

Relationship boundaries in residential child care: connection and safety in group care relationships

A practitioner research study exploring boundary decisions of residential child care workers in their relationships with young people

Phil Coady¹

¹ East Lothian Council

Abstract

Following a period in which the place of relationships in social care has been marginalised by an approach focusing on targets, outcomes, standards and regulation, there is a resurgence of interest in relationship-based approaches in both policy and practice arenas. However, it is not clear whether or not practices that have been influenced by prior policy positions and powerful discourses about the nature of professionalism will easily embrace this new position.

This practitioner research project was undertaken as part of a knowledge exchange project organised by University of Edinburgh in partnership with local authority children and families social work services to work towards reducing the gap between research and practice. This research project explores one aspect of the relationships between workers and young people in residential child care services – relationship boundary decisions of workers in a range of everyday situations, and the individual, organisational and contextual factors that appear to influence them.

A complex picture emerges, which suggests that relationship boundary decisions are influenced by a wide range of factors and does not support the idea that there are, or can be, clear boundary positions delineating the limits of professional behaviour.

Keywords: relationships, relationship boundaries, residential child care

Background

Engaging with people in helping relationships has traditionally been seen as a core function of social work and social care, and the relationship has been seen as a core element of the efforts of workers to offer help (O'Leary *et al.*, 2013). In the late 20th century, the place of the helping relationship in social care became marginalised by the emergence of case management approaches focusing on standards, outcomes and targets. However, there has been a recent resurgence of interest in relationship-based working (Ruch, 2010; Smith, 2009). This interest is not confined to academic and practice settings. Government reports regarding child protection (Munro, 2011), youth justice (Youth Justice Board, 2008), family support and preventative services, (Ofsted, 2011) and residential and foster care (Scottish Government, 2013) have recognised the important influence of relationships on the effectiveness of interventions. This raises the question of whether conceptions of relationship boundaries that have been influenced by previous managerialist orientations towards social work and residential child care will be compatible with re-emerging relationship-based approaches.

Fewster (2004, p.11) defines a relationship boundary as 'an imagined construct created by individuals to maintain a distinct and differentiated sense of self in their relationships with others'. Gharabaghi (2010) argues that, in care relationships, boundaries are relational, and points out that boundaries are an important feature of personal as well as professional relationships. Definitions of this kind suggest that, whilst relationship boundaries may be associated primarily with creating and protecting professional distance, there is necessarily a different emphasis in the way that boundaries are conceptualised in the care relationship; an

emphasis, not simply on distance, but also on connection. Doel *et al.* (2010) suggest that, while it is common for relationship boundaries to be conceptualised as lines representing clear demarcations between professional and unprofessional behaviour, in reality, boundary areas might more accurately be depicted as 'the shadows'; contested areas over which competing claims might be made.

Just as social work, as a new profession, borrowed from more established professions, and in particular, medicine, leading to the development of boundaries prioritising professional distance (Alexander & Charles, 2009; Stuart, 2008), residential child care, in turn, has borrowed from social work in establishing its professional identity (Smith, 2003; 2009). Having become part of the new profession of social work in the U.K., it might be assumed that residential child care relationships, and relationship boundaries, should be similar to those in other areas of social work. However, Steckley and Smith (2011) argue that, due to the volume and intensity of time spent together in residential child care, these relationships are not comparable, and similar boundaries would not be appropriate. Ricks (1992) argues that, because of differences between care and other forms of professional relationship, there needs to be a different ethical basis for caring that recognises the personal and reciprocal nature of this type of relationship. However, in addition to the adoption of a 'professional distance' approach to boundaries in residential child care, the impact of a succession of high profile scandals relating to historic abuse has created significant professional anxiety, leading to the adoption of defensive boundary positions (Kendrick, 2013). These events have led to the development of a significant gap between the boundaries that might be considered theoretically and practically appropriate to the care relationship and the boundary positions that have developed in practice.

Views expressed by young people in research interviews about what they need from their care relationships with workers are remarkably consistent with regard to relationship boundary issues. A number of studies, including Cree & Davis (2006), Doel & Best (2008), Happer *et al.* (2006) and Richmond (2010) suggest that service users value skilful boundary crossing behaviour, including physical contact, sharing personal information, developing special relationships, offering additional or flexible contact outside of normal working hours, going 'the extra mile' beyond the strict confines of the worker role and keeping in contact after the end of the official service period. Kendrick (2013) also notes that young people often describe positive experiences in residential child care using a family metaphor, illustrating the intimacy and sense of connection that can exist in these relationships. These findings, and, in particular, the ways in which young people describe the role of boundary crossing behaviours in confirming the significance of their relationships, appear to demonstrate not just the practical value, but also the symbolic significance of skilful and well-judged boundary crossing behaviour. This highlights the potential for boundary crossing behaviour, as part of a relationship-based approach, to be a powerful means of meeting children's needs.

However, as Stuart (2008) points out, the language commonly associated with boundary crossing behaviour illustrates a bias in favour of fixed, distant positions. Boundaries might be described favourably as 'clear' and 'consistent', or unfavourably as 'blurred', denying the validity of uncertainty, complexity, and flexibility in relation to boundary issues. She argues that language that is more positive, or at least neutral, than blurring, breaching or violating boundaries, such as boundary crossing, is needed to describe the process of deploying boundaries flexibly to take account of need and context.

Davidson (2004) argues, however, that boundary breaches can happen in either direction, and that an ideal position would not be a position of distance, but a position of balance between being too enmeshed or too rigid. It may be that any binary separation of personal and professional is inadequate to represent the complexity of care relationships and their boundaries. In social pedagogy, the 3Ps framework (Steckley & Smith, 2011; Thempra, 2013) offers a paradigm that allows for finer distinctions; professional, personal and private. It has also been suggested that in care relationships, a different view needs to be taken of the function of the relationship. Whilst in many helping professions, the relationship might assist the

intervention, Fewster (2004) suggests that, within the caring role, the relationship *is* the intervention.

Fewster (2004; 2005) also suggests that helping children to develop appropriate relationship boundaries is an important part of the residential child care task, as their previous attachment and relationship histories often lead to the development of boundaries that are either too rigid or too weak to facilitate the development of healthy relationships. This argument suggests both that workers need to be skilled in managing complex work in this area and that a rule-bound approach that presents the same boundaries to each young person cannot effectively facilitate this work. He suggests, therefore, that it is important to distinguish between boundaries, which are dynamic and can be deployed flexibly, and barriers, which are static and prioritise consistent application.

There is recognition in the academic literature that conceptions of professional boundaries in social work and social care have been significantly influenced by the professional distance model of more established professions and the impact of scandals relating to historic abuse. In spite of this, there is consensus suggesting that flexibility to act in ways appropriate to both the context and the needs of individuals is to be preferred to aiming for rigid consistency in boundary setting. Issues regarding relationship boundaries are of great interest to workers engaged in the care of young people. This is reflected in the regularity with which these issues appear in the online discussion group of the child and youth care organisation, cyc-net (www.cyc-net.org), and the large number of comments, expressing widely varying points of view, that are posted each time these issues emerge. However, in spite of this widespread academic and practice interest, very little research exists relating specifically to the views of workers in residential child care services. I was only able to find two studies, both from the United States, one involving eight care workers from four agencies and their administrators (Richmond & Padgett, 2002) and another focusing specifically on work in two agencies with young people at the 'termination phase' of the service (Zirkle *et al.*, 2002). For this reason, I set out to explore the views and behaviours of residential child care workers in Scotland with regard to relationship boundaries, and hoped to attract responses from a wide range of agencies. The research project was undertaken as a practitioner research project. It was part of a knowledge exchange project organised by University of Edinburgh and funded, with the aim of 'maximising the impact of social science research outside academia' by the Economic and Social Research Council (ESRC) alongside matched funding from participating local authorities, including my own employing organisation, East Lothian Council.

Methods

Whilst a significant amount of support for flexibility in relationship boundaries can be found in both the academic literature and the views of service users, the degree to which this kind of flexibility is currently valued in practice settings is unclear. Given the current lack of information about workers' relationship boundary decisions, I prioritised achieving a sample of reasonable size and diversity, and carried out a survey using an online questionnaire. Robson (2002) points out a number of advantages and drawbacks of self-administered surveys. Achieving a representative sample can be difficult, as the sample is, in some respects, self-selecting. Social desirability response bias can interfere with survey respondents representing their views accurately, although this effect may be reduced by the anonymity of self-administration. Response rates are often low, and ambiguity can be an issue when there is no opportunity for clarification. However, this method also allows relatively large amounts of data to be collected relatively quickly, and the data collected is highly standardised.

Ethical clearance was given by my employing organisation. The main ethical concerns were that, as is often the case in practitioner research (Costley *et al.*, 2010), some of the participants would be known to me, and that the content of some of the questions might feel sensitive to some practitioners. However, the fact that participants would not be directly approached, and

that responses, or a decision not to participate, could be made anonymously, addressed these concerns sufficiently.

The survey used a questionnaire that asked respondents to choose multiple choice responses to questions about 20 common relationship boundary issues, and also asked 13 contextual questions about respondents and the care settings in which they worked. All of the questions relate to issues that were raised by service users in the interviews mentioned above (Cree & Davis, 2006; Doel & Best, 2008; Happer *et al.*, 2006; Richmond, 2010), were discussed by care workers in the cyc-net online discussion group (cyc-net.org), or appeared in the two previously mentioned research projects specifically exploring residential child care (Richmond & Padgett, 2002; Zirkle *et al.*, 2002).

The questions asked how often participants engaged in behaviours that might be seen as boundary-crossing, offering a choice between four responses; '**routinely**', '**frequently**', '**occasionally**' or '**never**'. Questions focused on 8 areas of worker behaviour: physical contact, spending time alone with young people in their bedrooms, sharing personal information, lending and gifts, special relationships, contact via mobile technology and social media, extended contact with young people (outside working hours or after the end of the placement) and contact with the worker's family and home.

The intended sample was a mixed group of female and male and more and less experienced participants working in worker, supervisor and manager roles in residential child care organisations representing different care settings, sectors, sizes, placement lengths and age ranges of young people. Residential child care is carried out in a range of settings, including small care homes, larger residential schools, secure settings and some that offer a mix of secure and residential school places. There is a mix of local authority, voluntary and private provision. The ideal for any survey is to have a sample that is numerically representative in every respect. However, as respondents in this online survey were, to a large extent, self-selecting, it would not have been possible, without rejecting many responses, to guarantee a representative sample. As these services are offered by a large number of organisations, and there is no single umbrella organisation representing all services, I used a range of organisations which represent or provide a service to large numbers of residential child care workers and their organisations, to make contact with prospective respondents. These were Education Through Care Scotland, the residential child care sub-group of Social Work Scotland, University of Strathclyde's MSc in Advanced Residential Child Care programme and the social networking groups belonging to the Scottish Residential Child Care Workers Association and the Social Pedagogy Development Network. Comparison with the Scottish Social Services Council's workforce data for 2013 (SSSC, 2014) indicated that this produced a sample that was representative of the whole workforce in terms of gender, but that managers and local authority workers were over-represented and care workers and voluntary sector workers were under-represented.

In addition to seeking a larger sample from a range of organisations, I arranged to ask workers in my own organisation to complete the same survey and to analyse their responses separately as a comparison group. There were two reasons for using my own organisation as a comparison group. Firstly, exploring the impact of both organisational culture and individual differences would be better facilitated by having a sample from within a single organisation to remove additional variables. Secondly, I was aware that the organisation has developed, over a period of nearly 20 years, a culture of flexibility in relationship boundaries within the context of accountability to the team. I was keen to test a hypothesis that this would lead to relationship boundary decisions within this organisation being different from other organisations, as this might suggest that it is possible to operate with greater flexibility than is currently the norm. In this sample, both gender and work roles were representative of the overall workforce, but the entire sample was from a local authority care home service.

Table 1. Participants' biographical and workplace information (n=86).

Sector (%)	L.A. = 57	Private = 30	Voluntary = 9	Other = 3
Care setting (%)	Care home= 64	Residential school= 24	Secure setting= 2	Mixed setting= 9
No. of yp (%)	1-9 = 64	10-19 = 10	20+ = 26	
No. of settings (%)	1-3 = 34	4-6 = 22	7+ = 44	
Age of yp (%)	Mainly primary = 1	Mainly secondary = 63	Mixed prim. and sec.= 35	Care leavers= 1
Gender of yp (%)	Male = 7	Female = 0	Mixed = 93	
Placement length (%)	Mainly short (<1 year)= 23	Mainly long (>1 year)= 77		
Gender of worker (%)	Female = 66	Male = 34		
Work role (%)	RCC worker= 56	Supervisor= 14	Manager= 25	Other= 5
Years of experience (%)	0-2 = 10	3-5 = 17	5+ = 72	

In total, I received 86 responses from a range of care settings of different sizes and representing public, private and voluntary organisations, along with 20 comparison group responses from my own organisation. Although the workers and organisations in the main sample remained anonymous, the different combinations of setting, sector, size and age range represented, as shown in **Table 1**, suggest that responses were received from at least thirty different care settings.

Responses were analysed to explore variations in boundary crossing behaviour in relation to different activities and, using the biographical and workplace information provided as variables, the influence on boundary decisions of factors such as gender, work role and care setting. In addition to analyzing each question separately, a semantic differential scoring scale was also used, allocating 3, 2, 1 or 0 points for each of the four possible responses. This allowed for exploration of the question of whether workers tended to have relatively fixed levels of boundary flexibility across the range of questions and facilitated broad analysis of the main sample and comparison group.

Findings

Physical contact and physical intervention

Responses suggested that, for most workers (61%) physical contact with young people was seen as a frequent or routine occurrence. Participants from settings including younger children reported higher levels of routine physical contact than those with only older children (47% compared to 27%), and those offering mainly long-term placements also reported more routine or frequent levels of physical contact than short-term placements (65% compared to 38%). Male and female responses were broadly similar, although slightly higher numbers of female workers considered contact to be routine (35% compared to 31%) rather than occasional (35% compared to 41%). Nearly all respondents (98%) reported some involvement in physical intervention. For most (72%), it was seen as an occasional occurrence. However, for 26%, it was seen as either a routine or a frequent occurrence. The 12% who saw physical intervention as a routine occurrence represented only 4% of female responses, but 21% of male responses.

Spending time in young people's bedrooms

Most participants (93%) reported spending time alone with young people in their bedrooms. Women tended to spend time in bedrooms more routinely or frequently than men (53% compared to 32%). It was also reported slightly more frequently by respondents in placements with mainly older children. More than a third of participants (35%) had shared bedroom (or caravan or tent) accommodation with young people, illustrating the intimate situations within which workers and young people sometimes build their relationships.

Sharing information

Most participants (90%) reported sharing some information about life events or family relationships with young people. For nearly a third (30%) this was either a routine or a frequent occurrence. Most respondents also reported sharing some personal information. Some (19%) appeared to be comfortable sharing information about life events but not personal information connected to where they live and who is in their family.

Lending and gifts

A majority of participants (59%) reported giving or receiving gifts. Women were more likely to give gifts than men (65% compared to 48%) and managers more likely than supervisors and workers (77% compared to 53%). Gifts appeared to be more likely to be given in placements including younger children (73% compared to 52%) and in settings offering mainly long-term placements (60% compared to 52%). The pattern of responses for giving gifts and lending were fairly similar. However, in general, lending appeared to be less problematic for workers than gift giving. Participation was slightly higher overall, with 74%, compared to 59%, participating. Again, women were more likely to report lending possessions either routinely or frequently (25% compared to 10%) and less likely never to lend (20% compared to 29%).

In relation to spending their own money on the group, a broadly similar pattern to giving gifts emerged. Although fairly equal numbers of men and women appeared to participate overall, more women participated either routinely or frequently (12% compared to 3%). Spending their money on an individual young person appeared to be a different prospect for some participants. As a result, only 45% reported spending money on an individual young person, compared to 62% who reported spending money on the group. It may be that this suggests that for some workers, treating everybody in the group in the same way is an important part of their concept of fairness. This possibility also arises in relation to other questions in the survey.

Special relationships

Nearly two thirds of participants (65%) reported never having relationships with a young person that are different from their relationships with others. Men were slightly more likely (44% compared to 35%) to report developing relationships of this kind, and managers and supervisors (50% compared to 28%) more likely than residential workers. Comments made by a few workers suggested that it was important to them to treat everybody the same. Avoiding treating a child unfavourably or creating a sense of unfairness without missing significant opportunities for a child to feel special to somebody is complicated in a group care setting. However, treating everybody the same may achieve the first at the expense of the second.

Extended contact with young people

A small majority (52%) reported having continuing contact with young people who had moved on. Managers were more likely than supervisors and workers to have contact of this kind (86% compared to 43%). Overall, only 9% of respondents reported having either frequent or routine contact. The fact that so few respondents reported having regular continuing contact with young people for whom they have provided care suggests that meaningful aftercare contact may still be far from being a well-established part of the care of young people in residential child care placements. Responses about contact with young people outside normal working hours were

mixed. A majority (59%) had no additional contact of this kind. Of the remaining 41%, almost all (38%) had this contact occasionally. Managers were more likely than supervisors and workers (60% compared to 35%) to have contact outside working hours.

Contact with family, friends and home

Contact with family and friends featured, mostly as an occasional occurrence, for 46% of respondents. It seems likely that almost all of this contact was with family members, as several comments mention family, but none mention friends. Managers were more likely than workers (73% compared to 35%) to report this kind of contact. It was significantly less likely that a young person would visit the home of a worker. For 85% of respondents, this had never happened. For those who had occasionally had a visit at home from a young person, a higher proportion were female (15% compared to 10%). However, the greatest differences in responses were between participants in different work roles. As for all forms of extended contact, managers were more likely to demonstrate flexibility in the boundary between work life and home life. Nearly a quarter (24%) of managers, compared with 9% of residential workers, had contact with a young person at home.

Contact by mobile technology and social media

Overall, use of mobile technology, including calls from mobiles, texts and social media, was the area in which most workers reported that they never engaged. Only 8% reported sharing their mobile number with a young person and having contact with a young person by text. Comments suggested that continuing contact with young people who had moved on appeared to be the most common situation in which this contact occurred. Contact through social media such as Facebook or Twitter was even less common than contact by text or mobile, and was the activity in which fewest workers in the sample (6%) engaged. Comments suggested that this contact, where it existed, also tended to focus on young people who had moved on, and focused on groups more than individuals.

Comparison of responses from main sample and comparison group

Comparison of overall responses between the main sample group and the comparison group from my own organisation reveals many differences in the proportionate use of the 4 available responses (routinely, frequently, occasionally and never). The comparison group, at least in some areas of the survey, seems to be an outlier. Responses to most questions (16 out of 20) were more flexible in relation to crossing boundaries than in the main sample. Using the semantic differential scoring system allocating 3, 2, 1 or 0 points to the four available responses to reflect overall boundary flexibility, the comparison group scores were, on average, over 50% higher (1.05 compared to 0.69) than the main sample. However, in spite of this, there are two important respects in which these differences cannot accurately be described simply as a generally greater level of boundary flexibility.

Firstly, the comparison group had a higher incidence of 'frequently' and 'occasionally' responses, but a lower proportion of both 'routinely' and 'never' responses, occupying the intermediate, rather than the extreme, positions more often. Secondly, there were areas in which the comparison group scores were similar or even slightly lower. It was within the areas in which the main sample scores were lowest, and in particular, in relation to additional, extended and home contact and contact via mobile technology that a chasm emerged between the two samples. Overall, average numbers who participated, to any degree, in the four extended contact activities were nearly twice as high in the comparison group (77.50% compared to 39.75%). In relation to mobile technology and social media, an even wider difference emerged (65% compared to 8%). This suggests that, in the main sample, strong taboos may exist in these areas, leading very high numbers of workers, many of whom were willing to cross boundaries in other areas, to completely avoid boundary crossings. In the comparison group, however, although there were areas where boundary crossing behaviour was less common, there was no evidence suggesting the existence of strong taboos.

Table 2. Questionnaire responses of main sample.

Ranking	Question	Routinely (=3)	Frequently (=2)	Occasionally (=1)	Never (=0)	Mean Score
1	Physical Contact (%)	34	27	35	5	1.92
2	Spending time in Young People's Bedrooms (%)	20	27	47	7	1.58
3	Sharing Information about Life Events (%)	15	15	59	10	1.36
4	Physical Intervention (%)	12	14	72	2	1.34
5	Sharing Personal Information (%)	14	16	41	29	1.15
6	Lending Possessions (%)	7	10	57	26	1.00
7	Giving and Receiving Gifts (%)	5	7	48	41	0.77
8	Spending Money on the Group (%)	3	5	53	38	0.73
9	Aftercare Contact (%)	3	6	43	48	0.65
10	Spending Money on an Individual Young Person (%)	3	3	38	55	0.56
11	Contact with Worker's Family and Friends (%)	1	3	42	53	0.53
12	Contact outside Working Hours (%)	1	2	37	59	0.47
13	Special Relationships (%)	2	5	28	65	0.44
14	Sharing Bedroom Accommodation (%)	2	3	30	64	0.43
15	Telephone Contact	1	2	26	71	0.34
16	Contact with Worker's Home	0	1	14	85	0.17
17	Giving or Lending Money (%)	0	0	13	87	0.14
18	Giving Young Person Mobile Number (%)	1	0	6	93	0.10
18	Text Contact with Young Person outside Work (%)	0	1	7	92	0.10
20	Social Media Contact (%)	0	2	4	94	0.09
	Overall Mean Score	6.20	7.45	34.95	51.20	0.69

The comparison group also helped to clarify that both individual differences in worker behaviours and organisational culture appear to influence boundary decisions. It was a notable feature, in the main sample, that there appeared to be workers who had an overall 'style' of flexibility or rigidity. More than a quarter of the group (29%) had scores of 0-9 on the semantic differential scoring system, indicating that they used the 'never' response for most questions, whilst another group (17%) had scores of 20 or higher, indicating much more infrequent use of this response. However, it also appeared that these individual differences were also mediated by culture, as the comparison group, although it still contained a range of responses (scores ranging from 12 to 36), had no scores in the 0-9 range.

Additional comments and issues

Participants were offered the opportunity to add further comments and raise further issues, and 35 respondents made a total of 62 comments. A wide range of issues emerged in these comments, about the needs of young people, the complexity of relationship boundary decisions and the group environment in which relationship boundary issues arise and are resolved. Comments were grouped into themes in which respondents made similar statements or commented on similar issues, and the following six areas emerged in which comments were made by at least 3 respondents.

The role of circumstance. Circumstances often played a part in the development of relationship boundary issues, and connections between personal life and work life were not always consciously chosen. Participants cited examples of working with young people who were connected to friends or family, or people with whom they went to school, and the impact of living and working in a small community, where dual relationships and unplanned contact with young people are regular occurrences.

Personal values and beliefs. The role of personal beliefs in shaping boundary decisions was evident in the number of comments that began with phrases such as 'I believe', 'in my opinion', 'I feel' and 'I think'. These individual beliefs were also evident in the wide range of responses to the relationship boundary questions, even within the same setting.

The role of the team and the group. Discussing boundary issues as a team was seen as a key to safe decision-making. Comments about transparency and information-sharing also suggested a team decision-making approach. However, this was not always straightforward. One participant felt that making a decision to keep in touch with young people 'seems to provoke anxiety in some staff'. Another suggested that managing relationship boundaries flexibly requires understanding and skill that not all workers have, and that it can be easier to 'adopt a stand-offish position, seeking black and white rather than nuance when negotiating boundaries'.

A changing environment. For some participants, the environment in which they were making relationship boundary decisions had become more restrictive. One participant felt that ideas about 'safe caring' had brought about 'major attitudinal changes' regarding relationship boundaries. Others noted that 'gift giving and physical contact are now frowned upon' and that 'policies about young people not ever going to your home' had been introduced. For some, this diluted the effectiveness of their work. Workers suggested that these changes have 'reduced the therapeutic aspect that young people need' and that 'the young people are cheated a little on the authenticity of our relationships by maintaining no-go areas'.

Responding to children's needs. Some comments focused on what children need, and these suggested a need for emotional, as well as physical, involvement: 'Children need to be nurtured and to feel loved'. One worker with experience as a foster carer was aware of the differences in how these needs might be met: 'If I answered the same questions as a foster carer, they would be very different and reflect a more connected relationship'. Another worker commented on the emotional connections involved feeling like an 'extended family' and felt that caring for young

people 'is more than a job, it's a way of life'. It was also noted that young people might sometimes 'become very attached to a worker' or even 'fixated on a particular staff member' in a way that feels overwhelming.

Managing anxiety and complexity. For some, relationship boundary decisions could be a source of anxiety. One worker felt 'anxiety about complaints being made or being falsely accused of something'. Another described a feeling of tension between meeting children's needs and feeling safe: 'there is a climate of staff being scared of touching the young people or spending time alone in a room with them, but these are needed things'. Other aspects of relationship boundaries also involved managing complexity. These included sensitively managing personal care for a doubly incontinent disabled young person, balancing making significant relationships with children with working to promote their attachments to parents, and managing the perceptions and misperceptions of young people who have been abused by parents or carers and might 'mistake a caring relationship for attraction'.

Implications for policy and practice

Before considering possible implications, it is important to acknowledge the limitations of this study. As a small-scale practitioner research project, the study offers relatively modest sample sizes, and the samples used are, in many respects, not representative. Because of these limitations, it did not seem appropriate to carry out significance testing on these samples, and instead, it is necessary to accept that the study can only offer suggestive findings which reflect comments made by respondents and support arguments made and conclusions reached by other researchers and theorists. It is hoped that, in spite of these limitations, the study begins to shed some light on an area that has attracted very little previous research attention.

A number of issues arise from responses to the survey that suggest possible implications both for policy and practice and for our understanding of relationships and relationship boundaries in residential child care. The most obvious is the frequency with which variations in responses emerged, indicating that clear lines separating professional and unprofessional behaviour do not appear to exist. Instead, greater complexity is apparent, involving a range of considerations including need, relationship, culture, context, and professional identity.

It is not entirely clear how the differences between managers' and workers' responses in the sample should be interpreted, and, in particular, the fact that these became more pronounced where strong taboos appeared to exist. However, three observations can be made. The first is that additional experience alone did not appear to account for these differences. When experience was used as a variable, no differences emerged, other than a small difference in levels of contact with young people who have moved on. The second is that the increased level of professional education and more outward-looking focus of managers might increase their confidence to resist the dominant discourse about professional detachment and pressure to make risk-averse decisions, suggesting that increased educational opportunities for workers might have a similar impact. The third is that workers did not appear to automatically follow the more flexible lead of their managers, indicating that an explicit philosophy of care promoting such flexibility may also be required for this to become a team approach, rather than a course of action taken in isolation by particular managers. The differences in responses made by the comparison group suggest the potential for such philosophies and cultures to be developed and maintained.

Comments from participants about anxiety related to boundary crossing, and the emergence of a more restrictive environment around relationship boundaries, are linked to concerns about historic abuse. It was perhaps inevitable that the initial response to these concerns would be to prioritise regaining a sense of safety, even if this required sacrifices that restricted the development of significant relationships. However, it may be that an opportunity is now arising to develop a more balanced position that facilitates the development of significant and enduring relationships within the context of team safety and accountability.

In some areas of the survey it appeared that gaps exist between relationship boundary responses in practice and espoused values, theories and methods of work in residential child care. The clearest example of this related to continuing contact with young people who had moved on. In spite of consistent research evidence of its importance and significant political encouragement, this contact still appears to be minimal, suggesting that, even when care relationships are significant and positive, they are rarely enduring. Whilst it is true that most professional relationships are time-limited, the unique nature of the care relationship suggests that this is a situation in which a different boundary, reflecting the nature of this relationship, is required. It is worthwhile to consider whether these relationships might call for a different sense of professional identity to be developed more generally if residential child care is to become a more relationship-based service. There appears to be no reason why it might not be considered unprofessional, from a care perspective, to *fail* to provide children who grow up in our care with the significant, flexible and enduring care relationships that other children take for granted.

Conclusion

Theoretical discussion of relationship boundary issues frequently points out that professional identity in social work, and, by extension, residential child care, has been strongly influenced by the concerns of traditional professions. It is argued that, as a result of this, expectations about relationship boundaries in residential child care are based on notions of professional distance that are not appropriate to the caring role. Similarly, research exploring the views of service users suggests that flexibility regarding skilful and well-judged boundary crossing behaviour is often experienced powerfully as evidence of the commitment of the worker, the importance of the young person and the development of a significant relationship.

Responses to the questionnaire suggest that, in most situations, no clear lines exist separating behaviours that are always considered to fall within or outside acceptable boundaries. A small number of behaviours were generally seen as less controversial, and were widely practised. There were also two areas in which strong taboos existed that, in the main sample, appeared to influence all but a very small number of workers. However, most areas of the survey elicited a wide range of responses without a normative behaviour emerging. Boundary decisions appear to be influenced by a wide range of factors including the age of children and length of placements. Differences also emerged, with regard to some decisions, between women and men and, to an even greater degree, between managers and workers. Responses from the comparison group, in which greater flexibility was generally displayed, suggest that culture can play a very significant role in the development of norms regarding relationship boundary behaviour. Individual differences also appeared to influence responses, and, although to a reduced extent, even within the single organisation comparison group, a wide range of individual responses emerged.

A striking difference appeared to exist between the relatively low levels of flexibility in some areas of practice suggested by participants' responses and the views expressed in research and theoretical writing, including the views of service users, in which greater flexibility is frequently advocated. It appears that a 'professional distance' stance, alongside concerns related to historic abuse, may exert a strong influence on boundary decisions, particularly in relation to activities involving contact outside the work setting and allocated hours of work. However, the more flexible behaviours reported in the comparison group may also indicate that, where a strong enough alternative culture develops, these influences can be overcome, and greater flexibility can develop.

Following a period in which both social work and residential child care have been influenced by target-driven and procedural responses, relationship-based work is regaining lost ground and receiving significant official recognition. These developments present an important opportunity for relationship-based approaches to flourish. The particular significance and potential of the relationship within the residential child care task suggest that residential child care should endeavour to play a leading role in exploring these possibilities. However, in order for these

possibilities to be fully realised, it will be necessary for the field to move beyond a professional identity based on the concerns of other professions and the difficulties of the past, and to address the task of developing its own unique ethical basis and clearly articulating the contribution that relationship-based care can offer. It is from this basis that relationships, and relationship boundaries, appropriate to the caring role can emerge.

References

- Alexander, C. & Charles, G. (2009) 'Caring, mutuality and reciprocity in social worker-client relationship', *Journal of Social Work*, **9**(5), pp. 5-22.
- Costley, C., Elliott, G. & Gibbs, P. (2010) *Doing Work Based Research: Approaches to Enquiry for Insider Researchers*, London: Sage.
- Cree, V. & Davis, A. (2006) *Social Work: Voices from the Inside*, London: Routledge.
- Davidson, J. (2004) 'Where do we draw the lines? Professional relationship boundaries and child and youth care workers', *Journal of Child and Youth Care Work*, **9**, pp. 29-42.
- Doel, M. & Best, L. (2008) *Experiencing Social Work: Learning from Service Users*, London: Sage.
- Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P. & Tod, A. (2010) 'Professional boundaries: crossing a line or entering the shadows', *British Journal of Social Work*, **40**(6), pp. 1866-1889.
- Fewster, G. (2004) 'Just between you and me', *Relational Child and Youth Care Practice*, **17**(4), pp. 8-17.
- Fewster, G. (2005) 'Making contact: personal boundaries in professional practice', *Relational Child and Youth Care Practice*, **18**(2), pp. 7-13.
- Gharabaghi, K. (2010) *Professional Issues in Child and Youth Care Practice*, Abingdon: Routledge.
- Happer, H., McCreadie, J. & Aldgate, J. (2006) *Celebrating Success: What Helps Looked After Children Succeed?*, Edinburgh: Social Work Inspection Agency.
- Kendrick, A (2013) 'Relations, relationships and relatedness: residential child care and the family metaphor', *Child and Family Social Work*, **18**(1), pp. 77-86.
- McLeod, A. (2010) 'A friend and an equal', *British Journal of Social Work*, **40**(3), pp. 772-788.
- Munro, E. (2011) *The Munro Review of Child Protection: Final Report: A Child-centred System*, London: Department of Education.
- Ofsted (2011) *Edging away from care – how services successfully prevent young people entering care*, accessed 20/10/14 at: http://dera.ioe.ac.uk/12278/2/Edging_away_from_care_-_how_services_successfully_prevent_young_people_entering_care%5B1%5D.pdf
- O'Leary, P., Ming-sum, T. & Ruch, G. (2013) 'The boundaries of the social work relationship revisited: towards a connected, inclusive and dynamic conceptualisation', *British Journal of Social Work*, **43**(1), pp. 135-153.
- Richmond, P. (2010) 'Boundary realities from the wisdom of female youth in residential treatment', *Journal of Child and Youth Care Work*, **21**, pp. 80-93.

Richmond, P. & Padgett, D. (2002) 'Finding the line: boundary decisions in residential treatment', *Residential Treatment for Children and Youth*, **20**(1), pp. 53-66.

Ricks, F. (1992) 'A feminist's view of caring', *Journal of Child and Youth Care*, **7**(2), pp. 49-57.

Robson, C. (2002) *Real World Research: A Resource for Social Scientists and Practitioner Researchers* (2nd. Ed.), Oxford: Blackwell Publishing.

Ruch, G., Turney, D. & Ward, A. (eds.) (2010) *Relationship-based Social Work: Getting to the Heart of Practice*, London: Jessica Kingsley.

Scottish Government (2013) *Staying Put Scotland: Providing Care Leavers with Connectedness and Belonging*, Edinburgh: Scottish Government.

Scottish Social Services Council (2014) *Scottish Social Services Sector: Report on 2013 Workforce Data*, accessed 16/11/14 at: <http://data.sssc.uk.com/data-publications/22-workforce-data-report/90-scottish-social-services-sector-report-on-2013-workforce-data>

Smith, M. (2003) 'Towards a professional identity: is residential child care still social work?', *Journal of Social Work*, **3**(2), pp. 235-252.

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

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

Stuart, C. (2008) 'Shaping the rules: child and youth care boundaries in the context of relationship. Bonsai!', in G. Bellefeuille & F. Ricks (eds.), *Standing on the Precipice: Inquiry into the Creative Potential of Child and Youth Care Practice*, pp. 135-168.

ThemPra (2013) *ThemPra – social pedagogy key concepts: the 3Ps – the professional, personal and private self of the social pedagogue*, accessed 17/08/14 at: http://www.thempra.org.uk/concepts_3p.htm

Youth Justice Board (2008) *Engaging young people who offend*, accessed 20/10/14 at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356204/Final_EY_P_source.pdf

Zirkle, D., Jensen, M., Collins-Marotte, J. & Maddux, C. (2002) 'Therapeutic practices and ethical beliefs of professionals working with adolescents in residential treatment', *Counselling and Values*, **46**(2), pp. 108-117.

Notes on Contributor

Phil Coady works for East Lothian Council as a social work team leader. He has been working with young people for 25 years. Much of this time has been spent working in residential child care settings along with shorter, but equally interesting forays into education, youth work, family support, child protection and youth justice settings. Like many of his East Lothian residential colleagues, Phil is still in regular contact with several young people he has looked after over the years.

Correspondence

E: pcoady@eastlothian.gov.uk

