, once it was a quality relationship, that's where the
482 more direct work was able to take place. But the relationship building is probably one of the
483 biggest impacts.

484 0:30:56.100--> 0:30:57.850

485 Cazine McCarthy.

486 Hmm, yeah.

487 0:31:20.770 --> 0:31:33.770
488 Jamie

489 Ally and I found out we share some similarities of music and food, which I think really helped up
490 further develop our relationship. And I guess that's it really.

491 0:31:33.77-->00:32:1.600

492 Cazine McCarthy

493 Reflecting on the rebuilding process with Molly, can you share how you navigated your own
494 feelings of setback during that time?

495 0:32:1.600 --> 0:32:2.800
496 Jamie
497 Reflecting on the situation with Ally, it was definitely tough. You know, I was really knocked back.
498 Feeling like I'd failed her and questioning my own abilities. But. I had to remind myself that this
499 work isn't about me it's about what's best for the kids.

500 0:32:4.340 --> 0:32:36.220

501 Jamie

502 I spent a lot of time reflecting, speaking with colleagues, and looking up different approaches. It
503 helped me not to dwell on it to be honest. It wasn't a failure it's a learning curve. I had to accept
504 that relationship building isn't always smooth and that each child is different.

505 0:32:37.0 --> 0:32:42.680

506 Jamie

507 The small wins kept me motivated. Those tiny moments of progress with Ally, however small.
508 And hope? Everyone can grow and change; it was just about finding the right key for each lock. I
509 kept focused on Ally's needs and who she is, adjusting my approach, and eventually, we started
510 to make progress again.

511 0:32:42.720 --> 0:32:47.0

512 Cazine McCarthy

513 Can you tell me more about this adjusted approach in your daily interactions with her?

514 0:32:48.500 --> 0:32:56.740
515 Jamie

516 Sure, umm on a daily basis. This meant creating a routine that she could rely on, something that
517 would let her know what to expect from me. Every morning, without fail, I'd greet her, ask how
518 she was, and offer to make her a cup of tea. It was simple you know, but offered a sense of
519 stability and safety for her.

520 0:33:1.920 --> 0:33:2.80
521 Cazine McCarthy
522 Yeah.

523 0:32:58.80 --> 0:33:27.400
524 Jamie

525 I made sure that my interactions with Ally were low-pressure. If I asked her a question and she
526 didn't want to answer, I didn't push. I respected her space and let her come to me in her own

527 time. And I definitely didn't try humour approach with her again, not without her starting it
528 anyway.

529 0:33:28.200 --> 0:33:31.0
530 Jamie

531 Over time, she must've seen than I'm reliable and trustworthy. Because she'd start to lengthen
532 her answers when I asked if she's ok. She started to open up, and genuinely, she'd start banter
533 with me. And she's pretty full of it! Haha.

534 0:33:31.810 --> 0:33:35.450

535 Cazine McCarthy

536 Haha, how did you feel the first time you noticed this change in her behaviour towards you?

537 0:33:36.90 --> 0:33:36.330
538 Jamie

539 Well.

540 0:33:50.340 -->0:33:53.830

541 Jamie

542 I remember it clearly, actually. It was like a Thursday afternoon, I was hoovering the living room,
543 lost in the music. I was playing Led Zeplin, not everyone's cup of tea, haha but definitely mine.

544 0:33:55.150

545 Jamie

546 Out of nowhere, Ally came into the room. This was unusual by itself, cos you know, she normally
547 kept to herself, especially when chores were going on, haha. But then she started talking about
548 how she loved Led Zeplin, how their songs spoke to her. It was the most I'd ever heard her speak
549 at one time, especially directly to me.

550 0:33:56.510 --> 0:35:6.90

551 Jamie

552 I was literally standing there, holding onto the hoover handle, like it was genuinely holding me
553 up. I was so taken back, not just by her approaching me but by her voice, the enthusiasm. What
554 a contrast.

555 0:35:11.810 -->0:35:38.730

556 Jamie

557 Anyway yeah. I proper felt this overwhelming mix of emotions. There was joy, of course, that she
558 was sharing something of herself. But there was also this deep sense of like, thankfulness.
559 Gratitude. She chose to share this with me, of all people.

560 0:35:42.90--> 0:35:53.570

561 Jamie

562 At that genuine moment. It felt like a validation of all the patience, the consistent 'good

563 mornings', the cups of tea offered. You know, all that small stuff. It was like it allowed that

564 interaction to happen. We built the base layer of trust. It was a proper turning point.

565 0:35:56.430 --> 0:36:24.630

566 Cazine McCarthy

567 Thank you for sharing that Jamie. Considering how your experience with Ally led to a shift in the

568 relationship, has this influenced your approach with other children? If so, can you tell me a bit

569 about it.

570 0:36:26.340 --> 0:36:56.700

571 Jamie

572 Yeah massively. You know that experience with Ally was a real eye-opener like it taught me how

573 important it is to know each child. Tuning into their unique needs and signals, rather than

574 assuming one approach fits all. So, yeah I started applying this mindset to all my interactions

575 with the children in our care.

576 0:36:58.20 --> 0:38:9.820

577 Jamie

578 I've become much more observant, actively doing that. Trying to pick up on the cues and

579 interests of each child. It's helped me be more person centred and recognise their individuality.

580 It helps even whether that's through the activities we choose the conversations we have, or the

581 way I offer support.

582 0:38:12.100 --> 0:38:21.380
583 Jamie

584 I might be repeating myself here but like I've also shifted how I view, time in relationship

585 building. I used to feel pressure to make a connection quickly, to make every interaction count.

586 0:38:22.740 --> 0:38:33.20
587 Jamie
588 But after Ally, I've learned the value of patience, of allowing relationships to develop at their own

589 pace, without forcing them. It helps them be actually real. Genuine real relationships.

590 0:38:33.540 --> 0:38:37.980
591 Cazine McCarthy

592 Hmm. Yeah. Thank you. In you perspective, does relational practice impact the children in the

593 care home and if so how?

594 0:38:39.460 --> 0:38:44.180
595 Jamie
596 Yeah definitely. I mean everything I've said really shows without a shadow of a doubt, it's the

597 centre of what we do. It helps make all the other work a bit more meaningful.

598 0:38:51.960 --> 0:39:2.600
599 Jamie

600 See, a lot of these kids they've been let down too many times, haven't they? They come to us
601 with these walls up, scared to trust anyone. But with relational practice, through just being
602 there, being consistent, showing we care, well, it starts to chip away at those walls.

603 0:39:4.700 --> 0:39:5.180

604 Jamie

605 They start to let you in, even if it's just a bit at first.

606 0:39:7.60 --> 0:39:16.260

607 Jamie

608 And it's more than just about making them feel safe now, which is huge, don't get me wrong. It's
609 about showing them their worth, that they're valued. For some of them, it might be the first time
610 they've felt that.

611 0:39:17.980 --> 0:39:21.420

612 Jamie

613 And it impacts their life outside of the care home. It teaches them how to build healthy
614 relationships outside, too. It's like, if they can trust us, maybe they can trust a teacher, a friend,
615 or someone else.

616 0:39:21.770 --> 0:39:22.250

617 Jamie

618 It's all connected.

619 0:39:24.920 --> 0:39:42.520
620 Cazine McCarthy

621 Thank you. So based on your experience, do you have any suggestions or ideas on how
622 relational practices within the care home could be improved?

623 0:39:42.560 --> 0:39:54.320
624 Jamie

625 Absolutely. If there's one thing I've learned, it's about understanding where the other person is
626 coming from you know, their background, their culture, their entire world, really.

627 0:39:54.830 --> 0:40:8.710
628 Jamie

629 For us, especially in this rural, homogenous area, we've got to push ourselves to understand the
630 kids coming from different backgrounds, different cities, different cultures. It's not just about
631 speaking the same language, it's about understanding their cultural language, you know?

632 0:40:10.310 --> 0:40:12.830
633 Jamie

634 We should definitely be putting more into training or workshops about cultural competence.

635 0:40:14.510 --> 0:40:18.990
636 Jamie

637 It's not just about asking them what they like or dislike, I mean it's about us, stepping out of our
638 comfort zones and into their shoes. It could be about understanding different religious
639 practices, the importance of certain foods, how they communicate, or even the right type of
640 hairdresser, as small as it sounds. I'm very much an atheist, but I need to try to learn about their
641 views.

642 0:40:24.40 --> 0:40:24.160
643 Cazine McCarthy
644 Hmm.

645 0:40:20.670 --> 0:40:27.270
646 Jamie

647 I reckon we should acknowledge generational differences too. These kids, they're growing up in
648 a world that's miles away from what most of us knew at their age. It's more than just kids these
649 days with their phones, it's about understanding the pressures.

650 0:40:28.130 --> 0:40:28.290
651 Jamie

652 The language, the social norms that shape their lives.

653 0:40:29.480 --> 0:40:50.320
654 Jamie

655 Yeah. Bringing in people from different cultural or generational backgrounds for workshops
656 could be a game-changer. Not just for us staff but make it an open thing, where kids can see
657 we're trying, we're learning, and we're respecting where they're from.

658 0:40:51.840 --> 0:40:56.320
659 Jamie

660 Or actually we need to be open to learning from the kids themselves. Ask them to teach us
661 about their world, their music, their beliefs. That builds real trust, real connection.

662 0:40:57.840 --> 0:41:1.600
663 Jamie

664 It's a two-way street, isn't it. We learn from them, they learn from us. It's a relationship.

665 0:41:2.450--> 0:41:20.820

666 Cazine McCarthy

667 Hmm. Thanks. Before we conclude, is there anything else that you would like to add or
668 emphasise about your experiences or views on relational practice that we haven't covered?

669 0:41:26.270 --> 0:41:37.630

670 Jamie
671 No, not really. I think it's been quite insightful for myself. Really. I haven't really done a reflective
672 piece of work on myself in a long time, but now this has given me sort of opportunity to kind of

673   positively reflect and kind of go and actually we have done quite good work. Seven years doesn't

674   sound like a lot, but actually in residential care, it's you, you see quite a lot in seven years. Yeah,

675   yeah.

676   0:41:26.270 --> 0:41:37.630

677   Cazine McCarthy

678   Thank you so much for your valuable contribution to this study. Your insights experiences are

679   incredibly important to understanding relational practise in children's residential care. In terms

680   of next steps, I'll be analysing the data collected from all interviews, including our discussion

681   today. Depending on the findings, there might be a need for a follow up conversation, in which

682   case I will contact you. Once the study is complete, I'll ensure that the findings are shared in a

683   way that respects your confidentiality.

684   0:41:39.130 --> 0:41:49.570

685   Jamie

686   No worries.

687   0:41:50.640 --> 0:42:3.400

688   Cazine McCarthy

689   Should you feel that you need any additional support following the interview you have access to

690   a free counselling service. Please contact Peter Blofeld for assistance should you have any

691   further questions or wish to discuss any aspect of the study, or if you would like to provide

692   feedback on your experiences as a participant, please feel free to contact me. Additionally, if

693   you have concerns or complaints about the study, you can address them to Paula Singleton, my

694   supervisor. I will hand you her e-mail and also the address for complaints is DE 300 slash chair

695   at open dot ACUKUK. This is also included in the leaflet.

696   0:42:5.40 --> 0:42:9.920

697   Jamie

698   No, it's fine. I've already got them.

699   1:4:35.960 --> 1:4:43.360

700   Cazine McCarthy

701   So thank you so much, Jamie. Your participation has been greatly appreciated. I would just like

702   to say again, that all information shared today will remain confidential and will be used solely

703   for the purpose of this research.

704   0:42:12.320 --> 0:42:16.160

705   Jamie

706   No worries at all. Thank you very much.

707