

‘We’re like one, big, dysfunctional family’: Struggling to define the role of residential child care workers

Nadine Fowler

Abstract

Understanding the complexities of working in residential child care is a difficult, and somewhat daunting, task. Research has highlighted that staff members perform a number of duties in the day-to-day lives of young people (Connelly and Milligan, 2012). Alongside these duties, staff members also have a ‘professional’ responsibility and identity in the residential unit (Smith, 2009). As a result, being both an ‘employee’ and ‘parental figure’ can be a difficult role to comprehend. In the project discussed here, 13 residential child care workers were interviewed and asked to discuss their views on ‘parenting’ the young people in their care. The study found that whilst some staff members identified as a substitute or surrogate ‘parent’ to the young people, others were clear that they could not replace biological parents. Nevertheless, all staff members highlighted that their role was increasingly complex and difficult to define. Further research in this area is necessary in order to understand the impact of these findings on the residential care sector. What is increasingly clear, however, is that the role of residential child care workers is a complex and every-changing one that cannot be easily understood.

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Corresponding author:

Nadine Fowler, 3S29, Colin Bell Building, University of Stirling, Stirling, FK9 4LA.

nadine.fowler@stir.ac.uk

Introduction

For many years now the task performed by residential child care workers has been of interest to a number of different academic and professional arenas. This interest has spanned all areas of work and life in residential care, such as workers’ duties, legislative responsibilities and relationships between staff members and residents, and many more.

This paper will discuss my MSc project, which sought to understand further the relationships between young people and staff members in residential care. An important finding in this project was the complex duality of being both a 'professional' and 'parent' figure to young people. As such, this article will focus on discussing these issues further.

Residential Child Care: The Scottish Context

As stated, residential care for children and young people is a complicated and ever-changing environment, for staff members and residents, with each country running their own systems and different qualification practices. In 2014, 1,470 children and young people in Scotland were living in a residential setting (Scottish Government, 2015). Many of the children and young people in these residential settings will be over the age of 12, and are likely to have been moved into residential care from home or foster care placements which have broken down (Berridge, Biehal & Henry, 2012). These young people can be admitted to residential care for varying lengths of time, with Kendrick (2004) and Milligan, Hunter and Kendrick (2006) stating that the majority of placements are short-term. Moreover, the majority of children and young people living in residential child care units have experienced some neglect, abuse, inadequate parenting or parental substance misuse, and may have become involved in the youth justice system or even require additional support from specialist residential schools (Scottish Government, 2008).

As a result of the complexities of the residential environment, staff members typically receive vast amounts of training in order to gain the qualifications deemed necessary for working in residential care. There have been a number of qualifications developed for residential workers over the years, ranging from vocational qualifications known as SVQs to degree level qualifications in the form of the Diploma in Social Work (Heron & Chakrabarti, 2002; Milligan, 2003). However, both of these programmes have faced criticism due to their focus on social work discourses and paradigms (Smith, 2003). As a result, there has been an increased emergence of social pedagogy in residential care in Scotland. Social pedagogy in this context emphasises relationships and living alongside children (Petrie, Boddy & Cameron, 2002) to develop the 'whole child' - their body, mind, feelings, spirit, creativity and relationships (Hart & Monteux, 2004). With its commonalities to 'parenting' as opposed to social work or social care (Jackson, 2006), social pedagogy as a developing training method provides an interesting perspective for the research being discussed here.

Daily Complexities of Residential Work

Residential child care workers have many different roles and duties in their daily work, independent of the training qualifications that they ascribe to. These duties have been discussed in detail many times (see Smith, 2009; Whitaker, Archer & Hicks, 1998; Connelly & Milligan, 2012). One recurring theme in these discussions is 'basic care'. Connelly and Milligan (2012) state that 'basic care' refers to the duty of staff members and organisations to ensure that young people in their care receive adequate food, are clean and healthy, attend educational establishments and get access to positive, appropriate relationships. These 'basic care' duties are an essential, and often understated, aspect of residential care. They provide a vessel for developing strong, lasting relationships and are

the starting point for helping young people to succeed. However, staff members are also responsible for a number of professional, bureaucratic tasks.

Residential child care workers perform a number of different functions when not interacting with young people directly. Whitaker *et al.* (1998) provide an effective account of such tasks, whereby they indicate that staff members are responsible for completing paperwork relating to any young person's stay in residential care, liaising with other professionals to complete such paperwork and advocating on behalf of the young person in these professional settings. These duties are no less important than the 'basic care' responsibilities outlined above, but can make the role of staff members more confusing. For instance, Smith (2009) highlights that the residential environment is becoming increasingly complex due to the issues with 'caring' for young people in an increasingly 'professional' atmosphere. This dichotomy follows some interesting debates around providing clear definitions of the role that residential child care workers play in the lives of young people.

Smith's (2009) arguments that staff members find it difficult to be both a 'professional' and a 'carer' may lead one to believe that clearer definitions of a staff member's role in residential care could help to mitigate these complexities. However, to date, this researcher has demonstrated that tightly defining the roles and purposes of residential care may be detrimental to both children and families. For instance, Munro (2011, p. 128) states that:

Over-bureaucratisation is reducing the time workers spend with children and families, building strong relationships, so that they can better understand and help them.

Therefore, the purpose of this paper is not to attempt to rigidly define the role of residential child care workers, but to draw further attention to the conflict between workers' 'professional' roles and their 'caring,' relational duties.

Relationships and Staff Roles

As part of their role, staff members spend a large amount of time building relationships with both the young people under their care and other staff members. These relationships are of particular interest here, where the notion of residential child care workers being 'parental' figures takes precedence. 'Parenting' as a concept is often explored through debating 'family' as a whole. In the UK, 'family' is still often thought of in very traditional, 'nuclear' terms - 'a group consisting of two parents and their children living together as a unit' (*Oxford Dictionary of English*). In this definition, residential care could not be considered a family, nor could it be suggested that staff 'parent' the children in their care. However, there is a host of research that disputes this notion of 'family,' with many researchers suggesting the traditional view of family is no longer relevant in many Western cultures.

Corsaro (2011), for instance, argued that the way we see family has changed markedly over the years, due to the rise in single parenthood, increased rates of divorce, more births outside of marriage and higher numbers of step-families. With this in mind, family

can better thought of as the ‘love, care and mutual support’ experienced by all of its members, whether biologically related or otherwise (Morrow, 1998, p. 19). Thus, ‘the boundary between “familial” and “non-familial” relationships... is increasingly blurred in everyday lives’ (Kendrick, 2003, p. 79). These debates, and the overall decline in the traditional, ‘nuclear’ family, have led to a number of new theories attempting to uncover what exactly it is that drives our understandings of ‘family.’

Two notable theories that have arisen are *Family Practices* (Morgan, 1996) and *Displaying Families* (Finch, 2007). The Family Practices approach describes ‘family’ as being flexible and accepting of change. In this manner, Morgan (1996, p. 191) indicates that ‘family practices do not have a thing-like existence;’; instead, what matters are ‘the day to day practices rather than any formal prescriptions or descriptions’ (Morgan, 2011, p. 2). These Family Practices enable individuals to describe relationships with other people that are considered to be family-like without the need to continually justify why. Furthermore, Family Practices are evident in daily activities, in acts that are taken for granted or seen to have little value. Consequently, people can be acting like a family, and reproducing this set of family relationships, without actually noticing that they are doing so.

Displaying Families (Finch, 2007) refers to a process similar to Family Practices, but describes a situation where individuals *deliberately* act like a family in order to demonstrate their familial status to others. This *display* of family allows individuals to gain approval and recognition of their family as being just as relevant as any other (Finch, 2007). Therefore, families are ‘defined more by “doing” family than by “being” a family’ (Finch, 2007, p. 66). Whilst *displaying* ‘family,’ the focus is on the ‘quality’ of the relationships, demonstrating that notions and ideas around what constitutes a family change and develop over time, and are highly dependent upon an individual’s own understanding of ‘family.’ As a result, the concepts of Displaying Families and Family Practices also agree with the belief that you do not have to be biologically related to other members of your family in order to be a ‘family,’ something which is particularly relevant in the case of residential child care.

These notions of family have been developed to describe relationships between looked after children and the adults who care for them (see McIntosh, Dorrer, Punch & Emond, 2011; Punch & McIntosh, 2014). For instance, researchers have described how children and young people can attribute kin relationships to their foster carers by referring to them as like a ‘mum’ or ‘dad,’ representing the normality of these relationships to children and young people (Biehal, 2014). Moreover, Kendrick (2013) explored the use of the ‘family metaphor’ when children and young people recall their experiences. In doing so, it was demonstrated that ‘children and young people describe their positive experiences in residential care as like being in a family, and refer to care staff in kin terms, such as “dad” or “sister”’ (Kendrick, 2013, p. 77). The author went on to suggest that relationships between staff members and residents are actively created and recreated in a fluid and informal way, as described by Morgan’s Family Practices approach.

McIntosh *et al.* (2011) also established a number of interesting findings regarding the way in which children and young people in residential care view family. They determined that residential staff often attempted to provide care that represented the types of

relationships that would ordinarily be attributed to ‘families,’ in order to achieve a setting that resembled ‘family’ as far as possible. Such arguments were also made by Kendrick (2013), where creating residential units that resembled ‘home-like’ environments was important to staff members. However, both papers highlight the difficulties in trying to achieve these ‘family-like’ and ‘home-like’ situations. These difficulties were often attributed to the many different things that residential units represent to the staff members and residents. Ultimately, residential units are: a ‘workplace’ for the staff members; a ‘home’ for the children and young people; and, an ‘institution’ for both (McIntosh *et al.*, 2011, p. 177). This article will, therefore, explore how staff members negotiate their role in such difficult circumstances.

Methodology

The original purpose of my MSc research was to explore whether or not residential child care workers viewed themselves as having a *parental* role to the children and young people in their care. As a result, semi-structured interviews were conducted with residential staff members in central Scotland. These interviews were qualitative in nature, with questions focusing on issues such as working in residential care in general, the environment of the unit and the relationships between staff, children and young people. As such, the main research questions of interest were:

1. Do residential child care workers consider themselves ‘parents’ to the children and young people in their care?
2. What factors can influence the development of relationships in residential care?
3. How do staff members understand and negotiate their relationships in residential care?

Below is an account of how this project endeavoured to answer these questions, followed by a discussion of the project’s findings.

Research Design

Qualitative methods were employed in this research to gain a deep understanding of the issues at hand, namely how staff members view their relationships with young people in residential care. Flick (2007, p. ix) argued that qualitative research allows us to ‘approach the world “out there”’ and ‘explain social phenomena “from the inside.”’ This is in contrast to quantitative research which tends to focus on statistical explanations of social phenomena with a view to producing generalizable conclusions from structured data (Kelle, 1997). Consequently, the use of semi-structured interviews would allow the relationships between staff and children to be explored ‘from the inside,’ as suggested by Flick. The resulting data would then take the form of ‘rich descriptions’ of information, ultimately giving a ‘voice to those whose views are rarely heard’ (Sofaer, 1999, p. 1101). In this manner, the residential workers’ views and opinions could be recorded and interpreted in great detail, in a conversational setting that enables ambiguities and incomplete answers time to be clarified (Matthews & Ross, 2010).

Sampling and Access

A total of 13 staff members were interviewed in this study, all of them randomly selected based on their employment within this setting. The participants all had varying levels of experience in residential child care, ranging from only two months to 23 years. Eleven of the participants were female and two were male and all staff were interviewed in their workplace, which spans over two accommodation sites: the Residential Unit and the Transition Unit. In keeping with confidentiality procedures, the accommodation sites will not be named but instead described on the basis of their accommodation types. The Residential Unit offered care for children from the age of 12 to 18 years old, whereas the Transition Unit offered care for young people between the ages of 15 ½ and 18 years old. The Residential Unit followed typical residential child care arrangements and could accommodate up to five young people at a time. In comparison, the Transition Unit focused on preparing young people for independent living situations and could accommodate up to three young people.

Participants were interviewed at their convenience, during times when children and young people were least likely to be in the unit (usually between 10am and 2.30pm). All participants volunteered their time, in the sense that they were not pressured to take part by me or any other person involved with the research. They were also given opportunities to ask questions about the research aims and processes in a group setting and on an individual basis.

Ethical Considerations

This research was approved by the School of Applied Social Science's Ethics Committee at The University of Stirling and the local authority providing the residential facility. During the research process, the British Sociological Association's Statement of Ethical Practice (BSA, 2002) was considered and adhered to. Before beginning the interview process, participants were guaranteed confidentiality and anonymity, unless they should divulge any information that could harm the children and young people in their care, or increase their own risk of harm. In the unlikely event that such information would come to light, staff members were informed that their manager would be made aware of what was said, and that they would be told prior to this occurring. Participants were also required to give written, informed consent and were assured that their identity would not be revealed in any publication of this research.

Participants were allocated pseudonyms during the research process, which are used in the findings and discussion chapter to identify participants. These pseudonyms were chosen randomly by the researcher, further ensuring that the staff would not be identified. All interviews were recorded and stored securely on a password protected computer and removable USB storage device. The pseudonyms were also used here to identify participants, resulting in a situation where participants' real identity was only revealed on their consent forms, which did not indicate by which pseudonyms participants would be known.

Data Analysis Procedures

The data collected in this research was analysed in a thematic manner in order to reveal common 'codes' and points of interest raised by staff members, one of the most common methods of analysing qualitative research (Hruschka, Schwarts, Cobb St John, Picone-Decaro, Jenkins & Carey, 2004). As Kelle (1997) suggests, the coding of qualitative data provides an opportunity for researchers to compare common ideas against each other, in the hope of forming an argument around shared topics of interest. The coding of data in this research followed a traditional pattern of coding qualitative data: codes were attached to sections of text; category characteristics were assigned; categories were 'dropped' or added following the 'questioning' of the coded data, and; a hierarchical ordering structure was placed on the resulting codes (Barry, 1998). Consequently, the main themes generated in this research concerned: the residential unit in general; the experience of children and young people in residential care; the relationships that develop in residential care, and; the many meanings of residential care to young people and staff members alike. The remainder of this paper, however, will centre on the issues associated with being both a 'professional' staff member and 'parent-like' caregiver. This appeared to be an important issue for staff members, and one which I feel deserves further consideration.

Results and Discussion

Previous research has highlighted the complex and all-encompassing duties of staff members (Smith, 2009; Whitaker *et al.*, 1998; Connelly & Milligan, 2012), as well as the fluid nature of relationships and 'family' in residential care (McIntosh *et al.*, 2011; Punch & McIntosh, 2014). However, what has yet to be explored fully is the complex duality of being a 'professional' within this 'family-like' environment, where the part of 'parent' can often be played by a paid employee. This section will explore some of the issues staff members highlighted when asked about their role in the lives of the residents they care for.

'...a bit like I'm a mum': Do residential child care workers resemble parents?

Throughout the interview process, participants would often use the 'family metaphor' (see Kendrick, 2013) to describe their role in the young people's lives. An example of this is seen in this extract from an interview with Susan:

...it does sound really cheesy to call yourself the term surrogate parent, but if that is what I feel that I do then generally that's what I'm going to call it.

Susan

Here, Susan has chosen a well-known kin term to describe the role that she feels staff members play in the lives of the young people they look after. In doing so, Susan appears to demonstrate that, despite being 'professional' staff members, the staff team are an important and integral influence in the residents' lives. These sentiments echo those highlighted in other research papers which argue that young people believe staff

members, and their relationships with these staff members, to be an important part of their residential experience (Cashmore & Paxman, 2006). Using the ‘family metaphor’ in this way is also an example of *Family Practices*, as described by Morgan (1996; 2011). These staff members are highlighting that their day-to-day practices within the residential unit resemble those we usually associate with ‘parental’ figures.

In a similar manner, Caitlyn and Joshua discussed their role as staff members and ‘parental’ figures alongside relationships that exist outside the residential facility. Caitlyn compares her influence in the lives of young people to the influence she has in her own children’s lives. On the other hand, Joshua highlights that her role is an influential one, alongside the role of the residents’ biological parents.

It is a parenting role, I see it exactly as a parenting role. You’re doing the exact same things: you want the best for these kids just like you want the best for your own children, you want them to accomplish the same things as your own children.

Caitlyn

You know how you’re talking about the parent kind of role? I think we do play that role, but it’s important for me that we have positive family contact too.

Joshua

These quotations are further examples of participants using the ‘family metaphor’ to describe their relationships in residential care. They echo some of the findings of McIntosh *et al.* (2011), whereby the residential workers in this study felt they had ‘family-like’ relationships with the young people in their care. In a similar manner, young people have also been reported as describing relationships with staff members, and other residents, as ‘family-like’ (see Kendrick, 2013). Although these ‘family-like’ relationships are complicated, with staff members having their own children outside of their working relationships with the young people, and many of the young people having relationships with their biological parents, they were still considered important. These complexities were a predominant feature of all 13 interviews.

‘We don’t want to replace their parents’: If not a parenting role, then what?

In many cases, referring to oneself as a ‘parent’ to the young people in the residential unit was not felt appropriate by the participants. This is not to say that they disputed using the term, simply that calling oneself a ‘parent-like’ figure was extremely complicated. For instance, one participant stated: ‘Obviously we can’t replace their parents. We don’t want to replace their parents’. Here, Jennifer highlighted that the relationships children had with their biological parents was an important factor to consider when referring to her own role in the residents’ lives. Such views were also apparent in Sinead’s accounts:

They come to me like I’m their mum, although we’re not, we’re not ever going to be their mum, but for some people who don’t have their parents, or whatever it may be, we’re the closest thing they’re going to get.

Sinead

These examples demonstrate that negotiating 'family-like' relationships in an environment where some family members (such as the young people's biological parents) are not frequently present, can make it exceedingly difficult to establish a definition of roles.

Finding a balance between the 'family-like' relationships between residents and staff members was often done through describing the unit as a whole, as opposed to individual relationships. The quotation used in the title of this article is an effective example of this, whereby Janice says 'we're like one, big, dysfunctional family.' Expressing relationships in residential care as 'family-like' is interesting in itself, however, Janice goes one step further to highlight that these relationships may be 'dysfunctional.' In doing so, it was apparent in the interview that Janice was referring to the un-traditional, often complicated, 'family-like' dynamics of relationships in this context. It is also possible that Janice was recognising the influence of 'external' family members, such as people related to staff member or young people who reside outside of the residential unit, on relationships within the residential unit. This follows Kendrick's (2003) argument that our 'familial' and 'non-familial' relationships often cross boundaries and become blurred.

'They know there are rules and regulations': The difficult duality of residential care

Ultimately, providing an exact definition of the role that staff members have in the lives of young people in residential care is a difficult and complex task. When asking staff members about their role, it becomes clear that they have a number of differing responsibilities and duties to each other as well as the residents. These roles, therefore, have to be carefully and continually negotiated. At times, staff members can view themselves as 'parental' in nature, whereas they can also be struggling with their identities as a 'professional.' The following quotations highlight these complexities:

You have to be aware of the fact that any of the relationships that you do build within the care sector are always temporary, so you're always constantly thinking about disengaging the minute you actually engage with a kid... Now, if you think of that in terms of, and then think of yourself in the role of a corporate parent, then it's a contradiction of terms. It just doesn't add up at all... you have to disengage, and again, that's something that a real parent wouldn't do. A real parent would always be there.

Oliver

...for me you're kind of caught between two places and, and you want so much to just love these kids and do the best, but there's also rules and regulations that they have to abide to... So, it's kind of hard to try and measure up because this is their home, and in a home you wouldn't have all these rules and regulations that we do have to abide by.

Katerina

The views expressed here by Oliver and Katerina are simply a snapshot of the complicated, often contradictory, opinions communicated by participants. These views highlight that the residential child care worker's task is not an easily defined job. Staff

members have to balance strong, influential relationships with important and obligatory legislative responsibilities. In addressing similar issues, Connelly and Milligan (2012) indicate that care has to have a professional basis, as children and young people are not being looked after in their own homes. However, they also acknowledge that this makes combining aspects of homely and nurturing care with professional responsibilities difficult. This difficulty has also been addressed in European literature on social pedagogy, where staff members are encouraged to embrace the professional nature of their work alongside the importance of the relationships that they develop (Crimmens, 1998). Ultimately, all of the participants in this study demonstrated that this balance needs to be better understood in the residential sector.

Conclusions

This research has further demonstrated the complex dynamics of living and working in residential care for children. We already know that staff members are expected to take on a number of different duties in their roles (Smith, 2009; Whitaker *et al.*, 1998; Connelly & Milligan, 2012). Previous research has also highlighted that within these duties, staff members can have 'family-like' relationships with the young people in their care (McIntosh *et al.*, 2011; Punch & McIntosh, 2014). However, we have yet to fully consider how staff members balance their 'professional' care duties with these 'family-like' relationships. This paper has attempted to explore these issues in more depth and highlight some of the main difficulties that staff members face in these scenarios.

Although the research questions identified at the beginning of this MSc research project have not been fully addressed here, there are a number of interesting findings. The project discussed here identified that, whilst staff members can see themselves as 'parents' to the young people in their care, they find it increasingly problematic to balance this role with their 'professional,' 'worker' role. It has been highlighted that everyday activities, such as completing care plans and performing safety checks, disrupt the 'family' feel of the home. These disruptions can make it difficult for staff members to feel like they are fully 'parenting' the young people, even in cases where they have identified as being 'parental' figures. Furthermore, bureaucratic processes, such as house meetings and suggestion boxes, can also complicate the caring, 'parental' role of staff members. Participants in this project stated that these processes made it more difficult to create the 'homely,' 'family-like' environment that they believed the young people needed whilst in residential care.

Nevertheless, many participants demonstrated strong feelings towards the young people in their care, often referring to themselves as 'surrogate parents.' They highlighted that, at times, the residential unit felt like a 'home from home,' where the staff team and residents were akin to 'family.' Ultimately, the staff members in this residential facility were very positive about their role in the young people's lives. They spoke very highly of the young people they care for and appreciated the influential role that they played in the lives of residents. Although the staff members were very clear that they would never replace the biological parents of the young people, they accepted that residents could come to view them as 'family.' This 'family-like' relationship was more evident when

everyday activities, such as getting the young people ready for school, preparing and eating meals together and watching television with each other, were spoken of.

It is likely that the research questions have not been fully addressed due to the small sample size and limited scope of the research that this paper draws upon. For instance, it is not possible to fully answer the first research question ('Do residential child care workers consider themselves 'parents' to the children and young people in their care?') when only 13 residential child care workers have been consulted. It is also possible that the questions developed were too broad and far-reaching to answer in the space of this article. With a focus on whether or not residential child care workers consider themselves as 'parents' to the young people in their care, it is not wholly possible to discuss what factors influence the development of relationships (research question 2). Although this research went some way to answering these questions, it would be beneficial of future research to address these issues more fully.

In conclusion, the residential workers interviewed in this project found it increasingly difficult to define their role in the lives of the residents they cared for. Whilst they accepted that this role could be viewed as 'parental,' often electing to refer to themselves in 'parent-like' terms, they also believed that their duties as residential staff members impacted on this relationship. Consequently, using 'family-like' expressions to describe the role of staff members in residential care is difficult to navigate. The obligations that staff members have within the residential unit make their role extremely complex, whereby a balance between 'professional employee' and 'family member' is an ongoing struggle. This project demonstrates an initial exploration of these complexities, and the difficulties that such complexities can cause for everyday practice and policy implementations. However, given that staff members believed this dichotomy played an increasingly influential part in defining their role, balancing the roles of 'worker' and 'parent' is an issue which requires further understanding within policy and practice fields. As the residential child care sphere continues to change, therefore, understanding the difficulties associated with being an 'employee' and a 'parent' for staff members, and the young people who live under their care, should be of increased importance.

Ultimately, the role of a residential child care worker also requires further understanding within the academic arena. Their duties on a daily basis are understood well, as are their responsibilities and legal standing. However, we have yet to fully uncover how residential staff members view and describe their role. This project has provided an interesting and thought-provoking discussion of some of the issues faced by staff members in defining this role. Future research should explore these complexities further to provide a deeper, more rounded understanding of the role that residential workers play in looking after young people in care. It would also be beneficial to examine how young people living in residential settings understand the roles and responsibilities of the workers that care for them. Such issues are key to developing residential care for children and young people which is responsive to the needs and complexities of young people, as well as the workers that care for them. Doing so would benefit future developments in residential care and legislation.

Biography

I am a PhD student at the University of Stirling, supervised by Dr Ruth Emond and Professor Brigid Daniel. I completed the MSc in Applied Social Research at the University of Stirling in September 2014, where I also completed my undergraduate degree. My general research interests include looked after children and young people, with a more specific focus on residential child care. My proposed PhD title is '*An Ethnographic Exploration of the Care Relationships between Residential Child Care Workers and Children and Young People in Residential Child Care Unit*' which I hope to publish in late 2017. I can be contacted by email at: nadine.fowler@stir.ac.uk or by post at: 3S29, Colin Bell Building, University of Stirling, Stirling, FK9 4LA.

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