Touching Matters: An Ethnographic Study of Adult-Child Relationships and the Use of
Touch in Residential Child Care

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This thesis is dedicated to the original Albany Five:

may you always find opportunities for an 'extrav'.

Abstract

This thesis explores adult-child relationships and the use of touch in residential child care. The discourses surrounding touch in residential child care are distinctly polarised: touch is identified as being both fundamental to child development and also feared as a result of increasing risk aversion resulting from the legacy of abuse scandals in the sector (Cooke, 2003; Steckley, 2012). There is currently a dearth of empirical research regarding how touch is used in residential child care, particularly with regards to observations of touch in practice. This research therefore contributes to filling this gap in research by utilising ethnographic methods of participant observation, semi-structured and ethnographic interviews to explore how staff members and children conceptualise, use and/or avoid physical touch in day-to-day practice. This research is examined through a lifespace framework and draws upon theories of intimacy in order to link the findings to wider sociological theories of relationships (Smith, 2005; Jamieson, 1998, 2011). By carrying out sustained observations of practice, this research examines how touch, as a facet of adult-child relationships in residential child care, is negotiated within the lifespace. It shows how intimacy is both cultivated and inhibited, thus contributing theoretically to wider sociological debates concerning adult-child relationships and touching practices, particularly in relation to professional relationships and intimacy (Morgan, 2009; Ferguson, 2011a). The fieldwork for this project took place over 6 months at Sunnydale House, a local authority children's home in England. The findings suggest that touch is used much more regularly than has been previously suggested in literature (Ward, 1999; Cooke, 2003), that the majority of touch is instigated by children not workers and that recent organisational culture shifts have shaped the way that workers conceptualise touch. The findings also illustrate the complex range of factors which influence how touch is inhibited, including: risk aversion, emotional burn out, bureaucracy and the construction of children in care as 'moral dirt' (Ferguson, 2007). The thesis concludes by producing a typology of touching practices which synthesises the range of meanings behind the uses - and avoidance - of touch in residential child care practice. This typology is also used to re-conceptualise intimacy in professional relationships in a way that accounts for the messy ambiguity of adult-child relationships in the lifespace.

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Disclaimer

Whilst all the material used in this thesis
derives from actual observed events,
interviews and conversations, all names
and some identifiable features have
been changed to protect the anonymity
of the children and adults who took part.

(Personal Reflection)

Some time ago, as a relatively young and inexperienced relief residential child care worker, I hugged a child at work. It was dark, around 11pm, outside the home and the child had been drinking alcohol. No-one else was around, it was just me and them. When we were back inside I told my colleague what I'd done, they replied: "Lisa, you have got to be so careful. Never hug a child, especially not on your own and definitely not alone in the dark. You have got to watch your back".

To be continued

*"It's not meant to be used I don't think. But, I always think, how are you
meant to, say if someone's upset, how are you meant to connect with that?
Like, in one breath they tell the staff: 'you're not allowed to touch a young
person, but you've got to empathise with them and know where they're
coming from and listen to them'. But, how can you put them two together,
without using touch?"*

(Lily, 16)

1.1 Aims and Objectives: Why Touch?

Ethnographic accounts often unceremoniously begin 'embodied in ethnographer's
ideas and hunches' (Hammersley and Atkinson, 2007:158). The preface was one of
many incidents which contributed to my own ideas and hunches regarding adult-child
relationships - and the use of touch within such relationships - during my experiences
as a residential care worker. It presents an anecdote from my practice experience,
featuring touch between myself and a child in residential child care, and relays the
crude guidance I received during my first years as a residential child care worker in
which I was advised against touch, especially in situations which constitute greater
'risk'. By omitting key details, it surreptitiously indicates how vital context is when
understanding and interpreting uses of touch in residential child care practice. The
topic of touch continued to resurface throughout my experiences as a social worker -
alongside various professional encounters with children - and through engagement
with academic literature I became increasingly fascinated by the multifarious meanings
behind, and interpretations of, physical contact. This PhD was not however, solely the
culmination of a professional and scholarly interest, but one also rooted deeply in my
own life history. This thesis confronts the complexities of touch and intimacy within
adult-child relationships in residential child care practice, examines what touch means
for children and adults who work and live in these spaces, and analyses how these
meanings are shaped by wider cultures of care.

Research pertaining to touch from a range of disciplines presents an enigma, fraught with paradoxical and morally-laden undercurrents, in which both the use and avoidance of touch are simultaneously conceptualised as abusive (Johnson, 2000; Field, 2003). Little is currently known about the detailed dynamics of touch in residential child care practice. There is a small contribution in the form of abstract theorising (Cooke, 2003, 1993; Ward, 1999; Smith, 2009; Steckley and Smith, 2011); valuable data from a related projects exploring restraint (Steckley and Kendrick, 2008a, 2008b; Steckley, 2012); and notably, virtually no empirical observational evidence, with the exception of four lines of text in a government-funded research study (Berridge *et al*, 2011a), reflections from an ethnography of residential child care exploring gender and sexuality (Green and Day, 2013) and some important observations regarding children's touching practices with each other (Emond, 2000). Despite the apparent significance of touch, literature and research surrounding the topic is at best ambiguous and at worst contradictory, thus enabling 'practice myths' - epitomised by elusive 'no touch policies' - to become reified through word-of-mouth, despite no evidence confirming whether they ever legitimately existed (Furedi and Bristow, 2008; Smith, 2009). This thesis will contribute to filling this gap in research knowledge by using ethnographic methods of participant observation, ethnographic and semi-structured interviews to explore the intricacies of adult-child relationships and the use of touch in residential child care.

This thesis is a sociologically informed exploration of adult-child relationships in residential child care, in which touch, and its evasion, is the primary focus. The overarching theoretical framework for this research project will be that of the lifespace (Smith, 2005). Lifespace is a 'way of thinking' about children's homes as the shared spaces in which adults work and children live (Smith, 2005:82). It is historically rooted in psychodynamic theory, but ultimately stems from the recognition that it is not the hour in therapy that is most significant for children's growth, but 'the other 23 hours' spent with the adults who interact with them, residential child care workers (Trieschman *et al*, 1969). This thesis is not, however, based in psychodynamic theory, and beyond the psychodynamic roots of lifespace, that which occurs within the lifespace will be interpreted sociologically. To ensure that no ambiguity ensues, lifespace will be used as the overarching theory because it frames the relationships between residential child care workers - as those who care for children on a minute-by-minute, hour-by-hour and day-by-day basis - as significant. It also frames the physical and emotional spaces in which interactions take place and the group dynamics as

significant. By framing residential child care as the lifespace in this thesis, I am asserting that these spaces and relationships are significant and warrant attention. What is lacking in lifespace theory, however, is detailed attention to how relationships are shaped by socio-cultural factors such as class, gender and power. As such, by drawing upon a sociological conceptualisation of intimacy as 'personal relationships that are subjectively experienced and may also be socially recognised as close' (Jamieson, 2011:1.1), this thesis will consider adult-child relationships in the lifespace through a sociological lens. By doing this, through empirical analysis the thesis will contribute to understandings of adult-child relationships, touch, practices of intimacy, distancing practices and the lifespace.

This research is concerned with developing an empirically rich, theoretically informed, contribution to knowledge regarding how relationships are navigated in the daily lives of adults and children sharing the lifespace of a residential children's home. It is concerned with the spectrum of relationships, the everyday interactions, how they look, how they are experienced and how they are negotiated (by adults and children), alongside establishing how they are influenced and shaped by factors within and beyond the home (Gabb, 2010). It can be used to inform policy guidance regarding intimacy and touch within adult-child relationships in residential child care, yet beyond this the findings are also relevant to a broad range of professional relationships with children, including: social work, education, physical and mental health. It can be used by professionals to develop understandings regarding the significance of touch and intimate relationships with children and young people, and identifies some of the complexities and inhibiters of intimacy and touch in practice. Ultimately, it is hoped that this thesis offers a distinct insight into an underdeveloped area of research knowledge that can contribute to deepening understandings which can in turn improve children's experiences of professional relationships.

The overall aim of this research project is to explore the detailed dynamics of touch and its absence in adult-child relationships in residential child care. In order to actualise this aim, there are three specific research objectives:

1. To explore touch from the perspective of residential child care workers. Including how they conceptualise touch and adult-child relationships, how they actually interact with children in their care and any incongruence between the two.

2. To explore touch from the perspective of children living in residential child care. Including how they conceptualise touch and adult-child relationships, how they actually interact with the adults who care for them and any incongruence between the two.

3. To develop original insights into the theoretical links between lifespace, theories of intimacy and professional adult-child relationships (Jamieson, 1998, 2011; Smith, 2005; Ferguson, 2011a).

The research questions for this study are:

1. How do staff members make sense of touch within the context of adult-child relationships? What do staff members say about touch?

2. How do staff members touch or avoid touch? Is there incongruence between observed uses of touch and how staff members discuss touch?

3. How do children make sense of touch within the context of adult-child relationships? What do children say about touch?

4. How do children touch or avoid touch? Is there incongruence between observed uses of touch and how children discuss touch?

1.2 Research Field: Sunnydale House

This project is rooted in the interpretivist philosophical standpoint and seeks verstehen (understanding) regarding adult-child relationships and the use of touch in practice (Carey, 2009). It utilises ethnographic methods of participant observation alongside ethnographic and semi-structured interviews in order to answer the research questions (Hammersley and Atkinson, 2007). This research was given ethical clearance by my institution in June, 2014, and fieldwork took place over a period of 6 months - between July 2014 to January 2015 - at a children's home in England, which I have renamed 'Sunnydale House'. Sunnydale is a long-term, mixed-sex residential children's home, approved to accommodate up to five children between the ages of 13-18. All of the children living at Sunnydale had experienced previous placements and were identified as having 'challenging behaviour'. There were 25 participants: 19 residential child care

workers and 6 children. Each participant has been given a pseudonym and all identifying features have been redacted or altered, as far as is justifiably possible. I spread my time in the home over mornings, afternoons and evenings, and observed a range of scenarios, from the mundanity of day-to-day life, to more notable occasions, such as birthdays, Christmas and school holidays. The primary focus was to contribute the current gap in research knowledge by providing sustained observations of adult-child relationships and touch in practice, incorporating ethnographic interviews with adults and children as the informal conversations that occur between research and participant while events are in progress (Heyl, 2000). I also carried out 20 semi-structured interviews in total: 15 with residential child care workers and 5 with children, these were audio-recorded and transcribed verbatim. Sunnydale house provides a solid base from which to explore this topic and is largely reflective of homes across England and the children typically living in residential child care (DfE, 2015).

1.3 Thesis Outline

Chapter two is concerned with providing a contextual base for this study by detailing the history of residential child care, identifying socio-political factors which have shaped and informed the sector and adult-child relationships within it (Kendrick and Smith, 2002; Smith, 2009). It concludes by outlining the theoretical framework for this research project, including: lifespace theory (Smith, 2005) and theories of intimacy (Giddens, 1991; Jamieson, 1998, 2011; Ferguson, 2011a). It is during this section that two key concepts are introduced: *practices of intimacy* and what I will refer to as *distancing practices*, as the ways in which intimacy is either cultivated or inhibited within relationships. **Chapter three** critically reviews research and literature regarding touch from a range of disciplines, including: psychology, neuroscience, sociology, psychoanalysis, psychotherapy, education and social work. It critiques the moral debates which permeate much of this literature and argues that touch must be understood within the context in which it occurs (Montagu, 1986). It reviews research and literature regarding touch and residential child care explicitly, demonstrating the almost total omission of observational research evidence observing how and why touch is used, or avoided, in children's homes. The chapter concludes by delineating the research questions for this project.

Chapter four is concerned with research design and methods, and explores the philosophical and methodological underpinnings for this research. It addresses the practicalities of the research design including: methods, data recording and analysis. It concludes by exploring the ethical considerations in relation to: procedural ethics, on-going ethical commitment and research with children (Humphreys & Martin, 2000).

Chapter five introduces Sunnydale House, the participants and my 'self' in relation to this research (Coffey, 1999). Residential workers and children as the research participants are introduced and located within the broader context of residential child care (DfE, 2015). Following this, the chapter is concerned with reflexivity, and examines my interactions with participants and the complexities involved with navigating research relationships which require both 'getting in' and also 'getting on' with participants (Cassell, 1978). The chapter concludes by positioning my 'self' firmly within the research process, considering methodological, relational and analytical reflexivity (Haney, 2002).

Chapter six addresses what residential child care workers say about adult-child relationships and the use of touch in practice. This chapter draws upon semi-structured interviews with staff members, who argue that a distinct 'change' has occurred at Sunnydale House in which 'old-school' practice - defined by rules, control and discipline - has been replaced with a new respectful, understanding and intimate culture of care (Giddens, 1992; Ferguson, 2011a). At 'post-change' Sunnydale the staff frame touch as 'natural', defending touch within emotive and morally-laden parenting discourses (Field, 2003) in order to undermine the bureaucratic and risk-averse management cultures which they argue inhibits close adult-child relationships and the use of touch in practice (Furedi and Bristow, 2008). Narratives pertaining to avoiding touch however, swiftly highlight how intersections of gender (Connell, 2002), class (Ferguson, 2007) and childhood (Warner, 1994) informs staff understandings regarding intimacy and touch in adult-child relationships (Jamieson, 1998). **Chapter seven** further critically examines the 'post-change' narrative by drawing upon observations of touch in practice. It suggests that there is some evidence to support a changing culture of care - particularly in relation to who is 'on shift', observations of the significance of 'hanging out' (Garfat and Fulcher, 2013), and nurturing practice - wherein respectful, responsive and close adult-child relationships were observed and touch featured as a facet of those relationships. In contrast to interview narratives - which frame bureaucratic, risk averse, management cultures as inhibiting intimacy - observations of practice demonstrate that

some staff regularly use the office to hide from children and inhibit intimacy in relationships, thus embracing the bureaucratic discourses they reject in interviews to justify this. I therefore argue that the 'change' narrative is an 'institutional narrative' (Linde, 2001), produced and reproduced by the staff team as opposed to reflecting day-to-day life at Sunnydale. Distancing practices, informed by the intersections of gender (Kimmel, 1994), class (Ferguson, 2007) and childhood (Thorpe, 1993), are described and explored drawing upon anthropological literature concerning pollution (Douglas, 1960), and sociological literature concerning othering, disgust (Ferguson, 2011a) and childhood (Warner, 1999).

Chapter eight explores children's views on residential child care and adult-child relationships and draws upon semi-structured interviews with children. Within this chapter children's expressed preference for residential child care is explored, and I argue that the distance enabled by residential child care actually serves to cultivate and maintain adult-child relationships. Children describe valued qualities in workers, including: empathy, authentic communication, workers who share details about their own lives and humour - all of which require the redressing of power relations (O'Malley-Halley, 2007). Ultimately, this chapter provides a contextual base from which to explore the unanimous message given by children, that in relation to touch: it 'depends who it is'. **Chapter nine** begins by exploring what children at Sunnydale said about touch. The children's narratives challenge some of the staff member's assumptions regarding who does and does not want to be touched, ultimately explanations were framed in relation to wider conceptions of relationships, choice and the redressing of power relations (O'Malley-Halley, 2007). Links between touch and family were made by children as they critiqued 'no-touch' narratives for undermining what they are 'told' about Sunnydale being 'home' (Kendrick, 2013). The chapter then addresses how children navigated touch at Sunnydale, including attention to the incongruence between their narratives and my observations. This was particularly significant for children, a few of whom expressed hostility towards touch in narratives, yet were regularly observed instigating touch with workers (Gans, 1999). Ultimately, children's experiences of touch were framed by the adult-child relationship within which the touch occurred (O'Malley-Halley, 2007).

Chapter ten addresses the final research question and identifies what this thesis contributes with regards to theories of intimacy, adult-child relationships and the

lifespace. It produces a typology of touching practices, identifying 15 forms of touch, and touch avoidance, at Sunnydale House. It is categorised into four groups: Touch Avoidance; Everyday Touch; Purposeful Touch and Touch as an Abuse of Power. This chapter concludes by outlining what this thesis offers in relation to deepening understandings of adult-child relationships, intimacy and touch in the lifespace (Jamieson, 2011). The thesis concludes by summarising the empirical and theoretical contributions to knowledge made by this thesis, considers practice implications and then discusses limitations and areas for future research.

2. Residential Child Care in History and Theory: Introducing the Lifespace

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'If residential child care is to achieve any meaningful status or professional
identity, there needs to be a number of shifts in the ways in which it is
conceptualised'
(Smith, 2003:250)

For too long residential child care has lacked both a confident, coherent narrative and authentic professional recognition (Smith, 2003). Social care's 'Cinderella' service (Milligan and Stevens, 2006:32) is underpinned by a 'last resort' narrative, which positions children's homes as the worst placement option for children, to be utilised only when all other options have been tried and have failed (Smith, 2009; Berridge *et al*, 2011a). Often negatively associated with abuse scandals (Corby *et al*, 2001), institutionalisation (Green, 1998) and more recently, poor outcomes (DfE, 2015), the sector has largely been in the spotlight for the purpose of critique. This research does not intend to portray residential child care in an ingenuously optimistic light, and accepts the many legitimate concerns about some aspects of residential child care. However, it also takes objection to the positioning of children's homes as the worst placement option, as this position fails to take into account the wealth of complexities facing the sector, the lives of those who live there and that for some children it can be the best placement option (Anglin and Knorth, 2004). Most pertinently, this position ignores the voices of children throughout the previous century who have sporadically argued that residential child care is their preferred placement choice (Page and Clark, 1977; Sinclair and Gibbs, 1998). For Kendrick (2008), the historic lack of attention to the voices of children who experience residential child care is deeply problematic, in addition the views which have been sought are often skewed in favour of those who have experienced abusive practices which, whilst important, limit the ability to acquire a balanced view of the sector:

> 'In many of the debates about residential child care, the voices of
> children and young people have not figured prominently. Or rather in
> contrast to those who have detailed experiences of abuse and poor
> practice, the voices of children and young people who have reflected

> positively on their experiences of residential child care have not been heard'
>
> (Kendrick, 2008:7)

My research will instead position the voices of children, and those who care for them, centre-stage.

This chapter pays little direct attention to touch. This is because the context and relationships within which touch occurs are central to its comprehension (Montague, 1986), therefore exploring touch prior to exploring adult-child relationships in residential child care would be deficient. Touch will be explored in depth in chapter three. This chapter will pave the way for the examination of touch by detailing the historic developments of residential child care from the early origins to contemporary practice; by profiling the current population of contemporary children's homes (DfE, 2015); and then by proffering the theoretical framework from which this research will be examined (Smith, 2005; Jamieson, 2011; Morgan, 2009). This will be through the lifespace theory, as a 'way of thinking' about the shared space in which adults and children work and live (Smith, 2005). The chapter will illustrate why adult-child relationships should not be dichotomously explained as either 'positive' or 'negative', but instead they must be rooted in a position which acknowledges the ambiguities of 'intimacy and boundaries' which underpin adult-child relationships in the lifespace (Steckley and Smith, 2011:188). It will conclude by considering theories of intimacy, understood as mutual closeness (Giddens, 1992; Jamieson, 1998, 2011); practices of intimacy, as the practices used to cultivate closeness in relationships and what I will call distancing practices, which I will define as the processes used to inhibit intimacy. The chapter asserts that in order to understand the totality of factors which impact upon adult-child relationships in residential child care it is imperative to root such explanations in sustained empirical observations (Ferguson, 2016).

2.1 A Brief History of Residential Child care

2.1.1 Early Origins - Post-War

Residential child care has been a feature of the social welfare system since workhouses were introduced by Elizabethan Poor Laws (1601), although evidence of religious

organisations running group homes caring for orphan children date back to the reformation era (1517) (Smith, 2009). Whilst workhouses were 'deliberately austere and unwelcoming places' (Smith, 2009:21), this is not to suggest that all early experiences of residential child care were wholly negative, and it has been argued that 'much would have depended on the characters of those caring' (Smith, 2009:25). This response is echoed by adults with experience of residential child care in the early 1900's, many of whom identified one adult who had demonstrated 'kindness' and were viewed by the adults as a 'life raft' in their early childhoods (Oliver, 2003). Even within the earliest provisions therefore, there is some evidence of humane and relational care occurring within institutions typically conceptualised as foreboding and hostile spaces. During this time 'most residential child care existed untouched by theory, reflecting prevailing beliefs surrounding how to bring up children and in particular poor children' (Smith, 2009:25). The stigma and marginalisation of institutional care, poverty and illegitimacy was far-reaching, and has been explored extensively (McClure, 1981; Jones & Novak, 1999; Oliver, 2003; Petrie, 2003; Ferguson, 2007). The perceived moral worth of children living in residential child care has been dubious at best, and institutions served not only to protect children from society, but 'also protected society from the illegitimate child, and his or her potentially contaminating affects' (Oliver, 2003:45). Whilst much has changed since the earliest provisions, two key points are important to take forward and have remained unchanged throughout time. There is some evidence, amongst the broader apprehensive narrative, that relationships between adults and children in residential child care play an important role in informing experiences (Oliver, 2003; Smith, 2009). Secondly, children living in residential child care experience stigma and marginalisation associated with moral judgements regarding their birth families, poverty and their placement in children's homes (Green, 1998; Ferguson, 2007; Blades *et al*, 2011).

Academics rooted in both child and family social work, and residential child care, widely acknowledge that the Second World War, and emerging knowledge regarding parent-child separation primarily caused by evacuation, forced policy makers to rethink how children were being cared for (Milligan and Stevens, 2006; Smith, 2009). The Curtis Report (1946), produced shortly following the war, identified inadequacies regarding institutions which provided basic care, but ignored children's individual needs and talents, and lacked opportunities for of 'normal family life' (Milligan and Stevens, 2006:15). It also introduced the key principle that children who cannot remain with

their birth families should be placed in 'family-like' placements, inferring adoption or foster care. However, the report also marked the first formal recognition that residential child care could offer valuable stability to children who could not manage family-based placements, and documented the problems associated with multiple placement moves:

> 'Children undergoing several changes of foster parents are often worse
> off than if they had never been boarded out at all'

> (Curtis, 1946 para. 461, quoted in Kahan, 1994:24)

This debate was as pertinent then as it remains today. Situated in amongst the collection of concerns associated with residential child care throughout history: 'one simple fact underpins the continued existence and necessity of residential child care; the demand for places' (Milligan and Stevens, 2006:23). As such, despite attempts to place more children in foster care, it has been consistently demonstrated through experience and research that for some children residential child care is both required, and is the best option (Kendrick, 2008; 2012).

2.1.2 Deinstitutionalisation

During the 1950's the first substantial theoretical developments rooted within residential child care emerged. Bettleheim (1950), Redl and Wineman (1951; 1957) and Treischman *et al* (1969), all rooted in psychoanalytic theory, contributed to developing theories challenging the separation of treatment (by social workers, psychologists, teachers and other professionals) and care (by residential workers). The significance of the adult-child relationship was acknowledged as crucial in working with traumatised children. Such a base is argued to have been somewhat lost in the UK due to prevailing beliefs about the subordinated value of residential child care, although a shifting terminology from approved schools to 'community homes with education' and towards 'therapeutic communities' reflects some theoretical incorporation (Kahan, 1994; Sharpe, 2006). That being noted, such theoretical developments have recently re-emerged in relation to residential child care, and directly informed the 'lifespace' theory (Smith, 2005). This will be explored in depth later in this chapter as it is proffered as the theoretical framework which informed this research.

Simultaneously, during the emergence of the theoretical developments noted above, total institutions – those in which every aspect of life (e.g. eating, sleeping, washing, socialising) was undertaken in the confines of the institution, prisons, hospitals and mental health asylums for example - began to be heavily criticised (Goffman, 1961; Polsky, 1962; Wolfensberger, 1972). The deinstitutionalisation movement perhaps had no core, singular contention, but focused on issues such as the exacerbation of the conditions that they claimed to ameliorate, and surrounding the stripping of autonomy and agency to their populations, where more humane approaches were viable. Concerns surrounding institutionalisation have permeated research, literature and policy surrounding residential child care throughout the century. This is perhaps most starkly evidenced by the Stockholm Declaration which firmly called for the eradication of residential child care in favour of 'family-based' placements, declaring:

> 'There is indisputable evidence that institutional care has negative consequences for both individual children and for society at large'

> (Stockholm Declaration, 2003)

This jump through time demonstrates how far-reaching the critiques of institutions have been. However, this position has also been critiqued by those who contend that such a statement does not account for the range of residential placements and neglects to account for the children for whom a residential placement is not simply the only, but also the best placement option (Anglin and Knorth 2004). The influence of the theoretical developments which emerged in the 50's and 60's have, therefore, maintained their significance in the field of residential child care, thus marking an important transition away from the early origins 'untouched by theory' (Smith, 2009:25) and towards a more contemplative, and somewhat rigorous, approach to the field.

2.1.3 Professionalisation, Decline and Scandal

The introduction of the Seebolm (1968) report, and the resulting Children and Young Persons Act (1969), actively located residential child care within the wider social work system. This was a significant shift and marks what has been referred to as the 'professionalisation' of residential child care (Smith, 2009). The result of this move

towards 'professionalism' is argued to have imposed 'increasing spatial and emotional distance between carers and those cared for and arguably the depersonalisation of the care task' (Smith, 2009:29). Homes accommodated smaller numbers of children, placement lengths were shortened, live-in 'house parent' roles were removed and demands for 'professional level training' emerged (Milligan and Stevens, 2006). It is also argued that academic writing from a residential child care perspective in the UK also 'gradually dissipated' during this time (Smith, 2009:29). This shift had implications for the manner in which relationships were perceived and potentially formed between staff members and children, and signals the move towards contemporary practice bound by policy and procedures that is widely recognised as limiting scope for relational practice (Douglas and Payne, 1981; Kahan, 1994; Bubeck, 1995; Kendrick and Smith, 2002).

The 1980s saw a significant decline in the use of children's homes. In England from 1981-2001 the sector decreased from 25,000 homes, to just under 2,000 (Kendrick, 2012:2). Warwickshire County Council was the first local authority to close all their council run homes in 1986, a decision that was publicised as commitment to providing foster care, but was arguably provoked by financial concerns (Berridge and Cliffe, 1991). The move was successful in eradicating all their council-run children's homes, but not without challenges and the authority still needed children's home placements thus marking the beginning of outsourcing to the private market widely utilised today (Milligan and Stevens, 2006). This move is argued to have presented significant challenges for some children who subsequently experienced greater placement instability, placements further distances from home and reduced ability to form stable relationships with adults in placements that may be more suited to their needs (Berridge and Brodie, 1998). Notably - in parallel to the decline of the sector - one of the first attempts to ascertain the voices of children in research was demonstrated by the 'Who Cares?' conference (1975), which generated interesting counter-opinion to the growing preference for foster care, by children with experience of the care system:

> 'When our group first met they were unanimous in describing foster
> care as a 'bad science'. They said this was the general opinion of
> children living in residential homes, many of whom like themselves had
> experienced fostering and its breakdown on a number of occasions'
>
> (Page and Clark, 1977:44)

Scepticism and challenges of the increasing reduction of the sector was further demonstrated by lobbies against the closure of homes by young residents in the 1980's (Milligan and Stevens, 2006). This demonstrates an interesting juxtaposition between the national push for foster care, and the concurrent disregarding of the voices of children who actually experienced it. Similar messages have been echoed by children in other research projects (Sinclair and Gibbs, 1998), and indeed were also repeated in my research. The perspectives of the children living at Sunnydale House regarding this particular debate will be explored in chapter eight.

The end of the 1980s was most notably marked by the public emergence of multiple scandals pertaining to abusive regimes in residential child care. Two of the most well-known in England are Frank Beck in Leicester, and his abusive interpretation and use of 'regression' therapy, which masked sexual and physical abuse of children living in his children's homes (Milligan and Stevens, 2006) and the 'Pindown Regime' in Staffordshire, which also claimed some form of 'psychological justification', yet actually masked an extreme, psychically abusive approach to behaviour management (Levy and Kahan, 1991). Scandals were not isolated to England and emerged across the UK in Wales (Waterhouse, 2000); Scotland (Shaw, 2007), Northern Ireland (Hughes, 1986) and globally. Green (2001) provides valuable insight into why such regimes are able to take hold in environments with a particular focus on how both non-abusive staff, and child victims of abuse, are subject to similar silencing practices by abusers in positions of power. Drawing upon Goffman's theory of 'total institutions', Green illustrates how non-abusive staff become complicit in abusive regimes and are subsequently hindered in their ability to whistle-blow as they themselves become entrenched in the abuses of power in total institutions, wherein ineffective whistleblowing systems leave powerless children and staff victimised and bullied into silence. Such contributions are invaluable in a context where official reports can focus on individual offenders and settings, and take less account of the broader context which necessitate rigorous theoretical explanations.

The scandals shared key characteristics, including: location in residential child care; operation by 'confident' unit managers; and going 'unchallenged for several years because external managers seemed unaware or uninterested in challenging someone who was looking after a number of difficult young people' (Milligan and Stevens, 2006:19). This insight offers an alternative narrative indicating the lack of worth placed

not only on the children's home sector, but also on the lives of children placed there. For Ferguson (2007) historically in Ireland religious ideas regarding illegitimacy, social class and moral judgement regarding those from lower working class families permeated provision wherein children were conceptualised as 'moral dirt' thus increasing their susceptibility to abuse as a result of their perceived moral contamination. Such perceptions are still evident in contemporary media and demonstrate how powerful adult abusers are able to shame young victims into silence by questioning their moral worth. Margaret Jones - former head teacher of Dunkirk Reformatory School, a school targeted by Jimmy Saville - clearly indicates how the girls were conceptualised as being morally inferior and therefore assumed to be lying:

> "They had an opportunity to tell anybody. But it suited them – some of them, not all of them – to wait 30 years. They're all looking for money...they come out of the woodwork for money. I do object to my school being targeted...wild allegations by well-known delinquents"

> (Guardian Online, 2012)

The quotation illustrates that how children are conceptualised can inform how likely some adults are to take reports of abuse seriously. Alternative narratives suggesting that a number of the allegations were false and instigated for financial benefit have been suggested (Webster, 1998), although must be treated with caution given the recognition that multiple abusive regimes have been ignored as a result of such concerns.

2.1.4 Regulated Spaces

As a result of the scandals, the 90's began with substantial reviews of residential child care in England (Utting, 1991), and Scotland (Skinner, 1992). Residential children's homes became increasingly regulated spaces, sensitive to public scrutiny, and a number of procedures were set in place in order to prevent the reoccurrence of such events. Such procedures included: child-focused complaints policies, children's rights officers, detailed guidance regarding recruitment, selection and training of residential workers, protection for whistle-blowers and increased inspection regimes (Kendrick and Smith, 2002). Whilst such procedures are recognised as important with respect to increasing

inspection, and arguably greater protection for children, such explicit protective measures often have implicit repercussions that can provoke harm in other areas, notably in neglecting the importance of relational practice. The impact of procedures on relational practices is two-fold. First, the increase of paperwork has restricted the amount of time practitioners have to spend time working with children:

> 'Children in care will not be best served if the marginalisation, trauma and lack of proper parenting they have experienced are met in the residential setting by social care workers who are strangled by bureaucracy and paperwork and who feel the need to 'cover your back' at all costs. Doing what appears to be very important 'other things' can robotically take precedence, starving the child of what he/she really needs – someone who is there for him/her when needed'

> (Howard, 2012:42)

In this respect, practitioners are now required to carry out multiple paper-based activities, which are heavily regulated by inspectors, one consequence is the added significance of the 'office', and the impact of this at Sunnydale House will be outlined in chapter five.

The second implication of the increasing regulations is that relational practice - and the use of touch itself - became inherently suspicious, subject to scrutiny and residential child care workers themselves became increasingly fearful and reluctant to engage in any activity which would provoke allegation (Smith, 2009). The difference between previous decades, and the post-scandal 1990's, is that residential child care workers themselves began to be framed as a danger to children they cared for:

> 'One of the issues about the raft of procedures outlined above is the extent to which it can create a defensiveness in agencies. There is a danger that, in interpreting 'safe-caring', there is a presumption that close adult-child relationships are intrinsically suspect and should be discouraged'

> (Kendrick and Smith, 2002:50)

McWilliam and Jones (2005) argue that staff's safety became the primary consideration during this time, by avoiding being alone with children. Whilst the discourse is clear,

and frames residential child care as an entirely regulated space in which adult-child relationships are riddled with fear and suspicion, abusive practices still occur in residential child care which questions the extent to which residential child care can ever be wholly regulated (Biehal *et al*, 2014). The fear of 'allegations' and the extent to which staff at Sunnydale House were influenced by such arguments and engaged in what I am calling 'distancing practices' will be explored in depth throughout chapters six and seven, as will how they overcame these pressures and practiced in intimate ways, including using touch. The net effect is that previously existing as relatively large, unregulated spaces, residential children's homes are now much smaller, far fewer, heavily regulated spaces (Smith, 2009). The changes have been substantial, but despite this, residential child care remains an important feature of the wider looked after system in the UK with many valuable attributes (Narey, 2016).

2.2 Contemporary Residential Child Care

2.2.1 Profiling the Population

The wider profile of children currently living in residential children's homes has remained relatively stable for over a decade (Kendrick, 2012; DfE, 2015), and will now be outlined in more detail in order to understand the profile of the children living at Sunnydale House. Government statistics regarding children living in residential children's homes have recently amalgamated Ofsted data and Local Authority data into one report (DfE, 2015), despite the evident limitations of crude statistical information (Bryman, 2004), the data demonstrates broad information regarding the profile of children accommodated in children's homes. There are currently 5,220 children living in residential children's homes in England and Wales, this represents just under 9% of the looked after children population as a whole. 95% of these children are between 13-18 years old, 64% are male and 36% are female. Multiple placement moves for this group are not uncommon: 17% had between 4-5 moves prior to their current placements and 31% had over 6. Placement durations are also typically short: 89% live in children's homes for under a year, 10% between 1-2 years and only 1% spent 5+ years in the same home. Homes are also used to provide short-breaks for disabled children (DfE, 2015). The data set includes no reference to the reasons for entering care, although previous data sets have suggested that: 81% of children are accommodated due to 'abuse, neglect, family dysfunction, absent parenting or parental

illness', 13% due to disability and 6% due to 'socially unacceptable behaviour' (DOH, 2012:5-13). Finally, residential children's homes are 'almost exclusively' used by children from families living in poverty, as 'families with more resources would be able to seek other solutions' (Berridge *et al*, 2011a:4).

The primary use of children's homes is for children for whom foster care has failed and is unable to meet the individual needs of such children (Berridge *et al*, 2011a). Consequently, it is widely agreed that contemporary residential children's homes cater primarily for teenagers, with severe behavioural and emotional needs (Berridge *et al*, 2011a; DfE, 2015). A recent study indicates that of the children living in residential child care: 38% have statements of special educational needs, 62% have 'clinically significant' mental health needs, and 74% were reported to have been violent or aggressive in the past 6 months (Berridge *et al*, 2011a:7-11). Children's homes therefore consistently care for more challenging children than other services respectively (Berridge *et al*, 2008). This presents arguably one of the key challenges in contemporary practice, the process of placement 'matching':

> 'Placing a child who has extreme emotional difficulties and/or behavioural problems with a group of children with similar problems is the essence of residential care. This mix of children, with so many staff, is the root cause of the failings of residential care…within the current paradigm, the failings will continue because they are a response to the nature of residential care, rather than the needs of the individual children'
>
> (Heron & Chakrabarti, 2003:94)

The substantial reduction of the sector means that the children living in residential child care are more likely to display extremely high levels of need, and indeed at times, risky behaviours. Residential children's homes have been referred to as 'universities of crime' (Shaw, 2014), and concerns surrounding the influence of children on each other in children's homes have been raised (Sinclair and Gibbs, 1998; Shaw, 2014). Recent research by the Howard Penal Reform League (2016) has indicated that children in children's homes are just under 20 times more likely to be criminalised than those in foster care, attributing this – in part – to staff members calling the police for minor incidents which should instead be managed within the home. Equally, there is also

research evidence which challenges dominant narratives surrounding peer group relationships in children's homes (Emond, 2013), suggesting that the issue of criminalisation is more complex in residential child care than is displayed in 'outcome' data and demands theoretical examination if the issue is to be addressed responsibly.

Across England and Wales in March 2014, there were 1,760 children's homes, accommodating 5,220 children. Of these, 79% are run by the private or voluntary sector, and 21% by local authorities. A third of local authorities no longer provide their own children's homes, and between March 2013 and March 2014 16 local authority homes closed - a reduction of 1.1% in national provision (DfE, 2015). Whilst this number appears relatively small, this is reflective of an on-going underlying trend, and between 2010 and 2012 there was a 7% increase in outsourcing to private homes (LaingBuisson, 2013). Although research has not indicated that either sector provides 'better care' (Sinclair and Gibbs, 1998) - given deep concerns regarding the accountability and integrity of the open market when providing services for vulnerable children (Jones, 2015) and a particularly dubious track record thus far (Guardian Online, 2016; BBC Online, 2016d) - this is a concerning trend that shows no signs of reversing (Ward, 2014). Children living in residential care are more likely to live outside the local authority boundary than those in foster care (65% live 20+ miles from home), with children from London experiencing the greatest distance travelling time, perhaps unsurprisingly given the cost of property in the capital (DfE, 2015). The location of children's homes in areas known for criminal activity, sexual exploitation and drug use has also been critiqued (House of Commons, 2014). This is officially recorded using the Income Deprivation Affecting Children Index (IDACI), which divides the country into quadrants according to: Top 25% (most deprived), Upper 25%, Lower 25% and Bottom 25% (least deprived). Currently 883 (50%) of homes are in non-deprived areas, and 50% are in the top and upper (most deprived) areas (DfE, 2015). Residential children's homes also continue to be an expensive service and on average cost £2,964 in LA homes and £2,907 in private homes per week (DfE, 2015).

Officially recorded 'outcomes' for children in children's homes also continue to be topical (DfE, 2015; Howard Penal Reform League, 2016). Children living in children's homes are more likely to go missing from care, have a criminal record, misuse substances and achieve lower educational achievements compared to the wider child population and also notably worse than the looked after child population (DfE, 2015).

However, it is also important to note that each of these 'outcomes' improves over time (Knorth *et al*, 2008; DfE, 2015, 18-23). It has however been argued that residential child care is often unfairly framed as being the reason for children faring worse than those in foster care, whilst failing to take account of the variety of factors which may be influencing such 'outcomes' (Milligan and Stevens, 2006; Sinclair *et al*, 2004). As such it is critical that the use of 'outcome' data is unpicked and analysed appropriately (Forrester, 2008).

2.2.2 Social Pedagogy: An Attempt to Reframe Residential Child care

One attempt to reframe residential child care towards deeper relationality in England and Wales has been through the adoption of social pedagogy (Berridge *et al*, 2011b; Hart *et al*, 2015). Originating from European (predominantly Scandinavian) countries, social pedagogy:

> 'concentrates on questions of the integration of the individual in society; both in theory and in practice. It aims to alleviate social exclusion. It deals with the processes of human growth that tie people to the systems, institutions and communities that are important to their well-being and life management. The basic idea of social pedagogy is to promote people's social functioning, inclusion, participation, social identity and social competence as members of society…Pedagogical strategies and programmes are based on an educational approach…in terms of personal development, construction of identity and human growth'

> (Hämäläinen, 2003:78)

Social pedagogy has been trialled in 30 English homes over a period of 18 months, and this process was evaluated by a team of researchers (Berridge *et al*, 2011b). The authors concluded that social pedagogy had some valuable attributes to offer UK children's homes. Particularly in relation to working relationally with children, an increased sense of professional identity for workers and children particularly valued the manner in which the social pedagogues (those who had qualified at university) shared something of themselves. For Steckley and Smith (2011:194) some of the models utilised within

social pedagogy offer logical, unpretentious frameworks for workers to adopt, particularly in relation to navigating the complexities of relational work with children, specifically the 'Three P's' (private, personal and professional), which they argue 'is a useful shift away from more dichotomous constructions of a personal/professional divide that can inhibit authenticity and spontaneity within relationships'.

However, criticisms have been made in relation to the wider political climate within which UK homes fit. Firstly, the social pedagogues who worked in English homes had undertaken 3 years' university training in order to provide a depth of understanding that the three-day course provided to UK workers did not afford. Secondly, the authors argued that the wider (punitive) attitudes towards poverty and the working class that is so dominant in the UK (Warner, 2015) meant that many of the broader principles of justice and inclusion were simply not wholly grasped or adopted by the UK workers. Equally, in UK homes only a very small number of children are accommodated for purposes of 'care and upbringing', as opposed to the large number accommodated because their needs are disproportionate to what foster carers can offer alone, make social pedagogy difficult to adopt authentically in the UK (Berridge *et al*, 2011b; Hart *et al*, 2015; Narey, 2016). Other criticisms include suggesting that social pedagogy is a 'fad' that appears constructive on face-value, but is not sufficiently understood by UK policy makers who have been selective in their adoption (Cooper, 2007). Social pedagogy has been adopted by the local authority in which this research took place and all residential workers were required to attend a three-day 'Introduction to Social Pedagogy' course. Their perceptions of the impact of this on their practice will be explored in chapter six. However, whilst social pedagogy may have something to offer children's homes in the UK, it is my position that it is not sufficiently understood, nor satisfactorily culturally appropriate, in UK settings. Thus rather than social pedagogy, the primary theoretical lens informing my research is the concept of the lifespace (Smith, 2005).

2.3 Defining the Key Concepts

2.3.1 Lifespace: The Theoretical Lens

As Smith (2009) points out, lifespace is a less-well established theory than other perspectives that have been utilised within residential child care, including: behaviourist approaches (Skinner,1938), stage models (Piaget, 1971; Erikson, 1995),

psychodynamic theory (Bowlby, 1953) and social learning theory (Bandura, 1977). Simply put, lifespace is 'a way of thinking about how workers and children coexist in sharing everyday living and working spaces' (Smith, 2005:82 – emphasis added). The concept of 'lifespace' began to emerge from the early works of Bettleheim (1950), who challenged the separation of 'treatment' from 'care', and argued that working with traumatised children demands round the clock care, situated in 'psychoanalytically informed environments' (Smith, 2005:1). The concept was further developed by Redl and Wineman (1951; 1957), and then formally initiated by Trieschman, Whittaker and Brendtro (1969) in their seminal work '*The Other 23 Hours'*. This work emphasised the importance of the work that goes on with children beyond 'professional' meetings (with social workers, psychologists, etc.). In this respect, lifespace was born out of recognition that social workers and therapists may have an impact through the classic hourly, once a week clinical encounter, but the 'real work' occurs with those who look after children in the mundane, day-to-day moments of their lives. Conceptualising residential child care within a 'lifespace' framework provides an opportunity for residential care to 'look within itself rather than to other disciplines' to provide therapeutic work with children living specifically in children's homes (Smith, 2009:82). Lifespace is widely utilised in North America, is key to Scottish teaching on residential child care and is beginning to emerge in the English context (Hart *et al*, 2015).

Lifespace literature draws upon the principles of 'using everyday crises to help children learn new ways of thinking, feeling and behaving' (Hart *et al*, 2015:9), reframing what is often understood as children's 'challenging behaviour' as an opportunity to learn:

> 'Working in the 'lifespace' is what workers in residential care do, on a day to day, shift by shift, minute by minute basis. It recognises the potential for communication with troubled young people that is provoked by shared life experiences'
>
> (Smith, 2005:1)

It is in the (often) mundane, everyday shared spaces which adults and children interact that the important work takes place. This is facilitated by adult-child relationships, wherein 'practitioners take as the theatre for their work the actual living situations as shared with and experienced by the child' (Ainsworth, 1981:234). The importance of time, in developing trusting relationships is also noted when considering the difficulties

children living in residential child care often have with forming 'healthy' attachments with adults, something which is often lacking in the aforementioned 'professional' encounters (Smith, 2005; 2009; Broadhurst *et al,* 2010).

There are three important terms associated with lifespace theory: milieu, rhythms and rituals. 'Milieu' has been described as the 'particles in the air' (Euroarc, 2002) in other words it describes the atmosphere within a home, and emphasises the importance of practitioners' attunement to the overall 'feeling' of the home. Whilst this does include attention to the furnishing and architecture of homes, it also includes the relationships that exist within it (Smith, 2005). 'Rhythms' refer to the way in which workers and children comfortably share a space, and includes an element of predictability for both parties. However, such predictability is situated in the context of close relationships, as opposed to institutionalised regulations or 'the kind of routine that might emerge from procedural attempts to impose order' that are typically associated with residential child care and institutional practices (Smith, 2005:2). 'Rituals' concern practices that 'become embedded in the fabric of a unit and which have a significance and special meaning to the workers and children who engage in them' (Smith, 2005:2). Examples include knowing how a child likes their drinks, knowing how a child likes to settle before bed and also physical contact: including 'gentle nudging or 'high fives' on passing one another in the corridor' (Smith, 2005:2). The central importance of group living as a fundamental feature of residential child care is also acknowledged (Maier, 1979; Smith, 2005). Smith *et al* (2013:38-49) have reframed important areas of practice within a lifespace framework, including: care ethics, love and 'right relationships', food, clothing and indeed touch, the latter being considered 'an inevitable feature of lifespace work'. The lifespace calls for both the abstract (care ethics, love and relationships) and the concrete (food, clothing and touch) elements of residential child care practice to be examined and considered directly within the context of residential child care practice.

Lifespace offers a number of key principles not afforded within current residential child care theory: firstly, it values – and is rooted in – recognising children's homes as a space where children can learn and grow (Smith, 2005). Within this, the importance of the role of residential child care workers in providing consistent care is a central concern, alongside the need to value and support such workers effectively (Maier, 1979; Smith, 2005; Ward, 2014). Secondly, it is applicable in UK contexts as it is rooted in the work of those concerned with children with high levels of need (Smith, 2005; Hart *et al,*

2015). Adopting a lifespace approach to residential child care allows for the role of residential child care as part of a broader social care system to be recognised and valued, and values residential child care workers as being central to therapeutic work with children explicitly acknowledging that it is these adults who spend the most time directly with children (Maier, 1979; Smith, 2005). It takes account of the group dynamics of residential child care, acknowledges the nuances of everyday practice which are so important to children in care and positions the role of relationships between adults and children as being at the heart of practice (Ward *et al*, 2003). When envisioning a future for residential child care which embraces all the positive potential residential child care can offer – most importantly, stability (Narey, 2016) – reframing this within a lifespace discourse offers the potential for such placements to be valued and the humanity of relationships to be recognised in practice.

2.3.2 Adult-Child Relationships in the Lifespace

Adult-child relationships are at the 'heart' (Ward, 2007; Smith, 2009), or 'core' (Kendrick, 2012), of residential child care practice, and the significance of relationships should not be underestimated. The quality of relationships between residential child care workers and children have been consistently identified as the most important feature of residential child care work (Treischman *et al*, 1969; Smith, 2005; 2009; Narey, 2016). As Kendrick notes:

> 'If relationships are at the core of residential child care work, they also evidence the extremes of behaviours; relationships highlight the best and worst aspects of residential child care. The abuse of trusted relationships is at the core of the scandals in residential care, while positive relationships are central to effective work with children and young people'
>
> (Kendrick, 2012:291)

Much residential child care theory is imported from social work, and as previously established this is problematic given the different requirements of the two roles, therefore considering adult-child relationships within the specific context of residential child care is necessary (Smith, 2003, 2009; Milligan and Stevens, 2006; Charles and

Garfat, 2009). A review of literature suggests that much of the current research knowledge explores adult-child relationships as being either 'positive' or 'negative/abusive' (Berridge, 2002; Clough *et al*, 2006), however, it is vital to consider the rhythm and flow of relationships in the lifespace in order to transcend this dichotomised approach to framing relationships as 'positive' or 'negative', without taking account of the messiness and fluidity that exists in between (Holland, 2010; Smith and Steckley, 2011; Coady, 2014).

Adult-child relationships in residential child care - particularly when considered within a lifespace framework, paying attention to the 'other 23 hours' when children and adults are simply being together (Treischman *et al*, 1969) - are messy, unpredictable, ambiguous and fluid (Maier, 1979; Smith, 2009; Smith and Steckley, 2011). This messiness is not particularly well accommodated by current wider cultures of care which prioritise risk management, excessive levels of 'evidence' required, obsessions with 'outcomes' and heavy regulation (Kendrick and Smith, 2002). Smith (2009:136) argues that there is a need to 'embrace the complexity' of adult-child relationships in residential child care and that it is necessary to understand the 'nature of care' (Smith, 2009:121) more widely, in a way which accounts for messiness and uncertainty. This point is perhaps best illustrated by Steckley and Smith (2011:188):

> 'Unlike other areas of social work where workers may get by with 'caring about' children, residential child care requires that workers are called, primarily, to 'care for' children. They work at the level of the face-to-face encounter, engaging in embodied practices of caring such as getting children up in the mornings, encouraging their personal hygiene, participating in a range of social and recreational activities with them and ensuring appropriate behaviours and relationships within the group. They are also confronted with the intensity of children's emotions and get involved in the messy and ambiguous spaces around intimacy and boundaries'.

It is in these 'messy and ambiguous spaces' - grappling with how workers embrace and manage intimacy and boundaries within adult-child relationships - that this thesis is located. For this reason, the final section of this chapter will now consider theories of intimacy, which will embed the research findings further within the broader theoretical

framework and sociological understanding of adult-child relationships and the factors that impact upon such relationships.

2.3.3 Intimacy, Adult-Child Relationships and the Lifespace

2.3.3.1 Intimacy and Adult-Child Relationships

Intimacy, as an area of academic inquiry, has gained increasing attention from the late 1970's – early 1980's (Gabb, 2010; Jamieson, 1998). Prior to this, the majority of studies either fused intimacy with sexuality, paying little attention to separating the two theoretically or empirically, or were concerned with functionalist accounts of family life (Gabb, 2010). For Gabb (2010:64-65) the democratisation [or detraditionalisation] of personal relationships emerging in the 1990's transformed the way in which intimacy was conceptualised and consequently encompasses the 'lens through which intimacy is now commonly analysed and understood' (Gabb, 2010:64). The democratisation thesis refers to the period from the 1960's onwards in which sociologists generally agree there has been a shift in 'patterns of intimate relationships – notably romantic-sexual partnerships – across much of the western world' (Gabb, 2010:64) and a fundamental shift in the configuration of family (Jamieson, 1998; Gilies, 2003). This was observed primarily through the decline of the 'nuclear family', as a result of the Divorce Reform Act (1969), changes in the labour market as more women were engaged in paid employment and a 'revolution in female sexual autonomy' (Giddens, 1992:28), alongside increasing social acceptance of diverse sexual identities referred to as the 'flourishing of homosexuality' (Giddens, 1992:28). Giddens' (1992) 'transformation of intimacy' thesis moved beyond the focus on sex and sexuality to consider intimacy more broadly. One of the key tenets of this work is the notion of 'pure relationships', which, Giddens argues, are unbound by gender roles or power disparity and exist 'solely for whatever reward that relationship can offer' (Giddens, 1992:6). Mutual disclosure is a central facet of pure relationships in which 'intimacy is built through a dialogue of mutual self-disclosure between equals, revealing inner qualities and feelings, simultaneously generating a self-reinforcing narration of the self' (Jamieson, 2011:1.5). The consequences of the 'transformation of intimacy', he asserts, are significant and offer a moral shift towards greater equality (Giddens, 1992; Gabb, 2010).

In contrast, for Jamieson (1998, 1999, 2011) this 'shift' was not as embedded as Giddens describes, and the importance of considering intimacy as gendered, classed and racialised needs to be central to its comprehension. Jamieson argues that intimacy is primarily concerned with closeness, and that closeness can be experienced in a range of relationships not inevitably bound by biology or sexual relationships (Jamieson, 1998). In this respect 'the word 'intimacy' has come to replace what would previously have been termed 'primary relationships', signifying a new focus on the quality as opposed to the structure of such relationships' (Gillies, 2003:2). Jamieson (1998:2) critiques Giddens' assertion that 'disclosing intimacy' is the only possible intimacy, suggesting there is 'no clear evidence that disclosing intimacy is increasingly the key organizing principle of people's lives'. Instead she asserts that it is 'possible to imagine a silent intimacy' in which 'affection for and feelings of closeness are not necessarily accompanied by a dialogue of mutual disclosure' (Jamieson, 1998:8). She also highlights that 'self-disclosure' is often inherently flawed in itself, as 'people recycle and incorporate public stories into their own narratives of self, but the authentic self and the story of the self are often separable' (Jamieson, 1998:12, cited in Gabb, 2010:73).

For both Jamieson (1998) and Giddens (1992), adult-child relationships (primarily parent-child relationships) are also shaped and informed by the democratisation of intimacy thesis, although interpretation of the ways in which this is/has been 'achieved' vary (Gabb, 2010). Children's views on intimacy and relationships will be explored in chapters eight and nine. For Giddens, in the context of pure relationships democratic processes are key: 'it is a right of the child, in other words, to be treated as a putative adult' (Giddens, 1992:191). This suggests a central shift away from children being 'seen and not heard', towards a late-modern period where children should be treated as equals. Within this, 'disclosing intimacy' again features as an important symbolic indicator in the shift towards greater equality (Giddens, 1992). In contrast, deconstructing the way in which parenting was innately intertwined with age, gender, race and class is important to Jamieson (1998), critiquing the work of functionalists such as Parsons (1959) for reinforcing gender stereotypes by claiming women are naturally better equipped to parent and their role is central to well-functioning homes and children. The growth in 'professional knowledge' pertaining to what 'good parenting' should constitute has also expanded significantly over recent decades and has been critiqued extensively (Furedi, 1997; Hays, 1996; O'Malley-Halley, 2007; Lee *et al*, 2014). For Jamieson, this shift has led to the increased regulation of working class and ethnic

minority parents, 'especially mothers' (Jamieson, 1998:45). Jamieson challenges the suggestion that parent-child relationships now feature 'disclosing intimacy' arguing this is largely a middle-class, adult- [older/teenage] -child phenomenon, and even then this is less fluid than described by Giddens (Jamieson, 1998). Similarly, she critiques the view that 'parents and children become as-if equals' as it underestimates the 'persistence of age inequalities and parental power', and argues that what parents may describe as 'intimacy' is often fused with 'keeping tabs' on children which is 'primarily a practice of surveillance which threatens intimacy through the exercise of control' (Jamieson, 2011:5.4). Neither Jamieson (1998) or Giddens (1992) dispute that intimacy can be a feature of parent-child relationships. But what sets Jamieson's account apart is the way in which she maps out the deeply gendered, classed and racialised ways in which everyday relationships are experienced; the discrepancies between personal narrative and 'reality' and the empirical grounding within which Jamieson's work is situated (Gabb, 2010). Ultimately, Giddens' account has been critiqued as a 'luxury from which many are excluded' (Gabb, 2010:73).

Jamieson is also credited for acknowledging that intimacy can occur across a range of interpersonal relationships and for empirically applying her theoretical work as opposed to Giddens' 'ostensibly theoretical account[s]' (Gabb, 2010:73; Gillies, 2003). The working definition of intimacy for this research will therefore draw upon Jamieson:

> 'Everyday English-language uses of the term intimacy vary with it being understood differently according to cultural and historical frames of reference. Regardless of these, however, intimacy refers to the quality of close connection between people and the process of building this quality. Although there may be no universal definition, intimate relationships are a type of personal relationships that are subjectively experienced and may also be socially recognized as close. The quality of 'closeness' that is indicated by intimacy can be emotional and cognitive, with subjective experiences including a feeling of mutual love, being 'of like mind' and special to each other… 'Practices of intimacy' refer to practices which enable, generate and sustain a subjective sense of closeness and being attuned and special to each other.'

(Jamieson, 2011:1.1-1.2)

Intimacy primarily concerns mutual, subjectively experienced closeness, it is aged, classed, gendered and racialised (Jamieson, 1998) and can occur within a range of relationships (Gillies, 2003, Gabb, 2010). In the context of this thesis, *intimacy* should be understood as emotional closeness between worker and child, which may or may not include touch, and *practices of intimacy* as the process of building and enacting this closeness over time. It is worth noting that intimacy could also occur between children, or between workers, however this thesis is concerned with adult-child closeness. The following section will locate intimacy research within the lifespace (Smith, 2005), and will explore in greater depth what has been explored pertaining to intimate practices within residential child care. It will first consider literature which paves the way for intimacy to be explored within residential child care (Kendrick, 2013), and also considers some of the ways in which intimacy can be inhibited which exist within the sector (Kendrick and Smith, 2002; Furedi and Bristow, 2008; Morgan, 2009; Coady, 2014).

2.3.3.2 Intimacy in the Lifespace

For Steckley and Smith (2011:188), intimacy within adult-child relationships in the lifespace is 'inevitable'. However, they reach this conclusion without theorising the use of the term 'intimacy' as such, using it in the everyday sense wherein it can be reasonably expected that closeness is more likely in adult-child relationships in the lifespace of residential child care than in other professional relationships, largely due to the amount of time available within such relationships for closeness to develop and the concentrated nature of the caring task (Lefevre, 2010). That is not to say however that intimacy is synonymous with lifespace, nor that intimacy will occur in all adult-child relationships in the lifespace and it is crucial to distinguish between the meanings of these key terms. In this thesis intimacy pertains to the quality of emotional closeness (Jamieson, 1998), practices of intimacy are the ways in which closeness is cultivated (Jamieson, 2011) and lifespace is a way of thinking about the contextualised space of residential child care in which adult-child relationships occur (Smith, 2005). In this respect, this section (and thesis) will be concerned with bringing together intimacy and the lifespace as a process of exploring how adult-child relationships are negotiated within the specific context of residential child care.

Beyond Jamieson and Giddens, and perhaps more significant to this project is the way in which 'the move away from structuralism and/or functionalism to personal interaction focusses attention on the ways that everyday practices of intimacy constitute a sense of relatedness and family' (Gabb, 2010:76). This important shift is best observed with the emergence of research into LGBTQ+[1] conceptualisations of family, including: 'families we choose' (Weston, 1997) and 'families of choice' (Weeks *et al*, 2001). This shift away from the traditional, western elevation of the 'nuclear family' in what has been described as an 'intimate turn…a paradigm shift not only in the studies of families and kinship, but in the very qualitative meanings of family life' (Gabb, 2010:78).

This area of inquiry has been integrated into residential child care research, as important developments in understanding how children conceptualise 'family' (Mason & Tipper 2008), 'family practices' (Morgan, 1996) and 'doing family' (Finch, 2007) have been linked to developing understandings surrounding how children in residential child care conceptualise and construct their relationships with staff (McIntosh *et al*, 2011; Kendrick, 2013). As Kendrick argues:

> 'While residential care is clearly **not** family, by rethinking the nature of relations, relationships and relatedness in residential care in the light of theoretical developments in the understanding of the family, and by focusing on the voice of children and young people, we can develop and benefit policy and practice in residential care…[B]y linking the work on 'doing' and 'displaying' family with the work on children's conceptualization of family and 'family-like' relationships, we can develop a more coherent framework for residential staff to think about their roles and relationships with children and young people'

> (Kendrick, 2013:78)

Within this work Kendrick links the concept of 'family practices' (Morgan, 1996; 2011) to framing how children in residential child care make sense of – and are involved in shaping – relationships in their everyday lives (Kendrick, 2013). 'Family practices' has

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[1] Lesbian, Gay, Bisexual, Trans, Queer, + [other]

close ties to intimacy literature, and can be understood within an intimacy framework as 'practices of intimacy':

> 'The concept of 'family practices' was developed to avoid preconceived definitions of 'family' and instead focus on the culturally and historically variable practices people use to 'do' family, to create an experience of particular places, relationships and events as meaning and expressing family…practices of intimacy and family practices overlap in cultures which valorise families and intimacy and take it for granted that intimacy is an aspect of family life'

(Jamieson, 2011:1.2)

Kendrick's work paves the way for my concept of intimacy practices which refers to how individuals 'generate and sustain…closeness' to be examined in this research project in terms of how residential child care can be a space in which 'family practices' occur. Family practices and intimacy practices will be used interchangeably as family practices are incorporated into my concept of intimacy practices, as the ways in which adults and children conceptualise their relationships. References to family emerged as an important part of this research, as both children and adults conceptualised their relationships as being like family, which will be illustrated throughout chapters six-ten. Many of the staff members constructed their work via narratives of 'family' and 'parenthood', described their work with reference to their own experiences of family and parenting and linked their practice to wider conceptions of what constitutes 'good' parenting (Lee *et al*, 2014). Observing, describing and examining practices of intimacy - as the way in which closeness within the residential 'family' is negotiated - will be central to this research as I explore how adult-child relationships were enacted and negotiated at Sunnydale House.

For the concept of intimacy to work with respect to residential care it is also necessary to find a way of further integrating intimacy into professional relationships. The work of Morgan (2009) on 'acquaintances', which concerns a broad range of professional relationships, and Ferguson (2011a) on 'intimate child protection practice', which focusses explicitly on relationships between social workers, families and children, are of value here. The key tenet of Morgan's conception is that all individuals 'probably' have 'three sets of people within our social horizons', including: intimates 'family,

friends, lovers'; strangers 'people who are of little or no significance to this individual (except perhaps as imagined threats or objects of charity)'; and acquaintances, as the relationships which lie between the two (Morgan, 2009:1). Professional relationships, for Morgan, are 'close to a pure type of acquaintanceship':

> 'It is clear that such relationships are not relationships between strangers, certainly not after the first encounter… At the same time, the relationships between professionals and clients are not intimate relationships although they may have some aspects of intimacy'

> (Morgan, 2009:53)

In Morgan's acquaintances concept intimacy is present, but constrained. By grappling with many complexities in relationships that inhibit intimacy, including: reciprocity, confidentiality, power imbalances, surveillance, burnout and knowledge, he uniquely fuses intimacy and professional relationships. However much of his focus is on medical and legal professional relationships, with a few minor references to care relationships (2009, 56-57) or therapeutic relationships with psychotherapists (2009:63), and makes no reference at all to children. The core discrepancy with Morgan's work in relation to exploring adult-child relationships in the lifespace however, lies in this statement: 'I have argued that the consultation is at the core of the professional-client encounter' (Morgan, 2009:62 – emphasis added). This is precisely what Trieschman *et al* (1969) challenge by emphasising that lifespace requires an understanding of the other 23 hours, not the hour set aside for 'professional consultations'.

This limitation is also present in Ferguson's (2011a) conception of 'intimate child protection practice', as social workers, children and families interact for relatively short - albeit intense - periods of time, particularly in contrast to residential child care workers, who care for children for extended periods. That being noted, Ferguson's integration of intimacy into professional relationships is far more closely aligned to this project than Morgan's 'acquaintances'. For Ferguson (2011a:3-4), intimate child protection practice:

> 'capture(s) in much more depth the reality that where the works goes
> on is predominantly in the homes, living rooms, kitchens, bedrooms
> and the gardens of the families that social workers visit, and to evoke

the lived experience of what it is like for practitioners to perform child protection in these intimate spaces. The idea of intimate practice also seeks to capture the humanity of the encounter…For the professionals, intimate practice demands a range of sophisticated skills, courage and a capacity to use authority directly and wisely, but also tenderness and empathy, all of which requires reserves of mental strength and resilience'.

The importance of the spaces in which professionals interact with clients or service users is recognised, and the intimacy of engaging with service user's in their homes - a central feature of lifespace work as children and adults work and live together in one shared space (Smith, 2005). Touch features in this argument not only as part of medical examinations, but also 'professional touch' as 'humane and nurturing' physical contact, used as part of interactions with children to demonstrate care and concern but also as a tool to detect abuse (Ferguson, 2011a:102). Ferguson notes the 'range of sophisticated skills' required in order for professionals to relate to children and families intimately; to retain humanity in the face of adversity; and the 'reserves of mental strength and resilience' required for workers to continue to practice intimately, particularly given the ways in which risk averse and bureaucratic management cultures may lead professionals to stay at a distance from children (Broadhurst *et al*, 2010). Ferguson (2011a:4) continues to argue that 'in many respects, evoking intimate practice means little more than giving attention to what professionals already do', in this respect, through observing, describing and analysing practice at Sunnydale House, I will simply be detailing the intricacies of interactions at Sunnydale in a way that takes account of emotional closeness in lifespace work, alongside explaining how this is both cultivated and inhibited.

2.3.3.3 Distancing Practices in the Lifespace

It must be reasserted that intimacy, framed in this research as closeness, does not always occur within the lifespace. Relationships between adults and children are, as previously asserted, messy, fluid and changeable (Steckley and Smith, 2011), and if my research is to adequately explore adult-child relationships in practice, it must also take account of the whole spectrum of these relationships. The final key concept I have

developed from this research therefore, is that of 'distancing practices', which refers to the ways in which intimacy is inhibited and avoided in adult-child relationships in the lifespace. The thesis will show that there are multiple factors which inform the obstruction of closeness in adult-child relationships in the lifespace, and sustained observations of practice are vital in order to shed some light on interrelation of these processes (Ferguson, 2016).

Research concerning the ways in which children become 'invisible' in child protection practice provides important insight which is related to distancing practices as it examines how practitioners 'meaningfully relate to children' (Ferguson, 2016:14). This research, grounded in sustained empirical practice observations, illustrates how:

> 'Various factors and the interconnections between them constitute the lived experience of doing the work and impact upon practitioners' capacities to 'see' and meaningfully relate to children. I have argued that how children become invisible - and, as I have framed it, 'unheld' - is not reducible simply to 'bad' practitioners, but must be understood in terms of the interaction of organisational processes, the practitioner's qualities, their visceral experience and emotional state during face-to-face encounters, and the atmospheres within which the practice occurs'
>
> (Ferguson, 2016:14)

What is argued throughout this work is that the reasons why children become invisible, and practitioners fail to relate meaningfully to children, cannot be explained according to one singular explanation (Ferguson, 2016). Instead a range of factors - including bureaucracy, organisational cultures, individual worker characteristics, emotions and more - all culminate in illustrating that relating meaningfully to children in social work practice is an exceptionally complex task. My sustained observations of practice will illustrate how and why distancing practices occur within residential child care - instigated by both children and residential workers - one main example being the navigation of the office as a space where adults hide from children and negotiate which children are and are not allowed in.

Conclusion

Examining adult-child relationships in residential child care cannot be achieved without an understanding of how the history and sociology of residential child care has shaped and informed them. By reviewing literature and research regarding residential children's homes - from the earliest origins through to contemporary practice - this chapter has illustrated that residential child care has a long and convoluted history, and significant changes have taken place which have influenced relationships in a variety of ways, particularly attempting to entirely regulate them (Kendrick and Smith, 2002). It has argued throughout that despite attempts to eradicate residential child care, children's homes are a valuable resource within the wider care system, are often preferred by children and can be the 'best' placement option and not simply a 'last resort' (Smith, 2009). This chapter asserted that by using theories of the lifespace, adult-child relationships can be observed, described and explained within a framework that is firmly situated within residential child care (Smith, 2005). It has explored theories of intimacy - as closeness and an 'inevitable feature' of adult-child relationships in residential child care (Steckley and Smith, 2011:188) - in order to link adult-child relationships in the lifespace to wider sociological theories of relationships (Jamieson, 2011). In this thesis there will be a primary focus on touch within such relationships.

As has been established in the introduction to this thesis, touch is under researched in social care (Garett and Lynch, 2010; Ferguson, 2011a) and residential child care (Ward, 1999; Steckley, 2012). However, this is not the only reason that touch was selected to explore for this project. The way in which individuals navigate touch and bodily practices are central to understanding intimacy (Jamieson, 1998), as 'our daily experiences of living…are intrinsically bound up with experiencing and managing our own and other people's bodies' (Shilling, 2003:22). As such, touch as a facet of adult-child relationships will be explored not only in relation to contributing empirical observations of an under-researched area, but also in relation to contributing to broader theoretical knowledge pertaining to adult-child relationships, touch, intimacy and the lifespace. This chapter began by asserting that in order to understand touch, it was important to first understand the context and relationships within which the touching occurs (Montague, 1986). It has then sought to contextualise adult-child relationships in residential child care in order to provide the necessary context and relationships required to explore the practice of touch within children's homes in the following chapter.

'Possibly the best example of a culmination of the complexities of
relationship, lifespace and working with challenging behaviour is the issue of
touch'

(Smith and Steckley, 2013:14)

Touching children is a controversial topic. Polarised positions regarding the topic are evident throughout this review whereby touch is simultaneously positioned as both 'fundamental' to human growth and development (Field, 2003; 2014), and simultaneously 'feared', particularly in the context of adults touching non-related children (Johnson, 2000; Furedi and Bristow, 2008; Piper and Stronach, 2008; Steckley, 2012). Both of the positions identified above are fused with moral undertones as authors grapple with the complexities regarding the practice of touch. This chapter is concerned with reviewing the literature on touch from various disciplines, establishing why touch – as a facet of adult-child relationships – is the focus of this research. The chapter begins by providing a working definition for touch in this thesis. Following this the chapter is broadly separated into two halves. This first half of this review synthesises a broad range of literature and research pertaining to the use of touch, adopting a cross-disciplinary approach to unpicking and understanding what is known about touch (Field, 2003). The second half then firmly positions this within the context of residential child care, and explores what is currently known and unknown about how touch is used in residential child care (Green and Day, 2013; Berridge *et al*, 2011a; Steckley, 2012). The chapter concludes by identifying the gaps in current research knowledge my research will fill both empirically with regards to sustained observations of touch in practice (Ferguson, 2016) and also theoretically, with regards to theories of intimacy, professional adult-child relationships and the lifespace (Smith, 2005; Morgan, 2009; Jamieson, 2011).

3.1 Introducing Touch

3.1.1 What is meant by Touch?

Many academics have explored touch in various contexts (Johnson, 2000; Field, 2003; O'Malley-Halley, 2007; Piper and Stronarch, 2008; Fulkerson, 2014; Linden, 2015), yet few explicitly define what is meant by the term. Touch, as a concept, is taken-for-granted, and there appears to be an assumed tacit understanding regarding what touch is and that all those who write about touch are writing about the same phenomenon. It should not be assumed that discussions around norms and values surrounding touch are universal (Montague, 1986), and it is therefore important to establish exactly what is meant by touch in this thesis. This is a complex task, which perhaps sheds some light on why this apparently basic undertaking has been largely neglected. However, this thesis is not concerned with a philosophical exploration of the fundamental meaning, or essence, of touch, a task that has been covered elsewhere (Derrida, 2005; Fulkerson, 2014), but rather the exploration around the nature and meaning of touch in an explicit context. Adopting a selective approach to exploring and understanding what is meant by touch in the context of residential children's homes therefore, is necessary.

Montague (1986) defines touch - and the act of touching - in the following way:

> 'Originally derived from the Old French touche, the word touch is defined by the Oxford English Dictionary as "the action or an act of touching (with the hand, finger, or other part of the body); exercise of the faculty of feeling upon a material object". Touching is defined as "the action, or an act, of feeling something with the hand, etc". The operative word is feeling. Although touch is not itself an emotion, its sensory elements induce those neural, glandular, muscular, and mental changes which in combination we call an emotion. Hence touch is not experienced as a simple physical modality, as sensation, but affectively, as emotion'

> (Montague, 1986:128)

Montague has a particular position regarding the emotional context of touch, arguing that touch and its subsequent uses are intensely complicated, principally owing to the complex interplay between touch and emotion. Wortham (2010:128), further complicates this debate by illustrating the complexities of individual difference

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pertaining to the emotional interpretation of touch, provoking the entirely apt dilemma: '[t]he question always remains whether touching strokes or strikes the other'. However, this debate is perhaps tangential to the task at hand, and whilst it can be stated that some touch may indeed be experienced as emotion (such as an embrace with a loved one at the end of the day, or indeed abusive touch that inflicts pain or harm), this may not always be the case. Montague's definition therefore does still not explicitly address what is of interest within this research - the meaning(s) of touch in residential child care - and lacks attention to the concrete and contextualised definition of touch required in this project.

Montague's definition identifies a number of essential features of touch which are relevant within this thesis: touch can be on any area of the body, touch does not always necessitate skin-to-skin contact (i.e. touch can be felt and initiated through another object, for example clothing), that touch is actively felt on the body by individuals and touch can be, although is not always, experienced as emotion. Yet, this definition is still problematic, as it neglects a key area of interest to this thesis, the practice/experience of being touched, i.e. one can be touched, and not necessarily actively instigate this. As such, given the apparent complexity of the task and the range of perspectives regarding what touch constitutes in various research projects, it appears necessary to construct a clear - and viable - working definition of what touch means for this thesis. Therefore, what is being discussed in this thesis, is: 'intentional and unintentional person-to-person bodily contact, mediated either via the skin or more indirectly' (Green, 2016:2). With this clarified, the chapter will now explore research and literature regarding touch from various disciplines, starting by considering the position of touch as 'fundamental', and the moral debates underpinning this position.

3.2.2 Touch as 'Fundamental'

Researchers and academics in the field of child development present a clear narrative regarding a fundamental, physiological need for physical touch in raising children (Brazelton and Cramer, 1990; Heller, 1997; Auckett, 2004; Field, 2003, 2014; Gerhardt, 2004). The role of touch in raising children has been directly linked to influencing physical health (Suomi, 1995; Ironson *et al*, 1996; Spitz, 1945; Schanberg, 1995), physical growth (Settle, 1991; Powell *et al*, 1967; Touch, 2003, 2014) and psychological

development (Heller and Schiff, 2013). At The Institute of Touch in Miami, researchers have carried out over 100 pieces of research linking massage therapy to 'enhancing attentiveness, alleviating depressive symptoms, reducing pain and stress hormones and improving immune function' (IOT Online, 2013). Conversely, researching the absence of physical adult contact for children has been carried out in Romanian orphanages, wherein the absence of physical touch in the very early years of a child's life has been linked with poor physical health and growth (Rutter *et al*, 2007). Such narratives are however, fused with moral assumptions regarding how to raise children in the 'correct' way, and are inevitably bound with cultural assumptions informed by the social position of the researchers (Lee *et al*, 2014). For Flemming *et al* (2006:157), such views: '...should be challenged because not only do they fail to acknowledge a diverse body of scientific evidence that refutes their claims and assumptions but because social judgments are masquerading as science'. In this respect it is important to examine all research with a critical lens in order to differentiate between what is being presented in research and the social, cultural and political context, and the moral assumptions underpinning 'science'.

Psychologists have also widely researched the role of physical touch in raising children, linking physical touch with positive social development (Field, 2003), emotional development (Fisher *et al*, 1976; Field *et al*, 1999; Barr, 1990) and positive mental health (Field *et al*, 1999; Widdowson, 1951). Conversely, there is a substantial base of psychological research linking touch deprivation in childhood to aggression, poor attachment and behavioural challenges in adolescence and adulthood (Field *et al*, 1999; O'Neil and Calhoun, 1975; Prescott and Wallace, 1976). Field (2003:63) takes an explicit stance on what she defines as 'touch hunger' in childhood, arguing that the accumulation of research projects carried out suggest that 'lack of sensory stimulation in childhood leads to an addiction to sensory stimulation in adulthood, resulting in delinquency, drug use, and crime'. Similar concerns relate to such statements as in neuroscientific research, in that the psychological research findings are regularly fused with moral, hegemonic assumptions (Green, 2010), such contributions are therefore highly deterministic, and should be treated with caution.

These contributions clearly frame the topic of touch within a distinct narrative, that touch is 'fundamental' for child development and a lack of touch in early childhood can have calamitous consequences with regards to human growth and development (Field,

2003). However, these narratives are situated within a distinct moral discourse, and largely fail to take account of cultural, social and moral dilemmas inherent within uses of touch that occur in human relationships (Johnson, 2000; Wastell and White, 2012; McVarish, 2013). It should therefore be clarified at this early stage that my research is not concerned with the biological consequences of touch. This is not to suggest that there cannot be any inferences made regarding the importance of touch for children's development, but that this is beyond the scope of this study. This section is included because it clearly illustrates the influence of 'scientific' research in informing wider discourses surrounding touch (Gerhardt, 2004; Field, 2003, 2014). It also serves to demonstrate the powerful moral undertones within the topic of touch, and illustrates one end of the incredibly polarised spectrum of debates pertaining to touch and children.

3.1.3 Sociological Perspectives on Touch: 'Professional Touch'

In contrast to the wealth of research findings discussed above promoting touch as highly important in human well-being - offering medicinal and therapeutic potential - there is the suggestion that the UK and other western countries are becoming increasingly 'touch averse' (Field, 2003; Piper and Stronach, 2008). Discussions surrounding touch between non-related adults and children are sensitive (Johnson, 2000; Steckley, 2012), although increased sensitivity has also been noted within intergenerational biological adult-child relationships (Furedi, 1997; O'Malley-Halley, 2007). Such arguments demonstrate the other end of the polarised spectrum of debates identified previously.

Mary Douglas, in '*Natural Symbols*' (1970), refers to the physical body as a symbol of the wider communal body. For Douglas, bodies have implicit meanings within society and do not stand alone as physical entities, the body - and touch - only become meaningful in the context of social relationships. She highlights how bodies can provoke fear as their ability to cross boundaries can hold powerful and fearful cultural meanings, meanings which are socially constructed:

> 'Douglas makes it clear that it is not only the crossing of bodily boundaries that brings bodily matter under suspicion as potentially polluting, but that by the same token whole bodies are endangered

when either boundaries are being breached, they breach the boundaries of others, others are implicated in the crossing of social boundaries. The moral and ethical aspects of embodiment are inseparable from issues of transgression...the body can cross boundaries or have its boundaries crossed'

(Cregan, 2012:46)

In this respect, the ability of bodies to contaminate those around them, or be contaminated, are important indicators of social rules and norms and such actions are incredibly meaningful for those that experience this. Douglas's work sparked sociological writers to consider the body as more than a physical, biologically determined entity, whereby 'Sociology made a claim upon the body as part of the social and intellectual processes of somatisation' (Hughes & Patterson 1997:327). As many sociologists have suggested (Skeggs, 1997; Tyler, 2000), the body is bound by power, not in a position of externality to it. In other words, people embody social relations and social inequalities.

Sociological theorising pertaining to class disgust, stigma, and Othering largely focuses on adults, however academics have highlighted how children are indeed subject to such psychosocial constructions (Miller, 1997; Lawlor, 2002; Ferguson, 2011a). Lawlor (2002:107), who researched representations of class identities, found the media constructed 'real' children as 'middle-class, white, unknowing, innocent and vulnerably dependent'. In contrast working class children were considered in much lower regard, and there was a decreased concern for their wellbeing. Discussions pertaining to class disgust argue that '...disgust evolved to protect the human being from coming too close' (Skeggs, 2005:970). In essence, internal reactions to socially constructed objects of disgust provoke, individuals to impose physical barriers between themselves and such objects. By exploring the sociological debates surrounding the body, including its representation, meanings and symbols, it is possible to decipher some astute contributions to the understanding of touch. The body represents and the body connects: '[W]e forget that touch is not only basic to our species, but the key to it' (Schanberg, in Field 2001:17), and the role of the social body should not be underemphasised when examining this subject area which will be an important point of analysis within this research.

The body, bodily practices and embodiment are also important features of theories of intimacy:

> 'Notwithstanding the diversity of forms, practices and conceptual understandings of intimacy, what is common to all is the corporality of experience, ranging from the sensation of touch to our physical reaction to others' articulation of feelings. Words alone may be spoken, but they elicit a physical sensation in the recipient. Mutual disclosure may be an intimacy of the self, but 'the completeness of intimacy of the self may be enhanced by bodily intimacy' (Jamieson, 1998:1)'
>
> (Gabb, 2010:81)

Whilst there are some studies concerning adult-child relationships, family practices and the body - including: sexuality and 'normal families' (Smith and Grocke, 1995); corporal punishment (Smith *et al*, 1995); power dynamics in adult-child relationships and family practices (Jackson, 1982; Kitzinger, 1988; Morgan, 1996; O'Malley-Halley, 2007; Gabb, 2010), 'motherhood' (Young, 1990), 'fatherhood' (Lupton and Barclay, 1997) and risk (Morgan, 1996) - 'the systemic linking of family sociology and the sociology of the body remains to be achieved' (Morgan, 2009:113). This is a clear gap in current knowledge which this research project can begin to contribute to through sustained observations of adult-child relationships explained through rich theoretical analysis of intimacy in 'professional' relationships (Morgan, 2009).

Analyses of touch cannot be separated from analyses of power, as O'Malley-Halley (2007) lucidly illustrates in her work on parent-child relationships, intimacy and touch. In this she presents a Foucauldian analysis of parent-child relationships which details the dualistic ways in which western intergenerational touch - conceptualised as either 'good or bad, helpful or deeply harmful to children' - and how 'the ideologies of adult-child touch are part of larger patterns of social "power" that reveal and reproduce mainstream conceptions of gender, sexuality, race, and class...these ways of thinking are normative; they expose power "in actions." And social power *happens* through them' (O'Malley-Halley, 2007:2). In O'Malley-Halley's (2007:4) work the focus is on 'ideologies rather than behaviours' particularly 'mainstream cultural ideologies because they are the ideas of any given time period that legitimize the interests of the

more powerful groups in society', in contrast this thesis focuses on behaviours, but will draw upon and illustrate how these dualistic ideologies shape, inform and reproduce power relations in adult-child relationships in residential child care at multiple points throughout the thesis.

Suvilehto *et al* (2015) carried out quantitative research exploring the areas of the body individuals were comfortable being touched by, according to the relationship held, and accounting for gender, including: partner, male/female friend, mother, father, sister, brother, auntie, uncle, male/female cousin, male/female acquaintance and male/female stranger. The sample consisted of 1,368 participants, male and female, from across Finland, France, Italy, Russia, and the United Kingdom. Participants were given body maps and asked to colour in the areas of the body they were comfortable with being touched by each of the relationships denoted, and also asked to indicate how often/the last time they saw that individual. The authors concluded that 'across all tested cultures, the total bodily area where touching was allowed was linearly dependent (mean r 2 = 0.54) on the emotional bond with the toucher' (Suvilehto *et al*, 2015:13811). Some interesting inferences regarding gender were also illustrated, and 'female, rather than opposite-sex touch was, in general, evaluated as more pleasant, and it was consequently allowed on larger bodily areas' (Suvilehto *et al*, 2015:13814). Unsurprisingly, perhaps, British males denoted being comfortable with the smallest proportion of the body being touched across the spectrum of relationships. This research indicates links between emotional bonds and both the perceived pleasure associated, and areas of the body individuals are comfortable, with others touching. Limitations are noted in the sample being all university students, slightly more female than male participants and the self-reported nature of the project, thus raising not necessarily reflecting 'real-life touching behaviour' (Suvilehto *et al*, 2015:13814). All of the above being noted, the importance of the body, and where on the body others are allowed to touch, is suggested as culturally and relationally significant.

In the field of psychotherapy, Orbach and Carroll (2006:xiii) argue that there are two main debates within psychotherapy regarding the use of touch: the first, 'that touch is wrong', and the second, 'since all agree that touch is not a good idea, there is very little to discuss'. Whilst it is widely accepted that touch should not be used in therapeutic sessions between analyst and client, there are opposing voices who suggest that the absolute avoidance of touch can be simplistic (Kahr, 2006), culturally bound, and

potentially hurtful, rejecting or indeed damaging to the client (Orbach and Carroll, 2006). Such accounts also ignore the contributions of body psychotherapists (Röhricht, 2009), who challenge mainstream psychotherapists' avoidance of touch more broadly (Zur and Nordmarken, 2016). It should also be noted that the majority of the strict adherers to no touch policies in psychotherapy work with adult, rather than child, patients. Indeed Orbach and Carroll (2006:xiii), argue that such rules cannot so explicitly be implemented in therapeutic environments with children 'who, of course, do not know the unwritten rules of therapy and thus do leap on one, cuddle up spontaneously, hug or kick'. The developments in psycho-analytic theory are indeed valuable for this project, as the debates are relevant, and both social workers and psycho-analysts often work with individuals who have experienced traumatising experiences. It also may give some indication to the roots of touch avoidance in 'professional' circumstances with vulnerable people.

The field of psychotherapy also proffers a typology denoting the range of reasons touch is used within therapeutic relationships. Zur and Nordmarken (2016) have categorised 20 specific reasons why psychotherapists use touch with clients, organised into three main categories: 'therapeutic touch as an adjunct to verbal therapy', 'therapeutic touch by body psychotherapies' and 'inappropriate forms of touch'. The majority of the categories are situated within the 'therapeutic touch as adjunct to verbal therapy' category, which includes a comprehensive range of reasons for using touch, many of which resonate with residential child care practice, including: ritualistic or socially accepted gesture for greeting and departure, conversational marker, consolation touch, reassuring touch, playful touch, grounding or reorienting touch, task-oriented touch, corrective experience; instructional or modelling touch, celebratory or congratulatory touch, experiential touch, referential touch, inadvertent touch, touch intended to prevent a client from hurting his/her self, touch intended to prevent someone from hurting another and self-defence. The second category, 'therapeutic touch by body psychotherapists' includes only one sub-category: 'therapeutic intervention', referring to body therapists whose practice routinely incorporates touch. This section has less relevance in residential child care, particularly in the UK, although some literature is available surrounding the controversial practice of holding therapy (Sudbery *et al*, 2010; Mercer, 2011; Sudbery and Shardlow, 2012). The final section concerning 'inappropriate forms of touch' includes: sexual touch, hostile-violent touch and punishing touch, all of which similarly resonate deeply with the residential child

care sector (Corby *et al*, 2001). This typology is a useful reference point as it denotes an extensive range of touching practices situated within similar notions of 'helping relationships' and the complexities of professional boundaries and ethics which are so pertinent in residential child care practice (Steckley, 2012), and will be used, although developed and adapted, to inform the typology produced in this project in chapter ten.

One of the most recent, and substantial, pieces of sociologically informed research recently to be carried out in relation to touch and child care is in the field of education. Piper and Stronach (2008) extensively researched the role of touch in education, utilising documentary analysis, surveys and interviews. Findings included that 'no touch' policies were being implemented in education, including one nursery school which identified the 'whole body of the child or young person…as a risk arena, and touch [was] proscribed almost entirely' (Piper and Stronach, 2008:36). Interpretation of touch by children was highlighted as particularly risky, wherein children's interpretations of touch as a sexualised advance or 'battery' presented high risk to adults in relation to resulting allegations. Problems associated with no-touch policies are highlighted when requirements to demonstrate 'care and concern' are 'technicised and dehumanised on the basis of what seem to be predominantly legal fears' (Piper and Stronach, 2008:38). It was suggested that some child care workers actively choose to 'break' rules pertaining to 'no touch', as they believed touch was too necessary to avoid (Piper and Stronach, 2008:47). The primary conclusion of the research was that wider fears emerging pertaining to touching children should be understood as a 'moral panic'.

Cohen (1972:9), defined a moral panic as:

> 'A condition, episode, person or group of persons emerges to become
>
> defined as a threat to societal values and interests'

Such defined threat is then inflated and amplified by media reaction, which consequently filters into society's psyche. For Cohen, '[t]he argument is not that there is "nothing there" … but that the reaction to what is observed or inferred is fundamentally inappropriate' (2002:172). Whilst acknowledging legitimate concerns about risk, Piper and Stronach (2008:47) argue that current reactions to touch are 'a deeply irrational and disproportional response to a perceived yet widely exaggerated risk'. A number of academics have heavily critiqued 'no touch' policies, including: that such responses protect adults from lawsuits and not children from harm (Piper and

Smith, 2003) and that moral panic obscures children's needs (Tobin, 1997). Cohen, in his later works on moral panic, addresses the abuse of children in care head on:

> 'A series of stories over the last twenty years about serious abuse in children's homes and other residential institutions led not to panic or even anxiety, but a chilling denial… disbelief, collusion and tight organizational cover-up… repeated waves of denial, exposure then denunciation'

> (Cohen, 2002:xvi)

It is important to remember and acknowledge the abuse that too many children in care have experienced, in which touch has been used to harm children, however touch is not always synonymous with abuse (Cooke, 1991), and this should not be used as an excuse for workers to entirely avoid any form of physical contact. For Johnson (2000:22), a major concern is child-care workers 'have in fact let the moral panic irrationally define us and (mis)guide our understandings of children and how we interact with and relate to them'. He argues that a multidisciplinary approach, addressing the issue of touch, must be adopted to 'create and open up more mature intellectual debates about the various issues in an attempt at restoring a sense of balance to our respective disciplines' (Johnson, 2000:47). It is evident therefore, that the use of touch is not a simple affair, and debates surrounding touch go far beyond individuals' emotional, biological and physical responses, to wider societal perceptions of touch, and who is touchable/untouchable.

Touch is under-researched in the field of child and family social care (Lynch and Garrett, 2010; Ferguson, 2011a). It has been associated with 'fear' (Lefevre, 2010), defined as 'ambiguous' (Lynch and Garrett, 2010:389) and also 'taboo' (Ferguson 2011a:95). Some academics argue that the use of touch in social work has been deliberately avoided as the complexities are too vast, and as such practitioners are left unclear about their ability to touch (Lynch and Garrett, 2010; Green and Day, 2013). For instance, the book *Social Work and the Body*, by Cameron and McDermott (2007), makes no references to touch at all. A literature review of the key social work bodies in England found no formal guidance pertaining to touch (BASW, HCPC), which social workers in research have asserted leaves them bewildered as to when they are 'allowed' to use touch (Lynch and

Garrett, 2010). The National Association of Social Workers, in North America, does offer this guidance:

> 'Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of that contact. Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact'
>
> (NASW, 2000: 1.10)

Evident within this guidance is the prominence of the limitation of potential harm. Lefevre (2010:209) reinforces this idea by arguing that '[a]ffectionate touch is not sanctioned between workers and children'. This is indicative of wider fears that have been explored previously in this chapter, and does not account for contextual and relational factors that would warrant such touch.

On the contrary, other social work academics have critiqued the 'no touch' position, arguing that fears surrounding touching children are disproportionate with the related benefits of physically, and relationally, connecting with a child through touch (Ferguson, 2011a; McKinney and Kempson, 2012). Touch has also been identified as an important features of child protection work as a tool to protect children, in which it has been argued that by avoiding touching children social workers may have missed vital opportunities to identify abuse (Ferguson, 2011a). In this respect, debates on touch in social work are also incredibly polarised with reasons for and against touch being hotly debated.

For Ferguson (2011a), one of the more unspoken reasons for avoiding touch in social work practice actually pertains to social worker's fears relating to contamination from children and families. He illustrates how sociological theories can inform theorising social work with children and families through exploring how individuals are socially constructed:

> 'Sociologists have shown how disgust and fear of the 'other' arise from a combination of social and psychological processes. The persistent stigmatizing of the poor and demonization of groups by government

and the media make them into outsiders and marginalized 'others' against which the purity of 'us', the decent and the civilized, is secured'

(Ferguson, 2011a:101)

Such inhibitions can be positioned somewhere in amongst both the physical and/or the psychosocial. For example, Allen and Morton (1961:64) discuss the physical dirt and smell 'which defy the imagination', that can be a regular aspect of working with some children and families. Whilst Allen and Morton (1961) are referring to a very different historical context, physical dirt and smell continue to be important - and often unacknowledged - features of contemporary practice (Ferguson, 2011a). Alongside tangible inhibiters of touch, it has also been suggested that more subconscious psychosocial limitations may be prevalent regarding what these children represent. Ferguson (2011a:100) argues that 'the painful truth that [is] these children generate mixed emotions', and as a result of this professionals may 'distance themselves [as] it feels safer to do so because they fear contamination by the child and the family'. Some evidence of such processes has been linked to some of the well-known serious case reviews, for example: Peter Connelly and Victoria Climbié (Ferguson, 2011a).

The ethical debates surrounding touch in social work have been explored by Green and Day (2013), who have grappled with the intrinsically complex debates surrounding social work, the body, ethics and care in which touch is 'an ever-present but often taboo and rarely addressed issue [in social work/social care]' (Green and Day, 2013:84). Drawing upon Tangenberg and Kemp (2002:9) who argue that the 'care and control of client's bodies, particularly disenfranchised bodies lies at the heart of social work's disciplinary activities', the authors illustrate how part of the role of being a social worker is to regulate and control the bodies of those in their care. Touch in social work, therefore, cannot be explored in isolation of gender (Green, 2005, Twigg, 2011); culture (Lynch and Garrett, 2010); power relations (Heaphy, 2007; O'Malley-Halley, 2007); age (Green, 2005); social class and contamination (Ferguson, 2011a); risk society (Beck, 1992; Munro, 2011), and bureaucratisation (Broadhurst *et al*, 2010) which accumulate into a messy and convoluted range of moral discourses underpinning the sector in relation to touching practices. This work grapples with the ethical complexities of touch, and demonstrates some of the polarised debates pertaining to professional touch. However, all of the above professions only typically engage with clients for short periods of time, as opposed to the key distinction of lifespace work as 'the other 23

hours' (Treischman *et al*, 1969). Whilst residential child care and social work are perhaps the closest linked professions of those explored above, Lefevre (2010:209) distinguishes between touch in field work and residential care, wherein the latter touch is 'much more the norm' because of the close and routine nature of the caring relationship (Lefevre 2010:209). The review therefore will now consider what is known, and what remains unknown, about touching practices in residential child care (Steckley and Smith, 2011).

3.2 Touch in Residential Child care

3.2.1 The Polarised Debate: From Abusive Touch to 'No-Touch' Policies

A number of academics have identified touch as an important area to study specifically within the context of residential child care (Cooke, 2003, 1991; Ward, 1999; Kendrick and Steckley, 2008; Smith, 2009; Smith and Steckley, 2011; Steckley, 2012). Most notably, arguments pertaining to the use of touch in residential care relate to firm guidance and warnings against either further harm to, or misinterpretation by, the child (Lefevre, 2010). It is well documented that children living in residential children's homes have experienced extremely poor early childhood experiences of abuse (and/or neglect), and the majority have experienced a minimum of five previous placement moves prior to being placed in the home (Berridge *et al*, 2011a). Awareness of the impact of previous abuse has been documented as a reason to carefully consider, and potentially avoid, the use of physical touch if this is perceived to further harm the child (Lefevre, 2010).

However, the most significant reason for the introduction of firm 'no touch' policies is arguably rooted in the widely publicised abuse scandals of the late 1980's (Corby *et al*, 2001). As discussed in the previous chapter, the scandals – and resulting regulations – provoked the 'presumption that close adult-child relationships are intrinsically suspect and should be discouraged' (Kendrick and Smith, 2002:50), and touch as a key facet of adult-child relationships became the most obviously affected area of practice. In response to the emergence of 'no touch policies', Cooke (2003) wrote a book chapter he entitled '*Can we still touch?*' Whilst not being grounded in empirical research, but in his own practice experiences, Cooke primarily critiques the loss of discourse

surrounding touch, suggesting that even to discuss wanting to affectionately touch children during this time was deemed unacceptable. Cooke draws on his experience of observing how growing awareness of child abuse, in wider society and within residential children's homes specifically, provoked an obvious and reactive response to touch:

> 'Physical and sexual abuse involves touching. Indeed, apart from the accompanying emotional abuse, the majority of physical and sexual abuse must involve touching. The writer is concerned that carers, whether in the classroom, bedroom or dormitory, or whatever environment that is currently occupied by a child have become frightened to come into contact with those for whom they care in case the motives behind that touching is misconstrued. Physical contact is discouraged. There are no rules or guidelines governing this. In fact, no-one really addresses the issue. This is very sad'

> (Cooke, 2003:165)

Cooke argues that further research, theorising, discussion and particularly exploring the voices of children surrounding touch, is imperative in order to bridge the current gap in practice. Enquiry reports pertaining to the scandals have also critiqued the polarised shift from abusive touch, to no touch at all:

> 'I have been saddened to hear of quite recent incidents of physical and sexual abuse. I have also been troubled to hear that some carers in homes, schools or foster homes are now frightened to put their arm around any child'

> (Kent, 1997:44)

In this respect, the polarised nature of discussions pertaining to touch was becoming increasingly apparent. Ward (1999) draws on his experiences of residential child care, and firmly challenges the manner in which touch is discussed and approached, urging researchers to further explore the area in depth, in his evocatively titled article: '*Can we really care for children this way*?'. He also notes that service providers need to create environments wherein practitioners feel able to interact with children without fear of litigation. This idea is further developed by Smith (2009) who argues that no-touch

policies never actually formally existed, and that even if they did, they would be 'impossible to implement' (Smith, 2009:127).

Each of these contributions demonstrates the rejection of 'touch avoidance' resulting from the abuse scandals in residential child care. However, there are limitations to anecdotal evidence or opinions regarding topics which lack the rigour of scientific research. Equally, the opinions of children and their experiences are of principal importance in this project. Therefore, the literature review will now examine such work.

3.2.2 Empirical Evidence

There is currently no empirical, observational research which exclusively focusses on the role of touch in practice. However, there is some research in which touch has emerged tangentially as a result of researching related areas (Green and Day, 2013; Berridge *et al*, 2011a), most notably in the area of holding therapy (Sudbery *et al*, 2010; Mercer, 2011), restraint (Steckley and Kendrick, 2008a, Steckley and Kendrick, 2008b; Steckley, 2010; Steckley, 2012) and peer group relations (Emond, 2000).

David Berridge has carried out a number of pieces of ethnographic research into children's homes (Berridge, 1985; Berridge and Brodie, 1998; Berridge *et al*, 2011a), these are broader pieces of research relating to residential child care as a whole, and do not specifically address the issue of touch, or mention it in the first two pieces. However, in the final piece (Berridge, 2011a:49-50) there are two short paragraphs referring to observations of touch in practice within the context of staff and child relationships and 'risk culture'. Whilst the researchers report not observing a 'great deal of physical contact', they did witness a few examples of staff giving children side-hugs, a child laying across a workers lap, and in one case a 'huge-hug' (2011:50). Also noted is that 'older teenage boys are not the easiest group for professionals to demonstrate physical reassurance; despite this, in one home we recorded that relationships appeared close and affectionate' (2011:50). The authors conclude that 'it did not seem that everyday interactions in the sample of homes studied were unduly restricted by a risk averse culture' (2011:50). The research was carried out in 16 homes across the country, although 10 were selected for 'intensive visits'. This included observations, interviews with home managers and semi-structure group and individual interviews, offering valuable breadth of information. Limitations of the research include minimal

time spent in homes (2-3 days each), limited depth explorations of touch and a lack of exploration of feelings and interpretations from staff and children - therefore not offering sufficient insight to gain depth understanding relating to the subject area.

Another piece of ethnographic research pertaining to this subject area (although indirectly) was carried out by Green (1998). Green's doctoral research project considered gender and sexuality within residential children's homes. She utilised ethnographic methods of observation, interviews and documentary analysis, and spent a year in two separate children's homes, observing and interviewing staff, children and some other professionals (social workers and sexual health workers). Within this research, Green noted multiple examples of 'touch seeking' behaviour carried out by both staff and residents, alongside the role of touch in the negotiation of various group dynamics, including in sexual relationships, conflicts of physical strength and bullying. Green's research is interesting because whilst touch was not the focus, it naturally emerged as a theme, equally, the sustained observations of a home allowed for more intricate observations than Berridge *et al* (2011a) within their large scale study. Using data from her PhD in other work Green has reflected upon multiple examples of touching behaviours, subtleties and ethical dilemmas were noted:

> 'Sexually abusive staff grooming children through affectionate apparently platonic touch which then slowly and subtly became sexual; touch being used by staff to dominate, control and sometimes restrain teenage residents; teenage boys touching female staff in ways the staff perceived as sexual and intimidating; younger children placed in residential care because they had very sexualised behaviour which foster carers could not accommodate, subjecting other residents and staff to unwanted sexualised touch; teenage boys using play fighting to both meet their touch needs and assert their dominance over other boys and girls; residents having sex with other residents and being vulnerable to the advances of predatory outsiders because they craved physical contact or were unable to say 'no'; male staff vigorously avoiding any form of supportive touch with female residents for fear of false allegations'

> (Green and Day, 2013:84)

This extract demonstrates the wealth of insight generated by depth exploration of the research field, and the value of exploring touch with the view to exploring adult-child relationships and meaning. Many of the above examples draw parallels with my own research findings and require critical, depth exploration.

A final ethnographic study to concisely explore the use of touch in practice is Emond's (2000) doctoral thesis, which explored peer group relations in residential child care. In relation to adult-child contact Emond argues that touch 'was a powerful medium' and that 'young people and staff would often embrace or be embraced as a greeting, a farewell, whilst they were distressed or in fun' underpinned by the worker's belief that 'the denial of opportunity to develop appropriate interpersonal skills, including appropriate touch, was a form of 'abuse' in itself' (2000:307). Interestingly, it was also observed that managerial staff were more frequently observed using touch than none-managerial staff, illustrating the significance of power relations in touching practices (Emond, 2000; O'Malley-Halley, 2007). These are, thus far, the only pieces of research which specifically observe and describe residential staff physically relating to children.

Recent debates in the *British Journal of Social Work* have been occurring surrounding the use of the controversial physical technique of 'Holding Therapy', as a form of therapeutic work with traumatised children in residential settings (Sudbery *et al*, 2010; Mercer, 2011; Sudbery and Shardlow, 2012). The therapy is informed by attachment theory, and promotes spoken therapy wherein children are forced to 're-live' traumatic experiences. Alongside spoken therapy, it denotes using holding techniques proposed to force children to break old attachments and enable them to form attachments with new adults. It should be noted that two children have died within the use of this therapeutic technique, and the overriding argument is that the technique provokes serious ethical concerns and a lack of substantial research evidence (Chaffin *et al*, 2006). This technique is used sparsely in Britain, although one organisation does promote this therapy. Sudbery *et al* (2010) researched this home using interviews and participant observation, although it should be noted researchers were not allowed access to the therapy sessions themselves.

Sudbery *et al* (2010:1535) opened their journal article regarding the research as an 'invitation to a debate', consciously locating their findings within the two firmly opposing positions of the home being researched which reports positive findings, and the position that 'holding therapy is a risk to children's physical and emotional

wellbeing' (BAAF, 2006: para 11). They clarified within the article that they were evaluating a programme wherein holding techniques were used with 'severely disturbed' children in a therapeutic environment. The physical act of holding took place only within specified sessions which they described in the following way:

> 'A ritualised start may involve the child or young person being held across the laps of two therapists, required to make eye contact and, as a prelude to discussions about their lives, asked to begin by choosing from a predictable range of words to describe how they are feeling'

> (Sudbery *et al*, 2010:1538)

The researchers argue that outcomes for children in these homes were relatively positive considering the extent of the challenges they had prior to entry, furthermore they argued that this style of therapy was used with only 'highly traumatised' children, reporting that:

> 'Children and adults (who had lived there in their earlier lives) valued therapy in the same terms as they valued the overall experience – the regime created relationships and adult responses in which they felt listened to and 'muddles' were cleared up, they found a language for what was going on with them, and they found they could establish a secure base from which to engage with the outside world'

> (Sudbery *et al*, 2010:1539)

They conclude their article by arguing that amongst a hostile audience to this therapy, 'objections in 'theory' cannot be used to hinder what works 'in practice' (2010:1550). Mercer (2011) responded to the invitation to debate by strongly arguing this therapy is too under-researched to promote, and that the term 'holding therapy' in not well-enough defined within the research to effectively analyse, referring to a wealth of evidence pertaining to poorly executed and abusive regimes which damaged and significantly harmed clients (Myeroff *et al*, 1999; Mercer, 2003). Mercer's key criticisms include that holding therapy is: 'implausible with respect to established understandings of emotional development…has not been supported by previous research evidence that meets reasonable standards…[and] it has never been made clear what holding therapy intends to treat' (Mercer, 2003:558). She also cited her previous work which critiques the use of holding therapy in depth (Mercer, 2003). Sudbery and Shardlow

(2012) responded to Mercer, disputing her claims, arguing they were merely attempting to activate a debate and further research. The debates around holding techniques are relevant, as they evidentially incorporate the use of touch in a significant manner. However, the ethical legitimacy of this technique is dubious at best, absence of choice and autonomy for children who have previously experienced abuse are absent if they are then force-held and forced made to relive past traumatic experiences.

The debate is therefore useful to note, but to some extent extreme examples such as this are not helpful in the search for everyday uses of touch as they present arguments which provoke extreme reactions, which has already been noted as a limitation to discussing the topic of touch (Cooke, 2003). Such critiques are not suggesting any form of holding should be rejected, certainly some research evidence has suggested children seek some form of holding through physical restraint (Steckley, 2012). However, the method is not sufficiently examined, and 'holding' for children should arguably be obtained through less invasive methods (Steckley, 2012), and be encouraged to occur more spontaneously within the informed context of adult-child relationships. I was however, mindful of such debates during the fieldwork, to see if any form of holding – be that physical or environmental (Winnicott, 1960) – occurred.

Steckley (2012) carried out qualitative research using semi-structured interviews and vignettes to explore both staff and children's' experiences of physical restraint. This research is highly valuable as physical restraint involves touch, explores a facet of the identified research field and obtains perspectives of children which has been noted as an existing gap (Cooke, 2003; Lynch and Garrett, 2010). The research suggests that some children actively seek physical restraint in order to emotionally contain their emotions and feelings (Steckley, 2012:5), for example in order to attain physical touch, 'Helen', a child, said:

> 'I think I just needed a cuddle...That's just my way of dealing with anger...most of my restraints have been my fault'
>
> (Steckley, 2012:14)

Whilst the evidence suggests that some children may purposefully engineer restraint in order to receive touch, perhaps if there were easier and more acceptable ways of eliciting touch they might not have to resort to this extreme behaviour. This concern is directly addressed by the author who asserts that that 'we need to envision a way

forward that enables us to meet the touch related needs of children' (Steckley, 2012:9). Some children said that physical restraint improved relationships with staff, for example Brian, a child, when asked about the relationship with staff following restraint said:

> 'They're protecting me, man…you feel like they're protecting you, so you feel you up your confidence with them'

(Steckley, 2012:7)

Steckley's research generated a variety of different papers regarding restraint, including: staff and children's' perspectives (Steckley and Kendrick, 2008), guidance for good quality restraint (Steckley, 2005), holding and containment (Steckley, 2010), and touch (Steckley, 2012). This research is arguably the most notably linked to this project, and offers some invaluable insights into the topic. However, whilst interviews are valuable in gaining insight into participants' perspectives, there are limitations with not observing interactions to confirm that such explanations are accurate (Stimpson and Webb, 1975; Gans, 1999). Similar concerns relate to using vignettes, which may be useful in gaining perspectives from children into how they may respond in hypothetical situations, however limitations relate to how accurately perceived responses and genuine responses may correlate (Jenkins *et al*, 2010). Observations of touch in practice need to be obtained in order for 'researchers to observe what people do, while all the other empirical methods are limited to reporting what people say about what they do' (Gans, 1999:540).

The empirical evidence explored above all contributes to understanding how touch is used in residential child care, but there remains an important gap pertaining to sustained observations of touch in practice (Ferguson, 2016). The value of using interviews and observations allows for thoughts and feelings to be explored, behaviours to be observed and for such findings to analysed through a process of triangulation which allows for the examination of incongruence between the two (Gans, 1999). This chapter has illustrated that debates surrounding touch are distinctly polarised and that relatively little is known about the practices of touch in residential child care, particularly in relation to sustained observations of touch in practice. As such, it has identified a clear empirical gap in current research knowledge that my thesis will contribute to filling. I will now conclude this chapter by locating touch within the

broader theoretical framework of this research, thus illustrating the gaps this thesis will be contributing to theoretically.

3.2.3 Research Questions

Chapters two and three position the use of touch in residential child care as an important area to study. By exploring touch as a facet of adult-child relationships in residential child care, I will be contributing empirically by offering sustained ethnographic evidence of how both touch and relationships are navigated within the lifespace. Touch is an 'inevitable' feature of lifespace work, and 'the kind of relationships that exist between adults and children will be central to the way touch is used and experienced' (Smith *et al*, 2013:45-46). It has also been argued that 'the best example of the culmination of the complexities of relationship, lifespace and challenging behaviour is the issue of touch' (Steckley and Smith, 2011:14-15). As such, through this I will also be contributing theoretically to developing theories of intimacy and bodily practices in professional relationships within a lifespace framework (Smith, 2005; Morgan, 2009; Jamieson, 2011).

The research questions for this research will therefore be:

- How do staff members make sense of touch within the context of adult-child relationships? What do staff members say about touch?

- How do staff members touch or avoid touch? Is there incongruence between observed uses of touch and how staff members discuss touch?

- How do children make sense of touch within the context of adult-child relationships? What do children say about touch?

- How do children touch or avoid touch? Is there incongruence between observed uses of touch and how children discuss touch?

Conclusion

This chapter has synthesised and amalgamated literature and research pertaining to touch. It has identified that debates surrounding touch are particularly polarised (Field, 2003; Piper and Stronarch, 2008), demonstrating that such polarisation is particularly well illustrated in the context of residential child care (Smith, 2009), and that exploring touch, as a facet of adult-child relationships, is the primary focus of this research. Whilst the current gap in observational research knowledge pertaining to touch illustrates what this research will offer empirically, this thesis will also contribute to developing current understandings of intimacy in professional relationships (Morgan, 2009; Jamieson, 2011) by relating them to the context of the lifespace (Smith, 2005; Kendrick, 2012). This will include framing how touch was used at Sunnydale House in relation to theories of intimacy, practices of intimacy and distancing practices, all within a lifespace framework (Jamieson, 2011; Smith, 2005).

'Good research is typically aware of the relationship between personal and public stories and the possible gaps between story and actions, and looks for ways of going beyond glib presentations of the self'

(Jamieson, 1998:12)

The previous chapters have demonstrated that little is currently known about the detailed dynamics of adult-child relationships in residential child care, specifically in relation to the practices of touch. This chapter is concerned with demonstrating how my research seeks to fill this gap, by delineating the methodological underpinnings of this project, as 'the bridge that brings our philosophical standpoint (on ontology and epistemology) and method (perspective and tool) together' (Hesse-Bibler and Leavy, 2011:3). Following discussions of philosophy, methodology and methods, the chapter concludes by paying attention to the ethical dilemmas inherent in this project. Although a critical element of ethnographic research, the chapter pays limited attention to situating my 'self' in the project and the process of reflexivity (Coffey, 1999). Due to the nature of my involvement in the field, this warrants substantial attention in the form of its own chapter. The following chapter [five], will therefore explicitly focus on introducing the field, sampling, reflexivity and access, as my journey of 'getting in and getting along' with participants (Cassell, 1978).

4.1 Methodology

4.1.1 Philosophical Underpinnings

The epistemological (theory of knowledge) and ontological (theory of being, or existence) assumptions are the foundations of any social research project, informing every stage: from initial topic selection, to methodological choices and data analysis (Bryman, 2004). Epistemology is a 'philosophical belief system' concerning what knowledge is, how things can be known and 'who can be a knower' (Hesse-Bibler and Leavy, 2011:5). Ontology is a 'philosophical belief system about the nature of social

reality'. For example: 'is the social world patterned and predictable, or is the social world continually being constructed through human interactions and rituals?' (Hesse-Bibler and Leavy, 2011:4). The two (ontology and epistemology) are intrinsically interlinked, and together inform decisions regarding which methods of enquiry are suitable to produce knowledge of the social world (Benton and Craib, 2001).

There are typically two main philosophical positions in western science: positivism and interpretivism (Galliers, 1991). Positivist research positions humans as rational beings, and assumes that human behaviour can be predicted if the 'correct' tools are used to gather data, prioritising precise and detailed measurements (Benton and Craib, 2001). In contrast, interpretivist research was developed in response to increasing objections to positivism (Benton and Craib, 2001), and instead 'assume[s] that access to reality (given or socially constructed) is only through social constructions such as language, consciousness, shared meanings, and instruments' (Myers, 2008:38). The interpretivist philosophical standpoint seeks to achieve 'Verstehen' (understanding) and generally asks questions requiring flexible subjective answers. In contrast 'Erklaren' (explanation) is sought in positivist research philosophy, which generally asks questions requiring objective and concrete answers (Crotty, 1998). One of the fundamental differences between the two key research philosophies, positivist and interpretivist, pertains to the level of objectivity that can be afforded in research:

> 'A positivist approach would follow the methods of the natural sciences and, by way of allegedly value-free, detached observation, seek to identify universal features of humanhood, society and history that offer explanation and hence control and predictability. The interpretivist approach, to the contrary, looks for culturally derived and historically situated interpretations of the social life-world'

> (Crotty, 1998:67)

This research seeks to explore the role of touch as a facet of adult-child relationships, relationships which are deeply embedded within a distinct cultural and political context (see chapter two and three). Objective 'truths' cannot be easily produced, if indeed they exist at all (Kuhn, 1962), and it can therefore only be ontologically positioned within a research paradigm that accounts for the culturally situated form of relationships and interactions between human actors (Crotty, 1998). As a result of this

ontological position, and the nature of the research questions, which seek depth understanding regarding a complex, culturally-situated topic, it is necessary to adopt an interpretivist epistemological approach in this project.

Interpretivist research:

> 'attempts to uncover the meaning and 'reality' (or interpretation) of people's experiences in the social world. The researcher endeavours to understand the opinions, emotional responses and attitudes articulated by participants; and then link these to people's behaviour and actions and, finally, contextualize, or place into perspective, the views and conducts of participants'

(Carey, 2009:53)

This position allows myself as the researcher to be informed and led by participants regarding what they perceive to be important. The role of the participant is much more directive in interpretivist research as 'unlike the positivists, interpretivists do not want our actors to go where we lead them. We want to go where they lead us' (Jones, 1993:138).

Epistemologically, this project is underpinned by the notion that children and staff members can be 'knowers' about the world in which they exist, and their voices should be heard and respected (Hesse-Bibler and Leavy, 2011). However, this was not the sole aim, indeed I will 'place the interpretations that have been elicited into a social scientific framework', as data is 'further interpreted in terms of the concepts, theories and literature of a discipline' (Bryman, 2004:15). In this respect, there will be 'triple interpretation' (Bryman, 2004) occurring: the interpretations of staff and children, the primary thematic interpretivist analysis and finally further analysis in relation to concepts, theories and literature - specifically that of the lifespace and theories of intimacy (Smith, 2005; Jamieson, 2011) - from within the disciplines of sociology and social work. Critics typically take exception to the lack of external validity (Bryman, 2004), and the limited ability to predict causal factors (King *et al*, 1994), in interpretivist research. However, interpretivism 'rests on the emphatic denial that we can understand cultural phenomena in causal terms' (Silverman, 1990:126). It has been demonstrated that there is a distinct dearth of knowledge regarding how touch is used in practice and it is a complex area which warrants attention (Steckley, 2012). The

expectation of this research is '...not to generalise to populations but to provide a theoretical understanding that can be taken up by other researchers' (Becker *et al* 2012:275), although this is not to suggest that the findings will not have broad relevance. As such, the aforementioned limitations of interpretivism are accepted as an inevitable critique when selecting a certain philosophical standpoint within any research project, however interpretivism provides the appropriate philosophical base to explore my research.

The philosophical position of a project will also inform the appropriate tools researchers select in order to examine research questions, typically originating from one of two dominant strategies within social research: quantitative and qualitative (Carey, 2009). The selection of the research strategy in this project must be the exploration of adult-child relationships in the lifespace (Smith, 2005), and would not be captured by 'precise and accurate measurement…expressed in numbers' as would be adopted by quantitative researchers (King and Horrocks, 2006:7). The research methods, as 'a technique for…gathering evidence' (Harding, 1987:2), must enable 'the interpretation of the actions and meanings of agents, over measurement, explanation and prediction' (May and Williams, 1998:7). Therefore qualitative methods, rooted in the interpretivist standpoint (Newman and Benz, 1998), which prioritise an 'inductive relationship between theory and research' (Bryman, 2004:20) have been selected for this project.

4.2 Research Methods

4.2.1 'Messy Ethnography'

Defined as '[t]he study of people in naturally occurring settings or 'fields' by methods of data collection which capture their social meanings and ordinary activities…in order to collect data in a systematic manner but without meaning being imposed on them externally' (Brewer, 2000:6), the word 'ethnography' derives from two Greek words: ''ethnos' meaning 'people' and 'graphein' meaning to 'depict'' (Liebling, 2001:474). Ethnography is rooted in the interpretivist philosophical standpoint, wherein priority is given to understanding the participants' perspective of their world (Hammersley and Atkinson, 2007:97). Whilst participant perspective is important, ethnography simultaneously offers the ability to go beyond individual actor's perspectives of the social world in order to observe how individuals fit within wider social structures

(Spradley, 1980). The combination of understanding both the emic (insider participants), and the etic (outsider researcher's), perspectives are critical in order to link findings to wider social theory and identify incongruences in practice (Bryman, 2004; Gans, 1999).

The primary aim of ethnography is 'the work of describing a culture' (Spradley, 1980:3). Describing a culture is particularly pertinent when considering residential child care within the lifespace framework, and the following chapters will provide 'thick description' (Geertz, 1973) of Sunnydale House, paying particular attention to the milieu and rhythms in the home (Smith, 2005). By doing this, I will illustrate how ethnography is perfectly positioned to account for the nuances of day-to-day practice, and why this is the ideal method for examining practice within a lifespace framework of analysis (Smith, 2005).

Practice ethnographies, which includes 'researchers being participant observers in the actual face to face practice of social workers' (Ferguson, 2014b:4), are increasingly being recognised as important areas of research knowledge in social work (Ferguson, 2016). Such evidence is valued because it affords a depth understanding of what actually happens when social workers and service users interact. This is in contrast to potentially one-sided narrative evidence given in interviews, or indeed, in the case of serious case reviews, analysis of case records and official data (Ferguson, 2011a; 2014a,b). Practice ethnographies therefore go beyond the spoken, to enable researchers to observe and record what actually happens in practice, including obviously intimate moments and the seemingly mundane (Ferguson, 2016). The use of ethnography in this project enables 'thick description' (Geertz, 1973) of the relationships between children in local authority care and the adults employed to care for them, as observed within their naturalistic environments. Ethnography allowed me to watch interactions, record and listen to individuals' experiences and explanations for interactions and read how the home was described and recorded in Ofsted reports, logs and official literature. I spent just over six months (55 days, roughly 450 hours) in total in the field. I have not returned to the home following this final visit. On average I spent eight hours in the home per visit, and scheduled a variety of times including: mornings, evenings, weekdays, weekends and during holiday periods, including summer, half terms and Christmas day. Although I originally intended to stay overnight at the home, this was not possible due to the practical organisation of the home. As such,

ethnography enabled me to go beyond spoken evidence and spend a sustained period of time observing first-hand how adults and children interact with each other in the context of a residential children's home.

The primary criticism of ethnography is that it is 'messy', as it encompasses a whole manner of methods, approaches and techniques (Marcus, 1998). However, in this research ethnography was selected for, not in spite of, this messiness. Residential child care work itself is messy (Smith, 2009), and ethnography's ability to account for this positions it as the ideal method. Other criticisms of ethnography lie in the method's inability to generalise findings (Bryman, 2004), managing large data sets (Reeves *et al*, 2008), the colonialist roots (Skeggs, 1997) and that findings present only a 'snapshot' (Berry, 2011) of a moment of time and space. This 'snapshot' however, is important. It enables observations of naturalistic occurrences of touch, in turn emphasising '[p]ersonal memory within social welfare regimes' as opposed to '[i]nstitutional memory which is most often the only memory that becomes part of public knowledge' (Zaviršek, 2006:126). This is particularly important in the context of residential child care, considering the influence of the number of substantial inquiries held regarding abuse in children's homes (Utting, 1991; Skinner, 1992; Waterhouse, 2000). Whilst inquiries are an important part of contributing to transparency and identifying areas for improvement, they are also limited in that they rely on institutional narratives (Zaviršek, 2006); lack theoretical depth (Green, 2005; Bullock, 1993) and also give the false illusion that 'something can always be done to reduce or eradicate risk' (Burgess 2010:4). Ethnography therefore, enables researchers to adopt a combination of methods, to go beyond what is spoken, or what is written down, to be able to observe practice 'up close', and importantly 'respect[s] the irreducibility of human experience' (O'Reily, 2005:3).

There is growing debate regarding the extent to which ethnographic projects are becoming personal explorations - as opposed to sociological investigations - particularly in relation to the inclusion of researcher's personal accounts within analysis (Day, 2002). There are academics in favour of writing oneself into the account (Coffey, 1999; Colosi, 2006; Bott, 2010; Richardson, 1994; Liebling, 2001), and those who oppose (Gans, 1999; Loftland and Loftland, 1995). For Liebling (2001:475):

> 'Ethnography appeals to our instinct to trust not others' rules and
> realities, but to trust the force of our own understanding, and do the

hard thinking required in the art of inquiry…you might introduce a
tape-recorder and other refinements, but what you need most of all is
full use of your self'

The relationships between myself and the participants, how these changed over time
and my prior conceptions about residential care were all important features regarding
how this project unfolded methodologically and analytically, which I will only explore in
depth in the following chapter. In the remainder of the chapters I will write myself into
the account selectively. In scenarios where I was directly involved in an interaction I will
make this clear, at times I will also explain what I was doing during observations in order
to contextualise scenarios if necessary, beyond this however the focus will be on
interactions between participants.

4.2.2 Participant Observation

Participant observation was the primary method used within the project, the reasons
for this are two-fold. First, there is a clear gap in research knowledge pertaining to
observations of touch in practice. As such I was able to observe and describe adult-child
relationships in practice, observing how touch was used within these relationships:

'Through participant observation, it is possible to describe what goes
on, who or what is involved, when and where things happen, how they
occur, and why… Participant observation is exceptional for studying
processes, relationships among people and events, the organisation of
people and events, continuities over time, and patterns, as well as the
immediate sociocultural contexts in which human existence unfolds'

(Jorgensen, 1989:12)

The second reason is that participant observation enables critical inaccuracies between
what is said and done to be observed first hand (Gans, 1999). Triangulation of
observation and interview data allows for common themes and incongruence to be
identified, allowing for scrutiny of how participants construct and affect the
environments within which they operate (Carey, 2009:53). This is referred to as
'methodological triangulation', although other types of triangulation are possible

including theory triangulation (various theories to understand phenomena) and investigator triangulation (multiple researchers):

> 'Ethnographic work commonly uses methodological triangulation - a technique designed to compare and contrast different types of methods to help provide more comprehensive insights into the phenomenon under study. This type of triangulation can be very useful, as sometimes what people say about their actions can contrast with their actual behaviour'.

> (Reeves *et al*, 2008:514):

The value of methodological triangulation is demonstrated in the following two extracts from my data. The first is taken from my fieldnotes following an interview with Luke, a worker whose interview lasted over an hour. Despite the heavy emphasis placed on relationships in the interview, Luke spent the time before, and after this interview either in the office or watching television alone in the lounge:

> 'Luke does this incredible interview, so rich and emotional, with some really powerful examples - emphasising the value of relationships, but spent the rest of the shift either in the office or in front of the TV. Totally the opposite of what was said on tape'

> (Fieldnotes, Day 42)

The value of participant observation demonstrates how triangulation of data, as the ability to go beyond what is said and compare this to behaviour, is captured. The example below further illustrates this point and is taken from my first day in the field as I was being given a tour of the home:

> 'Dave made it clear Sunnydale has a 'no locked doors policy': "…we like to have a no locked doors policy here, unless it's completely necessary. Otherwise you'd get no privacy, you know?" He said this whilst simultaneously locking the door to the children's 'games' room, mid-day in the summer holidays'

> (Fieldnotes, Day 1)

Interviews, particularly semi-structured, whilst having some value (many individuals gave accurate descriptions of their actions), had distinct limitations with regards to evident incongruences between words and actions (Gans, 1999; Agresti & Finlay 1997). Participant observation allowed me to observe and record how staff and children actually interacted in practice, and how such relationships unfolded and intertwined over time (Gans, 1999; Ferguson, 2016).

It is important at this stage, to clarify the level of participation I used within this project. Typically this is explained through three possible categories: complete participant, participant observer and complete observer (Bernard, 2006). Complete participants carry out covert research, being involved in the field without informing participants they are being observed. Whilst the strengths of this approach may lie in reduced 'reactivity', the ethics of this have been long explored within social research and would not have been appropriate nor allowed within this project (Homan, 1980; Emond, 2003). Complete observers 'follow people around and record their behaviour with little if any interaction' (Bernard, 2006:347), being involved within the field but in an abstract manner, otherwise referred to as direct observation (Guest *et al*, 2013). Participant observation, as opposed to direct observation, entails absolute involvement on behalf of the researcher, and active engagement in the moments that make up individual's everyday lives (Guest *et al*, 2013; Bernard, 2006). In this project, I was positioned midway between participant observation and direct observation. The distinction between the two being '…an observer is under the bed. A participant observer is in it' (Wittington in Guest *et al*, 2013:78). With this in mind, putatively speaking, I was not in or under the bed, rather I was standing next to the bed having conversations with those in it.

The purpose of the study was not to be a part of the home, but to get close enough to observe and record what occurred within it or for the participants to be comfortable enough with my presence to behave as they would if I was absent. For this to occur however (as will be discussed in depth in the following chapter) this position required a substantial amount of negotiation, including reciprocity and the building of trust between myself and the participants. Negotiating my position within the field took time, and was further complicated by my position in the home as neither a child nor a staff member. For Becker (1967) one cannot, and should not even attempt to pretend that, to explore both worlds is possible. This is particularly important when one 'group'

is significantly less powerful (subordinates) than the other (superordinates), instead the question is not whether we should take sides, since we inevitably will, but rather whose side are we on' (Becker, 1967:239). In contrast, Liebling (2001:473), an academic with vast experience of ethnographic research within prisons, challenges this position:

> 'In my experience it is possible to take more than one side seriously, to find merit in more than one perspective, and to do this without causing outrage on the side of officials or prisoners, but this is a precarious business with a high emotional price to pay'.

The ability to account for both sides, she argues, primarily requires empathy, as the ability to listen to and take seriously, more than one side of the same story. In turn, using this empathy to balance and inform the analytic process, in order to understand that both superordinates and subordinates hold and use power in different ways (Gouldner, 1968). Even those who seem powerful (superordinates) operate within structures that control them (Liebling, 2001; Gouldner, 1968). Whilst in the home, I did not participate fully with either side, as both were subjects of interest, and I did not want to isolate either group (Liebling, 2000). If, for example, the research questions had been explicitly concerned with the perspectives of children, such as in Emond's ethnography (2003), I would have engaged solely with the children, with less regard for the adult's worlds. Equally, had the focus solely been on staff member's perspectives, less time would have been spent engaging with children's worlds. Ultimately, the balance of perspectives in this project required much care and attention in order to do justice to both groups of interest both during and after the fieldwork during data analysis and writing up the findings. The data has been collected, analysed and written up in a way that endeavours – as far as is reasonably possible – to give due regard to both perspectives.

For the children, observing daily life, specifically the incongruence between what is said and what is done was perceived as a strength. Without exception, all the children valued this aspect of the methodology. For example, when discussing this with Lily (16), she said:

> "Oh god, you should have been here the other day [small laugh]. Me and [staff name] were in here having this massive fight, and then I heard her go in to the office and explain it to the others [staff

members] completely wrong, blaming it all on me. I went through a

stage of reading all my logs every day for this reason, just to check

people are telling the truth about me"

<div align="right">(Fieldnotes, Day 3)</div>

In contrast, some (not all) of the residential care workers were less keen. This is perhaps unsurprising given the heavily regulated current climate within residential child care (Kendrick and Smith, 2002). The example below demonstrates the difference when having a similar discussion as I had with Lily (above) with a member of staff. It should be made clear however, that not all staff had this response:

'She said that Sunnydale works in a very therapeutic way with the

children, she asked me what I would be doing, and whether I would be

getting involved. I said the main objective is for me to observe adults

and children interacting, but that I would get involved where

appropriate and I wouldn't be silent. She said "Oh yes, we couldn't

have you standing in a corner with a notebook – it would make the

children feel really uncomfortable if you did that. We wouldn't be able

to have you here if you were going to do that. We have a very

therapeutic style here and that wouldn't work. If we say Lisa, can you

play that board game, or Lisa, can you help make dinner, or help clean

up – you would do it right? With the children, working with them

together to show them how it's done If we had you sitting in the corner

with a notebook, we'd have to put you in the office"'

<div align="right">(Fieldnotes, Day 2)</div>

This extract perhaps indicates how the process of negotiating my presence required some flexibility with some participants, and why, because I wanted to observe adults and children together, this process of negotiation featured as an important aspect of the first few months of fieldwork. Having a researcher observe practice can be intimidating for staff, as Ferguson (2014b:7) notes 'It takes a lot of courage for managers and workers to allow their practice to be observed, analysed and written about, even when they know that all identifying characteristics will be changed'. It also illustrates some of the hostility demonstrated by some of the adult participants regarding my presence in the home, and their attempts to micro-manage where I was

'allowed' to go and what I was allowed to do. I did join in with some of the games, meals and activities within the home. This was particularly the case at the beginning, whilst my presence was more unusual. After around two months, my presence began to be 'taken for granted' by most in the home. For the purpose of clarity however, I will – where pertinent – include what I am doing during examples of practice recorded in my data.

The final strength of participant observation is the method's ability to allow the researcher to explore 'tacit' aspects of individuals' lives and cultures. 'Explicit culture' has been defined as 'what people are able to articulate about themselves', collected largely through interviews (both formal and informal). 'Tacit culture' is distinctly more nuanced, and refers to the 'aspects of culture that largely remain outside our awareness or consciousness' (DeWalt and DeWalt, 2002:1), not always articulated (consciously or unconsciously) by individuals. Incidentally, feelings experienced in response to touch are used to illustrate tacit culture:

> 'It is the feeling of discomfort we have, for example, when someone
> stands too close to us or touches us in a way that seems too familiar'
>
> (DeWalt and DeWalt, 2002:1)

Utilising participant observation in this project enabled me to observe daily life, and daily interactions, in residential child care for both adults and children, including unspoken 'rules' and power relationships (Haney, 2002). These moments would arguably be missed by interviews alone, which can only ascertain, with varying degrees of success (Agresti & Finlay, 1997; Jamieson, 1998), the 'explicit culture' within a home (DeWalt and DeWalt, 2011). However, what individuals say about their lives is still critical with regards to acquiring an understanding of the emic perspectives (Hammersley and Atkinson, 2007). More detail regarding how interviews were used within this project, the strengths and weaknesses, will be discussed in more depth now.

4.2.3 The Role of Interviews: Semi-Structured and Ethnographic

This project utilised two types of interviews: semi-structured (Kvale, 1996) and ethnographic (Heyl, 2001). The purpose of using both 'types' of interviews was to explore how participants construct their 'worlds' through language (Hammersley and

Atkinson, 2007:97) in order to understand the emic perspective (Morris *et al*, 1999). Specifically, 'explicit culture', that which participants can easily articulate about their lives (DeWalt and DeWalt, 2011).

The distinction between ethnographic and semi-structured interviews has been explained by Heyl, which she purposefully explored due to the 'great deal of overlapping terminology in the areas of qualitative research and ethnography' (2001:369). For Heyl, the critical difference between ethnographic interviews and other types of interviews pertains largely to time and relationships, between participants and researcher:

> 'The definition of ethnographic interviewing here will include those projects in which researchers have established respectful, on-going relationships with their interviewees, including enough rapport for there to be a genuine exchange of views and enough time and openness in the interviews for the interviewees to explore purposefully with the researcher the meanings they place on events in their world'

> (Heyl, 2001:369)

In essence, ethnographic interviews are unstructured conversations, including discussions with individuals before, during and following events or moments of interest. For Heyl, these are founded on the quality of relationships, and whilst evident in some scenarios (particularly with shy or quiet participants), these did not always necessitate quality relationships, and were often more dependent on the privacy allowed in certain moments. Whilst the ethnographic interviews were not formally structured in the same way as semi-structured interviews (i.e. they did not follow an interview guide), this is not to say that I had no input into the direction of these conversations. Indeed, I was able, through this method, to enquire about areas of interest as they emerged in the field.

In contrast, semi-structured interviews were planned in advance; were more 'structured'; explored emerging themes in depth; carried out using a pre-prepared interview script; and critically, were recorded using a Dictaphone (Kvale, 1996; Heyl, 2001). The most noticeable difference between the two 'types' of interviews within this project was the presence of the Dictaphone. The merits of using a Dictaphone within interviews have been well-documented and are largely recommended due to the ability

of recording devices to compensate for some of the deficits associated with researchers relying on memory and the ability to transcribe verbatim (Sacks, 1984;). The ability to record – and then transcribe – interviews was indeed valuable for purposes of accuracy, but they also allowed moments of privacy with each participant with dedicated time to explore key questions and gain individual perspectives on issues of interest. However, it is also important to remember that audio recording devices do not pick up everything. They cannot, for example, record actions, body language and facial expressions and hand written notes are still necessary (Kvale, 1996; Hammersley and Atkinson, 1997). The Dictaphone in this project also had an interesting influence on the dynamic within the room and each interviewee (child and adult), as the atmosphere was somewhat formalised by its presence. Without exception, participants commented on the presence of the Dictaphone in the room. The most typical reaction to the Dictaphone was noted when it was turned off, as participants spoke considerably more freely and notable changes to body language were also present. Most research text books advise researchers to keep the Dictaphone recording after the end of the interview to compensate for this phenomenon (Kvale, 1996; Bryman, 2012; Hammersley and Atkinson, 1997). In this project, this would not have been possible as it was not a case of individuals simply wanting to carry on talking post-interview, but a case of individual participants wanting to discuss things they would not discuss on tape. Sensitive issues, I found, were topics to be discussed one-to-one, without the Dictaphone in private spaces. Typical examples included explicitly naming individuals that they would not name on tape. Unsurprisingly this was often negative attributes of their characters, personal grievances or using names specifically to illustrate a point they may have been describing in an abstract manner in the interview. For some children, this included identifying staff they didn't like, or – for one child – identifying a member of staff they did not like touching them. For staff members, this included staff they felt didn't 'do' various aspects of the work well and not children, who they tended to speak fairly freely about regardless who, or what, was present.

There was another topic, which will be discussed in the following chapter, that staff would talk about off-tape but not whilst the Dictaphone was recording. In one extreme example, two members of staff brought up the scenario themselves, and then did not want to discuss further, which ultimately ended the interview:

RCW 1[2]: "As we found out recently…"

RCW 2: "With the incident here?"

RCW 1: "As we found out recently with an incident here…you know, erm, recently?"

LW: "How do you think this was handled?"

RCW 1: "How do I what?"

LW: "How do you think this was handled?"

RCW 2: "Badly"

LW: "Why do you think this was handled badly?"

RCW 1: (points to tape) "I'm wary…"

RCW 2: "Mmm. I think it's time for a cigarette" [stands up]

This example clearly illustrates the parameters of what individuals would and would not discuss on tape. When I asked about this outside of interview settings, staff members gave various reasons for why they did not like the Dictaphone. For some this was because they felt like it was 'too formal', some said they were 'rubbish at interviews', and one staff member said that it wasn't what they had said that concerned them, or what I would 'do' with the information, but what would happen if I lost the tape. Evidently there were significant concerns about the 'recorded information', in stark contrast to that which they said when there was no recorder present. This was not only evident in relation to what individuals would not say, but was also in relation to what they did say. This occurred with both groups, and there were clear incongruences between interview data and observations. This is two-fold: by reinforcing certain positions due to what participants believe the researcher wants to hear (response bias) (Fine, 1981), and also lying 'if they think their response is socially unacceptable' (Agresti & Finlay 1997:22). Ethically, during the initial discussions regarding consent, I clearly outlined that everything would be included as data unless it was explicitly stated otherwise during the fieldwork. Multiple discussions were held with various participants throughout the fieldwork regarding this issue, and only once did someone discuss something they specifically asked to be kept 'off record', which I did not record, nor will this be included in the analysis.

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[2] RCW: Residential Child Care Worker. Referred to in this format to protect the identity of these workers throughout the thesis as only two workers were interviewed together.

I carried out 20 semi-structured interviews in total: 15 with staff members and 5 with children. These lasted between 30 minutes and 1.5 hours, one interview lasted 15 minutes. They took place in private rooms, in either of the two living rooms in the house. One interview took place in a café in the town centre with a relief member of staff who was rarely in the home. I used the same interview schedules for each participant, although these were different for children and staff. Two interviews were carried out with two participants simultaneously, one of these was with two staff members, and one was with two children, this was suggested by the individual participants. Navigating time to carry out the interviews was difficult, as the home was often quite busy. Some of this could be attributed to reluctance on behalf of the participants, interestingly, the majority of participants seemed much more comfortable with being observed, and less so with being interviewed.

Semi-structured interviews have been critiqued in relation to what interviews may represent to children who have experience of state care (Emond, 2003; Green, 1998). Of the 6 children involved in this project: 5 out of 6 took part in a semi-structured interview. These were slightly shorter than staff interviews, and lasted between 30 and 50 minutes. Emond (2003:196) highlights how the 'meaning' of interviews to children in state care may be different than for those who have not experienced care:

> 'All of the children were involved in the formal state care system and as such being asked questions by adults on their views and experiences was the norm rather than the exception. In addition, such questioning may have historically resulted in some degree of change occurring and information about them being shared with others. In other words, questioning by adults had a meaning that may not have existed for children who had not been through a bureaucratic system'.

For each child in this project, interviews and involvement with professionals beyond residential workers is a weekly, if not daily, occurrence. Two of the male children stated the last time they had been interviewed was by the police, one female child was mid-way through an on-going CSE[3] investigation and two children (one male and one female) were in the process of moving out of the home in to independent living arrangements. In this respect, interviews may indeed have had a different 'meaning' to

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these children than children who had not experienced care. Whether or not to be interviewed was absolutely each individual child's choice, only one declined. Reasons they gave for agreeing to be being interviewed included: wanting to help other children, wanting to get their side of the story across and because they had nothing 'better to do' at that time. In light of this, interviews may have different meanings for children who have experienced care than those who have not, but this did not mean they did not want to be involved, nor does it mean that they should be avoided. Each situation should be considered individually, but in this project the children appeared to value to opportunity to be heard. In sum, the use of semi-structured interviews in this project provided opportunity to speak to individual participants (in most cases) alone, explore topics in depth and acquire spoken data regarding their daily lives which could then be transcribed verbatim. The role of the Dictaphone clearly impacted upon what individuals did and did not say. Ultimately the semi-structured interviews provide a certain narrative regarding the daily life of the home, which is useful to analyse in conjunction with other data.

In contrast to semi-structured interviews, ethnographic interviews often elicited far greater detail, situated in every day moments from both staff and children. These conversations would take place around the home, in cars, bedrooms, the kitchen, the staff sleeping in room, on walks, in the office, in the garden, in the local community and away from the home on leisure, or educational, activities involving staff and children. Ethnographic interviews were never recorded. There are evident practical limitations to this as then I was responsible for memorising conversations and recording accurately as soon as possible following the conversation (Bryman *et al*, 2012; Hammersley and Atkinson, 2007), and as previously mentioned it is not possible to accurately remember every single utterance verbatim (Sack, 1984). However, not recording these played a fundamental role in relationship building participants and providing the privacy required to talk freely.

A notably 'ripe' moment for such conversations was during smoking. The decision whether to smoke with participants or not was something I had thought about prior to my arrival, and I had originally decided to smoke on my own away from the home. This decision was mainly based on obvious concerns relating to smoking and health, particularly for children. I began smoking in the designated smoking area around the side of the house, when a non-smoking child stopped me and said:

"You don't have to go over there you know, all the staff smoke with us,

I don't even smoke but I stand with them"

(Sam, 15)

I therefore decided to follow suit and smoke outside the front of the house, but standing in the group. Ethically, this is an evident dilemma and I felt uneasy about this. Admittedly, this was largely because I wasn't sure how to write about it:

'Have decided to smoke with kids instead of in the den. This is what other people do. Not sure how I'm going to write about this. Rebecca [staff] says the staff who smoke do it, and most of the staff smoke. She says she has the best conversations with kids when smoking, and gave the example of Jamie (15) who has so much stuff going off in his head and isn't a 'talker', but then will chat about it all when he's smoking. Something about the neutral context'

(Fieldnotes, Day 3)

In terms of acquiring some of the richest moments with children and staff conversations, this involved smoking. Participants went outside to discuss moments, arguments, annoyances, share stories, ideas and feelings. They smoked because they were celebrating and they smoked if they were stressed. Participants also asked me outside to tell me things they didn't want to say in front of other people.

'I arrived today at 7am, all the children are in bed. I went into the office, which was hectic, and then to the shop. On the way back I saw Dave on the walk to the house, he said "there's been quite a few changes since I saw you last, some disclosures have been made". I went back into the office, which was still hectic. Louise catches my eye and signals for a cigarette.

(Fieldnotes, Day 48)

In sum, smoking offered a way in that was incredibly difficult to turn down. This is best captured during an example of a smoking break with Frank (staff), who commented: "every home has its secrets", and one of the best ways to find these out was outside smoking. I also used ethnographic interviews following events of interest: arguments, emotionally charged moments, arrivals and departures of strangers from the home,

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arrivals and departures of children, official visits and critically, following incidents of 'touch' in practice. I also used ethnographic interviews to ask why participants made the decisions they did, how it felt, and how they may have done this differently. Ethnographic interviews allowed me to ask questions in the moment, the immediacy of interactions captured within conversations. Ethnographic interviews allowed me to explore how participants interpreted and explained their own actions with less moderation of what they were saying. In sum, ethnographic interviews offered a bridge between the two previous methods of participant observation and semi-structured interviews.

4.3 Data Recording

Quality recording of data is one of the most important aspects of ethnographic research, as Hammersley and Atkinson (2007:144) state: '…there is no advantage in observing action over extended periods of time if inadequate time is allowed for the preparation of notes'. There are three considerations regarding observational fieldnotes: 'what to write down, how to write it down, and when to write it down' (Hammersley and Atkinson, 2007:142). Each of the questions will be answered individually.

What to write down: Interactions between adults and children were the primary consideration when writing fieldnotes, including verbal and non-verbal interactions, occurring inside, outside, and around the home. Perhaps obviously, specific attention was paid to the absence or presence of physical contact. Notes took account of body language, tone of voice, facial expressions, location, time of day, and length of interaction. Notes also took account of occurrences following interactions, for instance, discussions between myself and participants regarding interactions to explore participants' interpretations of events. Finally, notes took account of different approaches adopted by staff members, and how children appear to respond to them - alongside differences observed at handover with changing staff. Ultimately, anything of interest was recorded, over time notes became more specific, according to developing areas of emergent focussing (Hammersley and Atkinson, 2007). These were very descriptive and took a considerable amount of time to record following time in the field, they also included key words and ideas that I thought may be of interest at a later date (Schatzman and Strauss, 1973:95). Semi-structured interviews were transcribed

verbatim, with notes regarding observations during semi-structured interviews added to interview scripts.

How to write it down: Although I had originally intended to use a field notebook, it transpired in practice it was much easier to use the 'notes' app on my smart phone, which allowed me to then securely send them to my university e-mail account directly from my phone. Whilst I was in the field this largely included full prose, but when there was not time I would write down bullet points which I then elaborated on when I was at home (Schatzman and Strauss, 1973).

When to write it down: It is argued that observations are best recorded as the incident is occurring, however Hammersley and Atkinson (2007:142) maintain 'this is not always possible, and even when it is possible…there are often restrictions arising from the social characteristics of the research setting, as well as from the ethnographers' role in the field'. The use of the smart phone, however, did allow for me to take notes relatively easily in the home as events unfolded as all participants had mobile phones, so this did not look particularly out of place. Evidently there were still some moments where it would not have been appropriate to get my phone out however, and in these cases this was done when outside away from individuals whilst smoking, or in private spaces either empty rooms or indeed, as has been reported by many ethnographers, in the privacy of a locked bathroom (Emond, 2003; Hammersley and Atkinson, 1997; Bernard, 2006). When I arrived home, I edited the notes, adding more depth and also noted reflections on the day. This was always done on the same day, unless I arrived home after midnight, in which case I would do the more in-depth note taking in the morning.

4.4 Data Analysis

Data analysis is a fluid and on-going process, which does not only begin following fieldwork: '[f]ormally, it starts to take shape in analytic notes and memoranda; informally it is embodied in ethnographer's ideas and hunches' (Hammersley and Atkinson, 2007:158). The data collected within this project will be analysed using thematic analysis (Silverman, 1990).

This research project specifically intends to explore and make sense of touch and relationships within residential child care, obtaining depth understanding, or 'Verstehen' (Truzzi, 1974). This would be difficult to achieve without obtaining data

directly from the relevant field, and using these findings to inform the analysis. This project intends to generate substantial, sustained analysis into an under-researched area, as opposed to developing a comprehensive theory of relationships in residential child care. It has however, drawn upon theories of intimacy in professional relationships (Morgan, 2009; Jamieson, 2011; Ferguson, 2011a) and will use data from this project to contribute to understanding intimacy and adult-child relationships in the context of the lifespace.

Data analysis within this project is directly informed by the data collection process, and coding began at the beginning of the collection process. Concepts were then developed and tested according to the fieldwork, consequently analysis is not a static activity following fieldwork completion, but a cyclical process carried out throughout (Silverman, 1990). Practically, I used both paper-based methods of the traditional highlighters and paper to code, I also started to use N-Vivo. Whilst the advances in technology have certainly aided in the ability for researchers to handle and navigate substantial amounts of data (Bryman, 2004), I eventually stopped as I find it preferable to read things off-screen and instead used word to create tables of codes which I then grouped into broader themes. This process began after a week in the field, and throughout the fieldwork I added to, removed or reframed my codes as I continually asked questions of my data. These codes were then linked to wider theories, of which intimacy (Jamieson, 2011) and lifespace (Smith, 2005), became particularly pertinent.

For Spradley (1980:116) effective analysis in ethnographic research largely 'depends on the researcher's ability to explore and explain parts of a culture, the relationships among the parts, and their relationships to the whole'. Therefore, analysis within this project will particularly focus on themes pertaining to adult-child relationships, intimacy, distancing practices and touch. This entails immersing myself in the data, critically analysing how I am interpreting the data and affecting the field, allowing themes to naturally emerge, and developing 'analytical categories' during the process (Hammersley and Atkinson, 2007). Bryman *et al* (2012:408) define reflexivity as:

> 'Reflection by researchers on the social processes that impinge on and influence data. It requires a critical attitude towards data, and recognition of the influence on the research of such factors as the location of the setting, the sensitivity of the topic and the nature of the social interaction between the researcher and the researched'.

In this research, continual reflexivity was used throughout in order to ensure findings are presented in a rigorously analytical manner. For Haney (2002:296), reflexivity is a 'powerful methodological and analytical tool', methodologically, reflexivity allows researchers to 'become more sensitive to' - and critique - power dynamics within the research field. Analytically, reflexivity encourages researchers to 'interrogate their own social position and to disentangle how it shaped their definition of the situation'. Coffey (1999:54) also highlights the importance of 'critical reflection of ultimately personal relationships', essentially due to the significant level of human interaction necessitated by ethnographic research methods. Drawing on these ideas there are arguably three key critical considerations related to reflexivity within this project: How does my presence affect the field (methodological)? What is informing my interpretation of the findings (analytical) (Haney, 2002)? What is occurring within the relationships between me and the participants (relational) (Coffey, 1999)? These questions will be explored in depth in chapter five.

4.5 Ethical Considerations

For Berridge & Brodie (1998:25), '[i]n depth studies of children's homes must be among the most sensitive and potentially threatening areas of social inquiry'. Lee and Renzetti (1990:3) argue however that 'sensitive' research is often used in a 'self-explanatory' manner, without definition as to why the research area is sensitive, and what makes research 'sensitive' initially. They proffer this definition:

> 'A sensitive topic is one which potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data'
>
> (Lee and Renzetti, 1990:3)

This research project is sensitive due to the status of the child participants, their histories and their residence within residential children's homes. Equally, the topic of touch itself – as highlighted in chapter three – is sensitive, and data collected may pose a threat to individuals or the institution or the researcher. During this fieldwork, the sensitivity of 'touch' was polarised for the residential child care workers at Sunnydale by the recent suspension of a staff member related to an issue involving touch.

Consequently, within this project there were numerous ethical issues to consider. Attention will be paid to three areas: procedural ethics, continual ethical commitment and research with children.

4.5.1 Procedural Ethics and On-Going Ethical Commitment

As a student at the University of Nottingham, funded by the Economic and Social Research Council (ESRC) and researching areas of social care, initial attention was paid to ensuring that the research was informed, and abided, by each of the appropriate ethical codes of conduct (University of Nottingham, 2010; ESRC, 2010;). Ultimately, adherence to each of these codes ensures priority is given to informed consent, ensuring '[p]articipants have complete understanding, at all times, of what the research is about and the implications for themselves being involved' (Noaks and Wincup, 2004:42). Equally prioritising confidentiality and anonymity, which entails protecting participants from being recognised by others or themselves, this will include changing names and obvious recognisable features (Fraser, 2004:25). Finally, this requires minimising harm to participants. This research was also informed by and adhered to the Local Authority's own ethical guidelines, including following appropriate whistle-blowing procedures. In the case of safeguarding concerns the confidentiality of participants would not be breeched in order to protect individuals from harm. Ethical dilemmas were discussed with my supervisors (qualified social workers familiar with safeguarding procedures) throughout the fieldwork to ensure that my research was ethically defensible. This upholds the veracity of the research, the participants, and the reputation of the University, ESRC and wider academic social research community (Bryman 2004:505). For Blaike (2000:20), commitment to ethical clearance should be prioritised as there is an obvious division between 'ethics' and 'practical problems' which he disputes are connected concerns. However, there is a growing discontent from academics regarding the manner in which 'doing research ethics' is merely a form-filling process rather than 'authentic reflections' regarding ethical issues in proposed research designs (McNeil, 2002:72). Ethical research is not sufficiently achieved through unyielding and hasty adherence to ethical procedures alone. For Banks (2012:60), whilst obtaining ethical clearance is an essential aspect of the research process, 'cultivating moral qualities', such as 'ethical awareness', 'moral integrity/honesty' and 'professional wisdom' are equally important. Banks encourages

researchers to anticipate ethical dilemmas to utilise 'practice wisdom' when decisions are not easily answered by a code of ethics. Whilst it is not possible to fully anticipate ethical dilemmas in the field, it was important for me to reflect before, during and following the research process in order to ensure my research was carried out and written up ethically. With this in mind, one of the key areas I considered for this project was the area of research with children (Fraser *et al*, 2004).

4.5.2 Continual Ethical Commitment: Researching Children

It is fundamental that children are not harmed, nor coerced into social research and this project was no different. However, whilst ensuring participants do not come to any harm within research projects, there is the developing argument that 'vulnerable' participants can be further victimised by over-sensitising their positions as 'vulnerable' (Fraser *et al*, 2004). Children specifically have been identified as a group which researchers have traditionally avoided, in turn neglecting the valuable insight offered by children (Morrow and Richards, 1996). The sociology of childhood has challenged this position in conceptualising children as 'subjects' within social research and not simply 'objects' of interest (Fraser *et al*, 2004), and I did not want to overemphasise the vulnerability of children in this project, but rather 'take children seriously as they experience their lives in the here and now as children' (Morrow and Richards, 1996:92). Exploring children's perspectives is an important contribution to the current gap in research knowledge.

Emond (2003) initially began her research project by interviewing children living in children's homes about their experiences with other residents, the children subsequently challenged this approach 'recommend[ing] that the best way to understand group living was to experience it first-hand' (Emond 2003:324). In this circumstance the children felt that the initial design lacked authenticity, instead preferring ethnographic methods. One of my primary concerns in this project was related to the high level of contact ethnography entails, and that my presence would be experienced as invasive. This was a particular concern in relation to children as I would be spending prolonged periods of time in their home, whereas for staff members they had the ability to leave at the end of the day to the privacy of their own homes. As discussed above, during a conversation regarding what the research entailed with one

child, in contrast to being perceived as invasive, she stated she preferred ethnography due to its ability to observe and examine what people say they do in relation to what they actually do. In this respect, authenticity and the ability to observe real life was viewed as a strength. I did ask children throughout the project whether they minded me sitting in the room with them, or accompanying them on trips. Initially they often looked confused, and then said yes as if it was a stupid question. This is perhaps also illustrative of the lack of choice children in children's homes typically have with regards to the number of adults who enter their home. Over time they asked me to accompany them, rather than me asking their permission. There was only one example during the entire fieldwork process in which a child said they didn't mind me going with them to court, but didn't want me to go into the court room with them. Obviously I respected this and also took time to ensure that it was really okay for me to go to court, which he asserted it was.

This example demonstrates that whilst children may be perceived as vulnerable and unknowing, they do have the capacity to understand social research and make informed decisions as to whether or not they want to be involved. In the fieldwork I drew on practice wisdom and experience within children's homes to ensure children and staff members were not harmed by the research, and participants had the opportunity to opt out of the research at any time. However, '[n]ew times in research ethics are opening up new possibilities for the engagement of children as competent participants' (For Farrell. 2005:1), and this research embraces the opportunity for this engagement.

Conclusion

This chapter has outlined the methodological underpinnings for this research project. Underpinned by the interpretivist philosophical standpoint (Carey, 2009), the project seeks Verstehen regarding the use of touch within adult-child relationships in residential children's homes. The selection of qualitative research methods - specifically ethnography - which incorporates participant observation, semi-structured interviews and ethnographic interviews, was rooted in the assertion that no other research design would have the capacity to answer the research questions adequately. Whilst drawing upon some examples from the fieldwork, this chapter has focused more on explaining how and why decisions were made regarding the methodology, as opposed to giving

explicit attention to locating my *self* within the research field. As indicated throughout, the nature of the project necessitates more than the simple narration of an abstract research project in which I do not feature. Indeed, such accounts do not do justice to the ethnographic project (Coffey, 1999). With this in mind, the following chapter introduces Sunnydale House, locating this within the broader context of residential child care. It also introduces the staff and the residents - narrating myself firmly within this account.

'The relationship between the field and the self is complicated by the
personal embeddedness of the ethnographic research task'

(Coffey, 1999:20)

Chapter four focussed on the philosophical, methodological and ethical considerations for using ethnography as a method for examining the research questions in this thesis. In contrast, this chapter explicitly examines the research process. This chapter introduces Sunnydale House, and the home and participants are located with regards to where they 'fit' in relation to national data on residential children's homes (DfE, 2015). Following this, how access was acquired will be discussed in line with the notion that access in ethnographic research is twofold: necessitating not only 'getting in' to the field, but also 'getting along' with participants (Cassell, 1978). My own relationships with both staff and children in the field, as an explicit part of the process of 'getting along', will be discussed in the section on 'trust' (Coffey, 1999). The chapter concludes by exploring reflexivity, and situates my *self* firmly in the research field. Utilising what Marcus (1998) refers to as 'confessional reflexivity', which necessitates examining who I am, how I behaved in the field, and how I interpreted the findings. This chapter therefore, essentially reflects on how the research may have been carried out – and interpreted – differently, had it been carried out by someone else (Foley, 2002).

5.1 An Introduction to Sunnydale House

5.1.1 Preceding the Entry: Locating Sunnydale Nationally, Politically and Situationally

The research field for this project is a local authority residential children's home located within the same local authority that I am employed in as a relief residential worker. The home was purposefully selected due to me not having visited, or worked in, it before. I have renamed this home 'Sunnydale House'. Situated in a suburban town in England, parts of this town have been identified as being within the 10% most deprived towns nationally, as such this home is one of the 379 (22%) homes located in the '25% most deprived areas' of the country (DfE, 2015; IMD, 2010). The home is well-established,

and has been in operation for over 50 years. It is approved to accommodate up to five children, of either sex, with 'emotional and/or behavioural difficulties', between the ages of 13-18, for medium to long-term periods of care. The home has been rated between 'satisfactory' and 'good' by Ofsted for the previous 5 years. In light of the most recent national statistics regarding residential child care (DfE, 2015), there is nothing distinctly atypical about this home.

There are however, two factors (one political – and external, one situational – and internal), which should be noted initially that may have informed the fieldwork process, thus featuring within the research findings. First of these factors is that the home is run by a local authority, as opposed to a private or voluntary organisation, and should be understood within the wider political and economic context (DfE, 2015). As a result of the increasing privatisation of public services in England, which is particularly evident within children's services in the residential child care sector, local authority children's homes are declining nationally (Langbuisson, 2013). This has direct implications for both placement stability for children and job stability for staff members living and working in homes at risk of closure, which Sunnydale is. The second of these is an internal factor specific to this home, which may affect how this home conceptualises the research topic of 'touch', as a worker at Sunnydale had recently been suspended for concerns relating to their use of touch in practice. These two factors are of relevance when considering the time in the field, and shall now be considered more in depth.

As explored in chapter two, alongside the reduction in homes nationally, residential child care in England and Wales has been increasingly been contracted out to the private sector. Currently, 21% of homes in England and Wales are run by local authorities, in contrast to 79% run by private companies (DfE, 2015). The local authority in which the research took place is currently negotiating home closures, and had recently announced [in May 2014] that they would be closing five homes within the next two years due to their needs to reduce costs in light of increasing government cuts. Indeed, during the six months of fieldwork, two homes within the county closed: one planned closure and one as a result of an 'unsatisfactory' Ofsted rating. This wider political/economic climate is critical to locating the home within the wider context of residential care. The future of this home was a particularly 'hot topic' within the staff team, and was also noted by children. Whilst this may appear unrelated to the research questions, this is not the case. The closure of homes impacted upon relationships in a

number of ways. Firstly, where previously employment by a local authority may have been colloquially perceived as a 'job for life', this is no longer the case – a factor the staff team were distinctly aware of. Some of the staff team were actively seeking new work and may at times have been distracted from work due to the possible impact upon their home lives if they lost their job. This is a factor I am familiar with, given that alongside my PhD, I also do relief shifts in a home within the county and workers across the county have been affected by this uncertainty. I myself, was very aware of this factor throughout the research and one day when arriving at the home noted this in my fieldnotes:

> 'I arrived today, all the lights were off and there were no cars in the car park. My immediate thought was: 'shit, I wonder if it's been closed?''

> (Fieldnotes, Day 42)

Secondly, the staff team was changing in a manner uncharacteristic of previous years due to members of staff within the local authority moving to Sunnydale from other homes. Finally, during the fieldwork one child left the home and was replaced by a new resident who moved in from a 'closing home' within the county. Prior to the existing child moving out of Sunnydale, pressure was placed on the management team to speed up the process in order to accommodate the new resident from a neighbouring local authority home in line for closure. Relationships between the existing child and key adults in his life were therefore directly impacted by the increasing financial pressures placed on the local authority. Equally, for the child moving in to Sunnydale, this 'closing home' had been their home for three years. In this respect, the relationships they had built with staff in their previous home were impacted by the dispersion into other homes. Therefore, whilst the home was supposed to be a long-term unit which would provide children with a home until they moved on into independence, there was an undercurrent of anxiety that was evident when going beyond the official narrative and time was spent with staff and children who were affected by the new instability in the county. The impact upon their lives, the loss of key relationships and negotiation of different relationships in new placements are therefore all impacted by wider economic and political factors (Jack, 2000).

The second factor of relevance is how individuals at Sunnydale may view touch in contrast to otherwise similar homes. This will remain brief as this will be explored

throughout the thesis. There are however two factors worth noting prior to this. The first of these is that Sunnydale House was heavily involved in the Social Pedagogy programme. Despite the various limitations of introducing social pedagogy to the UK context (Berridge *et al*, 2011b), the Local Authority have introduced Social Pedagogy (see chapter two) in an attempt to challenge prescriptive and institutionalised ways of working with children in residential care. Some workers at Sunnydale House had already been discussing the issue of 'touch' within their training programmes and had been actively involved in challenging common assumptions regarding touch in practice. In this respect, the topic of touch was not unfamiliar to the staff at the home. Secondly, and simultaneously, a member of staff within Sunnydale was suspended (and reinstated following the incident and investigation) for kissing a male child on the neck, an incident which was reported to and investigated by the local authority. The member of staff was suspended for a period of six months. The kiss was undisputed (i.e. the worker acknowledged this occurred), and was explained as a misjudgement of the relationship between worker and child. The worker returned to Sunnydale following a formal investigation and resolution meeting with the child, social worker and manager. To be clear, I would not support this action. The purpose of including this is not however to determine whether the actions of the worker, child or local authority were 'right' or 'wrong' given the length of time that occurred between the incident and the field work, but rather to explore the on-going ramifications of this incident regarding how touch is conceptualised at Sunnydale.

This situation, whilst occurring over a year ago, was still fresh in the minds of workers. Whilst the staff team had previously been promoting the use of touch in practice, the team reported that the allegation challenged this position and created unease and confusion amongst workers. Despite encouragement (from management and a clinical psychologist linked to the home) to continue using touch, this encouragement did not always override some individuals' concerns regarding potential consequences of using touch and most of the staff made reference to this incident within their narratives. Whilst this incident was pertinent for the workers within the home, data from across local authorities in England and Wales indicates that between 2,000-2,500 allegations of abuse in residential child care are made per year (or, just under 4 per 100 children in care) (Biehal *et al*, 2014). The researchers found that following investigation, around three quarters of these allegations were found to be unsubstantiated, or rather there was not enough evidence to prosecute. This data is important as it clarifies that

'allegations' are not particularly uncommon in residential children's homes, and that despite the staff members' heightened sensitivity to the topic, this does not position Sunnydale as particularly atypical in their experiences of allegations.

5.2.2 Describing Sunnydale

Set back from a busy main road, Sunnydale is situated on a long drive surrounded by large, detached Victorian residential properties. On first glance it is not obvious that there is a children's home on the well-kept, leafy street. However, although not marked by a sign, there are tell-tale indications that the home is not a private residential property:

> 'Turning in to the road, the first thing I noticed was the huge, beautiful old Victorian houses, and attractive leafy road. I drove to the end of the road unsure which Sunnydale was. The large white '5mph' on the road was an indication this was not a private property, and I turned into the drive. The tell-tale oversized red council bin, distinctive black fire escape, white bars on the windows and multiple cars in the car park were all further confirmation I had arrived at the right place'
>
> (Fieldnotes, Day 1)

On entering the home for the first time, the first thing I noticed was the smell, as it smelt like homes I had previously worked in: a mixture of industrial cleaning products, old building, paper, and, for want of a better description, body odour, pungent air-fresheners and feet. The staff members were all in the office, and the children were around the home in various rooms. Despite the efforts made inside the building to 'deinstitutionalise' the property, similar observations regarding 'tell-tale' signs that this was a children's home were evident inside of the home.

Downstairs consisted of two large and stylishly decorated living rooms and an attractive dining room. One of the living rooms was called 'the garden room', and was supposed to feature as a games room for the children. There were in fact no games stored in this room, although children were allowed to use this room to play on their games consoles should they choose to do so. This room was predominantly kept locked, and access to this room was restricted as it was the most recently decorated room and featured as a

'show room' for guests and visitors. Official meetings were often held in this room, with the door locked so children could not enter unless invited. Photos of children and staff members, a fish tank, canvasses, flowers, books, cushions and nick knacks were scattered around these rooms. However, the rather grand hall, small kitchen and pantry looked tired, with multiple signs of damage. Every door in the building was evidently a fire door and there were fire extinguishers dotted around the home – both of which are inevitable limitations to completely deinstitutionalising the physical environment. The staff office was also downstairs, immediately facing the front door, and was kept locked at all times. The office led to an area 'out of bounds' to the majority of the children, and included one of the 'staff only' toilets, the laundry room and storage facilities. This area (behind the office door and beyond) and how it is managed will be returned to in more detail throughout the following chapters. The use of the office is a further example of how 'space' within the home was managed (Berridge *et al*, 2011aa; Docherty *et al*, 2006). Which children were and were not allowed in the office, at what times, why and by who was insightful in relation to the quality of relationships between children and staff. The navigation of relationships between adults and children in the home was at times reflected through how close staff were willing to be to the children, and what barriers were put in place to manage distance and closeness – both physical and emotional.

The home had seven bedrooms, all of which were upstairs. Five of these were for the children and were all decorated to their own tastes which included: Audrey Hepburn, Jamaican flags, Disney and Manchester United – reflecting the staff team's efforts to personalise each resident's room. The rooms were unofficially 'ranked' by residents and staff, with new arrivals automatically being allocated the 'box room' before somebody moved out and they could 'upgrade' to a better room accordingly. When a child moved out during the field work, his room was taken by a current resident, which was then decorated in the style of television show 'Family Guy'. This was chosen by him and created by his key worker during my time at the home. Upstairs also had 2 staff 'sleeping in' rooms – joined in the middle by the shared staff shower space. One of the sleeping in rooms doubled up as alternative office space for the management team when the office downstairs was busy, they spent around 70% of their time in this room. There were also 2 main bathrooms: 1 each for the male and the female residents, alongside a second staff toilet and a further female residents' toilet. Part of my first tour around the home included introduction to the rather specific, bizarre and relatively

personal informal 'rules' of the toilets. For the children there was a 'boys only' toilet and a 'girls only' toilet, these remain unlocked (although were lockable from inside). For the staff there was a choice of two toilets which were inaccessible by the children: situated downstairs inside the back office area or upstairs and locked with the staff key. The toilet downstairs inside the office was for 'number ones', the toilet upstairs was used for 'number twos'.

At the rear of the building was a large garden, which was taken particular care of. With a vegetable patch, green house, flowers, a large lawn, deck chairs and a fire pit with homemade log seating surrounding it – it was the 'pride' of the home, which has won prizes. These are displayed proudly in the staff office. The garden was tended to by the domestic member of staff and also the home manager, although there are photos of children around the home watering plants and planting seeds – I did not actively witness the children being involved in the upkeep of the garden during my time at Sunnydale. Physical space was interestingly managed in the home, predominantly through the use of locking doors. Every door had a lock, and the staff have a 'master key' that they can use to access all rooms. The children do not have access to this key, so are immediately restricted with regards to where they can freely access in the home. Children have keys to their own bedroom, although these are rarely used. The staff claim to have an 'open door policy' at Sunnydale, drawing on their 'Social Pedagogy' training which encourages open spaces, although as discussed in the previous chapter, this wasn't a wholly authentic narrative.

5.2.3 A Typical Week at Sunnydale

Weekday mornings at Sunnydale were viewed as adult time – particularly after 9am, where the children who had education placements of some form had left the home. Following this, the children without placements, or with placements they were refusing to attend, were largely left to lie in bed until they woke. It was not unusual for children to lie in bed uninterrupted until 1pm or 2pm, and emerge in time for the afternoon staff to arrive. This time of the day was largely used by staff to catch up on paperwork, hold meetings and/or chat to each other. Rarely were activities planned with children during this time, and interruptions or protests of being 'bored' (when awake and downstairs) were often met with "well, you should be at school/college/work". Mornings were busy,

every fortnight a team meeting was held in the home of which I attended four, and it was not unusual for 10+ adults to be in the home on these days, or on days with a number of meetings planned simultaneously.

The end of the morning shift (2:30pm) signalled the winding down time of paper-based activities, unless staff arriving had a specific task to complete (i.e. a 'month-end', a report outlining the child's monthly achievements or challenges). Staff would focus on what was for dinner, and (depending who was on shift) more activities would occur. Television, games and evenings out were not uncommon. Arguably however, the most important and distinct ritual at Sunnydale was that of bed time. This time was important to staff who wanted to get to bed on time at the end of their shift, and if the children did not want to go to bed this was the source of frustration. At the end of the evening shift, when some members of staff are attempting to signal bed time, they will begin what is referred to as 'lock down'. This controlling and outdated routine is a process whereby doors are gradually locked around the home, progressively limiting the spaces children can access, in order to motivate them to go upstairs to bed. The time in which 'lock down' occurs varied between staff, and not all staff members practice this technique to manage bedtime, instead relying more on conversations and going upstairs with children to settle them individually.

Weekends, in contrast to weekends, were much less regulated. Staff would get up at 9am, and some walked around in their pyjamas. I was always told to arrive after 9am at the weekend. Saturday almost always included a huge, greasy fry-up, made by whoever was deemed to be the best cook, and everyone would sit around the dining room table eating this. Saturday was also, notably, pocket money day, which meant the majority of children would get their money and go off to buy drugs, predominantly weed. This was generally 'known' by staff, children would discuss this openly and workers have various responses to this. Although some attempts to prevent this was observed (two workers created a 'weed free week' chart, using daily stickers and weekly prizes as incentives), this appeared to be an accepted part of the children's lives. Unless there was something significant planned, children would spend most of the day in and out of the home smoking weed, with staff having various responses to this. Bed time was later at the weekend, and the weekend evenings often included watching a film, or the X Factor, and a lot of weed. Sunday's consisted of the same again, with a roast dinner replacing the fry-up. Although Sunday evening also included the return of the lockdown, which

symbolised the start of the new week, with school for those that had this, and long weeks of nothing for those that didn't.

5.2 Participants

5.2.1 Staff Members

There were 19 adults employed to work in the home. The staff team consists of: a manager, a deputy manager, five full-time members of staff, five part-time members of staff, three relief members of staff, a domestic and administration worker. Ranging in age from 22–65 years, there were 12 female, and 7 male, workers - all staff were White-British. Whilst the staff team was previously relatively consistent, with all members having worked in the home for at least a year and some for as long as 25 years, there were a few changes within the staff team during the fieldwork. One member of staff retired, and three members of staff from a home in the county that closed during the fieldwork were transferred to Sunnydale. All adult participants gave written consent to be involved in the project, and 15 took part in semi-structured interviews. Of those formally interviewed, 7 were male and 8 were female.

A key criticism often directed at the sector is that staff are underqualified (Berridge *et al*, 2011a). This staff team had varied levels of education and qualifications. One member of staff had a social work qualification, and two had bachelor's degrees in subjects relevant to residential care work. The rest of the staff team were qualified to NVQ level 3 in Social Care, except for two newer members of staff [undertaking NVQ during the fieldwork] one of whom was a relief worker. Aside from a relatively small number of compulsory training courses including: restraint, health and safety at work, food hygiene and fire safety, individual staff members are largely responsible for building their own knowledge base through optional training courses. This, unsurprisingly, varied between individuals. One area of training this team did appear to value and promote, although again to varied degrees, was the monthly meeting with a clinical psychologist linked to the home. These sessions were designed to discuss each child individually to discuss the best ways of working with them, and attempting to understand their behaviours using psychological theories. There was also a heavy emphasis within the meetings on allowing staff member's opportunities to discuss their feelings and managing their own emotions in relation to caring for the children. These

sessions, and the fortnightly team meetings, were the only occasions the staff team met together as a group. Other opportunities for reflection were offered during supervision with a manager, which should be a monthly event for all staff members. It is quite telling that during my time at the home I only witnessed three staff members going for supervision. I acknowledge that I could have missed these as I was not in the home 24 hours a day, however it is indicative that I did not witness these as being a formal element of practice within Sunnydale, despite the supervision policy stating these should be held monthly.

There are staff members 'on shift' at Sunnydale 24 hours a day, 7 days a week and 52 weeks a year. The staff in the home usually undertook one of three shifts:

Early: 7:00 – 15:00, **Late:** 14:30 - 23:00 and **Late/Early:** 14:30 - 15:00[4]

Permanent members of staff were also often allocated 1 or 2 shifts a month that were outside the normal shift patterns: either between 9:00 – 17:00, 10:00 – 18:00 or 11:00 – 19:00. These were mainly used to catch up on administrative duties, or to spend time with children doing a specific, pre-arranged activity. There was flexibility around the hours required for the domestic and administrative worker, although required to do a certain number of hours per week these were carried out around the workers own lives. The management team generally worked Monday – Friday from either 8:00 or 9:00 – 16:00 or 17:00. The management team are officially required to do one 'sleep in' a month, although I did not witness this whilst I was there and dropping the 'sleep in' appears to be an 'informal perk' of the management role.

Residential care staff are required to ensure that children and children in their care have their immediate, day to day needs met. This sounds far simpler than it is in practice. The daily necessities include ensuring each individual child has: food, drink, any necessary medication, appropriate education, clothing, a clean, safe place to sleep and activities either in the home or in the community. This is further complicated by the variety of individual needs of children, with some requiring more intense monitoring to ensure they are engaging in safe activities. 'High risk' children - including those at a greater perceived risk of child sexual exploitation, criminal activities or

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[4] This is a 24.5 hour shift which includes a 'sleep in'. A 'sleep in' is where the staff also upstairs to sleep. This is officially from 23:00 – 7:00, although in reality it depends on what time the children are 'settled' in their rooms at night.

substance misuse – were all monitored more intensely. Simultaneously, most things must be recorded. Two 'logs' are written every day: one is a generic log recording which children are in the home and what they are doing (at least every hour), the other is written to the children and is a more detailed account of their day recorded in their own file. Each meal, education attendance and dosage of medication taken is recorded. Pocket money, clothing money, toiletry money, birthday and Christmas money must all be signed for by a worker and child. The use of 'petty cash' should be recorded, checked and balanced daily, signed by an individual worker and manager. The fire alarm checks and 'kitchen duties' (including sweeping, mopping and cleaning) are both carried out and signed for twice a day. This is alongside organising and accompanying (if necessary) children on official visits from social workers, health and education professionals, youth offending workers, independent reviewing officers, after-care workers and more. Each official visit should be recorded by the individual professional and residential worker in the child's file and the generic 'official visits' book. This includes any visits from children's family or friends. The county's computer system should also be updated to record any information other professionals need to know about individual children. Monthly, each child must have a 'Month End Summary' of their monthly activities, identifying how the child has developed in line with the 'Five Outcomes' of 'Every Child Matters' (ECM, 2004). All of these are balanced by staff (to varying degrees) with spending time with children and building relationships. Whilst all of the above are 'formal requirements', many get neglected according to: which is deemed the most important, what is happening with individual children and which members of staff are on shift. Signing for things which have not been done (fire checks, kitchen duties, petty cash checks etc.) is not uncommon practice.

Each child is allocated one, two or three members of staff who are their 'key workers'. Key workers are permanent members of staff, either part-time or full-time, who are primarily responsible for monitoring the development of their 'key child'. This includes spending time with the child, planning activities and holidays they will enjoy and addressing any concerns that arise. Key workers predominantly attend any official meetings for their key-child, ensure they have an appropriate education package, their health needs are met and – critically – are responsible for keeping their file is up to date. Key workers are also responsible for decorating children's bedrooms, taking them shopping for clothes and toiletries and working on a 'Life Story' book – which mainly records the child's activities in the home. Key workers are generally established prior to

an admission to the home. However, there is flexibility following these allocations if a member of staff does not 'gel' with their key-child, or if the child forms a better relationship with another member of staff who is not already a key-worker to another child.

5.2.2 Children

Sunnydale is approved to accommodate up to five children. During the fieldwork, there were 6 different children who lived at the home at various times. One child left the home in a planned move and was replaced 8 days later by a new resident, also a planned move. In total I encountered 6 children (4 male, 2 female). The children were aged between 13 and 17 – three were on full care orders and three were voluntarily accommodated. Five of these children were White-British, one child was dual heritage (White-British and Black-Caribbean). Although the reasons for being in care varied, each had experienced abuse and neglect in their early lives and all except one child had been in (or in and out of) care from an early age. This was not the first placement for any of the children, with the number of previous placements ranging from between 2-10. All of the children gave written consent to be included in the project and five agreed to be interviewed.

Although the children were all permanently accommodated within the home, how much time they spent in the home depended on how much contact they had with their birth families, friends, time spent in school and in the local community. Only one of the children had a full-time education placement, and one had a full time work placement (after September, 2014). Aside from this, the children had varied education packages, and attendance was sporadic. One child had formal unsupervised contact with their parents every fortnight for a full weekend, another had monthly supervised (by staff) contact for two hours. The rest organised their own contact which varied according to the child and family. One child was rarely in the home, voluntarily accommodated under section 20 (CA, 1989) they spent the majority of time with family and friends in their family's local community – using Sunnydale as 'respite' they would largely sleep, eat, collect money and then return to their local community. Another child had a very active social life, and would spend the majority of the time away from the home in the day, but returned to the home most nights to sleep. This was agreed as part of their care

plan, as the child was almost 17 and almost ready for 'independence'. For the rest of the children, the majority of time was spent in the home and Sunnydale featured as a key part of their daily lives.

Comparing the children to national statistics across England and Wales, the demographics regarding children living in residential care has remained relatively stable since the early 2000's (DfE, 2015). As explored in the literature review, this group of children were relatively reflective of national figures in terms of age, gender and needs. Two differences with this group in contrast with national data related to the length of stay and distance from their birth family's homes. Typically, children in residential care usually stay for relatively short periods of time - under a year (DfE, 2015). In contrast, at Sunnydale all of the children had lived there for over a year and some up to three years - with the exception of the child who arrived half way through the fieldwork (and had lived for 3 years in their previous LA home). Equally, all of these children lived within 20 miles from their birth family's homes, in contrast to the increasing numbers of children living considerable distances away from home (DfE, 2015). In terms of contemporary problems linked to residential care, including: criminal activity (Shaw, 2014), substance misuse (Berridge et al, 2011a) and child sexual exploitation (Jay, 2014), each of the children were affected by at least one, if not two, of these issues. As such, Sunnydale provides a solid context from which to understand some, if not all, of the issues facing the sector. In sum, Sunnydale House, its staff group and residents, all provide a suitable location from which to explore the research questions. How I gained access to the home, both in relation to 'getting in' and 'getting on' will now be discussed (Cassell, 1978).

5.3 Access: 'Getting In' and 'Getting Along'

5.3.1 'Getting In': Initial and Official Access to Sunnydale

For Loftland and Loftland (1995:37):

> 'There is a great deal of wisdom in the old saying, "It's who you know that counts". Gaining entry to a setting or getting permission to do and interview is greatly expedited if you have "connections"'.

This proved to be the case for the fieldwork, indeed 'who I knew' significantly aided my entrance to the field. As mentioned, Sunnydale House is a residential children's home in the same local authority I am employed by as a relief residential care worker. I have worked for the local authority for six years as a result of my first social work practice placement, and previously established positive working relationships meant that 'getting in' to the home was relatively unproblematic. As a relief worker, I am able to work in any of the homes provided by the local authority. However, the key stipulation given to the local authority during initial discussions was that the fieldwork needed to take place a home I had not previously worked in or visited - due to concerns about being too close to the research field, conflicting agendas, reflexivity, ethical dilemmas and methodological challenges (Megginson, 2002). Although this project cannot be fully described as an 'insider ethnography', as I had not visited the home previously - my knowledge of the local authority certainly provided 'functional benefits' with regards to the process of gaining initial access (Colosi, 2006). 'Getting in' (Cassell, 1978) to the research site for this project must therefore be understood as an 'opportunity sample' (Brady, 2006), whereby my ability to research this field was aided by my professional links. This was relevant not only in relation to whether or not I was granted access initially, but also the speed within which the organisation took place. The time between informing the local authority I was ready to start, the selection of an alternative home to my 'base' home, and entering Sunnydale, was less than two weeks.

Rooted in concerns that may arise with being over-familiar with a research field when exploring researcher's own local authorities, I explored alternative options for the project. However, despite attempts to connect with private organisations and neighbouring local authorities, the only connection I managed was another personal connection. This was a private organisation, and the initial conversation concerned me with regards to what would be expected from the findings as the initial discussions immediately jumped to potential promotional material. As a result, I decided to take the local authority option. Such connections undoubtedly countered challenges which may have occurred had I not had these links. Problems with access have been well documented within ethnographic research (Hammersley and Atkinson, 2007; Bryman, 2004), particularly with vulnerable groups whereby multiple gatekeepers may have concerns about protecting individuals and perhaps more pertinently the reputations of institutions (Hornsby-Smith, 1993). Whilst there were a number of adults I had to liaise with prior to the fieldwork - including the senior management, home managers, social

workers (for children under 16) and members of staff who were present when I obtained written consent from children – this process was relatively unproblematic and no individual presented significant barriers to access. However, in ethnographic research access cannot not simply be attributed to gaining initial entrance to the field, but rather reflects an on-going process of negotiation whilst researchers are in the field (Emond, 2003:324). This process and how I navigated this, also referred to as 'getting along' (Cassell, 1978), will now be discussed.

5.3.2 'Getting Along': Relationships with Participants

'Getting along' in the fieldwork, unlike 'getting in', was distinctly more complex, necessitating the development and management of relationships between myself and the participants (Coffey, 1999). This was intensified somewhat by the need to navigate relationships between two contrasting groups: superordinates (the staff team) and subordinates (the children) (Becker, 1967; Liebling, 2001). The focus in this project was on the relationships between staff and children, but the ability to observe such relationships, and indeed explore both groups' perspectives, significantly depended on how I navigated the role of researcher and my presence in the field within my relationships with participants (Coffey, 1999). All of which was inextricably interlinked with the establishment of a new role in the home: one of the, often uncomfortable, requirements of ethnographic researchers - establishing your presence when you are the only one present who does not need to be there (Gubrium and Holstein, 1997). Sunnydale House was the children's home, and the staff member's workplace - both groups, on some level, had to be present in the home - whilst I was there by choice. This process lasted throughout the fieldwork, and should not be underestimated in terms of its importance, or how emotionally demanding this was. To exclude this would undermine the significance of the 'personal embeddedness' of ethnographic research and what it really entails (Coffey, 1999:20). This section will therefore focus on these relationships explicitly, exploring relationships with both children and staff and the challenges I faced both with – and between – the groups. The development of researcher-participant relationships with both adults and children in this project will be explored within: 'gaining trust' and the role of 'reciprocity'.

5.3.3 Trust

Relationships necessitated the generation of trust between myself and the participants (both adults and children), alongside the necessary management of clear boundaries. McGinn (2008) argues that relationships between the researcher and researched in long-term projects are subject to change over time, and critically inform the information participants are willing to disclose. On arrival, I was introduced by the manager as 'the new student who would be working with us'. This in itself, whilst not entirely inaccurate - I was a student, and I would be present in the home - was misguided. I was not there to work with them, but to observe them: a subtle but critical difference (Hammersley and Atkinson, 2007; Emond, 2003). Whilst this was discussed during my first few visits, as I spoke with individuals explaining what I was hoping to do, this lasted throughout the fieldwork. The response from staff members was most commonly two-fold: either they expected me to actively participate as staff, or they assumed I was (and called me) a 'spy'. This was heightened due to my prior role within the local authority, assumptions regarding my relationship with the area manager and accelerated by the current political context.

Not a day passed in which staff participants did not muse over the future of the homes in the local authority, and any potential impact this may have on their career. Equally, I was repeatedly asked about my 'base' home in the local authority, as (being geographically close, with a similar remit) it is likely that one of these homes will close within the next two years. Establishing that I was going to be around, but not as a staff member, took time and necessitated the development of 'trust' between me and the staff members. A considerable period at the start of the fieldwork was dedicated to convincing them that I was not allowed to, nor would I, report back to the local authority on individual's practice – with the exception of any safeguarding concerns. Despite this being clearly written in my ethics form, this trust took time to develop. Also required was the subtle acknowledgement that the role of a residential worker is often challenging – despite the focus on children and poor practice in the majority of research (Kendrick, 2012). What became increasingly evident to me during the fieldwork, far more than I was aware of as a residential worker, was the emotional and physical strain involved in caring for five very different, and at times quite challenging, behaviours from children.

For Bernard (2011:256) dilemmas around 'trust' are arguably the single most complex and critical part of the fieldwork process:

> 'It involves getting close to people and making them feel comfortable enough with your presence so that you can observe and record information about their lives. If this sounds a bit crass, I mean it to come out that way. Only by confronting the trust about participant observation – that it involves a deception and impression management – can we hope to conduct ourselves ethically in fieldwork'.

There were deeper intentions on my part within relationships, as despite not being able, or willing, to report back to the local authority on individuals' practice, I did want to observe a range of practice. Equally, balancing this with the evident value in not continually reminding participants why I was there was difficult at times. Whilst I remained honest in my responses to direct questions with staff participants about what my intentions were, in that I wanted to contribute to an under-researched area of practice, I did not initiate this conversation unnecessarily. Over time suspicions appeared to subside somewhat. During my final week in the field, the reaction of staff members to my departure was telling of how they had become 'used' to my presence in the field, which possibly reflected the development of trust that had occurred over time. Examples of this include: a female member of staff taking me to one side to tell me various 'secrets' about the home, and two indicative comments by staff:

> **Reece:** "I get it a bit more now, but I was convinced you were here to spy on us for ages"

> **Luke:** "Oh, but we've only just started to like you and now you're leaving!"

In this respect, *time* in the process of building trust, was crucial during my six months at Sunnydale House (Coffey, 1999).

The research relationships with children in the project equally necessitated the building of trust, but in slightly different ways. The children also appeared suspicious of my role, but this was more in relation to how much I might 'grass' on them to the other adults in the home. It was equally important to establish with the children at the beginning that I wouldn't be acting as a member of staff, but as an observer. 'Getting along' with

children therefore was also largely dependent on my ability to gain their trust in this area – but was coupled with the tensions surrounding not alienating the staff team by supporting activities the staff group would have to act on professionally.

The particular challenge with 'getting along' with children therefore, was linked to my own management of the changing role, and negotiating what was expected of me. I have a number of years of experience working with children from a variety of different contexts: in the UK and abroad, in a personal, work-based and also voluntary capacity, including children from various social classes and backgrounds. In this project however, I was not there to offer advice or guidance, which was at times uncomfortable - especially if the children were discussing issues I would have ordinarily advised them about had I been there in a professional residential worker context. Not giving advice however, was particularly important in distinguishing my role as 'different' from the other adults in the home - particularly in relation to power relations (Emond, 2005). Similarly, however comfortable I may have been with children, I am not one of them. A moment, for example, that certified this was when a child declared as I arrived one day wearing a hoodie, jeans and some new trainers (which, granted, I had purchased thinking they were 'cool'):

> **Sam (16):** "You're looking chavvy, today. Are you trying to get down with the kids?"

Children 'watched' me, and notably at the beginning some of the quieter children wouldn't speak to me, or would leave the room when I entered. Over time, watching how I would not get involved with discipline or advice, 'grass' on them, and would speak to them over time built trust. The children 'tested' me in their questions about what I perceived as 'safeguarding' – as this was the exception for breaking confidentiality. For example, Joshua (14) asked me if carrying a gun was a safeguarding concern, I responded by asking him what he thought, which (thankfully) he agreed that would warrant disclosure. Subtler examples include children telling me various pieces of information (about partners, drugs, sex and alcohol etc.) and then watching to see how I responded – or testing to see whether the staff team then found out. I was also very aware that I would be leaving the home, and that the relationships between them and the staff members were on-going (or at least more on-going than mine). In sum, negotiating a relationship of trust with both staff members and children was about managing any concerns regarding how my presence may affect them. It required

becoming a 'confidante' but not a 'member' of both groups, and not breaking confidentiality with members of the opposing group (Liebling, 2001).

5.3.4 Reciprocity

Another key way in which my position in the home was negotiated with participants was through reciprocity. I was appreciative that individuals were agreeing to partake in the project, and respected that 'trust' had taken time to develop. Where staff members appreciated practical help around the home, children appreciated time. Small but significant differences were present within how reciprocity served as a tool for building productive researcher relationships. Equally, more bluntly, reciprocity helped me to feel less obviously different, and enabled me to 'blend in' without merely standing at the side of the room, particularly at the beginning. For the staff group, I did, at times, do the washing up, make drinks or take the bins out. These jobs I would do largely when children were not around – for example, being at school, or on family contact etc. Equally, when I did this and children and staff were around together, these often provided opportunities to observe interactions whilst being able to blend into the background. There were however, clear boundaries regarding what I would not do: I did not engage in paperwork, administrative duties, discipline, advice or guidance to children which would have inappropriately blurred the boundaries between worker and researcher. I did this partly because I was aware at times that I was perceived as being 'in the way', or adding to staff members' workloads. Equally, the staff team were often busy with paperwork when the children were out of the home, and helping with some of the aforementioned 'mundane' jobs did impact upon how willing staff would be to engage in both ethnographic and semi-structured interviews.

With the children I would engage in games and activities (such as: Monopoly, Top Trumps, Frustration or colouring in) or stand and talk. Sometimes this was with other staff members, sometimes this was alone. Both served as useful with regards to data collection as one allowed me to observe interactions, one allowed me to explore individuals' private perspectives. Partaking in games was particularly important with the quieter children, as it demonstrated that whilst I did want something from them – in observing their daily lives – I was willing to contribute something too. With one

particularly quiet child, eating a chilli was arguably the defining moment in terms of him being willing to speak to me and not walk out of the room when I was around:

> 'Margaret (staff) joining in cajoling the boys into eating chilli's but she won't join in. Luke (staff) wouldn't eat one either. Jamie (YP) ate one, he handled it well. I ate one, I didn't handle it well. My mouth was burning for ages. Jamie and Patrick (YP) seemed to like it that I joined in though, I'm glad...'
>
> (Fieldnotes, Day 11)

In turn, over time, children would comment on deliberate things they wanted me to see from their perspective. For example, asking me 'did you see that?', or explicitly noting how some adults spoke to them. I would very occasionally give lifts to various places too, having learnt from experience the value of speaking to children in the car (Ferguson, 2010). For example, when a child was moving placements I gave them a lift with some of their things as the other staff did not have cars with them. Whilst not gaining explicit insight into observing how staff and children engaged during that moment, it was a way of demonstrating appreciation that they had let me observe their life and that I appreciated this.

Building relationships through reciprocity and trust with participants in turn enabled me to blend in over time, with my presence becoming less unusual. In this respect, when I was simply observing without contributing this became increasingly less obvious. This enabled me to sit or stand and watch without saying anything, sometimes smiling or nodding if observed, but mainly simply watching. This included eating dinner at the table but not speaking, observing interactions in the kitchen, sitting in the lounge, or walking around the home observing interactions whilst not being involved. Although I could not state without question the percentage of time spent doing both, I would suggest I spent around 30% doing the former (engaging more actively) and around 70% observing only.

Relationships in the field were essential, challenging and nuanced. In order to 'get along' with participants in the field, observe interactions and explore perspectives as frankly as possible – relationships necessitated careful navigation of relationships built on trust and reciprocity. Whilst I was not friends with participants, over time admittedly this became more challenging with some individuals. For the staff team an attempt to

manage this boundary included me not accepting 'friend requests' on social media from staff, regardless of how much I 'liked' individuals (Bott, 2010). Making it clear that I would not be returning to the home (particularly as a worker which was commented on by both staff and children) and that the relationship had a 'timespan' was also a critical part of managing this distinction (Emond, 2003). The period of time I was in the home (6 months) was relatively extended, and to do this without building any form of relationship, or indeed to have provoked a negative relationship, would have arguably made the fieldwork process much more challenging and would have been detrimental to the quality of the findings (Coffey, 1999). The final section of this chapter will now explore reflexivity as a critical element of ethnographic research (Day, 2002).

5.4 Reflexivity: Me, My 'Self' and Residential Child care

Reflexivity in qualitative research is becoming increasingly emphasised as crucial, particularly since the mid 1990's, as the 'suppression of researcher's subjectivity' was challenged in favour of disclosing how researchers carried out their research, and how this may inform the interpretation of findings (Day, 2002:5). Some academics argue that the 'reflexive turn' is self-indulgent and unnecessary (Gans, 1999; Lynch, 2000) others argue this is critical (Day, 2002; Coffey, 1999; Colosi, 1996; Bott, 2010; Richardson, 1994; Rassool, 2004). I would argue that engaging with how I may have affected the field, and particularly how I interpreted the findings, is imperative – although there is no way of knowing the extent to which this may be the case. As I have discussed methodological (Haney, 2002) and relational factors (Coffey, 1999) in brief, this section will begin by making more explicitly reflexive comments regarding these two areas. Following this, the section will more thoroughly focus on analytical reflexivity (Haney, 2002) – what is informing the interpretation of my findings.

5.4.1 Methodological and Relational Reflexivity

Methodologically, it is necessary to reflect upon how the presence of a researcher may have impacted the field (Haney, 2002). The most persistent criticism of ethnographic research relates to the impact of the researcher upon the field, and whether participants behave as they usually would if they are aware they are being watched (Bryman, 2004). It is important therefore, for me to clearly establish what I did and did

not see within the home, alongside how I impacted upon this (as far as is possible). I did see adults and children interacting in a range of ways, in a variety of locations. I saw and heard adults and children arguing, I saw adults comforting children, and children offering comfort to adults. I saw practices of intimacy, including: adults stroking children's heads as they drifted off to sleep, adults comforting children when they were disappointed in exam results, job losses, cancelled family contacts and arguments with friends. I saw distancing practices, including: adults avoiding children by locking themselves in the office and children avoiding adults by locking themselves in their bedrooms. I saw adults complaining about children, children complaining about adults, adults complaining about adults and children complaining about children. I saw adults and young engaging in activities: hide and seek, practical jokes, board games, watching films, cards, colouring in and baking. The 'Ice Bucket Challenge'[5] – took place on two consecutive nights: children and staff were observed running around the home laughing and filling buckets, desperately scraping ice out of the freezer, each time the bucket increasing in size, number and 'icyness'. I saw adults and children sharing the lifespace and relating to one another in ways that inhibited, and cultivated, intimacy as closeness in relationships.

To begin with, my presence in the home was unusual and, as previously discussed, both adults and children initially treated me with suspicion before they become more comfortable with me being in the home. However, over time, I would argue that my presence became less unusual and participants behaved more intuitively. I did not observe anything that would warrant raising safeguarding concerns (as discussed in section 4.2 any ethical dilemmas were discussed with my supervisors). I did however see adults lose their patience, shouting and swearing. I also saw (on more occasions) children losing their patience, shouting and swearing. In sum, whilst initially my presence there may have impacted upon the field, and this lasted for a considerable period of time, my presence became less and less notable for most as time went on. Whilst I may never have seen the most private interactions (those that only happen when two people are absolutely alone) – I do believe I was able to observe and capture something of day-to-day life at Sunnydale.

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[5] The 'Ice Bucket Challenge' was a fund raising activity popular in 2014 designed to spread awareness of, and raise money for, Motor Neurons Disease (MND, 2014).

Although the relationships in the field have been covered in depth above, there are two reflexive notes that are important to make regarding relationships within the field. The first point is to simply reiterate that the only reason I believe I was able to observe the field in the way I did was through the navigation of relationships built through generating trust and reciprocity (Coffey, 1999). Secondly, this was not the case with all participants. Bott (2010) discusses the need to acknowledge likes and dislikes within the field in order to engage with the intricacies of ethnographic research and how these may affect researchers' behaviour and analysis. It would be inauthentic to state that I 'liked' everyone equally at Sunnydale – and there were certainly individual staff members, and children, that I 'clicked' better with. This may be for a range of reasons, and it was something I was aware of in the field. For example, there were members of staff who I would much rather have observed than others – due to the atmosphere in the home when they were there. This is something the children at Sunnydale also experienced, and will be explored further in chapter eight. In order to counter this, I did try to look objectively at the rota, and plan my fieldwork around times when I would purposefully be able to observe individuals I was less comfortable with. Ultimately, it will never be possible to fully know how the research may or may not have been carried out, and analysed, differently if it was carried out by someone else. However, reflecting upon the impact of my presence and how the relationships within the field may have affected this will be critical throughout the thesis (Coffey, 1999; Bott, 2010).

5.4.2 Analytical Reflexivity

I am female, White-British, 27 years old, politically left and a qualified social worker – all of which may inform how I interpret the findings. The lens through which I observe the field is invariably going to be influenced by these factors: through my personal experiences of embodying them, and also how individuals and society may perceive me as a result of them (Day, 2002; Rassool, 2004). For Foley (2010:473): 'It is only through being reflexive that we explode our fantasies about ethnographic texts being copies of reality. We also deflate any fantasies we hold about absolute truth and objectivity'. In line with this - 'confessional reflexivity' (Marcus, 1998) and the necessity to explore personal feelings as opposed to 'just running away' (Colosi (2006:11) - there are two factors which are necessary to reflect on regarding my own standpoints and

experiences which have informed this project. These are my previous experiences and assumptions regarding both residential child care and touch.

For Loftland and Loftland (1995:11):

> 'A job; a physical mishap; the development; loss or maintenance of an intimate relationship; an illness; an enjoyed activity; a living arrangement – all these things and many other possible circumstances may provide you with a topic you care about to study'.

The decision to research residential children's homes was undoubtedly informed by my personal biography. I have been working in various children's homes in England for six years and volunteered in children's homes in India and Africa. These experiences and particularly some of the children I have met along the way have affected, challenged and shaped me both professionally and personally. Certainly, there are assumptions about residential child care that I have about the sector generated through this experience, many of which were cemented, and some challenged, through the foundation year of my PhD. As such, my key concern within this project, indeed correlating with previous notions of positionality with the field, was the changing role from residential child care worker to researcher:

> 'I need to forget everything I know. Am I dressed okay? I don't want to look too scruffy, so it looks like I haven't made an effort, but also not too uptight because I don't want to look like an inspector. I am not an RCW here, I am a researcher. What do I do if I can't forget everything I know? Why am I so nervous? What if I don't notice things anymore? Remember to smile, remember to look people in the eye so I don't look shifty… but not too much so I look creepy. What if they hate me? Will they ever trust me? I need to take everything in. The funny thing is, I know this will all feel very normal before too long'

> (Fieldnotes, Day 1)

Evident in the above were my real concerns around not being able to see the field clearly, which may have been the case at times. Some practices, for example, may be more obvious or unusual to those without experience of the sector. However, there are also functional benefits to having some insider understandings in research and the benefits in this project were evident not only in relation to access, but also the ability

to engage with both practitioners and children (Colosi, 2006). Furthermore, throughout the fieldwork I did see things, and feel, differently. For example, I distinctly noticed the change in my direct responsibility for children and the mundane activities such as completing paperwork. Some of my assumptions regarding the sector were challenged, and standing on the edge of interactions, and not being a direct part of them, enabled an 'objectivity' that would not have been possible if I were a staff member within this project. Ultimately, I cannot change my prior experiences, and this can only be utilised for the benefit of understanding throughout the thesis.

The topic of touch - for me - is not entirely neutral, and the selection of the topic is rooted in having experienced abusive touch in my own childhood. My academic interest in the topic initially stemmed from reading: '[a]ffectionate touch is not sanctioned between workers and children' (Lefevre, 2010:209). Initially I disagreed with this statement, and having an emotional response I sought to challenge this through my own work. The idea that a child should never receive safe, affectionate and comforting touch from an appropriate adult during times of distress troubled me – what if the only touch a child ever receives is from that of their abuser? The interest in this topic was further cemented through experiences of direct work with children in residential care: the majority of whom have either experienced abusive physical and/or sexual touch, or indeed the absence of touch through neglect. For Richardson (1994:523):

> 'By concentrating on how personal interests and standpoints affect the research process, the researcher begins to emerge 'not as an individual creative scholar, a knowing subject who discovers, but more as a material body through whom a narrative structure unfolds'.

With this in mind, I am including my personal experiences in light of acknowledging 'what frames [my] seeing' (Lather, 1993:675). Interestingly, while I initially sought to challenge the assumption that 'affectionate touch should not be sanctioned', the vast complexities of the topic became increasingly apparent throughout the fieldwork. For example, how children touch adults, particularly when this touch is sexualised or aggressive, was an area I had previously neglected to think about prior to the fieldwork. Similarly, the pro-touch narrative explored previously regarding the 'fundamental' need for touch (Field, 2003, 2014), as explored in chapter two, also became increasingly evident as being problematic with regards to how staff members used this narrative to justify touch that was unwanted by children, and failed to take account of their previous

experiences. In this respect the fieldwork brought to life a range of complexities that I had not previously considered and the need for continuous reflexivity in examining my analysis is vital. In sum, exploring this research topic is evidently rooted in a combination of my own personal experiences. The result of this was a real need to maintain reflexivity throughout the project in order to produce valuable and meaningful findings which are not clouded by preconceived ideas or emotional responses (Megginson, 2002).

Conclusion

This chapter introduced the research field, Sunnydale House. Including attention to the participant group, both staff and children, it has located the choice of research field within the national context of residential children's homes (DfE, 2015). The chapter has also discussed access: including not only how I 'got in', but also how I 'got along' (Cassell, 1978). The chapter concluded by locating my 'self' within the research project, methodologically (Haney, 2002), relationally (Coffey, 1999) and analytically (Haney, 2002). The future chapters will begin the process of making sense of the data and assess the findings in relation to the research topic. The first of these (*chapter six*) will examine the narratives of staff members at Sunnydale House, and their insights regarding touch in practice.

6. Staff Narratives and the Changing Culture of Care: Narrating an Intimate Turn

"A load of new workers came in the same year when I started here and the change around - let's think differently, let's be more therapeutic, let's work with these young people, let's build positive relationships when they first come in instead of it just being like a holding pen, has made a massive difference"

(Rachel, Residential Worker)

This chapter outlines the findings in relation to staff narratives regarding touch, thus addressing the first question(s): How do staff members make sense of touch within the context of adult-child relationships? [What do staff members say about touch?]. The chapter begins by exploring staff narratives surrounding the shifting 'culture' of Sunnydale House that is reported to have occurred within the last decade, and draws upon the 15 semi-structured recorded interviews carried out with staff members. This narrative is significant and forms a substantial portion of the worker's accounts regarding Sunnydale as much is described by contrasting 'old' and 'new' ways of working. This is described as a shift away from institutionalised, 'old-school' practices - which position staff against children - towards more equal, respectful relationships. This has echoes of the democratisation of intimacy thesis referred to in chapter two (Giddens, 1992). Following this, the chapter explores how staff at Sunnydale conceptualise touch 'post-change', largely underpinned by references to the biological 'need' for touch typically framed within morally laden parenting discourses (Field, 2003; Lee *et al*, 2014). The final section explores reasons why staff avoid touch, which reveals cracks in the reported comprehensiveness of the 'change' narrative, as intersections of gender (Kimmel, 1994) and childhood (Warner, 1994; Scratton, 1997), become increasingly apparent as factors which impact upon touch, adult-child relationships and intimacy in the lifespace (Jamieson, 1998).

6.1 The 'Change': Shifting 'Cultures' of Care

An important feature of the Sunnydale House narrative - according to the staff team - is that around 6 years ago there was a distinct 'change' at the home. This 'change' is largely attributed to three main factors: a restructuring of the management and staff team; the introduction of theoretical foundations via various training programmes; and finally, the shifting focus towards respectful, nurturing and understanding relationships as being the central feature of residential child care practice in the lifespace (Smith, 2005). It is explained as a movement away from institutionalised cultures of discipline and order, towards more intimate adult-child relationships which prioritises listening, understanding and respect (Giddens, 1992), informed by developments in the children's rights discourse.

6.1.1 Support for the 'change'

The staff report this 'change' was instigated as a result of a 'bad' Ofsted inspection, alongside the introduction of social pedagogy training across all children's homes in the local authority. Ofsted [Office for Standards in Education, Children's Services and Skills], is the inspectoral body which inspects all education and children's social care services in England. Typically, inspectors carry out two inspections per year: a 'full' (2 day) and 'interim' (1 day) inspection. Homes are graded according to a 4 tier system: 'Outstanding', 'Good', 'Satisfactory' and 'Inadequate'. Homes graded 'inadequate' are subject to increased monitoring and strict timelines for change. If changes are not made Ofsted have the authority to close homes. Ofsted inspection reports are available online for five years, the oldest available[6] states:

> 'The last inspection was a monitoring visit to review progress on a wide range of matters that had made the overall judgement inadequate previously. Good progress has been made on those matters and the monitoring visit raised only one action and one recommendation'
>
> (Ofsted Report, Sunnydale House, 2009: paraphrased for anonymity)

This inspection was the first report following the introduction of the new management team and follows the 'bad' Ofsted inspection referred to by the staff team. Since this

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[6] Accessed in 2013

report the home has been rated between 'satisfactory' and 'good' with periodic individual 'outstanding' features.

The Ofsted inspection which took place during fieldwork rated Sunnydale as 'good', specifically noting the quality of adult-child relationships:

> 'Relationships between staff and children are exceptionally positive. A social worker said "the child and his keyworker are an ideal match and this is really helping him move forward. All staff work imaginatively with children and are focused on them as individuals". Additionally, a child said "I can talk to staff about anything; getting older and stuff. They get us and are sensitive to us". All children said staff members are sincerely interested in their wellbeing'.

> (Ofsted Report, Sunnydale House, 2014: paraphrased for anonymity)

The 'change' described by staff members therefore also appears to have been observed by inspectors. However, in the many abuse scandals that have emerged from residential child care, inspectors have visited and missed opportunities to intervene, demonstrating how powerful adult voices can marginalise children's voices wherein inspectors may 'unintentionally collude with the adult institutional perspective' (Stein, 2006:14). This is not a new concern, having been noted in historical analyses of children's homes as workers create false environments in preparation for inspections:

> 'They also deliberately gave the children nice food and created the false impression of adequate care when inspections by the Department of Education were being done…When abusers do this, they demonstrate that they know very well that what they are doing is wrong and that they are abusers'

> (Ferguson, 2007:128)

The irregularity and predictability of inspections has also been critiqued (Cawson, 1997), Sunnydale staff knew Ofsted were 'looming' if other homes in the county had recently been inspected. The managers alert colleagues at other homes and report which areas inspectors focussed on, thus giving time to correct or adjust this area. It is therefore important not to accept the 'change' narrative from the perspectives of staff and inspections alone. The extent to which the 'change' narrative is simply the

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dominant discourse available, widely accepted by staff and inspectors as a result of unintentional collusion, must be critically examined in order to more thoroughly examine day-to day experiences of adult-child relationships at Sunnydale (Stein, 2006).

An interesting opportunity arose during the fieldwork which enabled me to further examine this narrative. A garden party was organised at Sunnydale designed for children, their birth families, social workers, neighbours living near to Sunnydale, the staff team and the staff team's families to come together. At the actual event, only two of the staff member's families, staff, children and one ex-resident (and their two children) attended the party. Whilst I was talking to the ex-resident, they discussed their own experiences of life at Sunnydale (now 10 years ago):

> 'The ex-resident spoke about their shock at staff playing games with
> the children, offering stories of what it used to be like. They say the
> only game they played was 'how long we could keep the staff up for',
> pointing out their old bedroom describing how they used to climb out
> of the window to go out at night. They say the difference is huge'
>
> (Fieldnotes, Day 5)

Having lived in the home 'pre-change', this offers insight from inside the institution but distinct from that of paid employees. Despite the limitations of inspections (Cawson, 1997; Stein, 2006; Ferguson, 2007), inspector's perspectives are not entirely invalid. Such evidence cannot be used to fully support the narrative presented by the staff team however, although it does go in some way to support the notion that there has been a shared experience of change which is evident to external parties. Further observations regarding the garden party and how the staff team prepare for Ofsted inspections, will be explored further in chapter seven.

6.1.2 Restructuring of Management and Staff Team

Of the 15 members of staff team interviewed for this project, 10 were those who had first-hand experience of the 'change', either by being employed by the home before the 'change' occurred, or being employed during the 'change' as the 'new' cohort of workers. Those with experience of the 'change' referred to this often in interviews, and many of the questions were answered by comparing the 'old' with the 'new' ways of

working. Sunnydale house received the 'bad' Ofsted report in 2009, which provoked increased monitoring of the home through regular inspections. At this point a new management team was implemented, a number the staff team were 'relocated' within the council to other roles and new staff were employed to work in the home. Although some of the 'old school' staff left with the manager, the full 'relocation' process did not happen instantaneously but over a period of time following the implementation of the new management team. For the more experienced members of the staff team, this provoked a noticeable shift in the daily life of the home:

> **Jane:** I think for Sunnydale the changes started when the ex-manager left and took her staff with her. Vile people. They should have never, this is what we mean about people who should never work with kids, all of the same mind-set as the manager which was diabolical. Which affected the staff morale here in the home.

> **LW:** So what was their attitude? What was their mind-set?

> **Jane:** Erm, we call it, if I said to my colleagues 'old-school', they would know what I meant. So, to break down what old school means, it's a 'them versus us' attitude, it means, unrealistic expectations of the kids. Terrible, terrible rules, rules they wouldn't bend on.

> **Margaret:** Change of staff. Change of manager, even. Everything was great when [current manager] came. He's very hands on. He goes to the dustbin even. He'll take the recycling out, he'll bring the vacuum down. It's just so much change. Sometimes I think I could pinch myself because it's changed that much.

For experienced staff members the departure of 'old school' staff and the arrival of new management was the key factor signalling the 'change' which impacted upon not only the children's experiences, but also the staff team's experiences of working at Sunnydale. The shifting power relations from vertical to horizontal is described as a shared experience, a transformation of intimacy, towards a more respectful and equal culture of adult-child, and adult-adult, relationships within the home (Giddens, 1992).

6.1.3 Training

The second reason for the 'change' given by staff was the introduction of theoretical underpinnings to their work via the introduction of both social pedagogy (challenging 'old-school' institutionalised practices) and monthly team meetings with a clinical psychologist (discussing early childhood trauma). The presence of a unified theory underpinning staff's work – regardless of which theory this is – has been identified as a key factor in quality homes due to the coherence of the staff team's approach and concerns about poorly trained workers often made in research (Sinclair and Gibbs, 1998; Berridge *et al*, 2011a). Despite the limitations of social pedagogy discussed in chapter two, some of the staff discussed how social pedagogy enables them to make simple and useful links between theory and practice, alongside disentangling and challenge some bizarre and institutionalised 'rules':

> **Eleanor:** I do a lot of work with the social pedagogy group, so we look at the common third, we look at attachment, and we look at building relationships, including the 3 P's. And it does work, it really does work. And if you've not got the relationship, you can't work with, I don't think you can work with kids anyway. You've got to find something they like, that you can work with, to help form a bond.

> **LW:** Is that written in a policy, about [male staff entering female residents'] bedrooms?

> **Reece:** Well that's the thing, I've never seen it. But I think people, people get it in their heads that it's a policy. That there are rules out there, somewhere in some dusty old book that says you can't do this and you can't do that. And it gets passed from, it's almost like a Chinese whisper, you know. It gets passed around, word of mouth. This is genuinely true, we started unpicking some of the myths around health and safety for social pedagogy, and there was genuinely a worker who believed that if you take a young person near open water they need to be tethered to a tree.

Similarly, the sessions with the clinical psychologist at the home challenged the staff team to 'think differently' about their practice with the children, challenging staff to

look past children's behaviour and consider new ways of working relationally, as opposed to punitively:

> **Reece:** We had a young guy who lived here who literally turned this place up on its head. We didn't know what to do [and] there was a staff team that was quite divided in their approach. There was a small minority of us that were really focussed on relationships and trying to get to grips with what was going on psychologically, you know under the surface, for this young guy. And, there was some staff team that were being quite hard-lined and old school, sort of saying you know 'we need to punish the behaviour out of him' basically… At that time we had quite heavy intervention from clinical psychology who came in and helped us. And since that moment our staff team's just kind of grown stronger. Our links with clinical psychology have got tighter and we kind of realised that the key to, it sounds simple saying it, but the key to kind of helping these kids move on is to explore the past, to explore the reasons they attach the way they do to people or not and put some time into considering what it is we need to do to help. So yea, the relationships from that point onwards completely changed. So looking to restore relationships rather than punish somebody for bad behaviour.

Through their accounts of training the workers distinguish between old and new ways of working with children, rejecting 'old-school' practices of excessive regulation, punishment and control, in favour of considering children's behaviour as a form of communication that has to be listened to rather than punished. The unification of social pedagogy (described as enabling staff to challenge institutionalised practices), and clinical psychology (described as enabling staff to reframe understandings of behaviour), is explained as contributing to the reconceptualisation of relationships in terms of a genuine dialogue between children and adults, alongside a shift towards more respectful, considered practice.

6.1.4 Repositioning Relationships at the Heart of Practice

The final and most important factor situated within the 'change' narrative is the repositioning of relationships as the heart of practice. In amongst the experienced staff member's narratives were multiple stories of life in the home before workers considered relationships as being important. The example below demonstrates how the whole culture of the home is described as having 'changed' once relationships began to be recognised as central:

> **Rachel:** Well, let me cast my mind back to 6 years ago when I started here and I came on my first shift. I sat down at the table and I had a young person say: 'What the fuck are you doing here? We don't want you, go on, fuck off'. She stood up and she got in my face and I had no staff support, at all. And the reason I had no staff support is because no-one had a good relationship with her. No-one at all. No-one liked her, everyone talked about her as like, a devil-child, because they had no relationship with her. Since when I first started, when I look back now, no key-workers had good relationships with the kids. They'd run riot, they'd trash the house, they stayed up all night, we had waking nights[7] on all the time, it wasn't a nice place to be in. And since those kids moved out, and the new bunch came in, and we had new management, new deputies and new workers (a load of new workers came in in the same year when I started here) and the change around, let's think differently, let's be more therapeutic, let's work with these young people, let's build positive relationships when they first come in instead of it just being like a holding pen, has made a massive difference.

Examples such as that above were evident throughout each of the interviews with experienced members of staff. Again, the shift away from vertical to horizontal power relations is described as the staff explain how 'us vs them' is replaced with 'working with' and 'working together' with children. The importance of the collective change is noted as being important to the more experienced workers who establish that without a whole team approach to valuing relationships, individual relationships are also significantly more problematic. In contrast the less experienced staff members (who

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[7] 'Waking nights' are staff employed to stay awake throughout the night.

had worked for less than a year) merely noted that the 'change' had already begun, as opposed to noting a substantial change in practice within the home as a whole:

> **Joe:** I've not noticed a massive change, but then again I started at a time when it had already been changing so I think the big changes had already happened. I mean, I hear stories about children's homes in the past and they sound like very different environments to what they are today.

Despite not being present before the 'change', it is interesting that this also features as part of the newer workers' narratives as the way in which Sunnydale House now is framed. This is not to suggest that there were no noticeable differences between how some staff members practiced, or indeed that staff members' narratives did not differ from what was observed in practice during fieldwork (Gans, 1999). However, it is important to note that there had relatively recently been a 'change' in the culture of the home, and that this formed the foundation of how staff member's conceptualised their work.

6.1.5 Cultures Past – 'Hands Off'

Within the staff narratives, the perception of touch at Sunnydale – like relationships – was also influenced by the 'change'. There were two clear messages regarding how touch was previously conceptualised at Sunnydale: firstly, that touch was rarely used, in line with the [non-] existence of illusive 'No-Touch Policies' and secondly, the only touch children received was restraint.

As established in chapter three, the topic of 'No-Touch' narratives and 'policies' in child care services has emerged as an area subject to substantial levels of misunderstanding, scrutiny and controversy (Johnson, 2000; Furedi and Bristow, 2008, Smith, 2009). For the experienced staff at Sunnydale attitudes towards touch have changed dramatically over the past six years, as all staff with experience 'pre-change' Sunnydale said that touch before the 'change' was discouraged and feared:

> **Chris:** Well, from when I first started at Sunnydale, there was nothing like that. They weren't, they weren't even promoting it or anything.

> Keep off, keep off! ((used hands to demonstrate pushing somebody away)).

> **Dianna:** Because I was always sort of, I was never hands on at all with kids. You know 'don't touch kids', you know 'there'll be an allegation'! The word allegation was battered around a hell of a lot. Avoid allegations, don't touch the kids, don't do this and don't do that. So your hands were a little bit tied.

For Furedi and Bristow (2008:32), 'no-touch' policies are based around fear and rumour, as opposed to substantiated policy guidance, attributing this to the 'paranoia' of contemporary child care practice. This appeared to be supported by Dave, who explained that the 'rules' regarding physical contact were often based on fear-fuelled myth, as opposed to concrete written 'policy' (Smith, 2009):

> **Dave:** Compared to when I first came in you know it was very much no touch. I couldn't tell you if it was written or not but it was certainly the culture you know, you worked very hands off. It was spoken about definitely, whether it was written policy at that time or not I couldn't tell you to be honest.

Although I did not observe Sunnydale before the 'change' the narrative is echoed throughout the interviews with experienced staff and - on tape - the key messages do not shift significantly between individual perspectives. It should, therefore, be understood that formally the use of touch at Sunnydale previously was a highly sensitive topic and was largely avoided. That is with one exception, touch via the practice of restraint:

> **Chris:** I mean back in, back then, the only touch you did was restraint.

> **Frank:** At one time it [touch] was almost a no-no. A lot of the time touch was inappropriate because there was a lot more restraints a lot of years ago. It was restraints sort of almost every other day and it was the use of physical restraint you know like pushing a kid out of a door, or banging a kid through the door, whatever, was used quite a lot and really that was physical contact.

What is important to note here is that what Frank is describing in the latter part of this extract is not restraint, it is the excessive use of force to control children within vertical power relations, thus coercing them into abiding by the rules of the institution. Emphasising how touch cannot be considered in isolation from the relationships within which it occurs and the power relations that frame such relationships (Montague, 1986; Heaphy, 2002; O'Malley-Halley, 2007). Frank's narrative also demonstrates how abusive practices were legitimised through language. The ability of the institution to record such practices as 'restraint' frames the practice as necessary and it can be recorded as such (Green and Day, 2010).

In interviews with experienced workers they described how they went about challenging such practices:

> **Jane:** So the change has come from getting rid of bad staff, being thankful to our operations manager - who thankfully came in and saw all that and got rid of [them] - and we'd send things to Ofsted as well. We may have gone about things in a, I don't think it was underhand, I think it was the only that we felt powerful enough to do it, it may be around the houses but we knew what we wanted and didn't want.

Although Jane chose to take this course of action it demonstrates that for non-abusive staff whistleblowing can be daunting and that the support of senior managers is crucial in responding to abusive practices (Green, 2001), alongside clear guidelines regarding how to approach this (Kendrick and Smith, 2002).

Some staff reported that restraint was also sometimes instigated by children as the only legitimate way to attain physical contact in order to feel safe:

> **Reece:** I've been in situations where there's been physical interventions happen, when I know that that young person is craving touch so they'll escalate a situation knowing they're going to be held, even if it's in a restraint. And as soon as that restraint happens, they relax into you, that's what they wanted. I've been in that situation early on with the young lad at the start I've spoken about. He craved touch, but we were very early on in our journey so we were very hesitant to, to give it. And that was the only way he could legitimately get cuddles,

> by kicking off, because he knew that I'd have to go in and I'd have to
> get him before he hurt himself.

Similar assertions have been made elsewhere by residential care workers and children in research (Steckley, 2012:4), and were echoed by a number of staff in semi-structured and ethnographic interviews in this research. Beyond this, other workers attributed the reduction in restraint practices at Sunnydale to staff now using other forms of touch with children far more regularly:

> **Rachel:** I think, that's what's drastically reduced our [restraint] within
> the home. I can't even think of the last episode of [restraint] that we've
> had. Because if a young person's used to you touching them, they like
> the positive touch and not the negative touch.

This message, repeated by a number of workers, was used to evidence the success of the 'change' and the integration of increased uses of touch at Sunnydale. Within such accounts restraint is framed as 'bad touch', which is argued to have disappeared as the result of replacing this with 'good touch', such as hugs and cuddles, high fives, etc. Laura Steckley (2009; 2012; Kendrick and Steckley, 2008a; 2008b), has written extensively on physical restraint, making the links between physical and emotional containment, drawing on both Bion (1962) and Winnicott (1965), arguing that when done effectively – and not with the intention of harming a child – workers are both physically and emotionally holding a child.

The reduction in restraint described by Rachel was likely also informed by the introduction of new restraint training by the local authority, as a result of recognising the need to address the way in which restraint was used in their children's homes. Restraint training is the *only* mandatory course staff at Sunnydale House are required to undertake every year, the policy guidance states that without this training they cannot work in the home. The training is based on the principle that restraint should only be used as a 'last resort' and the majority of the training (the morning session) focusses on avoiding restraint, such as considering which workers children have the best relationships with, speaking calmly and working with rather than against children. Sessions typically finish early (around 2-3 hours). The afternoon consists of recapping the approved restraint positions adopted by the local authority and a test requiring workers to demonstrate two moves and a written exam examining key principles of the

training, these 'exams' are completed with workers sharing the answers with each other.

The debates surrounding restraint are complex, however for the workers at Sunnydale restraint is conceptualised as a historic 'feared' practice which has no place in the new, more enlightened, in my terms, *intimate culture* 'post-change'. Touch, as a facet of adult-child relationships, is argued to have been significantly affected by the 'change', as it is relayed by staff. How and why the narrative surrounding touch is constructed 'post-change' will now be explored.

6.2 Touch and 'Post-Change' Sunnydale House

6.2.1 Introducing Touch

Talking about touch at Sunnydale House was not an alien concept. The staff team at the home explained that touch was initially introduced by the clinical psychologist linked to the home, who challenged the avoidance of touch in practice. Through this, clear narratives surrounding the 'fundamental' need for touch with children and the significance of the absence of, or abusive, touch in early childhood begins to emerge (Field, 2003):

> **Luke:** It was such a taboo subject for a long period of time. It just wasn't approached, it wasn't talked about, and then we started working with [clinical psychology] and they would talk us through things and we started to get more of an understanding. We realised how important it is with those early years that the kids haven't had touch necessarily, rather they'd been shouted at or neglected and they haven't received it, and there's a massive impact because of that.

Through the work with the clinical psychologist, touch is reframed as being central to the residential care worker role, particularly in light of the children's previous abusive or neglectful experiences (Field, 2003, 2014). In contrast, through thinking about and discussing touch, its prohibition was attributed to bureaucratic notions of risk and prescriptions developed by individuals who do not understand (or have forgotten) the complexities of working day-to-day with children:

> **Rachel:** I'd love to have clearance of, even just a guideline or a documentation or something that said how effective touch actually is. Or how effective touch is for young people and let all these professionals that sit at a table and say 'touch shouldn't happen', let them see what the benefits are of touch for young people that we work with, and then let them turn round and say touch shouldn't happen. Because you can't develop a kid through every other aspect of their life holistically without giving them love and nurture. And the only reason you give them the nurture, and the care, and the hugs and the touch, is to develop them, to make them into adult society people that can cope in society. And how can they do it if they've never had it?

Defending the practice of touch is evident within this extract, as Rachel expresses frustration at risk averse managers and organisational cultures she perceives as having lost sight of the day-to-day reality of working with children and failing to consider care 'holistically'. At 'post-change' Sunnydale, the total avoidance of touch when relating to children is framed as harmful and rejecting:

> **Luke:** There can't be anything worse than not, not having physical touch with a person. If a young person came to you for a hug and there was that barrier there, you know, 'you really are not supposed to do that', you know 'I'm really not supposed to give you a hug', that's as big a slap in the face as inappropriate touch isn't it? Well, almost.

Touching practices are explained and legitimised, particularly for experienced workers, through external agencies - like the psychologist - giving 'permission' to use touch. The polarised responses to touch as seen in chapter three are epitomised in this section, as a firm aspect of this pro-touch narrative includes the rejection of the perceived bureaucratic, risk averse prohibitions which fail to consider care holistically (Furedi and Bristow, 2008).

6.2.2 Defending Touch: 'Natural' Parenting

Using touch in practice is defended by staff as being a 'natural' part of raising children by emphasising the absence of birth families and drawing upon literature which

uncritically fuses touch with healthy child development (Field, 2003). The 'need for touch in lieu of birth parents' presence discourse is described as threefold, explained in relation to accounting for past experiences of abusive or absent touch; for the present in relation to accounting for the absence of birth families being around to respond to day-to-day occurrences; and also in the future in relation to children's future touching practices with their own children:

> **Sophie:** The role? I think it's just supporting. It's just being a parent as well, I think it's natural, natural yea.

> **Rebecca:** I think they should do touch, with children, because sometimes for example if you're upset and you want a cuddle or a hug that's what parents do, and because their parents aren't there, they're missing out on that. And my worry is, if they're not getting the love, and the hugs, then that's going to carry with them. And then the attachment with their own children, they'll need it with their own children.

Framed within discourses which emulate romanticised Western parenting discourses (Lee *et al*, 2014), touch – 'post-change' - is framed as key to the residential role in order to account for the absence of birth families. Workers make clear links to parenting and family metaphors by describing their role as 'being a parent', or being in lieu of parents, to children living at Sunnydale (Kendrick, 2013). This presents the narration of the presumed shift towards a more intimate practice which blurs previously defined hierarchical professional relationships (Morgan, 2009; Ferguson, 2011a).

Workers also drew upon research evidence, or wider professional discourses surrounding child development and touch, to further justify their assertions that using touch in practice is necessary:

> **Rachel:** I can remember when I was at uni and doing some research and it said something like it's 6 hugs a day for growth or something like that, and it's true!

> **Eleanor:** Well it is part of, well it's like a need isn't it? If they have no personal touch, I think it delays development and it can cause issues in later life if they don't think it's normal for people to touch them.

The need for touch was further justified by links to 'healthy' child development discourses (Field, 2003). Evident within these responses are aspects of the 'touch as fundamental' narrative critiqued in chapter three, whereby the absence of touch is uncritically identified as being linked to delayed - or problematic - development (Field, 2003). Such narratives are however, almost always fused with moral undertones and pay little attention to the wider context and relationships within which the touch occurs (Montague, 1986; Lee *et al,* 2014; Green, 2016). Some evidence for this can be observed in these extracts, as by defending touch - in direct response to frustrations regarding risk averse and bureaucratic organisational cultures and managers - there is also, at times, a lack of attention to the wider experiences of children in care and how they may experience touch (Smith *et al*, 2014).

6.2.3 Contextualising Touch: 'Touch can Mean a Thousand Words'

Each interview concluded by asking staff members to describe a moment when physical contact had occurred between them and a child in residential care. This question allowed for a moment of touch between worker and child to be described contextually by the adult involved. With one exception each interviewee described a moment of 'positive' touch, all characterised by staff using touch to respond to a child in distress, believing that in some scenarios actions spoke louder than words:

> **Chris:** I took Joshua night-fishing. We've got a chair, side-by-side, next to the lake, no-body around, the sun's going down and he, he went through his life, from when he can remember to now. Not only did it upset him but it upset me. So we, erm, put our arms around each other ((small laugh)). I think it just, brings you a bit closer. I think it really shows them that you know what they've gone through, I just think it means a lot for them to share all that information and then for you to be there for them, and it means a thousand words you know, a touch on the shoulder or a hug.

In contrast to some of the more abstract justifications attributed to child development, detailing the broader context - including paying attention to the adult-child relationship, the space and scenario within which the touch occurred - enabled workers to illustrate how and why they used touch in practice. Workers almost unanimously

described moments of distress where they felt using touch reaffirmed their verbal messages and was used to physically and emotionally engage with children in a given moment. For the staff team - in these scenarios - touch replaced words, which did not somehow feel enough.

6.2.4 Respectful Touch: Knowing the Child

Having noted all of the above, one unanimous message given by workers regarding using touch in practice was the importance of getting to know each child individually and respecting their touching boundaries (Smith, 2009; Smith and Steckley, 2013). The following responses were typical of this assertion:

> **Jane:** Do you know what, for me I have to say you quickly know the kids you can [and] you quickly know the kids you can't. You know the kids that are fine with it and you know the kids that are uncomfortable with it. And those kids that are uncomfortable with it, you don't do it.

However, as Frank illustrates (below), this practice does not necessarily remain static, and is explained as being subject to change if the relationship with staff members develops over time (Lefevre, 2010; Smith and Steckley, 2013):

> **Frank:** Now, Lily, will give me a hug which is something. A bit of a surprise, but it's a very sort of appropriate hug. You know, she doesn't sort of cling to you, she'll put one arm round you, one arm, and say 'thanks.

When asked how workers 'know' that children do not want to be touched, this is described as intuition:

> **Jack:** Gut feelings I think. I think it's just a gut feeling I think kind of on your unconscious perception of their body language and whatever they're feeling that they're kind of radiating off.

Whilst literature pertaining to child development is used to defend the use of touch in practice - framing touch as a 'natural' aspect of caring for children - the day-to-day realities of caring for individual children in care complicate this assertion. Knowing

when children do not want to be touched is described as intuition, as workers observe the children's body language, movements and facial expressions.

Not wanting touch was often attributed to children's previous experiences of abusive touch in their early childhoods:

> **Jack:** I think touch should be avoided when that level of relationship with a child isn't there. And I think, you know, there's a lot of work to be done with these young people who've experienced so much damage, you know. In terms of, if they've been quite heavily sexually abused, that they understand that touch is not for a sexual reason but for a caring reason.

This concept - avoiding touch in order to prevent further harm - is also well-documented in research, literature and indeed in Sunnydale's own policies and procedures, and stems from developments in psychotherapeutic theory and research rooted in the expanding understanding of the implications of childhood abuse and neglect on individuals' own future touching and relational practices (Speigel, 1986; Olio and Cornell, 1993; NASW, 2000). For Spiegel (1986) 'flashbacks' are not simply memories, but provoke the individual to viscerally 're-experience' abuse, and some guidance regarding social care and the use of touch advocates for the avoidance of contact for this reason (Lefevre, 2010; NASW, 2000; Sunnydale House Guidance, 2015). By including this concession, the staff team frame touch as important, but optional for individual children, thus fitting within the broader 'change' narrative in which children are respected and not controlled (Giddens, 1992). The extent to which children actually have autonomy and choice will be explored through throughout chapters seven-ten, drawing upon observations of practice and interviews with children.

6.3 Touching Limits: Avoiding Touch in Practice

6.3.1 No Touch Zones: 'The Swimsuit Rule'

Discussions with staff members surrounding inappropriate uses of adult-instigated touch were often ambiguous, yet almost always referred to sexualised as opposed to violent touch. In discussing where they would avoid touching children workers often made statements such as 'well, it's pretty obvious isn't it?', or 'the normal places you

shouldn't be touching', and rarely moved beyond never to touch 'areas covered by a swimsuit'. One discussion with staff member Sophie, however, revealed a more nuanced approach:

> **Sophie:** I think like any of the erogenous zones, but I think sometimes the wrong place, it could be anywhere, it just depends on the young person. So for me to put my arm around one young person would be fine, but, as I say if that gets a no, but like if you don't know that young person doesn't like to be touched…on the knee, or wherever, then for them, that's the wrong place. But like, generally, you know like, the no-go areas.

In this Sophie identifies that 'no-touch zones' are also further informed by context and individual children's history (Lefevre, 2010), however, 'no-go areas' also implies an assumed tacit understanding regarding appropriate and inappropriate touch.

When sufficient distance was positioned between themselves and the sexualised touch, workers discussed this as a feature of pre-change practice:

> **Frank:** I remember once, at [previous workplace], we had three sisters with us, who had been sexually abused, and their dad was in prison. I remember one day a girl came down, and I can't remember if she had trousers or a skirt on, but she had a swimsuit on underneath it, and it's like there's no back in it is there? Erm, and a member of staff who I'd never liked, that was always a bit [inaudible], and he stood there talking to her, and his hand was running up and down her back like that ((demonstrates with floppy hand up and down movements)) and I went and moved it. I thought that it, that's totally like, with it being like. I said: 'Don't do that please…it's not right' ((sharp tone)). I mean, he hardly spoke to me for the rest of the time that I was there.

Reluctance to discuss sexualised touch is perhaps most evident is relation to the suspension of the workers' colleague, regarding which few staff members would openly discuss the possibility that this contact was sexual in its intent. Not one of the staff directly said to me they thought this was deliberately sexualised, more that it was a 'bad call' and a misunderstanding of the relationship between child and adult involved. Some refused to discuss this, others raised their eyebrows, and others vehemently

denied that this was anything other than over-zealous management and children who have 'a great number of avenues' through which they can now disclose abuse. One member of staff discussed mulling this over in his head for many months 'racking his brain' to see if he had 'missed' anything, although ultimately came to the conclusion that it was a 'bad judgement call' as the worker is 'just not like that'.

What is also interesting is that the staff team were largely uncomfortable talking about sexual touch, particularly in relation to the possibility that 'one of them' could perpetrate this, illustrating how sexual 'taboos', including that of childhood sexuality and intergenerational abusive sexual contact or activity, still inhibit individual's ability to talk about such issues (Green, 2010). For the majority of workers at Sunnydale, avoiding touching children in any of the 'assumed' sexualised areas - those covered by the 'swimsuit rule' - was discussed as the places they all avoided touching children, and discussions of more explicitly sexualised contact were framed as a historical notion occurring only at 'pre-change' Sunnydale.

6.3.2 Fear of Children's Allegations

The fear of allegations, and the relational consequences resulting from allegations, has regularly been noted in literature pertaining to adult-child relationships and touch in residential child care (Webster, 1999; McWilliam and Jones, 2005; Smith, 2009; Green and Day, 2010). Allegations in this context refer to a complaint of abuse or malpractice regarding a specific worker from a child. Despite protestations that risk averse management cultures are responsible for inhibiting uses of touch noted above, each individual worker interviewed mentioned some personal fear of allegations in their interview narratives. Allegations are also the only area of practice wherein references to parenting are almost entirely absent. This poignant omission demonstrates a clear constraint of intimacy in professional adult-child relationships from the perspectives of staff, as children are conceptualised as an immediate threat to their personal financial security, social status and reputation.

For Sunnydale House, as discussed in chapter five, allegations were a not-too-distant memory, 'post-change' a member of staff at Sunnydale House was suspended for kissing a male child on the neck. For Rachel, the worker's suspension immediately challenged the appropriateness and sustainability of the 'change':

> **Rachel:** Then we had the set back of the worker obviously getting suspended for touch. And we were like 'are we doing right? Are we pushing it too much? Have we misjudged something here? Are we all going to get damned from Ofsted?' I think the whole staff team didn't progress anymore but we didn't regress, we kind of just stayed stagnant…there weren't many staff that felt safe at that time, because the kids could have made an allegation. You're always thinking 'your jobs on the line', and that's what you come to work for, you come to work to earn money, not to have an allegation chucked at you.

Rachel suggests that the suspension reignited 'pre-change' fears for workers regarding touch as they began to "feel" unsafe, thus positioning their own safety before that of the children by delaying further integration of touch into practice (McWilliam and Jones, 2005). Significantly, the actualities of this allegation - *being a kiss, from the lips to the neck* - are absent from this account. Rather than acknowledging the cultural, situational or physiological significance of the body and how bodies interact (Montague, 1986; Suvilehto *et al*, 2015), workers themselves, not management or those external to the organisation, frame *all contact* as being unsafe.

When workers discussed allegations, they often directly described the experiences of their suspended colleague:

> **Jack:** If an allegation's made that's it, you're off for six months. And, people know that you're off and you're being investigated. And they might not know why you're off, you know, because investigations are always closed. So all the rest of the staff team don't know why you're off. So you get questions, they'd be asking, you know that there'd be questions asking what you've done. And it's a job at the end of the day isn't it? It's your livelihood and your job. And you know if you haven't done anything, you still know you haven't done anything, but you've still got to go through that. I think the safeguarding's right though, because if it's like 1 in 100 was, was real abuse, then you're protecting that child. So I think the policies have to be there, but you still want to keep yourself safe.

Risk-averse practice should not be wholly blamed on individual staff members. It has been suggested that as opposed to allegations specifically, it is the reactive and stigmatising processes adopted when with dealing with allegations by management that workers fear (Green and Day, 2010). The role of management should be to support staff to counter detrimental risk-averse practice, as carers themselves need to 'feel safe if they are in turn to value the children in their care...when staff do not feel safe they act in ways to limit the threat' (Smith, 2009:47). Equally however, they too are managed by those in positions of greater authority (Green, 1998). This can be seen in Jack's narrative as the processes involved with investigating allegations are detailed, arguably fearing the consequences of 'allegations' not only in relation to financial security, but also his social status and reputation.

Research indicates that in residential child care in England, on average 10.89% of allegations of abuse are made per every 100 children, 2.3% of which are 'substantiated' (Biehal *et al*, 2014). Equally, unsubstantiated allegations should not be assumed to be unfounded, as investigating allegations is a long and convoluted process, requiring firm 'evidence' which is often difficult to obtain (Biehal, *et al*, 2014), and is often marred by multiple intersecting biases surrounding gender, class and age (Jay, 2014). Jack (above), was the only worker in all semi-structured interviews to note that allegations were ever *real* abuse, and even this is framed as being unlikely "1 in a 100". The worker's allegation was largely framed by workers as being either false; an opportunity for the child to get the worker into 'trouble'; or an 'overreaction'. Little consideration regarding the experiences, or consequences, for the child are made. Instead, attention is almost entirely placed on the consequences for the worker and the perceived increased risk for the staff team.

Interestingly, the only experience the staff at Sunnydale have of allegations 'post-change' is with a male child. This also calls into question why female residents are almost always framed as being more prone to false allegations than males, as it goes in direct contrast to their experiences. Gendered narratives surrounding allegations permeated interviews, with female residents continually framed as posing the biggest 'threat':

> **Frank:** There have been, again mainly girls, who have made accusations...which can be pretty scary. You know, 'I'm going tell them

that you've done this and that', and for a male worker to be accused of that, it's awful.

Jane: I've heard, often girls, shouting 'get out my fucking room otherwise I'm going tell them you've touched me'. Yea, yea, I've heard it so many times.

Sociologists have noted how childhood in Western societies is socially constructed as a time of innocence and purity (Scraton, 1997), wherein any behaviour considered to breech such values are viewed punitively by adults who typically construct children as 'angels' or 'demons' (Warner, 1994). Sociological analysis indicates that children in residential child care have historically been constructed as 'evil' (Scratton, 1997), or 'moral dirt' (Ferguson, 2007), wherein transgressions are dealt with hostility despite the 'surface which presents a veneer of tolerance and understanding in direct contrast to the forces released once children and young people step out of line' (Scraton, 1997:167). Within this, female children are subject to greater scrutiny than males (Green, 2005), and from a young age are socially constructed as sexually contaminating objects subject to pollution rituals:

'Young girls are treated as symbolically contaminating in a way that boys are not. This may be because in our culture even at a young age girls are sexualized more than boys, and female sexuality, especially when 'out of place' or actively associated with children, connotes danger and endangerment'

(Thorne 1993: 75–6)

Despite experience directly countering this assertion at Sunnydale, girls are presented in narratives as a greater threat to workers - particularly male workers - than boys. Workers therefore inhibit intimacy by distancing themselves further from girls than boys - resulting from intersections of age, gender and class - rather than seeking to form close relationships (Jamieson, 1998).

Gender also permeates debates about workers' touching practices, as male staff are constructed as far more likely to abuse children, thus being subject to far greater suspicion than female workers:

> **Dianna:** Straight away, the word, if you're touching, if a male's touching a female, it conjures up 'eurgh, there's something going on there'. And every few months, there's always 'years ago in a children's home there was abuse'. Sort of custom practice was, if a kid was in a children's home, they were abused. You know and it is usually men being the perpetrators on young girls...and I think sometimes because of that high profile sort of pressure, members of staff sometimes go 'ooh, back off'. So again we're sort of creating that distance, that barrier.

Male workers describe distancing themselves, particularly from girls, and self-monitoring in order to prevent allegations or suspicion from others:

> **Reece:** I think, instinctive. I think there's certainly some female staff who are very motherly in their approach and will think nothing of giving hugs to every single person in the house. I think guys are a little bit more reluctant, with female residents...But, I've seen it used really positively. I've seen a young girl came back from a night out with some friends, and she put a lot of hopes into this being the greatest night ever and was really pleased to be accepted into a group of mates from work. She went out, had a drink, and it didn't, it didn't go well for her. She came back distressed and I greeted her in the hallway. And I froze a little bit, not really knowing whether to put my arms around her. She'd had a bit to drink, it was late at night. Erm, but Jack came out and just put his arms around her straight away and it was like 'yes, why didn't I do that?'. So there was no hesitation on his part but there was on mine. Because I think I instantly saw this as a potential problem, whereas Jack didn't.

Reece describes his reluctance as 'instinctive', complicating assertions surrounding the biological or natural need for touch discussed previously in the chapter (Field, 2003). In contrast, Reece describes how Jack was not 'instinctively' inhibited, instead choosing to embrace the child, thus illustrating that men are able to offer nurturing touch. This illustrates how touch - often described as 'natural' - is actually deeply gendered, with females being socially constructed as 'natural mothers', thus more nurturing and less dangerous to children than men (Parsons, 1959). When male workers avoid touch this reinforces gendered stereotypes surrounding masculinity wherein men are strong and

powerful (Connell, 2002), and 'the fear of being seen as a sissy dominates the cultural definitions of manhood' (Kimmel, 1994: 214). Male touch, and intimacy in (male adult)-child relationships, are both informed by gender (O'Malley-Halley, 2007). Left unchanged this 'presents men as both physically and emotionally unavailable, and creates a paranoid environment' (Green and Day, 2010:91); children will miss out on important relationships with men who are in the position to be valuable role models; and abusive practice from female workers is also at risk of being ignored.

6.3.3 Fear of Others: Management, Regulatory Bodies and the Media

Beyond fears of allegations from children, workers at Sunnydale also expressed concern at the ways in which other people interpreted their touch. Senior managers (Sunnydale's manager's manager and above) were perceived as 'other' to the home, as can be seen below where 'Louise' (staff) refers to management as 'people above us'. The separation of home and management was not seen by the staff as a safety mechanism, necessary in order to oversee occurrences within the home, but as a presence to be feared. Within such narratives was the implication that management prioritised the image of the local authority over the well-being of children, fearing the ramifications of a media frenzy surrounding abuse in the home:

> **Louise:** Allegations or, I think they're scared. Scared of the young person and if they say anything if they put an allegation in. Or if somebody sees it and gets the wrong idea, people above us, do you know what I mean it's like 'why are they hugging?'

Fear of what 'others' would think about touch in practice formed another key element of the staff narratives around risk (Furedi and Bristow, 2008). This is observed not only in relation to management [including regulatory bodies], but also media representations and the general public:

> **Dianna:** It's what you hear on the media every day, it's what you see on the television every day, it's what you see in churches every day, and straight away, there's a label there. So immediately there's a natural barrier that makes it difficult for us really, to sort of break that down a

little bit. Although I think we do it really well here, but I think it's the outside influences that make it very difficult.

Jack: Society thinks you shouldn't be hugging other people's children. It's the media isn't it? It's like, you know there's a lot more media now about inappropriate relationships between adults and children, paedophilia and that. But then, we're the parents ((emphasised)), we're not paedophiles we're parents, you know. We're parenting that young person, so why should that young person not have that nurture? In an appropriate environment, in an appropriate way.

How others would perceive the practice of touch in the home was a key concern for staff, and was also evident in interviews regarding how workers thought I would interpret their words:

Luke: See these things now, almost just talking about touch and hugs, they make me feel almost like a little bit strange inside when you talk about it. It is almost a little bit uncomfortable talking about it. Because when I'm talking to a normal member of staff, I know exactly what is meant by those words and it's how those other people interpret those words, and I know that you don't but there's part of me in my head that questions what you interpret this as because you're not a member of staff.

Throughout these narratives staff argue that they know using touch is 'good' for children, through experience they have witnessed the benefits of touch and as a team they have a shared understanding of the value of touch in relating to children. Others, and their perspectives, are feared because staff assume they don't understand the day-to-day realities of working with children, and may therefore interpret their practice as somehow dangerous or abusive. In the previous section, children were blamed for creating unsafe environments for staff by making allegations, and management were blamed for paying too much attention to false allegations. In this section, management, regulatory bodies and those external to the staff team - informed by the media - are blamed for misinterpreting touch and inhibiting touch. This complex interplay indicates that workers distance themselves from being responsible for inhibiting touch - and

distancing practices - framing their actions as a consequence of other groups' direct, or indirect, contributions.

6.3.4 Children's 'Inappropriate' Touch

The final area to be explored within this chapter is touch described as 'inappropriate' instigated by children towards staff members. The issue of 'inappropriate', typically sexualised, touch was spoken about occasionally but more hesitantly. There is also very little noted about this in literature, bar some notable exceptions (Farmer and Pollock, 1998; Green, 2005; Green and Day, 2013), which explores the links between childhood abuse (Sexual, physical and emotional – for example, through observing domestic violence) and sexualised behaviour (English and Ray, 1991; Estes and Tidwell, 2002). The issue of children 'inappropriately' seeking physical contact from staff was noted in interviews, and cannot be separated from wider debates surrounding gender (Kimmel, 1994) and also the sociology of childhood (Thorne, 1993; Warner, 1994). Whilst girls touching, or fears pertaining to their touch, is discussed above and conceptualised as contaminating (Thorne, 1993), boys touch is also conceptualised as sexualised by workers, although responses to this typically varied according to the gender of the worker involved in the contact.

For staff members, there were a number of comments around the manner in which male children sought out and obtained, or instigated, physical touch with female workers. The narratives ranged from feeling uncomfortable with staring or closeness, to more extreme examples of children threatening to rape staff members alongside physical and/or sexual assault:

> **Sophie:** Like I've had some hugs off [male YP], and like instead of hugging me here ((points to shoulder)), he's hugged me here ((points to breasts)), and like touched my thigh. And I've had to make a joke about touch, but it's been very lightly brushed off if you know what I mean. I've not been really serious about it, because since then it's not happened again and so maybe that little cautionary, you know, that was it.

> **Rebecca:** It wasn't at this home it was at another home. It was a boy, a teenage boy, and he'd made a comment beforehand about shutting me in the room so he could rape me, but he was laughing. So I was just like 'oh okay, you shouldn't be saying stuff like that' and then he gave me a big hug. And he actually squeezed me that tight, I could feel myself pressed against him. And that was really uncomfortable. And that was a sort of hormonal teenage boy and this is where it's a bit awkward with touch with teenage boys.

The majority of literature concerning sexual abuse and institutions concerns abused children, or adult patients. Rarely is the abusive practices workers experience examined or theorised (Green and Day, 2010), and the examples above were presented much more discreetly than previously discussed topics.

This issue is further complicated by some of the male workers' narratives as they too described discomfort with male children's touch which they perceived to be a 'breach' of intimacy. Interestingly, for some male workers it appears any close contact (from male or female children) was considered sexualised, and whilst male workers described physically avoiding female children at the risk of allegations in the previous section, with male children this contact was conceptualised as homoerotic:

> **Joe:** I don't know if he's completely gay or bi-sexual but he's, he's certainly bi-sexual. I'm just not sure...I've been away on holiday with him a few times, and he's just, it's nothing too odd you know but he'll just latch on at certain things. God, I mean we were walking down this road and we were looking for this youth hostel and I'd got my sat-nav out on my phone and it was about 11 o'clock at night and we're out in the middle of no-where and we got out in the sticks, and there's no street lights on the road. So [male child], he's quite poor eyesight, but he doesn't like to wear glasses, so he's latched onto my arm, like sort of hanging onto me as we go through these trees, saying 'oh Joe I'm scared, I'm scared', and anyway he's quite, he's always very, very close isn't he? So you just have to, well I make him aware of it as well you know I don't just get out of his bubble I say 'you're a bit close, you're a bit close there mate, normal people don't speak so close' and I tell him. I say 'well look around you, we're in a public place, you see anyone else

> that close? See couples maybe, but we're not a couple'. You know, be truthful, be honest, tell them your opinion and then show them an example of that opinion. I think that's the important thing like, it's just opening their eyes to it a little bit not just saying that's my view, this is my view because this is, this is the view of us. This is the way it is, and the sooner you recognise that, the sooner you will, the less you'll irritate people by jumping into their face.

Kimmel (1994) argues that this practice is rooted in homophobia, as any display of perceived intimacy instigated by boys is conceptualised as homoerotic. This has also been explored in relation to residential child care previously, as Green (2005:468) argues that 'young males, females and their adult carers were extremely aware that it was unacceptable for males to seek affection overtly, as this would denote vulnerability and invalidate masculinity'. Regardless of the child's poor eye sight, and the context (it's the middle of the night, they're lost, it's dark and they are in an unfamiliar place), this touch is interpreted sexually by Joe, who feels it is his responsibility to 'educate' the child in how men 'should' touch (Kimmel, 1994; Green, 2005).

Some workers illustrate clearer approaches to such incidents, believing it is the responsibility of residential child care workers to educate children on 'inappropriate' and 'appropriate' touch, particularly when taking account of children's perceived developmental ages:

> **Rachel:** Because there's some kids that do come to you for a hug and to inappropriately touch staff as well. You know if they've just has a hug and then they want another and they hold on to you for 3 seconds and you can tell that they're pulling you against them, that's inappropriate. But we bring it up with a young person. If they've not got us to kind of go wrong with and they go wrong in society and they get done for groping an underage child or something, well they've never been told! These kids that we're working with they're 12-18 but they've got mental ages of like 6-7-8. They're just, they're little kids aren't they? So it's about putting boundaries in place, but doing it in a safe environment. So if there was no touch at all these kids would be offenders when they left here, because they've not known what right

> and wrong with touch if we were totally hands off with them. It's not,
>
> it's not normal, it's not life-normal.

For Rachel the need to educate without shaming children is clear. References to the 'fundamental' need for touch is included as a justification, but actually serves to further legitimise male-child touching, as Rachel asserts children would 'be offenders' without touch (Field, 2003).

This presents a fascinating scenario where a dominant staff narrative which frames touch as a day-to-day feature of intimate practice at Sunnydale House 'post-change' - situated within intimate relationships in which both parties are respected and closeness is cultivated as being a 'natural' of parenting - and therefore a legitimate feature of substitute parenting that staff assume in the absence of children's birth families. On the other hand, however, in practice touch is only really deemed acceptable when instigated by workers and staff continue to demonstrate discomfort when children instigate touch with them. In this respect, touch continues to be framed by vertical power relations wherein adult-instigated touch is acceptable, framed as natural and deemed necessary, in contrast to children's touch, or the fears associated with children's touch, still continues to be an ambiguous area of practice in which only some children are deemed acceptable touchers. This research sheds new light on these deeply complex intricacies, which are not currently well understood and are rarely acknowledged. Female children's touch is avoided, constructed as polluting and is framed as a particular threat towards male workers (Thorne, 1993). In contrast, whilst male children's touch is also conceptualised as sexualised, the ways in which this is responded to by male and female adults is very different. When instigated towards male workers this touch is swiftly corrected; the child is educated about acceptable and unacceptable masculine contact, any 'breeches' of acceptable touching are linked to homosexuality thus 'shaming' the child into learning how to touch 'as a man', even when this touch occurs for much shorter periods and on fewer areas of the body than that described by female workers. Male children's touch towards female workers is considered more 'natural' and male children are allowed to touch female workers more regularly, for longer periods of time and with far fewer areas of the body deemed 'out of bounds' than male worker's bodies (Suvilehto *et al*, 2015). As such, intimate breaches are legitimised by drawing upon psychologically informed accounts of adolescent sexuality in which male sexuality is celebrated and female sexuality is chastened (Green,

2010). Female workers therefore experience far more unwanted contact and when they do some feel inhibited in their ability to prevent this.

Conclusion

This chapter has explored the range of discourses present within the staff narratives regarding how they make sense of touch in practice. Staff frame their discussions by distinguishing between 'pre-change' and 'post-change' Sunnydale, arguing that a culture shift has occurred provoking a movement away from old-school practices which reconceptualised adult-child relationships and the use of touch within such relationships. 'Post-change' Sunnydale is largely presented as a space in which adult-child relationships are less constrained, more respectful and increasingly intimate, with a shift away from vertical to horizontal power relations and a blurring of previously proscribed relational boundaries (Giddens, 1992; O'Malley-Halley, 2007; Morgan, 2009; Ferguson, 2011a). Within this new discursive culture, touch features as a central facet of adult-relationships. Introduced and legitimised by respected professionals, child development literature - coupled with emotive parenting discourses - is embraced to defend touch and reject alleged risk-averse management cultures (Field, 2003; Furedi and Bristow, 2008; Lee *et al*, 2014). Within this narrative, children are afforded choice, autonomy and respect - asserting that children who want touch should be able to freely acquire it by the adults caring for them (Smith, 2009). Despite the overwhelming dominance of the 'change' narrative, a few concessions existed. Some groups were not afforded the full freedoms proposed by the 'change', with individual children and workers being identified as more or less touchable. Gender permeated these discussions, as male workers are framed as abusers and female workers as naturally better at caring (Green and Day, 2010). In contrast female residents are conceptualised as sexually contaminating liars, whilst male resident's sexualised behaviour is largely ignored or excused. A complex interplay of frustration levied at children, management and wider society is demonstrated, as various groups are criticised - simultaneously and individually - for inhibiting touch. The following chapter will now critically examine these narratives in light of my observations of day-to-day practice.

7. Staff Practices: Cultivating Intimacy and Distance in the Lifespace

'Almost instantaneously as the previous night's staff leave the home the

atmosphere shifts'

(Fieldnotes, Day 14)

The primary concern of this chapter is to draw upon observational data from the field in order to examine how staff members use touch in practice, through which I will illustrate how intimacy in adult-child relationships in residential child care is both hindered and cultivated. A secondary concern is to examine the extent to which staff members' interview narratives reflected observations of practice and whether the changes described in 'post-change' Sunnydale were evident, or were simply an institutional narrative (Linde, 2001). Therefore, the research question[s] this chapter seeks to answer are: How do staff members touch or avoid touch? [Is there incongruence between observed uses of touch and how staff members discuss touch?]. This chapter will revisit each of the areas identified in interviews by the staff team, comparing what they said with what was observed. It will focus largely on staff-instigated touch, with the exception of the final section which will explore how adults avoided unwanted touch from children. Child-instigated touch and children avoiding unwanted adult-touch will be covered in chapter nine.

This chapter begins by considering the 'change', and whether 'old school' approaches, prioritising control and discipline, were observed in the home. It then assesses how touch was used by the staff team to demonstrate care and concern towards children and how this contributes to understanding intimacy and adult-child relationships in the context of residential child care. The chapter then considers how risk averse Sunnydale appeared in day-to-day life alongside how and why staff avoid touch, thus contributing to understanding what I am calling *distancing practices* as how intimacy in adult-child relationships is inhibited in residential child care. This chapter demonstrates the many nuances present pertaining to the use of touch in practice and illustrates that change is less ubiquitous than described by workers.

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7.1 Examining the 'Change'

As already shown, staff member's narrative regarding a relatively recent 'change' in practice at Sunnydale House was attributed to three key factors: a change of staff (including new management), the introduction of theoretical underpinnings and the positioning of new, equal, understanding and respectful relationships as being central to practice. Observations of practice did, at times, support the 'change narrative', and these will be returned to later in this chapter. Prior to this however, examples of practice which challenged this narrative will be explored. This demonstrates how cultural shifts were more gradual than explained by staff, and the ideal 'post-change' relationships described did not wholly reflect the observed day-to-day reality of adult-relationships at Sunnydale.

7.1.1 Ofsted

Ofsted inspections accessed online were used in the previous chapter to support staff narratives regarding a change in the home, indicating that the 'change' was externally observable. However, as discussed in chapter 6, Ofsted inspections should not be used uncritically, as it can be argued that stage management occurs when inspectors are in the home in place of more representative behaviour (Ferguson, 2007). At Sunnydale, Ofsted - or the possibility of a looming inspection - was mentioned at least weekly during the fieldwork, typical examples included:

> All the staff team have been split into groups to consider different areas of the Ofsted regulations, and have been tasked with creating a folder which evidences how Sunnydale meets the separate targets. Jack and Luke are discussing this, Luke says: "It's all down to paperwork isn't it, proving everything", to which Jack replies: "If you're getting an outstanding, you're doing something wrong. I've been in homes where they're [rated] outstanding, they're always in the office".
>
> (Fieldnotes, Day 21)

> Rachel is saying we should take the pictures of Jamie [former resident] down, as it "looks like a shrine to him". She says it's "a bit soon and we should maybe keep one up so he doesn't feel sad when he comes back

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to visit, but we don't need all of them up there…I'm just thinking about Ofsted".

(Fieldnotes, Day 27)

I recorded 38 direct references to Ofsted in my fieldnotes, and the concern of regulatory bodies - including senior management - were present throughout the fieldwork. It was not just staff who indicated awareness of inspectors, children also suggested they would modify their behaviour, indicating they too are aware of what 'should' and 'should not' be done in front of inspectors:

Amelia tells story about going to [rural, hilly area] and not following 'Health and Safety' rules. She says she managed to go down the most dangerous route down the hill, she says it was really fun. She turns to the staff in the room saying "don't worry, if Ofsted come with me I'll do it properly".

(Fieldnotes, Day 46)

Evident within these examples is the stage management that occurs prior to - and in front of - inspectors. Paperwork, and ensuring the paperwork is up-to-date, is obviously a primary concern within the above extracts. Moreover, children's feelings also appear to be secondary to the perceptions of Ofsted inspectors. When Rachel (staff) removes photos of Jamie (ex-resident) she recognises that he might be upset, but is guided by the inspector's perspectives. Continuing relationships with children following placement moves continue to be a contested and ambiguous area of children's social care practice (Care Inquiry, 2012), in this example the perceived perceptions of inspectors regarding 'inappropriate' relationships immediately inhibits closeness and sets parameters around what is acceptable and unacceptable within professional relationships.

I cannot comment upon how staff behaved in the presence of inspectors as I was not in the home during Sunnydale's inspection, this is an unfortunate limitation of this research and would have offered valuable insight into the level of stage management that occurred. However, small examples such as staff telling me where they smoked when managers or inspectors were in the home, or when they wore flip flops [prohibited due to health and safety regulations], indicated that some actions will

change when individuals in positions of authority are present. This questions how reflective of day-to-day life inspections are and how they could be used to reinforce 'institutional narratives' framed by staff or wider organisations which contradict children's experiences (Linde, 2001).

7.1.2 Old Habits Die Hard

The clearest example of 'old school' practice was evident in the example below. It must be stated that this example was extreme and I was surprised and concerned that it occurred as it was not reflective of the majority of events observed in the home. However, clear evidence of 'old school' responses, 'us vs them' horizontal power relations, and sarcastic references to 'our day' reveal that 'change' has not occurred as thoroughly as claimed in interview data:

> Frank and Sharon (staff) are both furious because Louise (staff) has been shopping with Patrick (17) who has selected a range of 'unhealthy' food and that the children have been 'wasting' food. Sharon says: "He's [Patrick's] just want, want, want". The items of concern include: fizzy drinks, sugary cereal, chocolate spread and crisps (it also included fruit juice, salad, fruit, vegetables and other more 'healthy' foods). The shop cost £160, and Sharon and Frank say Patrick should not have been taken shopping as he cannot make 'sensible' choices. Frank says: "It wasn't like this in our day, was it?". Sharon and Frank remove all the 'unhealthy' food and put this in the garage, or in the bin outside.

> The atmosphere is very tense in the home, lots of secret, hushed conversations. Frank and Sharon ignore the children and all the doors are locked. The children find out about the food and are immediately angered. Joshua asks: "Why? It's not fair, put it in the back and give us a bowl at a time". He states "the staff always say we have to be on a budget, but then put £160 worth of food in the bin". The news spreads amongst the children who congregate upstairs and put music on loud.

> In handover Frank and Sharon inform the evening staff what has happened, they also report that Patrick's phone has broken. Chris asks

if he can help Patrick with his phone, they say "no, he can do it himself, don't touch the phone or he'll say you've broken it and you'll have to pay for it. He's trying to stitch you up". Frank discussing how difficult it is when the staff "are not on the same page", hinting at factions in the staff team. Frank and Sharon tell the new staff they will have to discuss the situation with the children because they're "unreasonable at the moment" and leave the home.

(Fieldnotes, Day 21)

Whilst institutional structures may change relatively quickly, base-level interactions do not (Foucault, 1980). Meaningful social change within adult-child relationships at Sunnydale therefore, has arguably been a more gradual process than described in staff interviews and interviews described some aspects which have not happened at all. Whilst some observations of respectful, close relationships were observed the home, old school practices had not been replaced with an entirely new way of working. Vertical power relations were still present, and when children (in this example, aided by a less authoritarian member of staff) 'stepped out of line', control and discipline was reinstated through rules as opposed to relationship (Scaton, 1997). Interestingly, this also reflects what was described by staff at 'pre-change' Sunnydale, wherein workers disagreed with each other regarding whether to 'understand' or 'punish' behaviour. In turn this inhibits intimacy and makes meaningful relationships more difficult for workers who want to work 'with' rather than 'against' children.

7.1.3 "Who is on Shift?"

The most significant factor which informed how it felt to be at Sunnydale House - and the extent to which the 'change' narrative was evident in practice - was dependant on who was on shift, who was on shift together and how these workers related to children. "Who is on tonight?", "Who is on tomorrow?", and "Who is on at the weekend?" were all regular questions asked by the children, and indeed who was on shift also informed my own feelings regarding whether or not I wanted to be at Sunnydale. As discussed in depth in chapter four, this was largely due to the changing atmosphere at Sunnydale when different individuals were in the home. Some of the staff members at Sunnydale were immediately friendly towards me, others took time to get used to me, and others

were largely hostile, unfriendly and dismissive for the majority of my time in the home. Whilst this is not necessarily immediately relevant to the findings (the staff were not, for instance, caring for me), it is telling that the staff who were dismissive towards me during my time at Sunnydale, were also largely dismissive and unfriendly towards the children in their care. Essentially, I preferred to be in the home when I knew the staff on shift would influence the atmosphere warmly, as opposed to being hostile and unfriendly. In a lifespace context, who was on shift and who was on shift together, shaped the milieu (the 'particles in the air') of the home (Smith, 2005).

The clearest example of this was evident on two consecutive days, wherein four different workers were 'on shift'. On the first night the two workers largely ignored the children, spending most of their time in the office, or in conflict with the children. In contrast, during the second evening the workers spent almost all their time with the children, having fun, engaging in activities and no conflict was observed.

Evening 1: Monday

The boys are in and out of the home all evening smoking weed. Sharon (staff) is sitting in the office and Luke (staff) walks into the room saying: "this is the part of the job I hate the most, when they're all arrogant teenagers off their face on drugs". Sharon goes to the kitchen and returns to tell Luke the boys have 'tampered' with the door. Both immediately go to the pantry, chuntering to each other ((their faces screwed up with evident irritation)) to fix the door that Sam (16) 'tampered' with.

Later, Luke sits opposite Sam in the dining room and asks him about weed. He's uses a firm tone and dismisses any reasons Sam gives for smoking (being bored, having nothing to do, staff being 'dry[8]'), in response to Sam telling Luke he is being 'dry', Luke states "it is not my responsibility to keep you occupied". Luke tells Sam they're all going on supervised spends[9], Sam immediately gets up to go and tell the others. Luke walks past me, and laughs as he says he knew Sam would

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[8] 'Dry: the act of something being very plain, boring' (Urban Dictionary, 2016)
[9] 'Supervised spends' is a colloquialism which means that children are not allowed what is referred to as 'money in hand'. This means any pocket money, or incentive money (money earned via individual incentive plans), has to be spent in the presence of staff.

do that, saying he has no "backbone" when it comes to his peers. After finding out about supervised spends the boys get much louder, they begin to shout, bang and demand food from the staff. Sharon shouts at the boys as they are going into the kitchen and begins to 'lock down' the kitchen, as they are "just being greedy".

The atmosphere is antagonistic, neither staff have particularly made an attempt to engage with the children, both are hostile and appear to have 'switched off'. Both adults spend the majority of the evening in the office. The staff explain that they are sitting in the office because the children are annoying them.

(Fieldnotes, Day 13)

In this example there is little attempt to meaningfully engage with the children, the home is 'locked down', limiting the areas children can freely wander; the staff become frustrated with behaviours rather than attempting to understand them; they lock themselves in the office; and both physically and verbally denounce responsibility for keeping children 'occupied'. 'Old school' and institutionalised responses to behaviours, and vertical power relations of control and discipline, as distancing practices, are evident. For Gharabaghi (2000:56) failing to remain engaged with children, despite their behaviours, is 'an abdication of responsibility' and disregards the 'core responsibility' of residential child care practice. Indeed, remaining in-tune with, and alongside, children in the face of challenges in central to the lifespace theory, in order for children to learn and grow (Smith, 2005).

In contrast to the first example, the following night had two different workers on shift, and the atmosphere was entirely different:

Evening 2: Tuesday

Chris and Rachel (staff) arrive on shift. After handover Chris goes straight out to sit with Sam (16) for just over an hour and a half as they sit together colouring in the dining room. Patrick (17) and Joshua (14) arrive home and join Chris and Sam at the table. All the boys are sitting around the table colouring, occasionally laughing and joking, occasionally talking and sometimes all sitting in comfortable silence. Both staff very relaxed, involved and spending loads of time with the

children, who also appear much happier and relaxed. Almost instantaneously as the previous night's staff leave the home it feels entirely different, in total contrast to last night.

Rachel makes dinner in the kitchen, it is a 'buffet' style meal using up the food in the fridge and freezer. The children filter into the kitchen to talk about the forthcoming annual theme park trip, everyone (staff and children) is deciding what fancy dress outfits to wear and reminiscing about the previous visits. Lily (16) arrives home with her sister, they both join the group in the kitchen. All the children are engaged in multiple, simultaneous conversations and their excitement is palpable. Voices increase in volume as the children are desperate for staff attention, the staff manage listening to various voices well despite there being twice as many children as staff. The (relatively small) kitchen now has three adults (including me) and five children crammed into it, although no-one seems to mind. Food is made around the commotion, the children pass Rachel what she needs and Chris makes drinks and prepares salad. The boys set the table. Everyone helps themselves to what they want for dinner and sit around the table in the dining room. Lily's sister stays to eat, she sits around the table with everyone and is there are no evident signs she is not a typical member of the group.

Following dinner Rachel goes into the office to do paperwork, Sam goes in with her and prints pictures to colour in while she catches up on the logs. They both come back out after half an hour to join in the colouring in session which has resumed around the dining room table, Rachel brings glitter glue and paint with her. Following the colouring, most of the group move into the lounge and watch TV, although Rachel stays behind briefly with Lily to clear up and make a round of drinks. Chris played Top Trumps with Patrick, Joshua and Sam in the lounge whilst the others watch TV. I join in with Top Trumps. Chris spends his whole night just being with the children, he is comical and laid back, the boys laugh lots and are evidently enjoying his company.

(Fieldnotes, Day 14)

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The second evening clearly illustrates how the workers' approaches directly informs the whole atmosphere of the home (Gharabaghi, 2000). In the first evening the 'change' narrative is easily challenged when observing the hostility of staff, leading to an 'us vs them' atmosphere. What staff described in interviews as 'old school' practice, wherein regimented approaches which prioritise control as opposed to care, were clearly evident. The second evening however does support the 'change' narrative as the staff utilised simple and uncostly activities to spend time being with children, thus making the home feel completely different. The second evening also demonstrates how important spending time with children is regardless of what is being done, simply 'hanging out':

> 'Hanging Out means that much of the Practitioner's time is spent doing apparently simple, everyday (yet extremely important) things with people (Garfat, 1999)… During such moments and experiences of 'hanging out' one is investing in the work of building relationships of trust, safety, connectedness, and intimacy. And this takes time – something often missed as finance controllers scan quickly through monthly and yearly accounts. These are the very types of relationships which are necessary if the Practitioner is to become a significant and influential person in the life of others'

> (Garfat and Fulcher, 2013:14-15)

Colouring, chatting, watching television and playing board games are used to cultivate closeness, de-elevate workers from positions of authority over children and instead spend time with them. 'Hanging out' therefore, is a *practice of intimacy* within adult-child relationships in residential child care, as workers use the time to get physically and emotionally close to children, building trust, respect and mutual affection. In contrast, during evening one when Luke (staff) tells Sam (16) it is 'not his responsibility' to entertain him, this is deeply flawed. Not only is it a core responsibility, but it also inhibits the formation of trust and closeness required to cultivate intimacy (Jamieson, 1998). Abdicating responsibility in this way cultivates distance in adult-child relationships, rather than closeness, and should be understood as a *distancing practice*.

7.2 Relationships in Practice

7.2.1 Affirming Relationships through Touch

This section explores how relationships were affirmed through touch, including examples where staff responded instinctively to children's needs: be those imminent and extreme (i.e. medical and safety needs, aggression or frustration and emotional trauma) or more mundane, day-to-day needs (i.e. 'hanging out', listening to children's daily accounts, greetings and commonplace requests). Responsiveness to children's needs in day-to-day day practice was an important part of cultivating intimacy, demonstrating to children that the adult was physically and emotionally present (Ferguson, 2011a). It demonstrated an interest in the mundane as well as the more atypical or extreme elements of the children's lives. Situated within such relationships were examples of staff using touch to affirm or reinforce verbal messages:

> Louise (staff) opens door to Amelia, who has just arrived home, singing [with emphasis]: "You are soo beautiful…to meeeee". She spreads her arms wide open and they share a bear hug whilst rocking together to the song as Louise continues to sing (5 seconds). Amelia laughs, and Louise leaves the office to go and hang out with Amelia.

> (Fieldnotes, Day 52)

This example demonstrates how Amelia is welcomed home from school by Louise who greets her with verbal affirmations and physical touch, thus reinforcing the message that Amelia was wanted and liked. Amelia indicated no discomfort at the use of touch, and responds to the interaction with ease, i.e. she did not flinch or pull away, she laughed and squished her body in to Louise.

The following example describes a car journey undertaken whereby Jane (staff) is taking Joshua (14) to collect his exam results and then to apply for a college course. I am sitting on the back seat writing notes about the interaction (on my phone) as is it occurs:

> The first thing Joshua does in the car is put music on, he adjusts the channel to pick the station he likes. Joshua is directing Jane as she doesn't know the way. Very quick conversational changes from the important to the mundane. Casual language, lots of encouragement interspersed with jokes and also practical matters (applying for driving

licences etc.). Jane was singing loudly, shaking her head with the music. The relationship appears comfortable, free and easy between them, indicated by the joking and gentle mocking between the two:

> **Joshua:** "This car is a 'boy racer' car man!"
>
> **Jane:** "As long as it gets me from A-B that's fine with me!"
>
> **Joshua:** "It's a bit snazzy for you though this car innit?"
>
> **Jane:** "What you trying to say?!"
>
> **Joshua:** "Ah, I love you really!"
>
> **Jane:** "It's a good job an' all, somebody's got to! I'm just glad we can get your results today…"

The journey was also interspersed with more important conversations. Joshua had an argument with his mum the night before on the phone in the office, following this he had gone up to his room and smashed various objects. Frank and Jane (staff on shift) said Joshua could go and hang out with the other children outside whilst they tidied his room. Joshua then stayed up until 2am in the office speaking to staff. Joshua acknowledges the evening in the car:

> **Joshua:** "I'm sorry I kept you up last night"
>
> **Jane:** "It's okay, I don't mind, it's understandable"
>
> **Joshua:** "My mum's a bitch. I won't be talking to her any time soon"
>
> **Jane:** "Give it a bit of time, love" ((Jane touches Joshua briefly on the shoulder))

Joshua goes into school to collect his results, I briefly chat to Jane while he is in the building and she tells me: "the best thing to do is get them in the car. When children are angry, take them away from their audience, they're less dangerous in the car". Joshua walks back towards the car, Jane starts the engine and moves the car forward. Joshua gets in and Jane moves then stops the car to have a look at his results. Joshua has multiple certificates, he holds them up and smiles. Jane is very enthusiastic, with a huge smile and says "well done – good lad". She congratulates him verbally multiple times and taps him on the

shoulder twice with the palm of her hand saying "brill, brill". Jane starts the engine and Joshua begins to reflect on his education:

> **Joshua:** "I wish I had tried harder though man, I wish I hadn't messed around"
>
> **Jane:** "You've done alright, I'm proud of you. It's a second chance now isn't it? Now, that's the end of the first journey. Let's go on to the second one, journey to the rest of your life"

Joshua turns the music up. The music volume signals a change in conversation, the end of one conversation or the start of another. Jane turns the car around and we drive to college. We pull up at college and chat outside, Jane looks at Joshua and says: "I'm really proud of you today love…first day of the rest of your life!" Joshua replies "Yea yea Jane, thanks Jane" and then spits on the floor. Jane says: "Joshua! Dirty boy! Ah, I love you really" and gives him a side hug and kisses his cheek with a final squeeze.

<div align="right">(Fieldnotes, Day 6)</div>

The above examples show relationships in practice, in motion, in the daily life of the home. The second example demonstrates how the relationship between the adult and child was used to facilitate an important journey for the child sensitively and intuitively. The previous night was forgotten, and both were wholly engaged in the moments they were sharing. Touch occurred regularly within this interaction. This example also illuminates how the car is such a critical tool for practice not only practically, but therapeutically, as both travel forward together, without the intensity of sitting face-to-face, giving Joshua control of the music and the conversation as he is able to indicate when he does and does not want to talk, all consumed by the movement afford by the physical journey (Ferguson, 2010). The use of touch in itself was in many ways symbolic of the closeness of the relationship. Where close and affectionate relationships were observed, touch was integrated into interactions to reaffirm verbal messages of care, or even love, to children. In these circumstances the touch appeared comfortable, children did not flinch or freeze and in fact the moments largely passed by without much consideration of it at all (Smith and Steckley, 2011; Smith *et al*, 2013).

7.2.2 Nurture

A key narrative within the staff interviews referred to the perception of the children's need for 'nurture', and the role of touch within this. Workers reflected on children's personal histories and the value of touch was attributed to accounting for touch they may have missed out on in their early lives (Field, 2003). Examples of 'nurturing' touch included:

> Later on in the evening Rachel (staff) is sitting on the sofa and Patrick (16) walks in to the lounge, he jumps backwards onto the sofa and his head lands next to Rachel's leg. She moves a cushion on to her leg and Patrick nudges up to put his head on the cushion, Rachel strokes Patrick's forehead and they sit for 30 minutes. Sam (16), Chris (staff) and Joshua (14) are all in the room. Rachel and Patrick chat along with everyone, and the mood remains jovial. Patrick closes his eyes and falls asleep on Rachel's legs.
>
> (Fieldnotes, Day 14)

This example is a powerful illustration of intimate practice in the lifespace, with all the deeply personal meanings and effects for Patrick (and Rachel), it also publicly communicates an atmosphere of care and nurture in their relationship which is evidently personally and publicly 'recognised as close' (Jamieson, 2011:1.1). Other examples of intimate practices were observed situated in the nightly 'routines' for some children. These can be understood within a lifespace framework as the 'rituals' of the home (Smith, 2005):

> I went upstairs and knocked on the door and Amelia (16) said "come in". I sat on the floor and Chloe (staff) was sitting on Amelia's bed, Amelia lying on her front and Chloe brushed her hair. Amelia looking very relaxed. A very intimate moment. Amelia asks me to fill up her hot water bottle. I do. And then on return Amelia is lying on her back looking very sleepy and Chloe is wiping the make-up off her face
>
> (Fieldnotes, Day 44)

As referred to in chapter four, methodologically this is a pertinent example of me being next to - but not in - the bed having conversations with those in it (Guest *et al*, 2013).

Examples of intimate practice which involved nurture were also situated in moments of fun and play in the home:

> Preparation in the home to do the 'ALS Ice Bucket Challenge[10]', the home is very hectic and both children and staff are running around in preparation for the activity. Everyone gathering round the bottom of the fire escape whilst each child takes it in turns to be covered in icy water, Jack (staff) moves his car to put his headlights on so that everyone can see. Patrick goes first whilst Lily records, Joshua, Sam and Jamie all have a bucket each – competition between the boys at whose bucket is the coldest.
>
> Sophie (staff) is waiting with towels for the children, she hands Patrick his towel and rubs his arm to see how cold he is. Lily (child) then also touched his arms to check his temperature too. All laughing lots and cheering each other on. Joshua is up next, when he comes out he is shaking, Sophie offers him his towel and rubs his arm too – she says: "Oh kidda, go and get a nice hot shower".
>
> When everyone has had their turn they all go inside and Sophie makes hot chocolates. Jamie, Sam and Joshua play on the Xbox in the games room with Jack whilst he completes the evening logs, Sophie sits in the lounge with Lily and Patrick watching a film. The lamps are switched on and the big light is turned off – cosy atmosphere.
>
> (Fieldnotes, Day 7)

In the above examples, touch was used to offer nurture and care to children, be it through explicitly intimate moments, or in more spontaneous daily activities. Some are apparently deliberate, considered uses of touch, others simply illustrate the unavoidable collision of bodies that occur in the lifespace (Smith, 2009), particularly when staff are wholly engaged in the practice of being, or 'hanging out', with children (Garfat and Fulcher, 2013). There were multiple examples of staff using touch to

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[10] The 'Ice Bucket Challenge' was a fund raising activity popular in 2014 designed to spread awareness of, and raise money for, Motor Neurons Disease (MND, 2014). A bucket of ice cold water was thrown over an individual's head whilst being recorded, this was then uploaded to social media and individuals 'nominated' their 'friends' to partake. The intention was that each 'nominee' then donated £5 to the charity.

nurture children, which was used as a key justification for the use of touch in practice within staff interviews. Close and respectful relationships facilitated such nurture.

7.2.3 Knowing the Child

The final aspect of the staff narratives regarding when they would choose to use touch was situated within the need to know individual children and using this tacit knowledge to inform their uses of touch. However, this was not always the case. On arrival to the home on her first day, Sharon (staff) used touch on her first encounter with Amelia (17):

> 'Sharon walks out of the lounge and Amelia is in the middle of a group of staff members who are introducing themselves, Sharon walks past Amelia and as she does this she says: "Hi Amelia, I'm Sharon, but I'll come and introduce and introduce myself properly when there's less people around". Sharon gently put her hand on Amelia's arm as she speaks and Amelia looks up at her.

> (Fieldnotes, Day 33)

This shows how staff do not always wait to 'know' children before they touch them, often touch is used within interactions without this being noticed.

A clearer example illustrating what staff perhaps mean when they say it is important to wait until they know the child is through the example of Lily (16). Within the interviews every staff member identified that Lily did not 'like' touch. Lily reaffirmed this message in her own interview (see chapter 8), and stated that staff knew and respected this in their practice. When staff discussed moments of being 'allowed' touch with Lily, they described this with apparent pride, perceiving this as a reflection of the quality of their relationship. They all described however, that this was rare and they waited for her to come to them, as opposed to instigating touch themselves. During my time at Sunnydale I did not observe any hugs, cuddles, head ruffles or similar practices with Lily in my observations. She appeared to have close relationships with a few members of staff and spent time talking to them, but typically did not engage in physical contact and stood deliberately distant from them during conversations. The single moment of physical contact I observed was when Lily had asked Sharon (staff) to dye her hair:

'Sharon and Lily are in the girl's bathroom, Sharon is putting hair dye

on Lily's hair, she brushes her hair gently, and rests her hand on her

head as she does this'

(Fieldnotes, Day 42)

In this example, touch is used, but at the request of the child. Whilst many examples of staff instigating touch with other children were observed, workers used significantly less overtly affectionate contact with Lily, consequently understanding and respecting her touching boundaries. Sharon does this with care and gently brushes Lily's hair as she does this, she touches her scalp and rests her hand on her head, thus making the whole experience incredibly affectionate. Equally, Lily is - despite not being a 'tactile person' - inviting Sharon to help her craft her own appearance and identity, which is in itself is a deeply intimate task.

7.3 Distancing Practices: Avoiding Touch in Practice

7.3.1 Risky Touch: Allegations and Institutional Narratives

At 'post-change' Sunnydale, staff argued strongly against risk averse management cultures which inhibited intimacy and touch. Drawing upon their social pedagogy training, much attention was paid to challenging some of the 'red-tape' practices which are typically associated with residential child care (Berridge *et al*, 2011b). In the daily life of the home it cannot be stated that Sunnydale 'felt' overtly risk averse, and there was little to suggest risk aversion informed day-to-day interactions. Awareness of risk was more pertinent during semi-structured interviews explored in chapter six, than was observed in practice. There were however, two exceptions: fear of allegations (managing risk) and post-incident (responding to risk).

Staff discussed the risk of allegations extensively in semi-structured and ethnographic interviews, not in front of - or around - the children, although this does not mean they did not hear. These were typically conversations held in the office or during handovers. Overall, there was a firm narrative around the perceived lack of threat of allegations from the majority of children living at Sunnydale, this was suggested as a consequence of the building trust with children, which not only served to facilitate close relationships, but also established how close adults would get to them and how much they trusted

them not to make 'allegations'. There was one exception, a female resident. This child was described as having 'a history' of allegations, she was constructed as a risk and her previous placements kept a record of every 'story' she told. This practice was designed to protect staff from allegations, to 'cover their backs' and to prevent them getting into trouble for allowing her to engage in 'dangerous' activities which did not occur. This file was colloquially named the 'fib file', implying a total lack of belief in anything she said. This is dangerous as research refutes claims that children typically wholly lie about their experiences, rather that this is based on experience, even if amongst some confusion or elaboration (Green and Day, 2013), it is also disparaging, as it contributes to the construction of this child as fundamentally lacking in credibility.

This practice constructed Amelia as a risk, it was reinforced through professional narratives and the behaviour of some workers was noticeably different around this child than others. This practice was largely gendered, and male staff maintained a particular distance from this child, physically and emotionally. Luke described the new resident as 'risky' and that male staff should be particularly careful when around her, which is evident from my fieldnotes of his observations around her in practice:

> Luke messing chatting to Sam on the sofa, he gives him an elaborate hug saying "hugs and kisses for Christmas" but avoids being close to Amelia. He opens the door when she leaves the room but stands deliberately far away, seemingly so they don't touch.

> (Fieldnotes, Day 46)

Beyond this however, this practice also had implications regarding the distribution of labour at Sunnydale. Both male and female workers were employed to fulfil the same role, for the same financial payment. However the assumption shown in chapter six, that male workers are inherently suspicious, legitimises the allocation of extra responsibilities to female workers and the withdrawal of the male worker. In the example below, Louise and Luke are both employed to do the same role, yet it is Louise who does the majority of the 'caring' duties, going up and downstairs every 15 minutes, whilst Luke sits downstairs:

> Amelia moved in today, she's spent the majority of the evening in her room. Louise goes upstairs to check on her, Luke stays downstairs as

he doesn't want to be alone with her (all the males have agreed to do this for the first few weeks).

(Fieldnotes, Day 33)

Finally, this also has implications for the running of the home, at one point in the fieldwork it was decided that there must always be a female worker on shift. At times this meant that the management team were struggling to cover the shifts at the home, a point that did not go unnoticed by male workers who noted how this portrayed them. It was also a particular bone of contention for part-time male workers who were unable to 'pick up' extra shifts if the shift was with another male, thus reducing their monthly pay they usually subsidised with extra shifts.

The staff team were also particularly concerned about sexual activity between this young female and the male residents, informing actions and conversations between staff regarding this young female. As a result of reported sexual activity between this female and her peers, the perceived risk of allegation towards staff also deemed to increase:

> I walked towards the home and saw Dave, he said 'there's been quite a few changes since I saw you last', I asked 'oh yes?' to which he replied 'Amelia (16) has made some disclosures about the boys here. Joshua (14), Patrick (17) and you know [YP in the community, 18]?" he raised his eyebrows and walked past me to the bin. As I walked into the overcrowded office, 5 members of staff were crammed into the small room. Everyone distractedly mumbled hellos, and Louise caught my eye and signalled for a cigarette. I went out with Louise and she said: "fucking awful mate" I ask "what?" and she went on to explain that Amelia has been "saying all these things that just aren't true, she even says she's sleeping with Sam (16), she says she knows the dates" with her eyebrows raised giving me a knowing look. It transpires that the staff have found messages between Amelia (16) and Joshua (14), the messages were found on a staff member's laptop as Amelia hadn't logged out of Facebook and they read the messages. Amelia and Joshua have been knocking on each other's room walls when staff are asleep. Joshua has then 'hooked' Amelia up with [child in the

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community, 18], and the boys wanted her to have a threesome but staff became aware of this before it occurred. Waking nights have been introduced, and Joshua has been taken on a short visit away from the home by staff to keep them apart. Whilst Joshua was away Amelia has informed staff she has slept with Sam. I asked Louise if anyone had asked Sam, she replied 'I don't think so no, it's so clearly not true though'.

Amelia is left alone in her room for the majority of the morning, Eleanor nips up to check she's okay once. Staff saying things such as: "how many more will she sleep with?", "how many more kids have got to move because of her?", "It's not fair. It's so sad, I've never seen them block beds[11] for anyone before like they did with her. She's high profile you know", and "how many other boys will it impact though? And how long before staff are implicated? We have to discuss this in handover".

(Fieldnotes, Day 48)

There are a number of important points to extract from this example. Firstly, this female resident is perceived as being riskier and more prone to making 'allegations' than the male residents. Secondly, little or no attention is paid to the behaviour of the male residents, the 'blame' for events is placed entirely on the female. Thirdly, despite some of the events having been verified by others involved [males] there is still the assumption that the female narrative is somehow untrue. Finally, and critically, staff are now perceived to be more at risk due to the events, some of which have been substantiated, some of which have yet to be explored. The complexities of managing sexual activity between residents are multifaceted, all of the children living at Sunnydale have been victimised historically, are legally children and are individually vulnerable. However, as discussed in chapter six, considerable detrimental gendered narratives are at play, as the female resident is conceptualised as promiscuous and predatory and the male residents are conceptualised as being 'victims' of her actions.

In relation to staff and perceived levels of 'risk', it is pertinent that the sexual activity between residents is reconstructed as being a risk to staff. The entire narrative surrounding this female is one of disbelief, distrust, promiscuity, malice and danger

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[11] Restricting further admissions to the home.

(Thorne, 1993). The inhibition of relationships is apparent as only one adult briefly interacts with Amelia throughout the morning and she is left in her room despite that she should have been at school. No-one attempts to engage with her for any substantial amount of time. Paperwork and planning is prioritised over her well-being, and she is avoided as both a risk and an irritation. In contrast to considering her as a child in need of close, affectionate and trusting relationships with adults who are willing to demonstrate care towards her. All of this being noted, it is also important to recognise the role of systems and structures permeating social care that contribute to the fear of allegations that further inform scenarios such as the above (Green and Day, 2013). That being said, uncritical power-laden gendered narratives serve as a way in which to justify the inhibition of intimacy and touch, and thus should also be understood as creating a distancing practice.

A key value of ethnography as a research method is the ability to observe the relationships between what people say they do, and what they actually do (Gans, 1999). In children's homes, or any public institutions, this method is critical as otherwise the only narrative available would be that generated and preserved by institutions (Dharamsi *et al*, 1979; Linde, 2001; Zaviršek, 2006). For Linde (2001), the role of institutional narratives is two-fold:

> 'first is the way narrative is used to carry out the daily work of the institution...Second is the work that narrative performs in institutions to reproduce the institution, reproduce or challenge the power structures of the institution, induct new members, create the identity of the institution and its members, adapt to change, and deal with contested or contradictory versions of the past. We may understand this as the way an institution uses narrative to create and reproduce its identity by the creation and maintenance of an institutional memory'

> (Linde, 2001:1)

I am interested in the second role, the way in which the institutional narrative is used to 'create and reproduce its identity', creating and upholding 'institutional memory'. The 'change' narrative can be understood as a prime example, as the staff and local authority - as the key authors of the institution - have narrated the way in which Sunnydale is now presented as an entirely different social space.

The manner in which staff had the power to author the narrative of the home is evident in various ways and on a daily basis. Every day, when logs are written, children's actions, words and behaviours are almost entirely scripted by the staff at Sunnydale House. Children themselves noted that staff would repeat events incorrectly to others and that they would read their logs to make sure things were recorded in a manner in with which they agreed (see chapter 4). Interesting observations of staff discussing and negotiating what to write down were observed, highlighting that senior management instilled a significant measure of fear for staff regarding how their practice would be perceived by others, but also how to describe their practice in a way that presents their own actions in the best light justifying their own behaviour by placing blame on children. The example below demonstrates how staff members negotiate and navigate recording their actions with those in positions of authority in mind, how they attempted to block me from knowing what had happened and the power they have to narrate occurrences with 'institutional narratives':

> Dave comes into the office and said there has been a 'small incident'. He is reluctant to say exactly what happened, Jane asks me to go and make drinks. I go. When I come back the staff are discussing whether to record 'it', where and how. Dave is looking panicked, vulnerable and he has lost his usual swagger. He lies on his front on the floor to fill out the incident book.

> It's difficult to work out what has happened, everyone is looking stressed. I ask Jane, who says no one saw the incident so she doesn't know. From conversations I manage to decipher that Jamie had just been informed about supervised spends and went upstairs shouting and unhappy. Dave said he would go and speak to him to check he was okay, Jane told him to leave it as it wasn't necessary and that it would only make things worse. Dave went anyway. Jamie was on the stairs blocking Dave's way, Patrick and Joshua were at the top of the stairs. Jamie tells Dave he is going to "push him down the fucking stairs", Dave tried to get past and Jamie grabbed his leg, to which Dave put his foot on Jamie's arms and 'gently' (Dave's description) pushed him and managed to get out of the grip. After this Dave walked past.

> Jane is telling Reece in hushed tones that she did hear raised voices
> and she did go out. She also told Dave to leave it but he didn't. She says
> she didn't think that it was anything serious but she did go out, she
> implied a number of times she would have done things differently. Lots
> of simultaneous conversations discussing how to record: "I need to get
> this bit exactly right. I think it's important. Does the touch need to be a
> separate incident form?" A lot of time and effort spent on how to word
> and describe the incident, particularly the aspect involving touch.
> Reece is very keen to minimise and play it down in the significant event
> form[12]. Jane is wanting to make a separate significant event explicitly
> for the touch.
>
> Reece suggesting to say Jamie was "brooding around the stairs". Jane
> saying that she doesn't feel comfortable writing this. Reece saying Dave
> can respond in his response. Reece says "well it's not like we're
> covering for him if he co-authors it". Jane replied: "I don't think it's
> covering him, I feel like I'm hanging him!"

> (Fieldnotes, Day 28)

In this example it is the touch explicitly, for the staff members, which causes particular concern. The suggestion that the touch alone warrants a separate incident form indicates the level of fear prompted by physical contact in this scenario, and that in this case the touch was inappropriate. Equally, the extent of the discussion surrounding the touch demonstrates how staff construct and reconstruct narratives until they are satisfied. All of this discussion was held without Jamie, who remained upstairs for the remainder of the day, his voice entirely excluded from the report and left described as 'brooding'. Restraints don't 'fit' within Sunnydale's 'post-change' narrative – despite the regular mandatory training, clear guidance and protocol - and may explain the apparent attempts to get me out of the room leaving space for staff to discuss this, equally it is not unfeasible that my presence compelled the workers to record this in the first place.

This incident itself was further complicated by the relationship between Jamie and Dave, as Jamie had made it clear previously that he did not like Dave. In this instance,

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[12] The official form to complete following any incident deemed 'significant' (restraint, physical injury etc).

by acting on impulse, failing to respect Jamie's boundaries and ignoring the advice of his colleagues, it could be argued that Dave actively inflamed an already tense scenario. This however, was left out of the officially scripted report, thus framing Dave as a victim of Jamie's behaviour, as a poorly behaved child, thereby upholding the institutional narrative, albeit by adapting the contradictions and reconstituting these to fit the narrative.

7.3.2 Office Dwelling

The finding concerning 'office dwelling' is included in this chapter because it can be understood as a way in which staff avoid children – inhibiting physical and emotional closeness. This practice clearly undermines the 'change' narrative as described by staff in chapter six. There is a high level of paperwork required in the role of a residential child care worker (see chapter five), and some time in the office is required to complete the necessary work. However, some of the office dwelling that was explained as doing paperwork actually entailed staff sitting in the office browsing the internet, talking to each other or simply avoiding the children. Some staff would remain in the office for the entire shift, leaving the children to knock at the door or come to the office window if they needed something. Occasionally, when I was sitting in the office I would observe staff chatting to each other and refusing to open the door to children just to keep them at a distance:

> Luke and Rachel in the office doing paperwork. Sam knocks on the door and Luke goes to it sighing heavily. Then Joshua knocks on the door about 10 minutes later and Luke gets up but Rachel says leave him. Joshua knocks again and they ignore him. Luke says if he really wants me he can go the window. Joshua knocks again and Rachel says 1 minute. He knocks again she says 1 minute. He knocks a third time and she says 'I'm not telling you again'. He knocks a final time and Luke says: 'you know what, between you and Sam I'm not managing to do any work today'. Joshua asks if he can have the gate open, they open the gate.
>
> (Fieldnotes, Day 42)

In this example staff are clearly avoiding children, and failing to see, or ignoring, that their role is to spend time with children and justify the avoidance via paperwork. Interestingly, this illustrates that touch avoidance is not inherent to staff members themselves - as I previously demonstrated how Rachel allowed Patrick to lay on her lap and also include examples of Luke using touch affectionately with Sam in chapter nine - relationships, context and wider social factors therefore inform how, why and when workers chose to use touch with children. Paperwork was not always completed inside the office, for example during the Ice Bucket Challenge described above, Jack choose to take the paperwork out of the office to complete whilst sitting with the children, thus remaining with them whilst still completely the necessary paperwork for the evening. The office was a central feature of the children's narrative and the source of much frustration, which children were allowed in the office, when and by whom [staff] changed daily, and will therefore be explored further in chapter eight.

Examples such as the above were not uncommon, and it is important to acknowledge that working alongside children in residential child care is an emotionally demanding role, and quality supervision for residential child care workers is essential in managing this effectively (Smith, 2009; Ward, 2014). Isabel Menzies-Lyth (1988) has written extensively regarding managing anxiety in institutions, and although predominantly focussed on nursing, she has also written regarding residential child care specifically (Menzies-Lyth, 1979). Rooted in psychoanalytic theory, Menzies-Lyth argues that the all-encompassing, unachievable targets given to workers, especially when working in highly stressful conditions, leads to disengagement and a lack of motivation as workers are rarely able to achieve tangible, recognisable 'success' (Macleod, 2010). Furthermore, she argues that workers attempt to appear 'professional' by refusing to acknowledge the way in which the caring task impacts upon them personally (Menzies-Lyth, 1979), as a result of which 'there is a danger that professionalism within the workforce may be interpreted and used as a protective mantle' (Macleod, 2010:2). By failing to address the way in which the caring task impacts upon workers, defensiveness, distance and the depersonalisation of children, can occur (Menzies-Lyth, 1979; Macleod, 2010).

Another suggestion for demotivation is suggested by Thompson (2000:24), who argues that the prioritisation of 'common sense' as a desirable quality for child care practitioners, at the detriment of theory and research, is highly problematic. Dangers

of common-sense practice mean practitioners fail to acknowledge the ways in which children are influenced by wider social inequalities, including - yet not exclusive of - gender, race, social class, disability and age. When practitioners do not draw upon research and theory available in their area they are (at best) at risk of remaining stagnant in their work, and (at worst) at risk of discriminating against children by not examining assumptions and prejudices (Thompson, 2000). Introducing realistic, obtainable targets, acknowledging staff members' achievements in supporting children and allowing space to recognise and manage the emotional impact of the caring task, would assist in the management of anxiety inherent in residential child care practice (Menzies-Lyth, 1979). Simultaneously, placing greater emphasis on learning and reflexivity, supported by appropriate research and theory, would help to prevent 'common sense' responses to deeply complex scenarios. By equipping workers with appropriate knowledge bases, they are less likely to experience stagnation resulting from a lack of competent knowledge (Thompson, 2000). All of the above should occur within quality supervision (Thompson, 2000; Macleod, 2010), which – as discussed in chapter four – rarely occurred at Sunnydale House.

The 'post-change' institutional narrative frames adult-child relationships as central to practice - wherein workers and children spent their time together cultivating closeness - however in practice the office was regularly used as a way of avoiding intimacy when staff did not want closeness, engaged in institutional defences against anxiety (Menzies-Lyth, 1979), legitimised through explanations of bureaucracy and paperwork. This presents an interesting scenario in which bureaucracy is simultaneously blamed by workers in semi-structured interviews for inhibiting intimacy and touch, and embraced by workers in practice to inhibit intimacy and touch.

7.3.3 Hygiene, Contamination and 'Moral Dirt'

Another reason for touch avoidance, not given in recorded interviews and occasionally discussed but more often implied, relates to children's hygiene:

> Luke and Sharon discussing Sam (16), who has 'thrown a wobbly' with
> Sharon and Dianna because they wouldn't put bio-oil on his back to
> help with his stretch marks. He also did this last night with Louise and

Luke. Luke was saying he had discussed with Sam that he needed to be
clean if staff were going to rub oil into his back, and that "was only fair.
If you want a bit of human contact that's fine, it's nice, but not
everyone feels comfortable with that which should be okay". Sam
apparently responded by saying staff were not catering to his medical
needs. Sharon confirms he also said this to her earlier today. The
argument started with last night's staff because they asked Sam to
have a shower before applying bio-oil.

(Fieldnotes, Day 46)

Luke saying he's not having Amelia is his car tomorrow because she's
"pissy". I asked about this and he explained that sometimes she
urinates in the car, saying "she did it to Dianna's last week and it was
horrible to look at, not just wee but other fluids, you know, because
she doesn't wash". Luke pretends to gag as he describes this and
wrinkles his nose. He tells me he has purchased car seat covers for
Dianna's car, saying "she might have to do some work then"

(Fieldnotes, Day 32)

The physical hygiene of children [and disgust] has been explored in other related
literature as a reason behind professionals avoiding touch with looked after children
(Allen and Morton 1961; Miller, 1997; Ferguson, 2011a). Physical hygiene was given as
a reason - either explicitly (such as with Sam), or indirectly (such as with Amelia) - which
influenced staff choosing not to be 'close' to children. Fears around the physical
contamination of children are rarely expressed in contemporary literature, although
historically were discussed freely (Ferguson, 2011a). These examples illustrate how
contamination fears pertaining to physical dirt inform staff reluctance to physically
engage with, or be close to, children. Drawing upon the work of Douglas (1966), helps
to illustrate how children's bodies represent powerful symbols and how the leaking of
bodily fluids (be that sweat, urine or other) not only physically repulses staff, but also
holds deep cultural meanings surrounding the crossing of social boundaries. The staff
do not want to touch the children because they are breaking the socially acceptable
rules of engagement and sanitation. Whilst an attempt was made to raise this with Sam,
Amelia's violation of these rules are not addressed but discussed in private repulsion.

Research suggests that incontinence is a common symptom of childhood sexual abuse (Trickett *et al*, 1995), however there is no exploration regarding how to help or support Amelia, instead she is marginalised. The examples above, particularly those pertaining to Amelia, illustrate how few of her behaviours – albeit that some are challenging – are managed in the compassionate and caring way as would be expected in contemporary child care practice. Instead she is conceptualised as contaminated. Her previous and known experiences of sexual abuse and neglect are perceived to have contaminated her worth, and instead of being treated with compassion, she is treated with disgust.

Children in residential child care have been explored in literature as being historically conceptualised as 'moral dirt':

> 'Children were treated harshly in the industrial schools not only due to their poverty but because they were victims of parental cruelty, which was perceived to have 'contaminated' their childhood 'innocence'. They were treated as the moral dirt of a social order determined to prove its purity and subjected to ethnic cleansing'
>
> (Ferguson, 2007:124)

Whilst the context between Irish residential schools prior to the 1970's and contemporary practice are distinct, there are some tenants of this concept that are useful to explore. Workers *never* discussed such ideas in semi-structured interviews, but examples were witnessed in observations and ethnographic conversations. Although at times this was stated directly in relation to the children living in the home, more often these attitudes were indicated in relation to wider society, and particularly in relation to children's families (Parton *et al*, 1995; Warner, 2015). A very common idea divulged by staff was that the parents of these children were wholly to blame for children's behaviours, presentation and attitudes, rarely did staff discuss the wider social conditions in which the parents existed, or the challenges they themselves may have faced (Thompson, 2000; Warner, 2015). In some cases, this was reinforced by psychological explanations for human behaviour taught to staff in training sessions - which has the tendency to individualise human problems as opposed to situating them within their broader social context (Green, 2010).

The way in which this practice distanced staff from children is evident in the below example, wherein Rachel, a member of staff, relays her trip to the sexual health clinic with Amelia to the individuals in the office:

> With Rachel and others in the office, she laughs while she relays a trip to the doctors with Amelia. She describes sitting with her in the waiting room and saying "you're Gillick competent now aren't you", Amelia hadn't understood what this meant so Rachel had explained: "You're old enough to understand and go in yourself right?" Amelia replied: "No, I want you to come with me". Rachel explains she was disappointed as she didn't want to 'hear' anything, she gives me a knowing look saying: "paperwork, you know what I mean". She then states that Amelia went into the Dr's and told her she'd had sex with a 15, 16 & 17 year old in the past few days (Rachel rolls her eyes). Rachel explains (with horror) how the nurse asked if Rachel was her mum. Rachel said: "No! I'm her carer". She asks me "Do I look like her mum?! She's twice my size!"

> (Fieldnotes, Day 33)

In this example, there is clear evidence of Rachel wanting to distance herself not only physically, but also symbolically, as she reiterates that their relationship is professional and not personal. This extract also illustrates that it is not only Amelia's perceived promiscuity that appears to inform Rachel's desire to distance herself, but also her physical appearance. Fee and Nusbaumer (2012) argue that obesity[13] is conceptualised as a form of social deviance, and that 'research has extensively documented the public's desire for social distance from persons exhibiting various forms of deviance' (2012:357). They further argue that obesity should be understood with regards to stigma (Goffman, 1963), as 'obesity is both an abomination of the body and blemish of an individual character' (Fee and Nusbaumer, 2012:358), consequently fulfilling two of the key characteristics of the stigmatised individual. As Rachel illustrates through her description of the trip to the doctors, she is 'double distancing' herself from Amelia as a deviant object of sexual promiscuity and also physical repulsion. Such nuances of

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[13] This is not to state that Amelia was obese, but rather illustrates broader points regarding social distancing.

practice are rarely acknowledged in literature (Ferguson, 2011a), and indicate the substantial value of ethnographic research that goes beyond institutional narratives and memories (Dharamsi *et al*, 1979; Linde, 2001; Zaviršek, 2006) towards a more complete, sensory, lived-experience understanding of the intricacies of contemporary face-to-face practice. Drawing upon theoretical contributions regarding 'moral dirt' (Ferguson, 2007) alongside contamination and pollution (Douglas, 1966), my findings suggest sometimes staff do not touch children in residential care because they are repulsed by them.

7.3.4 Unwanted Touch

The final reason for touch avoidance, as given in interviews, was discomfort around male residents' occasional perceived sexualised behaviour. Interestingly, these concerns were not linked to allegations, as is observed around the female residents, but is constructed very differently:

> Rachel then went onto talk about how she distinguishes between which children she would touch. She said she wouldn't hug [male YP], as he hugs for too long and squeezes into breasts. When he was admitted to Sunnydale they had a team meeting and agreed he was "creepy" and had "rapey eyes". She laughed and said she shouldn't say this. She describes how he followed her around a lot "to the point he would go into the pantry and lock the door with me in it. He'd have one hug and then come back for another"
>
> (Fieldnotes, Day 7)

In contrast to the discussions above regarding the sexual, or perceived sexualised behaviour of young female residents, male resident behaviour that could be perceived and understood as sexualised and threatening towards female workers was rarely challenged. In interview narratives attention was paid to not 'shaming' boys, but educating them in how to touch and challenging any unwanted behaviour clearly. Below is the extract from my fieldnotes of a moment when a teacher called the home to discuss Sam. The previous week Sam had been patting a female member of staff on her bottom before bed, when the teacher calls however, the concerns are brushed

aside and minimised, in complete contrast to concerns around young females which are detailed extensively in 'fib files':

> School ring and speak to Dave. Dave indicates the phone call is not positive by putting his thumb down. Louise jokes "has he been patting bums again?" Dave adamantly saying on the phone to the caller: "we have not experienced anything like this with Sam (16) here, female workers work 1-1 with him regularly". He comes off the phone and awkwardly describes what's happened. He says Sam was in a careers advice session and moved himself to sit next to the worker, staring at her breasts and other areas of her body. He then began to touch himself 'down below' and was told that the session was over in a way that wouldn't offend him.
>
> During handover the staff say this isn't Sam and it never happens here. I mentioned him patting Sophie's bum and they said it's 'different'. They determine that school are being dramatic, saying "we could have made a big deal out of Sam and Sophie but we're not". Olivia mentions concerns about "labelling" him.
>
> (Fieldnotes, Day 45)

Precariously positioned somewhere between adulthood and childhood, sexuality and sexualised behaviours were largely feared or frowned upon with girls, or normalised for boys. When the boundaries between caring for a child and perceiving that a child was behaving in a sexualised manner towards staff were crossed, there was little or no formal guidance, and staff were largely left to manage this alone. When young females were perceived as making sexualised advances, or being particularly sexualised in their behaviours, male staff physically distanced themselves. In contrast, the male residents' sexuality or sexualised behaviour was treated very differently. It was either expected, excused or ignored, and explained as being a 'natural' part of being an adolescent male. Concerns about 'labelling' young males were raised in relation to male residents' behaviours, little such defence existed for female residents. The gendered ways in which psychological research and literature socially construct adolescent sexuality in distinct ways is illustrated throughout this section (Green, 2005; 2010).

Conclusion

This chapter has considered observational evidence from the field, in order to give an overview of the key themes arising from my observations of touch in practice. At times incongruence between what was said in semi-structured interviews and what was observed in practice has been indicated. There was some evidence to support the staff narratives regarding the cultivation of 'post-change' close, affectionate and respectful relationships at Sunnydale and I have argued that the combinations of workers 'on-shift' was arguably the most significant factor informing how much evidence for the 'change' was observed in practice, significantly influencing the milieu of the home (Smith, 2005). Within this 'hanging out' was identified as a key - yet often ignored - way in which intimacy is cultivated within adult-child relationships. By describing some examples of close and intimate practice, particularly in relation to nurturing practice (Smith, 2009), the chapter has illustrated how close relationships and knowing children informs the rhythms and rituals in the lifespace of Sunnydale House (Smith, 2005).

However, it is clear that change does not occur as a single distinct entity, that ideas and social rules remain despite some perceived change and that much of what is described by workers at Sunnydale can be understood as a dominant institutional narrative (Linde, 2001), often undermined by my observations and not reflective of typical practice. Risk aversion, whilst not pertinent in day-to-day practice, was heightened in anticipation of and also in response to events which contradicted the 'post-change' narrative. Exploring the office - as a space in which workers can hide from children - has illustrated incongruence between narrative and practice as workers verbally challenge bureaucratic, risk averse, management cultures, by arguing such cultures inhibit intimacy, yet in practice hide behind such cultures in order to avoid children. The chapter concluded by arguing that uncritical gendered social constructions of children also inhibit intimacy, and touch, in adult-child relationships (Douglas, 1966; Thorpe, 1993; Ferguson, 2007; Ferguson, 2011a). The following chapter will now explore children's views on Sunnydale House and adult-child relationships.

"Moving into someone's home is kind of like…you don't fit, because it's not your home. It's theirs. But, in a care home it's like nobody's home…if you know what I mean? It's like no-man's land. Which is better, because you can claim it then as yours. Where like in somebody else's home you can't, because it's theirs"

(Amelia, 16)

This chapter ascertains the views of children regarding life at Sunnydale House and adult-child relationships. There were six child, and nineteen adult, participants in this project. I carried out four interviews with five children, two children asked to be interviewed together. The interviews lasted between 25 minutes and an hour, and on average (per participant) interviews with children lasted half the time as in those with staff. Therefore, the quantity of data obtained in semi-structured interviews was significantly less than in adult interviews and the format adopted for the adult chapters could not be replicated in the children's chapters. The children had interesting views regarding much of what has already been explored in this thesis, seeing things very differently at times to the adult staff members and indeed to me as an observer. This chapter therefore seeks to contextualise how children experience residential child care as a placement option; how they viewed the home; how they understood and experienced their relationships with staff at Sunnydale House; and enables the 'change' narrative to be critiqued with regards to children's perspectives. The following chapter - nine - will then examine touch from the perspective of children at Sunnydale House.

8.1 Children's Perspectives on Residential Child care as a Placement Choice

Chapter two discussed at length the substantial shift in residential child care, particularly since the 'professionalisation' of the service in the 1970's (Smith, 2009). To briefly recap, since this period residential child care has decreased substantially as the preference for foster care was deeply embedded in policy and literature (Kendrick,

2012); children in care have described foster care as 'bad science' (Page and Clark, 1977:44), lobbied against closures of residential homes (Milligan and Stevens, 2006) and expressed a preference for residential care over foster care 'by a ratio of 3:1' (Sinclair and Gibbs, 1998:46). Every child at Sunnydale reaffirmed this message:

> **Sam:** I prefer residential, because you've got like, other kids here who are like [your] brothers and sisters. I just, I prefer to get along with loads of different staff instead of the same face all the time. Because, when you've got to like spend time with the same person all the time, and then you just get bored of each other and then you start arguing. It's nice to see each other like, every now and again or every other day, you know what I mean?

> **Lily:** It was different, from being in like a home, to like, here [Sunnydale]. But, I think it was definitely a good place for me to come. I don't know, they just let you be yourself here, I think. Like well, to begin both the foster carers that I was with they were like, set in their own sort of ways, and they didn't like to adapt to our sort of ways, if that makes sense? I don't know how to explain it, but some of the things they said to me as well towards the end of that placement weren't nice, at all. One of them [previous foster carer] turns around to me and was like: "oh, you're going to end up just like your mum, with 4 kids that you can't look after" and, just stuff like that like. But, that was towards the end of the placement, and that's when I was like 'right, I'm gone'! Like I shouldn't have to be putting up with things like that, because I'm strong-minded and have my views and stuff. But they didn't like to put that into their sort of, way of life.

> **Amelia:** The difference with living on your own is that you're a fucking loner. You're watched more [in foster care], because they've not got another kid to keep an eye on. In here, all the staff can't keep their eyes on all the kids at the same time. Moving into someone's home is kind of like you don't fit, because it's not your home, it's theirs. But, in a care home it's like nobody's home, if you know what I mean it's like no-man's land. Which is better, because you can claim it then as yours, where in somebody else's home you can't, because it's theirs.

The fluidity of the relationships afforded by regularly changing staff enabled time *away* from workers, a concept inhibited in foster care and something children suggested aided relationships, particularly when relationships with foster carers broke down. In this respect, the particular dynamics of the lifespace - as a space where life is lived collectively, whilst also allowing for the withdrawal from other people's 'family practices' - cultivates and sustains closeness in relationships, offering children a home without having to fit into *someone else's* home and life, enabling them to shape their own living environment and relationships. Also noted was the value placed on living with other children in similar situations to themselves (Emond, 2003).

The likelihood of experiencing multiple placement moves increases steadily from the age of 13 (DfE, 2013), with teenage foster placements having a 50% breakdown rate (Fratter *et al*, 1991; Sinclair *et al*, 2003; Wilson *et al*, 2004). The long-term consequences of multiple placement breakdowns for children and children are significant and can be highly detrimental to individual's sense of self, attachments and conceptualisation of what 'relationships' comprise (Gilligan, 2001; Anglin, 2002; Howe, 2005), as well as impacting upon more tangible factors such as educational attainment (Blyth and Milner, 1997; Jackson and Martin, 1998). For Joshua, 'self-preservation' from forming 'too strong' attachments within relationships which may break down explicitly informed his stated preference for residential care:

> **Joshua:** You get too attached
>
> **LW:** You get too attached? In foster care?
>
> **Joshua:** It's like family innit.
>
> **LW:** So, it's easier here?
>
> **Joshua:** Yea
>
> **LW:** Is it easier to not make attachments?
>
> **Joshua:** ((nods))
>
> **LW:** Do you think you still do make attachments?
>
> **Joshua:** Yea obviously you do, but just not too much.

Further ethnographic discussions with Joshua afforded time to explore this without the tape recorder present, which may have impacted upon how freely Joshua spoke about more sensitive topics (Hammersley and Atkinson, 2007). This is not to suggest that semi-structured interviews were of no value, but that some conversations with children were notably more fluid when the recorder was absent. This does not entirely

undermine the value of recorded interviews but merely highlights that for some individuals' ethnographic interviews elicited different responses (Heyl, 2001). Equally however, these conversations were deeply personal and it is perhaps unsurprising - and should not be expected, or forced - that children did not always want to discuss personal topics. Balancing the want for information with the responsibility of carrying out ethical social research - and causing no harm, in this case by respecting children's boundaries - was present in such scenarios as indeed it was throughout the project. During these discussions Joshua discussed his previous (foster) placement, which he was told would be his home until he turned 18. The staff informed me that this placement broke down in part because the foster carers felt they could not manage Joshua's needs alongside their own biological children. For Joshua, they 'just decided they didn't want me either' (in reference to his biological mother). Joshua concluded with this statement, before we moved on:

> 'I don't miss people. Life's too short to miss people. People just come in and out of your life all the time innit. You just gotta look after number one.'

> (Fieldnotes, Day 21)

With this statement, alongside his body language and facial expressions, I interpreted (in which I may be wrong) that Joshua did not want to continue this discussion. Instead we discussed the banana, egg, milk and chocolate power 'protein-shake' he was making whilst talking. The breakdown of this placement did, however, evidently impact upon his trust in adults, and for Joshua, residential child care offered a place for him to regain some control over intimacy and distance within his relationships and a place to call 'home' for the remainder of his time in care.

Another valued factor regarding Sunnydale was the geographical location of the home, the proximity to family and the freedom this afforded children to retain links with their biological families and friends. As previously discussed (chapter five) this local authority had a high number of their own homes. As a result of this, it was relatively easy for children to be placed within their home town, or at least within the county:

> **LW:** Which do you prefer?
> **Jamie:** Here

LW: Why?

Jamie: Just loads better

LW: What about it is better?

Jamie: Just that you're nearer family and that.

Lily: Well, there was a foster placement that I could have moved into, which was in [nearby city], but I think coming here was good move for me. Because, I like, I don't know, it's just normal. Well it's not normal, but it was like within, all my family live in the area and all my friends, and I wasn't uprooted a lot, so I think here was a good choice that was made for me, sort of thing.

In this respect, residential child care was viewed as a preferable option by children who do not want to live with 'another' family, alongside difficulties associated with being placed 24/7 in a placement where they do not get on with carers, or indeed, the consequences of further loss and rejection in relationships (Anglin, 2002; Howe, 2005). Placement breakdowns can be experienced as further rejections by children, as such residential child care, with a range of staff and less intense environment, could be argued as an emotionally 'safer' option. Sunnydale explicitly intends to provide 'long-term' care for children[14], and for each of the children the 'plan' was for them to remain at Sunnydale until they left care. There is a well-documented wealth of research evidence highlighting the flaws of residential child care, many of which highlight important messages to embed into practice. Despite this, given the well-established links between placement instability, multiple moves and experiences of 'loss' on children's development, this research further supports claims that children's homes are a vital service within the wider care system (Kendrick, 2008, 2012).

8.2 Institutional Life: A historical notion?

8.2.1 'Bars on the Windows, locks on the fridge': The Physical Appearance of Sunnydale

Despite anti-institutionalisation featuring as a firm aspect of the staff narratives - and some suggestions that children's homes are no longer institutionalised (Berridge, 1994) - a number of the comments from children clearly illustrate that institutionalised

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[14] Included in Sunnydale's 'Statement of Purpose' and in line with their 'remit of admittance'.

features still exist. The first factor illustrating this was noted via the physical appearance of Sunnydale:

> **LW:** Does it feel like a home?
>
> **Jamie:** What do you think?
>
> **Joshua:** No, it does sometimes innit.
>
> **LW:** What's the difference?
>
> **Jamie:** At your house yea, do you lock your fridge?
>
> **LW:** No
>
> **Jamie:** Do you lock your kitchen?
>
> **LW:** No
>
> **Jamie:** Do you lock your living room?
>
> **LW:** No
>
> **Jamie:** Do you lock your dining room?
>
> **LW:** No
>
> **Joshua:** Do you have an office, at your house?
>
> **LW:** No
>
> **Jamie:** Do you have a fire exit?
>
> **LW:** No
>
> **Jamie:** Do you have bars on your windows?
>
> **Joshua:** Ah you know that is a bit peak[15] that is, bars on the windows and that.

Here both the physical appearance (bars on the windows, fire escape & office), and some of the institutionalised practices (locks on the doors, fridge kitchen etc.), informed the children's perceptions of Sunnydale as a 'home'. Evidently, despite attempts to 'deinstitutionalise' the home, and this featuring as a key aspect of the staff member's 'change' narrative, institutionalisation is still a feature of Sunnydale's appearance and practice as perceived by the children.

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[15] Peak: Term of increasing popularity amongst the urban youth of Londinium. It can refer to a very negative situation. (Urban Dictionary Online, 2016)

8.3.2 Office Dwelling: Children's Perspectives

The second factor related to institutionalisation (as experienced by children) relates to the staff member's use of the office (also see chapter seven). Other researchers have noted that staff were much more likely to avoid spending time with children, as opposed to children avoiding staff (Berridge *et al*, 2011a:47). During the fieldwork period, the primary area of frustration for children, and some staff, was workers who sat in the office for sometimes the majority of their shift instead of engaging with children. During semi-structured interviews with children, the issue of 'office dwelling' regularly featured as a source of much frustration, highlighting not only how frustrating children find it when staff chose to sit in the office as opposed to spending time with them, but also demonstrates why children may then choose to attempt to gain attention from staff in alternative, more 'negative' ways:

> **Amelia:** Because they was all sat in the office just being morbid, and us lot were sat out here like ((long sigh)), are they actually going to come sit out here with us at some point today? … It was doing our head in so we were like fine, we're just going to fireball them. So I just fireballed[16] them…they couldn't stay in the office then could they?

The effects of staff spending all their time in the office can lead to children becoming bored, and may provoke what would then be referred to as 'challenging behaviour' which could have been avoided had the staff given children attention and spent time with them. Thus illustrating how institutions produce problems, then blame the residents (Goffman, 1961). The office was one of four rooms in the home which was kept locked at all times (the others being the staff's bedrooms and the staff toilet). It is therefore also the only place that children were inhibited from entering, that is unless they were invited in. Despite the 'post-change' narrative - in which adults attempt to 'understand' children's behaviour and build close relationships formed on mutual respect - the office is clearly an 'adult-only' space, thus symbolising that power relations are still vertical and children's limited access to this room symbolises this. The lack of control children had, embodied by their restricted access, was evidently a source of much frustration.

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[16] 'Fireballing' is a colloquial term for sending a virus from one phone, or computer, to another which freezes the recipients screen for a short time. It should be noted it is unlikely Amelia was able to do this to staff member's phones or computers.

Who was allowed in the office, when and why was also a source of much confusion for me as an observer as the 'informal office rules' changed daily. Joshua was the only child formally identified as never being allowed in the office, although reasons for this varied: some staff members attributed this to stealing money and others because he head-butted a worker in the office a year ago. Equally, some members of staff did let Joshua in, others didn't, and for some it appeared to depend on the day and who they were working with. The entire practice was confusing, although what was clear was that being in the office was considered a 'treat' or 'reward' for good behaviour (although the incident with the head-butt was described as being over a year ago and Joshua had not managed to make up for that yet). Workers hid in the office, for time away from children and to undertake personal tasks:

> Joshua wants money and asks Dianna, Dianna replies: "no" (firmly, without explanation) through the office door and then returns inside the office. He is cross and goes into the kitchen shouting, he bangs his legs against the kitchen door repeatedly. He moans about Dianna to Jane: "Dianna's being a dick head man". Jane is out in the kitchen chatting to the children and making dinner, Chris is colouring at the dining room table with Patrick and Sam. Dianna has been in the office for 3 hours now without leaving. Printing pictures of properties and making (personal) business calls with the door locked.

> (Fieldnotes, Day 11)

As covered in chapter five, there is a wealth of paperwork required for residential care workers, and at times staff members do need to sit in the office to complete this work. However, the amount of time spent, how this is managed (i.e. where and when these are completed and whether this is explained to children) and whether this is exploited (undertaking personal tasks) varies wildly between workers. Some staff were notorious office dwellers. The issue of 'office dwelling' has been returned to at multiple points within these findings chapters because - as an observer - this was the single biggest frustration for children, and indeed for staff on shift with an 'office dweller' as the allocation of responsibility unfairly falls to the worker who remains outside of the office.

8.3.3 "Knock-knock, unlock, come in": Privacy and the Bedroom

The third area noted by children was the invasion(s) of privacy, specifically in their bedrooms. This has been noted repeatedly by children in research (Morgan, 2009; Clark *et al*, 2014), and the local authority does have a specific policy about staff entering children's bedrooms, rooted in the notion that 'children's privacy should be respected'. The Sunnydale policy states staff should knock before entering rooms, and only enter when given permission. Three exceptions to this rule exist in policy: to wake a 'heavy sleeper' and to 'remove/return soiled clothing', both of which should include a forewarning. The third exception pertains to protection from harm for individuals/property, and warrants no forewarning in policy. The interpretation of this varies considerably between workers, and the most common reason given for avoiding entering rooms by staff members related to protecting staff from allegations (see chapter 6) as opposed to respecting children's privacy. As will be shown below, through interviews and in fieldnotes, the breech of privacy is a further source of frustration for children and challenges the 'home' narrative, as children feel they do not have their own space, and have their privacy disrespected. In semi-structured and ethnographic interviews, alongside observations, the topic of privacy invasion featured regularly:

> **Sam:** When they come in your room by accident, they'll knock but they come in dead fast...I don't like it like, haven't given me a chance to say nothing, you know what I mean? Wait at least a minute, or a couple of seconds to let me say something. Not knock-knock, unlock, come in.

In this example, Sam illustrates how, despite Sunnydale's formal policy guidance regarding bedrooms explicitly prohibiting staff from entering children's rooms without permission, staff members appear to not follow this rule and enter bedrooms regardless of permission obtained. This further highlights that whilst children are given clear boundaries regarding where they can go in the home, the same restrictions do not apply to staff members, thus limiting the privacy available for children and their lack of choice regarding who enters their private spaces.

8.3.4 Choice? Children's Perspectives of their ability to 'choose'

The final area to be explored pertaining to institutionalisation described by the children relates to lack of choice in food and reactive behaviour on the part of staff, as opposed to respectful discussion and understanding. Written in the children's handbook[17], it explicitly states that 'residents meetings' will occur once a week. These are meetings wherein children are supposed to meet with the staff on shift once a week to discuss things like meal plans, activities, grievances and requests. I only saw one of these meetings, and it was called following the incident discussed below, no notes were taken as it was an off-the-cuff response to an incident. This section draws on a previously explored situation in which all the 'junk' food was thrown into the bin (see chapter 7), and outlines my discussion with Lily regarding her perspective of the event:

> **Lily:** It was sort of, they were just, well not Chris, but they were sort of just instead of compromising with us, they were giving their views at us, if that makes sense? But I spoke to Dave as well earlier on, and he was like, he didn't really know quite what to say back to me, because I was like why? And he was like well, "I don't know, I just don't understand why they did it really to be honest". Like they were saying, it's like when I was asking them the questions they were just sort of making it up on the spot, why it happened. Like he didn't actually have a reason, to begin with…and I was saying to Dave earlier like, well, you get a choice of food. But, when we got a choice of food, and we wanted the cereals, the Craves, and then they got thrown away. So, we don't really get a choice of food if that makes, do you know what I mean? I just, I couldn't get my head around it. Because, in a normal household that, like fair enough it might not be four boxes, but there's five kids in this house. We're all eating, we're all growing still, and then, you've got all the staff coming in and they eat the food, so it's not like it's bought in stupid amounts. Why couldn't they keep it in the back and bring one out at a time if it's got too much sugar in it? Like, instead of throwing it away.

Incidentally, the event also provoked disagreements between staff – identifying a 'split' in the team – and indicates that some individuals do still hold 'old-school' attitudes (see

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[17] Handbook given to children when arriving at Sunnydale, introducing the home, staff and rules.

chapters six and seven), thus again contradicting the 'change' narrative. In this scenario adult-child relationships clearly constitute adults holding all the power, children are regarded as questioning their authority and - despite recognising the lack of reason behind decisions made by other adults - the adults refusing to relent.

In summary, evident within the children's narratives are a number of key examples in which Sunnydale, and the staff working there, appeared or behaved, in an institutionalised 'old-school' fashion. The physical appearance of the home, staff 'office-dwelling', invasions of privacy and reactive behaviours by staff as opposed to reasonable, respectful discussions, all combine to create an institutionalised feel for the children living there and undermines the comprehensiveness of the 'post-change' narrative. This section also highlights some of the inherent dilemmas of residential child care present and future as the sector continues to battle with effectively managing the complexities of 'public' and 'private' spaces (Green, 1995; Clark *et al*, 2014).

8.3 Children's Views on Relationships

8.3.1 Readdressing Power Imbalances: Valued relational qualities

This section is concerned with exploring how relationships are conceptualised by children at Sunnydale. Children in research have consistently highlighted their relationships with adult workers as pivotal to their care experiences, both whilst in care (Sinclair and Gibbs, 1998; McLeod, 2010; Kendrick, 2012) and in retrospective accounts (Oliver, 2003; Petrie, 2003). For Ward (2003), what is distinctive about residential children's homes is the 'network of relationships' within the home, and academics have highlighted both the benefits and challenges associated with group living (Emond, 2003; Sinclair and Gibbs, 2001). For Smith (2009:119) 'any programme is only as good as those who carry it through', and emphasises the need for time and consistency to cultivate close relationships. A luxury which, in contrast to social workers, residential care workers *do* have (Milligan and Stevens, 2006). Without exception each child immediately responded 'yes' when asked "are relationships with staff important":

> **Jamie:** Yea
>
> **LW:** Why?
>
> **Jamie:** Just is.

Sam: Yea, definitely.

LW: Why?

Sam: Because, they have got somebody to care for them. And like stick up for them and kids and adults will get on because it's like, you know what I mean it's just like that you feel like you can really trust them.

Amelia: Yea.

LW: Why?

Amelia: Because otherwise you're just not going to survive are ya?

LW: What do you mean by that?

Amelia: You've got to talk to some people, you can't just be like a bloody morbid twat and just sit in your room all the time like I first did. And it makes things easier when you do come out of your room.

Lily: Yea. Good relationships, definitely they are. We all live together don't we really? It's a big family sort of thing, I think if one of us had an argument it does put a tension on the house...I don't think it's a good environment to live in when it's like that.

Interestingly Lily frames the home as 'like a family', a point which will be returned to later on in the chapter. However - in brief - given that in residential care 'the notion of the traditional, nuclear family still plays a significant role as a symbolic construct or idealized model in the mind' (Kendrick, 2013:78), this suggests that Lily experiences Sunnydale as a largely warm and comfortable environment. When noting that arguments invoke tension in the home, it can be suggested that she views this is atypical and thus it is more noticeable when this occurs.

A discussion with 'Amelia' highlighted how even in mundane occurrences, it was possible to observe the depth of communication between adults and children as she distinguishes between 'talking' and '*talking*'. One being 'everyday platitudes' and the other being a *deeper level of connection*, occurring within close adult-child relationships:

Amelia: They actually talk ((emphasised)) to each other.

LW: Okay, so do you think some people won't talk to each other at all?

> **Amelia:** No, I mean like they'll talk, but then there's like 'talking' ((emphasised)).
>
> **LW:** So what's the difference between talking and 'talking'?
>
> **Amelia:** One talking's like, feelings talking like telling them everything. Then the other one's just like every just everyday chat shit. So like, there's talking to someone and then there's like…talk-talk, like talking ((emphasised)) to someone.

The value of effective communication is articulated by Amelia, the adverse effects of communication breakdowns invoked by a failure to listen can be seen in the examples above regarding cereal and office-dwelling. Amelia describes what Hennessey (2011:4) refers to as 'deep listening', a quality much valued by children:

> 'Again, emphasis is placed on qualities such as listening and communicating, and such qualities only arise within the context of a relationship. And deep listening and communication that goes beyond the superficial, will usually be present only where trust has developed through time and by consistency'
>
> (Hennessey, 2011:4)

Lily describes how authentic *empathy* is a key valued quality (Rogers, 1951), as when staff are able to 'put themselves in our shoes' this cultivates closeness in relationships:

> **Lily:** Yea. I think, I don't know you have more of a connection with some of them because they understand, more, if that makes sense? Because, they can put themselves in our shoes and see it, how we see it. And I think all of them do, but there's like certain ones that just properly do. And you feel like you can just go to them and have a chat with them about anything. But, there's some that don't, I think it's just the person themselves. I relate to some that have told me bits about their lives and stuff because they know everything about us, but sometimes we don't know a lot about them. So I think when they open up to us, well, especially to me, like once I've got an understanding of them, say like things they've been through, I connect easier with them. Instead of someone that, I don't know nothing about them they just work here.

> But yea, like if they've been through something and then, I've been made aware of it, then I can connect with them easier.

This clearly illustrates the importance of mutuality in intimate relationships, wherein both parties are afforded respect and share something of themselves (Jamieson, 1998). Whilst this may traditionally be considered a violation of professional boundaries, for children it is a crucial feature of valued relationships with staff and illustrates how intimacy - particularly from the perspectives of children as the less powerful of the two groups - is cultivated in relationships. This is particularly pertinent when considering how often this is expected from children, as staff know - and ask for - deeply personal information about their lives (McLeod, 2010).

The final quality valued by all children in the home was 'humour' and being able to 'have a laugh' with members of staff:

> **LW:** What makes a really good staff member in residential?
> **Amelia:** The funny ones
> **LW:** The funny ones? Who would be funny here?
> **Amelia:** Who's funny here? Louise and Rachel. They're fuckin' hilarious.
> **LW:** So what else makes a good member of staff? What do you think is important?
> **Amelia:** Sense of humour.
> **LW:** Sense of humour, anything else?
> **Amelia:** A good personality.
> **LW:** What makes a good personality?
> **Amelia:** A good sense of humour [mutual laugh]! We're just going to go round in circles with this one! What makes a good sense of humour? A good personality!

> **LW:** Who is a really good member of staff?
> **Joshua:** Joe **Jamie:** Reece ((Simultaneously))
> **LW:** Okay, so why is Reece a good member of staff? ((to Jamie))
> **Jamie:** Because he has a laugh with you
> **LW:** He has a laugh? What else?
> **Joshua:** He's just a joke guy...

> **LW:** Okay. Do you think that's important, do you think humour is important?
>
> **Jamie and Joshua:** Yes ((Simultaneously))
>
> **LW:** Okay, so who else? So, Joshua, you like Joe, what makes Joe a good member of staff? ((to Joshua))
>
> **Joshua:** He's just one of us isn't he?
>
> **LW:** What do you mean by that?
>
> **Joshua:** Just a joker isn't he.

Implicit within the narratives offered above is not only the value placed on humour, but also that through humour staff de-elevate themselves from a position of authority over the children - instead 'getting on a level' with them and having fun together - not establishing themselves as different or better than the children.

Understandably, therefore, the most disliked characteristic of staff members is accentuating power imbalance, 'speaking down to', 'ignoring' and 'disrespecting' children. Children actively avoided spending time with staff they did not have positive relationships with by either spending time in their room or going out of the home:

> **LW:** Why, so what makes a really bad member of staff?
>
> **Joshua and Jamie:** Dianna ((Simultaneously))
>
> **LW:** Why?
>
> **Jamie:** She tries to speak to you like you're 3 or something
>
> **Joshua:** She looks down her nose at you
>
> **LW:** She looks down her nose at you?
>
> **Joshua:** Like ah, I'm better than you
>
> **Jamie:** Which she blatantly isn't either

Joshua and James also described the impact staff had upon each other, explicitly noting that some staff changed when around other members of staff (also see chapter seven):

> **LW:** Who else? Or is that it?
>
> **Joshua:** Depends.
>
> **Jamie:** Depends on what staff are on together so...
>
> **LW:** Do staff act differently when they're together?
>
> **Jamie:** Yea. Chris is safe, but Sharon and Dianna and that ((Joshua laughs)) makes you just want to go out all night on that shift.

> **LW:** Why?
>
> **Jamie:** Because they just blatantly ignore [you] when they're in the office.

Challenges within relationships were framed as inevitable by children when a number of people share a space, but the differences in how these are managed are also noted. For Lily, the ability of staff to challenge behaviour and then forget about this was perceived as an indication of the quality of relationships:

> **Lily:** When the lads are like, being rude and that, like obviously you're not, you can't, I don't know how to explain it. Say when they're shouting the odds, and, they have to keep it, like down, like…I don't know. They might say something back to them, but that's how it works. I think that shows relationship as well though, because you wouldn't, because if you didn't have a relationship you wouldn't say anything back really would you? You'd just be like…well you wouldn't know what to say. But, then, they're alright afterwards and stuff, like, everything always just usually just makes up, after a bit. So, we could have a massive argument one night, and then the next day, everything'll be alright again like, staff don't hold grudges against us or anything.

On a similar note, Lily also suggests that sometimes what can appear as a negative display of relationship between adult and child can indicate a deeper relationship, as she suggests she argues more with members of staff she trusts and knows will still be 'there for her' following an argument:

> **Lily:** Not really because I've, I have good relationships with them anyway. Most of the time I've noticed like, when I am upset or whatever, I take it out on a staff member that I am close with. Not purposefully, just because you know like they'll come and talk to me, and I'll take it out on them, not meaning to, but just because they was there. Sort of thing, I've done that like twice, but it's always been recovered after… I think it's, sometimes it's because you know that it's not going to affect that relationship. After something's happened I always reflect on it, and I've noticed I've done that before.

Interestingly, within the interviews, the children often noted that their own 'moods' impacted upon their impressions of - and feelings towards - Sunnydale and relationships with staff:

> **Lily:** I'm feeling pretty calm today, catch me on another day and I'll be all like I fuckin' hate it here!

> **Amelia:** I don't listen to them all the time. Depends what mood I'm in.

> **LW:** Do you think that there are challenges in the relationships you have with staff?
> **Joshua:** Just like, when they try and challenge me and that...
> **LW:** When they try and challenge you?
> **Joshua:** I've just never been one for being challenged. I don't know, it's just how I feel, my mood.

Incidentally, the influence of staff members' 'mood' was rarely acknowledged by staff in relation to their behaviour. As discussed above, a well-established feature of institutions is that they can create problems and then blame the residents (Goffman, 1961).

In sum, alongside humour, children also valued 'respect' and 'trust' in staff members, such qualities generally cultivated positive relationships and were both valued highly by children:

> **LW:** What's the most important thing to you?
> **Joshua and Jamie:** Respect ((simultaneously))

In summary, the children at Sunnydale are unanimous in their assertion that relationships are important and valued qualities include: listening skills, empathy, mutual disclosure, humour and respect - all of which require the realignment of power relations from vertical to horizontal. In contrast, staff who reinforce this power imbalance, by 'looking down on' and ignoring children are the most disliked and frustrating qualities according to children.

8.3.2 Children and the 'Family Narrative'

Despite the promotion of foster care in UK policy, due to the assumption that 'family-based' care is better for children, Kendrick (2013) argues that this ignores the potential for residential child care to be conceptualised as 'family' by the children living there. Drawing on Finch's (2007) work surrounding 'doing' and 'displaying' family, as 'the process by which individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute 'doing family things' and thereby confirm that these relationships are 'family relationships' (Finch 2007: 66, in Kendrick, 2013:89). Further drawing upon Mason and Tipper (2008:452), Kendrick clearly delineates that staff and children are *not* family (Kendrick, 2013:78), but that narrow conceptions of 'family' ignores the very real relationships formed by children and their non-related carers. For Sam, the staff members at Sunnydale were all conceptualised firmly within the 'family' narrative:

> **Sam:** Frank's like a granddad to me and Dianna's like a grandma to me. Jane's like my auntie, and so is Rachel. And then Chris is just like my big brother and Louise is like my big sister. And then Luke's like my uncle, well, Luke's like my dad and then Jack's like my uncle. And then Sophie she's like, one of my best friends. You know what I mean? And then even Reece is like one of best friends and Dave's just, and Dave's just like, amazing.

Other examples of this includes Lily framing Sunnydale as 'like a family', and Sam describing the children as 'like brothers and sisters', as shown earlier in the chapter.

For Joshua, Jamie and Amelia - in semi-structured interviews - the distinction was much clearer, specifically within views on what 'rights' the staff have to tell them what to do. For Amelia, this distinction is the 'one unavoidable barrier' in residential child care:

> **Amelia:** You've always got that one barrier though haven't you? The fact that you're not actually their parent so obviously you can't actually tell them what to do. So you've always got that one barrier. And that comes up every time you have a bloody argument with a staff member to be honest, they can't tell you what to do sort of thing. The only people who can tell a kid in care what to do is their social workers,

because the social worker have PR[18] over them. Because one person

has to have PR over the child, unless both parents are together, and

then, it normally ends up with your social worker having PR over you

so there's only actually your social worker who can legally tell you what

to do. The staff can't.

Amelia makes it very clear that the staff are not her 'parents', but only really discusses this in relation to confrontations or who can 'tell her what to do' and why. This does not, however, necessarily suggest that relationships are not conceptualised as close, affectionate or 'like-family' by Amelia, but rather that irrefutable legal and/or biological distinctions are a particularly useful tool to draw upon in arguments with staff members.

For Joshua and Jamie, the discrepancies regarding what their biological parents allow them to do and what staff members allow them to do is the biggest distinction, particularly around the use of drugs and alcohol. Such discrepancies are bound to exist in the sector given the contrasting expectations of the public and private spaces (Green, 2005), and what children's homes as public services are 'seen' to be promoting for children. However, below Joshua and Jamie describe the staff as being 'disrespectful', specifically around the removal of objects from their rooms, and the frustrations regarding the different expectations of their biological parents and staff members:

> **LW:** Do you think they [staff] act like family?
>
> **Joshua:** No, are they fuck? Well disrespectful.
>
> **LW:** They're disrespectful?
>
> **Joshua:** Yea. I just think right, say if you brought a bong, yea? And you had it in your house?
>
> **LW:** Yes
>
> **Joshua:** And I come into your house, and took that bong[19] without asking, without your permission. That's theft isn't it?
>
> **LW:** In some ways, I guess.
>
> **Joshua:** Thank-you. So then why does it then give staff the right, yea, to go in your room, and take your belongings that you've paid for, what the fuck?

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[18] Parental Responsibility
[19] Device for smoking weed.

> **LW:** Why do they do that?
>
> **Joshua:** Because I shouldn't be smoking weed. Before 16 yes, fair enough, but after 16 is fine. Well, that's what my mum says. My mum said to me: 'right you're old enough to live on your own now, you're an adult you can do what you want'. And my mum can't tell me not to smoke weed, because she smokes weed.

During the fieldwork, I observed four occasions where drug 'paraphernalia' (mainly bongs, both home-made and shop-bought) were removed from children's rooms. Whilst understandable with regards to 'responsible' corporate parenting, and in line with policy guidance, the manner in which this was often done - stealthily, without discussions with children - elicited angry responses from children who, to some extent, were rightly frustrated by the invasion of privacy and lack of discussion around why this had occurred. Whilst it is appropriate to discuss with children the dangers associated with drugs, the manner in which this was done and the lack of responsible conversations, could have been potentially avoided (if not wholly, then at least minimised) had staff considered more thoughtfully how this was managed. Furthermore, as explored in the previous chapter, little attempt by staff was made to minimise drug-use via distraction or engaging in other activities, nor engaging with why children may have been choosing to (in this case, mainly smoke weed) was observed. In this respect, Joshua and Jamie describe very different experiences of 'parenting', and now 'corporate parenting', is evident. The topic of drug use is an interesting concept to analyse further in relation to conceptions of childhood, the law, health (both physical and mental) and conceptions of parenting. It should also be noted that whilst both Joshua and Jamie were very clear that staff were *not* like parents, or family, there were moments observed throughout my time at Sunnydale in which close and affectionate relationships were observed and the context in which this interview occurred (together, on-tape) may have inhibited the freedom with which they could discuss this and will be discussed further in chapter nine.

Evidence of 'kin-like' relationships for children are evident within some of the children's narratives, despite the clear distinction between being 'like family' and 'biological family' consistently emphasised (Kendrick, 2013). For some children these links are explicit, for others in interview setting the idea is clearly rejected. That being said, incongruence between children's narratives and behaviours are also evident once incorporating observational evidence.

Conclusion

The chapter has explored how children viewed and experienced Sunnydale and adult-child relationships, the strengths and weaknesses of the home and staff team are included here as a contextual base from which to then explore how children experience and conceptualise touch within Sunnydale. The key message ascertained from this chapter pertaining to intimacy and adult-child relationships concerns the redressing of power relations. Children valued workers who treated them with respect, listened to them, breeched traditional professional boundaries by sharing details about their own lives, didn't ignore them and de-elevated themselves from a position of authority over them invoking a greater sense of mutuality within the relationship (Jamieson, 1998). This chapter provides a contextual base by explaining what children mean within their unanimous message in the following chapter that their experience of the use of touch is significantly informed by who does the touching.

"Depends on how well you know the kid. But, I don't think they should be saying like, you shouldn't use it either, because they say you need to make it as normal as possible and within a family home your mum would give you a hug"

(Lily, 16)

This chapter will explore touch from the perspectives of children at Sunnydale House, this includes drawing upon interview data and observations of child-instigated touch in practice. It will also pay attention to how and why children avoid touch and respond to unwanted adult-instigated touch. This chapter offers a distinctive insight into how children living in residential children's homes conceptualised, instigated and responded to touch in practice, an area previously - almost - entirely neglected (Steckley, 2012). The chapter will explore the third and fourth research questions of interest to this thesis: 3. How do children make sense of touch within the context of adult-child relationships? [What do children say about touch?]. 4. Is there incongruence between observed uses of touch and how children discuss touch? [How do children touch or avoid touch?]. The chapter will begin by exploring the children's narratives surrounding touch, these narratives are relatively succinct as for some children, touch was an uncomfortable topic to discuss, however links to the family narrative (Kendrick, 2013) and the 'naturalness' or 'humanity' of touch made by children. The chapter will then explore when and why children suggest that touch should be avoided, in which the explanations are almost entirely dyadic, suggesting that from the perspective of children, the critical factor informing touching practices pertains to who is doing the touching. The chapter concludes by drawing upon observational data to explore how children instigate touch, and how they avoid or respond to unwanted adult-instigated touch. The incongruence between what children say and what children do is a recurrent theme which will be returned to at multiple points throughout the chapter (Gans, 1999).

9.1 Talking about Touch

9.1.1 Touch: A Touchy Subject

The level of ease with which children discussed touch in interviews was palpable. For Lily (16) and Sam (16), discussions around touch were held with relative ease, and broad responses pertaining to touch were given. In contrast, for Amelia (16), Joshua (14) and Jamie (15), answers were largely contextualised by children by relating their examples to a specific adult as opposed to residential workers as a whole and deflection, humour or overtly aggressive responses were given. For Jamie and Joshua (interviewed together), there was a considerable amount of deflection during the interview, particularly during sensitive interview questions (such as those about touch), and questions were deflected through humour and movement:

> **LW:** So, we've talked before about my research, and how it's interested in your relationships with staff, which we've talked about, but do remember me saying it's also interested in touch, between staff and children?
>
> **Jamie:** Yes
>
> **LW:** So, when do you think it would be a good idea for staff to use touch?
>
> **Joshua:** Talks? ((Jamie turns upside down on the sofa))
>
> **LW:** Touch.
>
> **Joshua:** What?
>
> **LW:** Like, hugs and them kind of things. Any kind of touch really.
>
> **Joshua:** Yo, you look bare[20] weird like that! ((Jamie bounces up and down upside down on the sofa))
>
> **Joshua:** Looks like that's your beard, on the back of your head!

The first key finding pertaining to touch from the perspectives of children therefore, is that touch was not a particularly comfortable topic to discuss. This is understandable given the sensitive and personal nature of touch, perhaps particularly so for children in public care most of whom have experienced abuse and/or neglect (DfE, 2015), in which abusive touch, or indeed the absence of touch through neglect, is likely to have featured (Steckley, 2012). This was particularly noticeable in contrast to the staff

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[20] Bare: 'A lot of; very; an exclamation used in disbelief' (Urban Dictionary, 2016)

members, many of whom were able to discuss their views on touch at length (see chapter six). This is not to suggest that carrying out interviews with children was a fruitless exercise, and as will be demonstrated throughout the first half of this chapter, interviews with children were meaningful and some poignant points were raised regarding touch from children's perspectives and children appeared to value the opportunity to have their voices heard. The importance of listening to children's voices, and their silences, is illustrated within this section, and as will be illustrated later on in the chapter observations of children in practice typically indicated that the *majority* of children were far more comfortable engaging in touch, than they were discussing it in interview settings.

9.1.2 Individual Differences

Unlike in the staff interviews, wherein many of the main points given by staff were similar, thus upholding the 'institutional narrative' of 'post-change' Sunnydale, and were therefore easily discussed in clear themes (for example, each member of staff discussed allegations). In contrast, the differences between children's narratives were stark. This is interesting, and it highlights one of the key concerns surrounding residential child care addressed in chapter two. A complex mix of children and children with extreme behaviours and challenges are grouped together in residential child care, as such responses to concerns are often directed at residential child care as an institution, as opposed to the distinct needs of individual children (Heron and Chakrabarti, 2003:94). This is arguably reflected in the responses by both children and staff, where staff can be viewed as a largely homogenised group, and children in contrast give quite distinct messages. This reaffirms the need for staff to get to know children individually, and respond to their needs individually as opposed to treating them as one coherent group (Heron and Chakrabarti, 2003; Smith *et al*, 2014).

When discussing touch with the children in interviews, broad questions - such as: "When it is a good idea for staff members to use touch?" - were not always conducive to exploring the topic of touch. This was in contrast to staff members, many of whom responded to broad questions with ease and gave lengthy answers. As is illustrated by Amelia below, touch cannot be understood as one entity, instead it needs to be understood within the context of individual circumstances:

> **LW:** When do you think it's a good idea for staff to use touch?
>
> **Amelia:** I don't know. Depends what the circumstances are.

For Sam, when children are unhappy, using touch can reaffirm that workers are concerned with children's wellbeing:

> **Sam:** When kids are sad, not feeling the greatest. Maybe I, say if it was up to me and I saw a kid that wasn't feeling well, I'd ask them about the situation. I'd ask them if they wanted a hug, and if they didn't want one he doesn't want one. But I'd ask him if he wanted to go for a McDonald's or something to cheer him up. Or something that he likes but nothing big, you know what I mean. Just chillin' for that session[21], but that's it. Or just give them a hug, give them a hug if they're not feeling comfortable, yea.

Lily offered a more nuanced suggestion, that she both does and does not want hugs because they simultaneously provoke her to feel both worse (touch acting as a catalyst for tears) and better (feeling that someone cared):

> **Lily:** I don't like it, because it makes me worse, but then I do like it because it makes you know that there's someone there. So it was, it was both in one, if that makes sense? Like, I didn't want a hug, but they gave me one to show me that they cared, that they was there for me, if I needed them, but, I was a bit 'oh God [prolonged]'. Have you ever had it? Do you know when you're upset or whatever, and you don't want to cry, and someone goes 'ah' ((affirmative supportive noise)), and you're like 'argh' ((extended)) what did you do that for? So that's what it's like sort of thing, but it just makes you understand like that they are there for you, I think.

Of all the children, Sam offered the most affirmative, positive narrative regarding his view on the benefits of touch. For Sam, touch was an important part of his relationships with staff, and touch made him feel safe and happy:

> **Sam:** It felt, it made me feel like, you know what I mean? Just made me feel happy, just made me feel like, there's not evil in the world there's

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[21] Session: 'a group of people smoking up' (Urban Dictionary, 2016) – also used to mean 'hanging out'.

happiness, you know what I mean? You could, you could ask someone for a hug like I've never seen, like, staff don't say it and no-one's said it to me before but, I know for a fact if you ask someone for a hug they might not want one and they just say, 'fuck off' or whatever, you know what I mean. They'll swear at you, or use bad language at you, but I tell you now, sometimes it's good to have a hug [because] it releases nice happy hormones. And it just shows that there's happiness in the world. And it does, it does make you feel better and make you feel like, comforted, you're safe now.

Within this Sam infers that alongside his own feelings about touch being important, he also implies that other children may state that they do not like touch, but that this may not really reflect how they feel. This is an insightful observation by Sam, and as chapters three and four have noted, there are disparities between interview narratives and social practice (Gans, 1999). Equally, links to the 'fundamental' or biological effects of touch are made, thus linking his narrative to that of 'post-change' Sunnydale (Field, 2003).

For both Lily and Sam, touch was viewed as an important part of practice in residential child care, and their placement in a children's home was important in contextualising this as they were not living with their birth families. In Lily's interview, the wider context of their situations was important when discussing how touch should be used in practice, namely, their placement in residential child care. Lily noted that touch was a 'taboo' subject, and that in the context of what is supposed to be like a 'family home' – it was hypocritical to ban touch in residential care:

> **Lily:** it's not meant to be used I don't think. But, I always think, how are you meant to, say if someone's upset, how are you meant to connect with that? Like, in one breath they tell the staff, you're not allowed to touch a young person. But you've got to empathise with them, and you've got to know where they're coming from, and listen to them. But, how can you put them two together, without using touch? [...] If we are upset, it is used, but not excessively or, like a bit, do you know what I mean ((demonstrates putting arm round someone's shoulder and patting)) like, normal sort of stuff.

Within this Lily implies that empathetic connection *requires* touch, thus supporting previous suggestions made by staff that touch can 'mean a thousand words' and it reinforces verbal affirmations made by staff. It is important to take account of the wider context of children's lives, and their placement in residential child care automatically distinguishes them as a particularly vulnerable group (Berridge, *et al*, 2011a; DfE, 2015). Although attempts to deinstitutionalise children's homes have been made (Berridge *et al*, 2011b), the notion that touch should not be used at all in these settings contradicts the authenticity of these attempts (Ward, 1999; Cooke, 2003; Steckley, 2012). It is important to take account of children's wider circumstances, and also ensure that workers get to know children when making decision surrounding touch (Heron and Chakrabarti, 2003). Equally, despite some children appearing to find broad discussions surrounding touch challenging, and the range of different perspectives regarding how touch should be used, there was one point all the children did agree upon: that it mattered who did the touching.

9.1.3 'It depends who it is'

As discussed above, in discussions with Amelia, Jamie and Joshua there was much more joking and 'banter' within interviews, allowing them to deflect from questions which may have made them feel uncomfortable (Green, 2005). However, despite this, all were able to identify one staff member they would not mind 'giving them a hug', although illustrated within responses are also deflective humour and/or aggressive utterances. In this respect, relating the questions to staff they knew enabled them to contextualise their answers within individual relationships. Evident within narratives was that relationships mattered to children, and that touch was experienced differently according to who did the touching. Whilst Sam stated he would not mind any of the staff members 'hugging' him and Lily stating she would only like 'a few members of staff she liked' to touch her, Amelia, Joshua and Jamie indicated who they wouldn't mind through naming individual workers:

> **Joshua:** Louise, she's like a teddy bear
>
> **Jamie:** What?! ((extended))
>
> **Joshua:** Louise!
>
> **LW:** What makes Louise alright?

Joshua: I don't know, she's just jokes[22]!

Jamie: Just Louise

Joshua: Louise is just Louise, innit.

Amelia: If Dianna touched me when I was pissed off I think I'd just drop her on the spot. If Sophie touched me when I was pissed off I'd more than likely rip her face off, but I'd be alright with her. I'll probably go and hug Eleanor when I see her, she's just amazing, you get to hug her all the time, she's just awesome. Only awesome people get my hugs.

Through this extreme oscillation between violence and tenderness, Amelia clearly illustrates that the experience of being touched is informed by who is doing the touching. Who children touch - or allow to touch them – is therefore reflective of the relationship between adult and child. This is supported by Sam who suggests that touching demonstrates mutuality and bonds between individuals:

Sam: Just shows our bond, you know what I mean, it shows, who you can trust and who you want to hug and you know what I mean? Shows, shows like, do you know what I mean? It's hard to explain.

In this Sam also reinforces previously given messages by workers that the use of touch is demonstrative of the 'quality' of relationship between adult and child (see chapter six). Underpinning all of the children's narratives are two key messages: touch should be understood within the context of relationships and children want a choice in relation to who they touch and are touched by. There is also scope to argue that even for children who may struggle to discuss intimate topics, touch is understood as something which can be positive if situated within a caring, trusting and reciprocal adult-child relationship (Smith *et al*, 2013).

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[22] 'Jokes': A foolish person. Can also be used for a good friend that you [idle chat] with in good humour, or someone who never takes anything seriously' (Urban Dictionary, 2016).

9.2 When to Avoid: Advice from Children

9.2.1 Too much Touch

The first factor impacting upon children's perceptions of being touched by staff surrounds the notion of 'too much' touch, by some members of staff. This was mainly attributed to two staff members in particular, one male and one female, who children generally argued over-used physical contact, invading their personal space and leading them to feel smothered. Children preferred having a choice, either verbally or physically given permission to touch them:

> **Amelia:** ((Long Sigh)) oh my god, she just ((growls)) she stresses you out! Like she just don't stop touching you, she's constantly touching you, you're like, you're creeping me out piss off…She just like, don't get me started on that topic with her ((laugh)), I could be here all day. Like, she pets you like you're a fucking animal I tell you. She's constantly got a hand on you. Whether it be your leg, your arm, your shoulder, your back, your head, she's got her hand somewhere.

> **LW:** How does that make you feel?

> **Amelia:** Oh, she just stresses me out. Like the occasional, yea it's alright, but constantly. Oh my days ((whispered)) drives you crazy after a bit, like let us come to you. Don't pester us. Like she proper pesters you, like all the other staff don't, it does your head in. I swear, she needs some lessons on personal space that woman does.

For Amelia, the over-use of physical contact led her to feel like 'petted animal', indicating the lack of perceived choice - and control - she had in the contact between her and the worker. Here the significance of power relations is again reinforced as children feel unable to control who touches them, and adults ignore their voices (O'Malley-Halley, 2007). For Joshua and Jamie this contact led them to 'move away as quick as possible' and is situated within the explanation that because they don't like this member of staff, they do not want her to touch them:

> **LW:** So what do you generally feel about being hugged by staff?

> **Joshua:** Depends. If it's off [female worker], you want to get away as quick as possible ((Jamie and Joshua laugh))

LW: Does she hug you quite a lot?

Jamie: Tries to

LW: And you're, you're not a massive fan?

Jamie: ((laughs)) No!

LW: What don't you like about it?

Jamie: Because I don't like her.

LW: What about you?

Joshua: You just get off don't you, just get off quick time.

Where this female workers touch is generally conceptualised by the children as frustrating because of its overuse, Lily, Jamie and Joshua also indicated another a member of staff they disliked touching them as they perceived this touch to be 'creepy', as opposed to the female workers, which is more interpreted as being 'overbearing'. In a conversation with Lily following the semi-structured interview, she indicated that there was a male member of staff she disliked touching her because it provoked a visceral feeling of discomfort – indicating this through shuddering when discussing this:

> One staff does those awkward touches, like ((Lily shivered)) kind of
> thing - all the kids here will agree with that. "[male worker]?" I asked,
> she nodded.

> (Fieldnotes, Day 21)

Discussions with Joshua and Jamie further explain this discomfort as they reflect upon a previous experience where a male worker kissed one of them on the neck which, combined with the another situation - described further below - resulted in the worker being temporarily suspended from the home (discussed in previous chapters). A (relatively) long extract will be included below in order to show how the conversation arose:

> **J1:** [Male worker] can go ((J2 laughs))
> **LW:** Why can [he] go?
> **J1:** Gay boy man
> **J2:** What?
> **J1:** Full on gay boy
> **LW:** What are your thoughts on [him]?

J2: I don't like [him]

LW: You don't like him?

J2: No

LW: Why don't you like him?

J2: No, he's just (Joshua and Jamie laugh))

J1: He's a dick. He's a fuckin weirdo.

LW: You think he's weird?

J2: Yea!

LW: Why do you think he's weird? ((Both laugh awkwardly))

J2: You tell her! ((To J1))

LW: You don't have to tell me.

J2: Nah you know when, someone wakes you up and they start doing this on your leg ((demonstrates moving hand up, down illustrating stroking))

LW: Yea

J2: What you going to think of ((laugh)) and then on Christmas Eve giving you a kiss on the neck?

J2: No! If I wanted a kiss I would've asked. But I didn't ask for a kiss.

By raising this topic on-tape, this illustrates previous made points regarding how remaining flexible in my approach to interviews was important, as in amongst the humour and deflection children did make pertinent points in their interviews and wanted to have their voices heard. Interestingly, child and adult perspectives on this situation diverged. The staff member involved was clear the other children in the home were unaware of why he was suspended, and that the suspension hadn't impacted upon their relationship, both of which - from the child's perspective - are evidently untrue.

In relation to touch, the contact is described specifically by the child who felt the kiss, and leg stroking, clearly invaded his personal space and was experienced as sexualised - a breach of intimacy. The coupling of these two actions was clearly problematic for the child. This can be understood in two ways. Firstly, the male worker's contact could have been experienced as sexual because he is male, and this challenges 'traditionally' masculine practices, wherein affection is suspicious and deemed homosexual (Kimmel, 1994). Equally however, research which explores bodily location, relationships and

touch across five European countries indicates that across the board, in each country, each relationship both men and women identified the neck, and the upper leg, as an area that should only be touched within a romantic/sexual relationship (Suvilehto *et al*, 2015). As such, even if this contact was experienced particularly discordantly as a result of his gender, research suggests that few individuals would be comfortable with this form of contact (Suvilehto *et al*, 2015). Joshua, Jamie and Patrick all suggested that this worker was homosexual, supporting previously explored homophobic misconceptions that abusive males in residential child care are often homosexual (Green, 1998). Similarly, that Lily indicates discomfort with the male worker too suggests that as an individual his touching practices are uncomfortable for both male and female children. This is in contrast to the female worker's touch which, whilst also invasive, was not conceptualised as sexualised but smothering, demonstrating how adult-instigated intimacy breaches are also informed by gender. This may also be a way of deflecting further questions on the event, using (misguided and offensive) slang terms in order to avoid discussing further how this made them feel, or how they feel it was managed. Furthermore, this topic provides an ideal scenario from which to develop understandings around how 'allegations' within residential child care are conceptualised and discussed in relation to them largely being understood as 'false' and 'unfounded' (see section 6.3.1). It is important to establish however that all these comments and events surround two specific members of staff, adding further support for the notion that it matters who does the touching. Beyond this however, the amount of *control* children have in relation to touch is also significant, when this control is perceived to be restricted, the touch is experienced negatively.

9.2.2 Previous Experiences

The first reason given by children - and arguably one of most commonly asserted reasons for avoiding touch with children in care - is situated within the understanding that touch may provoke discomfort for child with previous experiences of sexual or physical abuse, or indeed neglect, and that previous experiences should be taken into account when deciding when to touch children (Lefevre, 2010). Discussions around the need for staff to consider children's previous experiences were noted by Lily in her interview:

> **Lily:** I think, with some children it's like, it is good [avoiding touch]
> because you don't know always like what that child has been through.
> So, say if they have been sexually abused or whatever, touch is
> inappropriate, even in like the mildest forms like a hug or whatever.
> But I don't think it's like, it depends how well you know the child. Or,
> say it was a new staff, I wouldn't like them to be near me or whatever.

The overwhelming majority – arguably even more than are reported due to rigid 'categories' of recording – of children and children in care have experienced some form of abuse or neglect in their lives (DfE, 2015). The knowledge that some practices may provoke children to remember or re-experience negative previous experiences is therefore a useful and valuable concept when making decisions regarding using touch in practice with children in care, however, as the conversation with Lily developed, she highlights some of the problems associated with using this knowledge to them implement a full 'ban':

> **Lily:** Depends on how well you know the kid. Like I don't think anyone
> in here or anything, but like, I don't know, it's just an example but, I
> don't know. I don't think they should be saying like, ah you shouldn't
> use it either, because they say like 'ah, you need to make it as normal
> as possible', and like within a family home, your mum would give you
> a hug. Like, or a pat on the back or a ((Lily demonstrates patting)) do
> you know what I mean? So I think it, I think the staff use it good here
> to be honest.

In this respect, Lily is insightfully noting the complexity of simultaneously respecting children's boundaries and ensuring that the house (Sunnydale) feels like a home for children, particularly in relation to relational practices occurring within the setting. This is reflective of staff narratives, 'post-change' Sunnydale, and the aforementioned links between adult-child relationships in residential child care and parenting. Berridge *et al* (2011:43) reach a similar conclusion when arguing: 'it is important for children to realise that adult affection should be a normal human emotion and is not always exploitative'.

9.2.3 "Can I touch you?": Asking Permission to Touch

Given the range of perspectives and individual differences between the children, alongside some similarities, it appears that asking before using touch is the most appropriate way to address touch - particularly given concerns raised by children pertaining to the lack of control and choice they have at times relating to who can touch them. In discussions with children, the subject of 'asking' to touch before instigating physical contact was explored, eliciting various responses. For Sam, he indicates that asking is appropriate (and that this is how it is 'carried out in practice'):

> **Sam:** I'd go in for one, yeah or unless they can tell that I'm like in a mood or upset and they'll be like, [do you] need a hug Sam? And I'll be like yea, go on then. So I'll like, give permission, if you know what I mean.

In contrast, Lily explains that she automatically tenses asked if she would like touch:

> **Lily:** I just sort of, when someone says that to me, like, [do you] want a hug, I'm like… ((shakes head and tenses body)) but sometimes you just go yes, do you know what I mean? I don't know, it's just, because they know me.

As such, the verbal question can be perceived as 'the way things are' for some children, and uncomfortable - but possibly still useful - for others. For other children, not explicitly asking, but 'approaching with caution' was valued, wherein staff adopt a more intuitive, but still respectfully cautious, approach:

> **Amelia:** Sophie, she approaches with caution. It depends what situation you're in to be honest. I don't know Sophie just, she doesn't bother me. She just kind of comes and she goes. And I know if I need her [she is there]. It's just the staff that don't leave you alone and pester you all the time that does my head in.

In all of these examples however, children are offered some form of choice and control with regards to who touches them and when. In light of the discussions of power relations within adult-child relationships which have been returned to at multiple points throughout this thesis (O'Malley-Halley, 2007), asking before touching appears to be

one valued way in which children are able to ascertain touch but also exercise choice in a way that enables them some control over managing intimacy within their relationships with staff.

9.3 Observations of Touch in Practice

9.3.1 Incongruence between Narrative and Behaviour

The sensitive nature of touch, and what this could represent for children, infers that whilst interviews were a useful part of the research, the extent to which narratives in semi-structured interviews reflected what occurred in practice was at times, questionable (Gans, 1999). As such, this section will consider the main points indicated by children in their interview narratives, and how reflective these were of my observations in the field. It is important to note that whilst some children demonstrated discomfort talking about touch, in practice multiple examples of touching was observed in which the majority were instigated by children. This was particularly evident in relation to both Joshua (who said very little about touch) and Amelia (who largely emphases times she found touch 'annoying'), who were regularly observed instigating touch.

Amelia, for example, discusses in detail finding overbearing uses of touch frustrating, and disliking when staff do not leave her alone. For example, during the semi-structured interview with Amelia I asked her about a previous observation of her having her hair stroked before bed (explored in chapter 7), and asked her if she 'liked' this:

> **Amelia:** No, I just don't have a choice in it with Chloe, because it keeps her happy and it just shuts her up if she's brushing my hair. So she just likes to brush, so I'm just like go for it. As long as it keeps her quiet, I'm not bothered. Sophie does it and it shuts Sophie up too. So I'm kind of just letting them do it so it shuts them up really.

In this interview extract, Amelia suggests that she does not like this activity, but that she lets the staff do this because 'it shuts them up'. In contrast, when this was observed, Amelia's body language was relaxed, she was lying on her front, she was talking and laughing but she had her eyes closed and her head was resting on her hands which were on a pillow. She may not have explicitly stated that she enjoyed this, but her body

language and the relaxed and jovial atmosphere in the room at the time suggested otherwise. Equally, from what I observed during my time at Sunnydale, Amelia was much more likely to instigate what could be perceived as 'overbearing' uses of physical contact with staff, than the other way round:

> Amelia comes downstairs and gives Sophie a huge hug that last 10
> seconds. Sophie begins to moves her body from side to side, and pull
> away, as Amelia won't let her go.
>
> (Fieldnotes, Day 50)

Similarly, in the semi-structured interview with Joshua he largely deflected any questions about touch, a pattern which was also replicated in ethnographic interviews when we were alone. In contrast, he too was regularly observed instigating contact with staff, some of which could be perceived as overbearing for staff:

> Joshua with Rachel, he puts his head on her shoulder. He leans into
> smell her neck and asks her what perfume she is wearing? He hugs her
> tightly for 5 seconds and her body language says get off ((his body is
> tense)). He moves away.
>
> (Fieldnotes, Day 51)

Whilst Lily was able to articulate why touch may be important for children in residential care, she was rarely observed being touched nor instigating touch, I have made 5 accounts of this in total in my fieldnotes and all are linked to staff assisting Lily practically with her beauty regime (dying hair, plucking eyebrows). Both Jamie and Sam were the only two children whose narratives were largely reflective of their behaviour. Sam regularly instigated or received physical contact in the field, and rates physical contact highly in his interview:

> Sam comes into the office and helps Sharon download an app on her
> phone. She gave Sam a cuddle and a small kiss on his head saying you're
> a star you are Sam thank-you. Sam smiles and looks pleased.
>
> (Fieldnotes, Day 52)

Whereas Jamie was able to indicate staff he would not mind 'touching' or being 'touched by', and in the field this was rarely observed (less than once a month). Patrick

was not formally interviewed, but was observed instigating touch and being touched occasionally (weekly), although this was heavily dependent on who was in the home (staff on shift). In summary, there were discrepancies at times between how likely children were to promote the use of physical contact in their interviews, and how often they were observed receiving or instigating physical touch. This also further illustrates previous points regarding the individual differences between children in the home, and why getting to know children as individuals (and treating them as such) is so crucial (Heron and Chakrabarti, 2003; Smith *et al*, 2013).

9.3.2 Physical Closeness: Verbal Requests for Touch

Children instigated touch with staff members far more than staff instigated touch with children. In practice, children were regularly observed verbally asking for touch. This was observed almost daily, although this was dependent on which staff members were 'on shift'. Children instigated touch with workers they like, respected and had positive relationships with. Whilst staff did offer children touch via hugs, arm stroking, head ruffling etc. (*see chapter seven*), touch was far more commonly instigated by children. Children occasionally asked staff members for hugs, or similarly 'obvious' displays of affection:

> Olivia arrives and goes into see Amelia. Amelia says "have I got a hug?"
> Olivia replies "yes" and gives her one. Olivia says "you look really happy
> Amelia, it's really nice to see".

> (Fieldnotes, Day 39)

However, verbal requests for touch more typically consisted of children asking for less overtly affectionate physical contact, yet still with the primary purpose being acquiring closeness:

> All outside smoking under the fire escape. Patrick showing Louise his
> shot wound from the weekend (Patrick was shot in the leg by a pellet
> gun when out with his friends). "Touch it, touch it, go on!" Louise
> replies: "I'm not touching that!" Patrick has his tracksuit bottoms rolled
> up and is trying to get his leg as close to her face as possible, he is
> laughing and repeating "go on Louise, touch it!". She eventually

touches the hole in his leg and winced, "ewwww, Patrick that's gross!".
Patrick laughs hysterically and shouts "told ya, told ya – it's gross isn't
it?!" They talk about Patrick jumping out of the window as Louise says
"You have to be careful Patrick! Your poor leg!" He tells her not to
worry about it, he says it was funny. He then asks Louise to feel his
trousers (they are new and he says they are really soft), and then his
shoes (also new).

(Fieldnotes, Day 8)

Sam arrives home and wants to be with Luke. He asks Luke to touch his
back and see how stiff it is. Luke pokes his back up and down the spine.
Sam says "no, not there! Not hard enough!". Luke says "I can't poke
much harder because your spines in the way so I can't get through".
Sam wriggles and says "it's dead bad". Luke says "unless I put my finger
in your belly button I can't get all the way through". Sam laughs and
Luke puts one finger on the back of his spine and one finger in his belly
button.

(Fieldnotes, Day 55)

In these examples, where children liked, respected and had close relationships with
adults, touch was verbally requested from them. Occasionally this was through asking
for hugs, as an obvious example of affectionate touch. However, much more regularly
touch was verbally requested by children in less immediately affectionate ways which
still acquired touch.

9.3.3 Non-Verbal Requests for Touch: Fun and Play

On my first time meeting child 'Sam', he stated "you're going to like it here, we have so
much fun" (Fieldnotes, Day 2). Indeed, play served as the primary way in which children
instigated touch with staff members, and featured as a non-verbal way of obtaining
touch. For both staff and children in semi-structured and ethnographic interviews
'having fun' played a significant role in the milieu of the home (Smith, 2005). Touch was
also used within this context, wherein both staff and children were observed enjoying
each other's company and having fun:

> Sam is in the office and he is twirling Luke around on the office chair.
> Luke stands up and Sam steals his seat. Then Luke sat on Sam's knee,
> Luke lifts his feet, puts his arms around Sam's shoulder and they both
> twirl around together on the chair. Sam was grinning broadly saying:
> "Hello, this is my key child, Luke" both are laughing and smiling. Louise
> takes a photo to print out and put on the office wall.

> (Fieldnotes, Day 47)

In this example, the context of the individual relationship is important wherein touch featured as an uncomplicated facet of this relationship (Smith *et al*, 2013). A more complex area of debate surrounding 'play' in residential care has been the area of 'play fighting'[23], which has been subject to scrutiny:

> 'One area of practice that inevitably involves touch is toy fighting or
> horseplay. This can elicit all sorts of hand-wringing in residential child
> care; it is deemed to be implicated in inappropriate shows of strength
> and power or as a potential source of sexual arousal and exploitation,
> and no doubt minority of cases it could be. As a result, many agencies
> have moved to ban such practices…When allowed in a controlled
> fashion it can be entirely healthy and appropriate'

> (Smith, 2009:128)

The local authority in which the research took place explicitly prohibit the use of 'play fighting' or 'horse play' in practice. The LA policy states:

Staff must not:

- Touch a child in indecent ways, for example, do not touch on erogenous zones or within the swim suit area;

- Indulge in play fighting

The amalgamation of these two 'rules' is interesting, one 'rule' being an appropriately explicit guide to not touching children in areas that are typically understood as

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[23] 'Play fighting' will be referred to in inverted commas due to varying perspectives surrounding what constitutes play and 'play fighting'.

sexualised, and the other being a far more ambiguous area of practice. The policy continues:

> **Play fighting is prohibited because it:**
>
> - Demonstrates and reinforces inappropriate models of contact and uses of strength;
>
> - Can evoke flashbacks;
>
> - Obscures boundaries of suitable touch;
>
> - Can stimulate children sexually;
>
> - Can cover abusive practice;
>
> - Can marginalise those not included.
>
> (LA Policy – Paraphrased for Anonymity)

Despite giving a variety of seemingly appropriate justifications for prohibiting the practice, the reasons are situated within a risk averse and defensive narrative which does not allow for any consideration that children may value this contact or that this may not always be abusive or sinister. With such blanket rules in place, the point at which play may be construed as play fighting, can become increasingly blurred. The justification for prohibition arguably also risks the promotion of sterile and regimented environments that limits the scope for learning through play.

Multiple examples of what can be described as 'play fighting' in practice were observed during the fieldwork. In this respect, staff had either not read, or chose to ignore, the policy in their practice. Interestingly, two children who found discussions around touch uncomfortable explicitly noted valuing workers who engaged in 'play fighting'. Examples of 'play fighting' included:

> Louise and Jamie sitting on the deckchairs in the garden talking about his graduation ceremony today at college, both are moving forward and backward on the chairs to make them squeak. Jamie laughed, and Louise poked/tickled him in the side whilst teasing him about a girl he was close to at the ceremony (5 members of staff had come in extra to attend the ceremony today, unpaid). Joshua and Sam come outside too, all laughing and joking, all want to be near and with Louise. Everyone goes into the lounge, Jamie takes a cushion from the lounge

and stands outside the door, he then walks in and started throwing cushions with Louise. Laughing, Louise counted to 3, Rachel got up from the sofa and joins in the play fighting. Then Louise moved to other sofa, holds her hands up and says "I surrender" - Jamie stops. Lots of laughing and tired, heavy breathing as they collapse on the sofa. Jamie collects his newsletter from graduation, he complains about his college calling Sunnydale 'Sunnydale Care Home', he says it's 'Sunnydale <u>Family</u> Centre'. Louise said: "you tell 'em Jamie!"

(Fieldnotes, Day 8)

This example demonstrates how children used 'play fighting' to be near to staff, to spend time with them and, possibly, to obtain touch. The way in which Louise manages the interaction indicates she is comfortable with engaging in this practice and draws upon her relationship with Jamie to identify clear boundaries. In this respect, the example clearly illustrates how 'play fighting' can be used as 'a vehicle through which children (perhaps especially boys) can let off steam, have fun and, importantly, learn to play by the rules and know when to stop' (Smith, 2009:128). This is not to suggest that there is no evidence to support the local authorities' position on the practice (Green, 2005), however, my findings suggest that the practice has the capacity to be positive for children when understood within the context of intimate practice, and the total prohibition potentially contributes to a sterile environment which eradicates a valued learning experience for children who may need to learn how to engage in appropriate touching practices. As is becoming increasingly clear throughout my findings, 'blanket rules' regarding the use of touch critically undermine the deeply contextual nature of touching practices.

9.3.4 Too Much Touch: Children Avoiding Contact

In the interview narratives, the children clearly indicated two members of staff they did not like touching them, one male and one female. In my observations, I noted significantly more occurrences of contact between the female member of staff and children than those by the male member of staff whose touch was 'disliked' by the children. This does not mean they did not occur, but that the male member of staff either uses touch less, or he uses touch in private. Incidentally, these two staff members

were the only two staff members who touched me during my time at Sunnydale, with the exception of my final day during which I hugged/was hugged by just over half of the staff present. Whether this was noted because I was influenced by the children's own dislike for these staff members, or indeed some other members of staff's perspectives, is possible. However, I can in some ways relate to how the children felt when they explained the reasons for disliking this contact – the female member of staff embraced me in 2 'big hugs', and the male squeezed my shoulders from behind whilst asking if I was okay one day, all of which I felt I had little choice in and made me feel uncomfortable. Below a number of examples of the female member of staff touching children are illustrated, along with their reactions, and one example from the male member of staff I observed.

When the female worker touched the children, this was often situated within an overt demonstration of physical affection, what could be perceived as an attempt to present herself as 'maternal' and 'caring'. When she touched the children, they rarely reciprocated, but simply stood or sat very still, usually initiating the completion of the hug through a shrug or a movement away:

> Sam bangs his head on the cupboard door, [female worker] comes out of the kitchen and asks: "Do you need medical attention? Are you okay? Ah, lovey – come here". She gives him a massive hug, Sam smiles but prompts the end of the hug by moving away. She asks later do you want another hug? He replies "No thanks" (whilst smiling), she replies "there's always cuddles when I'm around".
>
> (Fieldnotes, Day 7)

> Joshua came downstairs and [female worker] was being very friendly towards him. Calling him 'darling', using a baby voice and saying breakfast+hug=[name]-y[24] coffee. She asked me if I wanted food, I said no thanks, Joshua says "it's not often you get this Lisa, I'd take advantage". Later he is sitting at the dining room table, she is doing small strokes on his hands and his thumb, rubbing his head, talking in soft calm voice asking him how he is. When she touched him the final

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[24] The worker added a 'y' sound to the end of her name, e.g. 'Beth' to 'Bethy" (not real name).

time he shuddered and moved away. To which she said, "Are you feeling grimy? A hot bath would be really nice". He replied "no".

<div align="right">(Fieldnotes, Day 31)</div>

Whilst the attention is evidently paid highly to one member of staff, which could be deemed as unfair, there were no other members of staff who behaved so overtly in this way towards the children. The female worker presents herself as overly 'maternal' in a manner the children find disconcerting – particularly in light of her behaviour at other times which isn't nearly as 'nurturing'. The lack of choice in the touching supports the narratives given by the children, and the examples clearly indicate why they find her contact so intrusive. Similarly, whilst in interviews Sam was keen to indicate that he – unlike others – didn't believe this worker to be over-bearing, his actions when observed being 'hugged' by her, indicated that he too doesn't always enjoy this contact.

In contrast, I didn't observe as many examples of touch by the male member of staff who made the children feel uncomfortable. The below example does indicate however, how his touch may elicit a different response from children than the touch of other staff:

> Jane was touching both Frank and Joshua on the shoulder, all looking at Joshua's exam results, then Joshua gave Jane a side hug and held her hands. Reece comes in and ask to look at his results, he ruffles Joshua's head and said "these are fantastic mate, well done". Following this, [male worker] comes in and also tells Joshua he's done really well, he punches Joshua on the arm, in apparent jest – but this is too hard and Joshua rubs his arm. Not as comfortable an interaction, Joshua's facial expression wasn't as free and easy as it was with the others.

<div align="right">(Fieldnotes, Day 6)</div>

In summary, some of the physical contact between staff and children elicited different responses from children, significantly informed by the context of the relationship between adult and child. When children were touched by adults they did not like their body language would become tense; they sometimes touched their body in the same location to sooth or 'wipe away' unwanted, or painful, contact; or they would indicate that they wanted touch to stop by moving away. In this respect, in relation to intimate

relationships in which mutuality and understanding feature (Jamieson, 1998), drawing upon an understanding of the child and remaining observant within physical interactions should illustrate to adults when touch is - *and is not* - wanted by children. The abuse of adult power, in which children had little choice in interactions, were 'smothered' or physically harmed, were observed wherein adults demonstrated their authority over children. When these practices are reversed, and children instigated touch in similar ways, these are formally recorded and discussed according to the institutional narrative, as demonstrated in chapters six and seven. In this respect, touching practices cannot be viewed in isolation from power, and the ways in which power is reproduced, and reproduces, social inequality (O'Malley-Halley, 2007).

Conclusion

This chapter has summarised the key findings in relation to the children at Sunnydale's narratives and behaviours relating to touch. Children's responses demonstrate that individual feelings regarding touch differed between children according to their own individual preferences regarding touch. However, this chapter has also argued that the majority of touch is instigated by children, and not by staff. Incongruence between interview narratives and observed behaviour of (particularly some) children were stark, particularly presenting agnostic or hostile positions regarding touch in interviews but in practice instigating this regularly. Thus illustrating some of the challenges associated with semi-structured interviews, but also perhaps more broadly the ways in which children may not be able to verbalise their want for touch. Ultimately however, and permeating this chapter, is the clear message that children's responses to touch - both being touched and instigating touch - was significantly informed by the adult involved. Adults who had close and respectful relationships with children were touched regularly, and their touch - which was conceptualised as respectful as a result of respecting children's 'boundaries' - was experienced unproblematically as a facet of their relationship with the child. In contrast, children never instigated touch with adults with whom children's wider experiences of these relationships were perceived as disrespectful. With these adults, touch was experienced as an intimacy breach, which cannot be separated from wider discussions of adult-child relationships and power (O'Malley-Halley, 2007). The following - and penultimate - chapter will now summarise the main findings of this project through a typology of touching practices in residential

child care, which will be used to demonstrate how uses of touch in residential child care inform broader understandings of intimacy and professional adult-child relationships in the lifespace.

'Faced as the sociologist is by data not susceptible to experimental manipulation […] his [sic] only recourse is to construct types of social conduct, of organisation, of personality – to construct them. This is a very far-reaching statement, but it will simply have to stand as an essential part of the abbreviated record'

(Becker, 1940: 45)

This penultimate chapter will bring together perspectives and observations of children and adults regarding touch - as a facet of adult-child relationships - in residential child care, and locate them within a typology of touching practices. The chapter begins by outlining the complexity involved in developing constructive typologies. Acknowledging their limitations, it will discuss how and why this typology was produced, debating the most appropriate way of typifying touch in this research (Becker, 1940; McKinney, 1966; Kluge, 2000; Collier *et al,* 2012; Zur and Nordmarken, 2016). My typology will then be described and explained, having been constructed from observational and interview data to explain the various forms of touch at Sunnydale House. By exploring form, rather than content, I will focus on meaning and not on action (Simmel, 1971), informed by the recognition that the same action can portray varying messages (Bauman and Lyon, 2013), and acknowledging that intended meanings and received meanings can diverge. The chapter will then conclude by clearly illustrating what this project has illustrated regarding deepening understandings pertaining to adult-child relationships and intimacy within the lifespace (Smith, 2005; Jamieson, 2011; Ferguson, 2011a).

10.1 Determining the Typology

10.1.1 Constructive Typologies

Typologies are a 'well-established analytic tool in the social sciences' (Collier *et al,* 2012:217), however, whilst 'every typology is the result of a process of grouping' (Kluge,

2000:2), what constitutes a 'type' and what the process of grouping constitutes, is not a simple practice (Becker, 1940; McKinney, 1966). This typology will be a constructive typology, a researcher-led construct, necessitating: 'purposive, planned selection, abstraction, combination and (sometimes) accentuation of a set of criteria with empirical referents that serves as a basis for comparison of empirical cases' (McKinney, 1966:3). Constructive typologies are *not* statistically-informed predictive tools (Becker, 1940:42); they emanate from empirical data (McKinney, 1966), are typically bound by time and space (Becker, 1940:46) and necessarily risk the presence of exceptions to the rule (Becker, 1940:51). Typologies have been subject to much criticism - including being 'old-fashioned and unsophisticated' - a position which 'fails to consider the potential rigor and conceptual power of qualitative analysis and likewise does not acknowledge that typologies can provide new insight into underlying dimensions' (Collier *et al*, 2012:217-218). There are many contemporary examples of qualitative research which have utilised typologies to synthesise their research findings, including: prison status management practices (Colwell, 2007), voting practices (Nichter, 2007), policy feedback and political change (Pierson, 1993) and gambling practices (Fisher, 1993). It is the position here that constructive typologies are valuable for researchers seeking to generalise some form of social phenomena, if – *and only if* – phenomena are positioned within clearly defined parameters of what can and cannot be explained (Kluge, 2000).

The only other typology of touching practices that I found within the context of 'helping relationships', is in the field of psychotherapy (Zur and Nordmarken, 2016), (see chapter three). In brief, this typology includes 20 individual reasons why psychotherapists use touch with clients, organised into three broad categories. As previously discussed, this typology provides a useful framework to consider as it also concerns 'helping' relationships, with similar complexities regarding professional boundaries, ethics and tensions surrounding the 'taboo' of touch (Smith *et al*, 1998; Downey, 2001). However, my typology will be adapted to fit the context of residential child care; accounting for touch instigated by both staff and children; and taking account of 'group living' within the 'other 23 hours' of the lifespace, an essential dynamic of residential child care (Milligan and Stevens, 2006; Smith, 2005). To be clear, this typology is not hierarchical, by this I mean no use of touch covered in this thesis is more or less important. Producing this typology was purely an attempt to synthesise the findings, to integrate the views of children and adults and to illustrate the various uses of touch in residential child care practice, in one succinct format.

10.1.2 Typifying Touch

When considering how to categorise the uses of touch at Sunnydale, it is important to first return to the aims of the research (Becker, 1940:52-53), which in this case is to examine the phenomena of touch - as a facet of adult-child relationships - in the context of residential child care. Various options were entertained regarding how to construct this typology. These included: categorising actions (what is done, physically), categorising duration (how long the contact lasts) or categorising bodily location (where to and where from - on the body - the contact occurs). However, all proved problematic, as each of the factors can be used for multiple reasons:

> 'What you are saying is that a knife can be used to slice bread and cut throats...no doubt you are right. But different breads and throats are cut in the case of that particular knife...and what I mostly talk about is the stuff of interpersonal interaction and interpersonal bonds to which that particular knife is applied'
>
> (Bauman and Lyon, 2013:45)

This point is clearly demonstrated regarding 'action', as staff member Louise's explains when she would use a 'hug':

> **Louise:** When they're upset, or when they're achieved something, or, well some days when they just want a hug. And like, you know, if they're just going out to school, and you're like, ah just come out and give us a hug, or if they're going away on home contact, or like, Christmas, giving them a hug, birthdays. If I see that a child is upset, if I'd got the relationship with them and I know that they're upset, then I will say: "can I give you a hug?"

Structuring the typology according to any of the aforementioned categories (action, duration or bodily location) would denote little about the meanings behind why such actions were used, offering little of value regarding motivations behind touch or what this contributes regarding a deeper understanding of adult-child relationships (Becker, 1940). The 'sub-categories' would have been endless. What constitutes a 'hug' for example, does not account for the range of ways a hug can be enacted, i.e. a 'bear hug' is different to a 'side hug', in the bodily location, pressure and duration. If the categories are endless, and significantly debatable in relation to interpretation, there is little point

of situating them in a typology (McKinney, 1966; Kluge, 2000). The use of touch is also inherently situational (Montague, 1986), which remains unaddressed when describing what happened, as opposed to why. I will instead be organising this typology via form and not content, the content being what occurs, and form 'the shape of which the specific content achieves social reality' (Levine, 1971:28). Form will therefore be the organising principle in this typology and not the action, duration or location - all of which can be used in innumerable ways to realise form - thus allowing for a succinct and meaningful typology to be constructed. It should be noted the categories are not mutually exclusive and that some are descriptive, whereas others relate to purpose.

10.2 A Typology of Touching Practices in Residential Child Care

This section of the chapter will now introduce the typology, this is broadly - although not exclusively - arranged via low-high touch, although to reiterate this does not indicate a hierarchy of significance, and simply serves to structure findings in a coherent manner.

Figure One: Typology of Touching Practices

Categories	Form
10.2.1 Touch Avoidance	1: Avoiding Touch - Respecting Boundaries
	2: Avoiding Touch - Preventing Abuse
	3: Avoiding Touch - Protecting Staff
	4: Avoiding Touch - Crafting Distance: 4a: General, 4b: Specific.
10.2.2 **Everyday Touch**	5: Touch as a Consequence of Group Living
	6: Touch as Task-Oriented
	7: Touch as a Greeting
	8: Touch as a Gesture of Acknowledgment: 8a: Encouragement, 8b: Reassurance, 8c: Consolation
	9: Touch as Play
10.2.3 **Purposeful Touch**	10: Touch as Escalation Prevention
	11: Touch as Nurture: (a) Past, (b) Present and (c) Future
	12: Touch as a Protective Tool: Children, Others and Staff
10.2.4 **Touch as an Abuse of Power**	13: Controlling Touch
	14: Violent Touch
	15: Sexualised Touch

10.2.1 Touch Avoidance

Whilst this category may appear counterintuitive, ethnography requires examination of what is present and what is absent - in behaviour, discourse and silence (Hammersley and Atkinson, 2007). Examining the meaning behind the absence of touch in itself, therefore, is as significant as exploring uses of touch. The first four categories of this typology focus on why touch is avoided in residential child care practice, including: respecting boundaries, preventing abuse, protecting staff and crafting distance.

1. Respecting Boundaries

Avoiding touch to respect boundaries is a practice informed by developments in psychological research, presenting the idea that touch could provoke harm to a child who dislikes touch: either due to not (or, not perceived as) being 'tactile' and/or having experienced negative physical contact historically and wanting to avoid 'flashbacks'. This role has also been further advanced by developments in children's rights and ethics literature which promote greater safeguards, autonomy and choice for children.

This 'tacit knowledge' around children's touching preferences is typically generated through a combination of case records and discussions with, or observations of, children. For children who dislike touch, staff state they do not touch, and that touch should not be used in practice:

> **Rachel:** So since working here, while I've been building relationships with young people, you can tell the ones that don't want any touch at all…Because they just, it's how a young person looks at you, or how they move away when you get close to them. So you wouldn't put your hands on a young person when they were like that.

In chapter nine children stated the majority of workers at Sunnydale House respected their touch boundaries, explained as workers 'knowing' and respecting them. When adults are cautious about their instigations of contact, children are afforded greater control, thus cultivating trust between adult and child (O'Malley-Halley, 2007). Both children and adults suggested this practice was subject to change over time (*see chapter six and eight*).

2. Preventing Abuse

Avoiding touch to prevent abuse is a discursive reality, yet a practical impossibility. It is not possible to eliminate abuse by prohibiting touch and this explanation should be understood as risk-averse and almost exclusively gendered.

Whilst my conclusion may appear partisan, the explanation that avoiding touch prevents abuse is not defensible within contemporary practice. Touch is not inherently abusive, thus avoiding, or prohibiting touch, cannot prevent abuse (Johnson, 2000; Cooke, 2003; Furedi and Bristow, 2008). This is not to dispute that touch has played a role in abusive practices in residential child care, both historically (Utting, 1991; Skinner, 1992; Waterhouse, 2000; Corby *et al*, 2001; Waterhouse, 2000), and indeed currently (Biehal *et al*, 2014). However, touch is not abusive without the necessary conditions required to make it such, and it is concerning that touch has become symbolically amalgamated with notions of abuse in children's homes (Cooke, 2003), which my findings suggest is not only risk-averse and misguided, but also has the potential to be harmful. As this thesis has shown, there were many examples of touch being used to portray care or concern observed and discussed throughout my time at Sunnydale, touch is not always abusive, and the avoidance of touch cannot be justified by asserting that this prevents abuse.

Arguably even more harmful, is that this 'practice myth' (Smith, 2009) is almost exclusively situated within an uncritical gendered discourse, wherein male staff members are constructed as potential abusers (Green, 1999). To be clear, there was no formal gender-specific policy guidance at Sunnydale House, however 'practice myths' can take hold as fictitious 'rules' surrounding touch (Smith, 2009):

> **Dianna:** Yes, it's renowned that males-with-females is a no-no. It is a
> taboo area, it is females working with females […] it's us women that
> go and deal with our females. They [men] stand at the door.

This is problematic for both staff and children, reinforcing ideas that men and women should fulfil predetermined gendered roles (Connell, 1987; Connell, 2002), thus positioning all male workers as objects of suspicion, and legitimising the withdrawal of the male worker (Green, 1998; Green and Day, 2013). The implications in relation to the distribution of labour, practicalities of covering 'shifts', the recognition of female abuse and the implications for closeness in relationships adult-child relationships have

also been discussed (*see chapter six)*. For the above reasons, the suggestion that 'avoiding touch prevents abuse' is not only unrealistic, but has the capacity to be detrimental on a broader scale.

3. Protecting Staff

Avoiding touch to protect staff is a dominant practice, employed by staff operating within a risk discourse.

Situated within the wider context of risk aversion (Beck, 1992), of which there is a range of research and literature about the implications for this practice in social care (Parton *et al*, 1995; Cree and Wallace, 2005), the suggestion above that touch is avoided to prevent abuse has been heavily critiqued by those who argue this practice is less about protecting children, and more about protecting workers (Ward, 1999; Cooke, 2003; Piper and Stronarch, 2008; Smith, 2009; Steckley, 2012). As hinted about above regarding avoiding touch to prevent abuse, the idea that policies designed to manage risks have the capacity to eliminate them is a fictitious notion, or a 'smoke screen' to convince ourselves and others that we are doing something positive in a situation over which we may have little control' (Cree and Wallace, 2005:126).

Risk aversion regarding touching practices in residential child care is well documented (Parton *et al*, 1995; Ward, 1999; Cooke, 2003; Smith, 2009; Smith and Steckley, 2013), and every adult at Sunnydale mentioned allegations in formal and ethnographic interviews (*see chapters six and seven*). If children present a 'threat' of allegation staff avoid being alone with this child, work in pairs and avoid physical contact (Piper and Stronarch, 2008). These are typically 'informal' rules developed via conversations as opposed to formal arrangements explicitly written in policy (Smith, 2009). The child's historical care records will often be used to inform this decision making process:

> **Rebecca:** Depends on their background, their history…some children can make allegations, so I think that the staff need to always protect themselves. For example, if there is a child whose made an allegation in the past, always protect yourself, always make sure there's another member of staff… you need to be careful.

Avoiding touching/being alone with certain children is situated within the explanation that it 'prevents' allegations, and protects staff members from the repercussions of allegations. In this respect, staff security is positioned as more important than children's needs (Piper and Smith, 2008). Risk aversion in practice is not the sole responsibility of individual workers however, and my findings support Smith and Steckley's (2013) argument that a whole-systems approach to realistic risk management and safe caring is required.

4. Crafting Distance

Avoiding touch to craft distance can either be (a) *general*, or (b) *specific*. This is a practice employed by individuals (both staff and children) who purposefully create distance between themselves and others, and can either be attributed to disengagement (general) or disgust (specific).

The avoidance of touch as a practice used to avoid harm is a dominant narrative within residential child care (Ward, 1999; Smith, 2009; Steckley, 2012; Berridge *et al*, 2011a), social care (Lefevre, 2010; Lynch and Garrett, 2010) and indeed within child care cultures more broadly (Johnson, 2000; Field, 2003; Piper and Stronarch, 2008). However, this is not an ample explanation of the role touch avoidance plays in residential child care. Deeper explorations of staff narratives and practices indicate the fourth, and final, reason for touch avoidance at Sunnydale House is to craft distance between staff and children.

4a: General Distancing

The practice of general touch avoidance relates to the crafting of both physical and emotional distance between two individuals, this can be instigated by children or adults.

For some staff this was a regular occurrence, and they were rarely observed wholly engaging with children, for others it was more sporadic and could be attributed to circumstances external to the home (in their home lives). Some staff were much more regularly observed actively avoiding children than other staff, a finding also noted

elsewhere in research (Berridge *et al*, 2011a). The most commonly observed way in which this practice was manifested by staff was in the long periods of time 'office dwelling' observed during the fieldwork (*see chapters six to nine*). For the children at Sunnydale this practice specifically was the source of much frustration:

> **LW:** So what do you think when the staff are in the office?
>
> **Joshua:** That does my head in
>
> **LW:** Why does it do your head in?
>
> **Joshua:** Obviously you get paid innit ((Jamie laughs))
>
> **Joshua:** You know one of them, and all they do is sit in the office
>
> **Jamie:** I think they're little bastards.

I identified the importance of quality - theoretically informed - supervision for staff as an important way in which this practice could be countered, situated within broader explanations regarding anxiety often experienced within institutional work (Menzies-Lyth, 1979; Thompson, 2000; Macleod, 2010). Beyond this, the bureaucratic requirements placed on residential child care workers should also be re-examined in order to identify what paperwork is necessary for residential workers to undertake themselves, and what could be carried out by administrative workers, in order to allow residential workers to focus on the primary task of building relationships with children. Children were also observed drafting distance, including practices such as: spending time in their rooms, avoiding being close to workers or making 'swift getaways' when specific workers were close by.

4b: Specific Distancing

Specific distancing was practice that crafted distance between specific children and adults, as opposed to children as a group.

Less acknowledged reasons for crafting distance were related to the physical appearance and/or smell of children, or qualities perceived as being 'unhygienic' by staff members (*see chapter seven*). Hygiene and physical dirt can be a part of practice, and is noted in historical social work literature (Allen and Morton, 1961:64). When children behaved in ways which appeared to contravene cultural expectations and social rules surrounding hygiene, the staff members rejected this by physically

distancing themselves from them (Douglas, 1966). The perceived threat of physical contamination from children should be understood as the main reason specific distancing practices were utilised by workers (Allen and Morton, 1961; Douglas, 1966).

However, disgust regarding children can be more subliminal than simply being related to physical contamination, and can be rooted in sociological explanations of social class and disgust wherein staff are not only repulsed by the perceived physical contamination from children, but also a symbolic contamination regarding what children represent (*see chapter seven*). This was explained by drawing upon the 'moral dirt' theory, which argues that children in care are 'treated as the moral dirt of a social order determined to prove its purity' (Ferguson, 2007: 124). The reason for specific distancing was due to the disgust staff members felt surrounding particular children, situated within an explanation of the children's social class:

> Reece walks into office having just returned from running an errand in town, he says: "I know this is bad, but I just drove past a group of chav-kids in tracksuits and I wanted to point and laugh and then tell them to go and put some proper clothes on" he smirks, and then says "I probably shouldn't say that"
>
> (Fieldnotes, Day 42)

Evident within Reece's comment is a derogatory attitude towards social class indicative of broader attitudes towards the children living at Sunnydale and their families (Parton *et al*, 1995; Ferguson, 2011a; Warner, 2015). Children also noted that some staff believed they were 'better than them', thus indicating they were aware of this (*see chapter eight and nine*). Exclusively relying on the risk narrative therefore has the potential to be harmful when explaining touch aversion as it excludes the more nuanced cultural factors regarding class disgust, and the conceptualisation of children in care as 'moral dirt' (Ferguson, 2007).

10.2.2 Everyday Touch

A common idea surrounding residential child care is that there is no touch in practice (Ward, 1999; Cooke, 2003), my research has suggested this is unfounded. Whilst there may be a dominant risk narrative surrounding touch in staff interviews, there were

multiple observations of touch in practice observed daily throughout my fieldwork. This section will therefore outline five categories classifying 'everyday' uses of touch at Sunnydale House, identifying the unplanned ways in which touch featured as part day-to-day lifespace work, including: touch as a consequence of group living, touch as task-oriented, touch as a greeting, touch as a gesture of acknowledgement and touch as play.

5. Touch as a Consequence of Group Living

Touch as a consequence of group living is 'an accidental form of touch…it refers to touch that is unintentional, involuntary, chance or unpremeditated' (Zur and Nordmarken, 2016).

In a busy building, accommodating at least two members of staff, and at times five children (or more, if children have friends in the home), my findings support previous assertions that it is near on impossible to wholly avoid any form of touch (Smith, 2009). Adults and children - sometimes at speed - enter and leave the same rooms, walk down the same corridors, up and down the same stairs, sit on the same sofas, eat around the same tables and travel in the same cars together - absolute touch avoidance is very difficult. The fifth form of touch is, therefore, touch as a consequence of group living: brief, momentary contacts which were not deliberately intended by either participant - but rather the unintended consequence of sharing a physical space - supporting previously made claims that 'no touch' policies are 'impossible to implement' (Smith, 2009:127).

This contact occurred when staff and children were not deliberately avoiding each other, but were not purposefully engaging either. Such occurrences were best observed when children and staff were observed simultaneously walking into the same physical space, whilst pre-occupied or rushing and would usually be accompanied by verbal acknowledgement:

> Sophie walks round the corner of the corridor and nearly bumps into Jamie, she says "oh god, Jamie, you scared the life out of me!". Jamie laughs and they walk off into separate rooms.

> (Fieldnotes, Day 16)

This practice has been included to demonstrate the oft-ignored examples of (brief) physical contact, and can be used to counter claims that touch is entirely absent in residential child care, and the absurdity that prescribing it should be.

6. Touch as Task Oriented

Task-oriented touch is: 'merely auxiliary to the task at hand, such as offering a hand to help someone stand up or bracing an arm around a client's shoulders to keep them from falling' (Zur and Nordmarken, 2016).

Touch that is task-oriented can also be understood as that which occurs during an activity or interaction between adults and children. This could include cooking, washing a car, showing children how to sew, or iron, or wash, or brush hair, or how to play a game. The example below illustrates this as Louise (staff) used touch to demonstrate how to mix a cake with Patrick (child):

> Patrick and Louise are in the kitchen making cakes together, an activity
> Patrick loves. Patrick puts the icing sugar, food colouring and water in
> a bowl and begins to mix. He is having trouble, Louise puts her hand on
> his to show him how to mix faster.

> (Fieldnotes, Day 21)

This use of touch is also regularly missed, as it is 'merely auxiliary to the task at hand' and at times is necessary to demonstrate how to do something, or to help in a task. Staff and children were often unaware that this even qualified as touch, as more often attention was paid to more 'obvious' forms of contact.

7. Touch as a Greeting

Touch as a greeting comprises symbolic moments of contact between individuals which acknowledges arrivals and departures from the home, or any shared space.

For Zur and Nordmarken (2016) this use of touch is explained as being a 'ritualised' process, varying according to 'culture' and 'sub-culture'. Such touch was specifically used to affirm the arrival or departure of either staff (arriving 'on shift' or leaving the

home) or the arrival or departure of children (leaving or arriving home from school, contact arrangements or short breaks away from the home). This touch may also be used to signal the arrival of an individual into a shared space within the home (i.e. entry to the lounge), although this was a more intermittent practice. Some examples include very obvious, and dramatic, uses of touch:

> I'm with Luke upstairs as he paints Sam's new room when there was a knock on the door and a male voice spoke with a fake-Australian accent through the door. Luke beamed as he recognised the voice of his previous key-child, he opened the door and said "oh god, I'm all sweaty and dirty but I'm going have to give you a hug" as he gave the (now, man) an embrace.

> (Fieldnotes, Day 31)

The seventh role of touch is therefore touch as a greeting, used to symbolise the arrival or departure of an individual from - or to - a shared space, and to express care or fondness towards an individual child or adult.

8. Touch as a Gesture of Acknowledgement

Touch as a gesture of acknowledgement is the spontaneous practice of using touch to respond to an immediate need (positive or negative) presented in a moment.

The eighth role touch played in practice is the use of touch within 'gestures of acknowledgement'. This category amalgamates three of the categories in Zur and Nordmarken's (2016) typology: celebratory or congratulatory, reassuring and consolation. The amalgamation is due to the notion that each conveys a similar message, using touch to reaffirm (or replace) verbal utterances communicates that individuals are wholly engaged in a 'moment' thereby responding to an emotional need presented by a child or adult (*see chapters six - nine)*.

8a: Celebratory or congratulatory touch was used as a display of recognition for an individual's achievement, and occurs alongside verbal praise to reinforce a message of praise.

Examples of these practices were observed throughout the fieldwork as staff acknowledged achievements by children, including: attending school, getting work experience placements, winning a game and many more. One such example, when a child collected exam results is included below:

> Jane and Joshua have been to collect Joshua's exam results, they are
> standing together looking at the results by the car and Jane says: "I'm
> really proud of you today love, it's the first day of the rest of your life".
> Joshua smiles and replies: "Yes, yes Jane, thanks Jane". Jane instigates
> a side hug and kisses Joshua's cheek'

(Fieldnotes, Day 6)

In this example Jane demonstrates she is proud of Joshua by using physical contact, alongside her verbal utterances, as a gesture of acknowledgement to recognise his achievements in school.

8b: Reassuring touch was used to support an individual in a challenging situation, often used to demonstrate (or reinforce) physical (and emotional) presence, or to encourage them to continue in an action/activity deemed necessary.

Examples of this practice occurred when staff used physical contact alongside verbal utterances to convey to children that they were physically and emotionally present during a difficult time. Examples of this practice include accompanying children to events or meetings they were anxious about, for example, a visit to court:

> In the car park on the way Joshua said he "needs a shit". Chris asks: "bit
> nervous youth?" to which Joshua replies: "Nah bled, just need a big fat
> shit innit. I can't go in court like this". Chris puts his arm around Joshua
> and gives him a quick squeeze, finished by a pat on the shoulder. Later,
> when we all stood outside of court, Joshua was saying he wasn't going
> to go in, Chris said "it's your choice mate", Joshua decided to go in and
> leads the way, and Chris taps his shoulder but says nothing and follows.

(Fieldnotes, Day 9)

In this example touch is used to convey physical and emotional presence and support in the moment, in order to reinforce the worker's verbal messages of reassurance as a challenging event was occurring.

Role 8c: Consolation touch is a practice used following an event, which recognises that an individual has experienced something challenging. This practice is also used alongside verbal utterances to reinforce presence and acknowledgement.

This touch differs slightly to reassuring touch as it occurs following a challenging event of some kind as opposed to prior to, or during. Examples of this practice were also observed regularly in practice when staff used physical contact alongside verbal utterances to reassure children during challenging moments. Examples include: arguments with family, disappointments in relationships etc. Below, Chloe uses consolation touch with Amelia after she breaks up with her boyfriend:

> Amelia (16) is in the lounge with Chloe (staff), she is telling her that she has just broken up with her boyfriend. Amelia says it was her choice, and speaks with bravado about how she doesn't care. She looks sad though, and is a bit teary. Chloe has already been told by the other staff it was his choice. Chloe shuffles to sits closely next to Amelia and gives her a tight hug, telling her he's "missing out". Chloe jokes about asking for his address, and says "if anyone does anything to mess with my Amelia they have to deal with me".

> (Fieldnotes, Day 42)

In this example consolation touch was used post-event, in response to a situation which had clearly upset Amelia. The humour, intuition and warmth demonstrated by Chloe demonstrates how touch can be used to support children following occurrences of distress.

9. Touch as Play

Touch as play is the use of touch during play with children. This can be used in sporting activities, 'play fighting' and playing practical jokes on each other.

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Playful touch featured as an important aspect of relating, and children specifically identified this use of touch as significant (*see chapter nine*). Such touch includes practical jokes which either included touch within them (i.e. surprising someone/making someone jump) or is 'acknowledged' by using touch to celebrate this moment of play (via high fives, hugs etc.). Play fighting between children and staff, was very occasionally observed as being highly physical involving children jumping on staff or vice versa. Often play fighting was instigated by children who were less comfortable with hugs and cuddles as a way of acquiring staff attention and closeness. This was largely gendered, and was much more regularly - although not exclusively - instigated by male children towards male workers:

> In the car driving with Sam, Jamie and Reece. Jamie jabs Reece in the
> car and attempts to play fight a lot by playfully punching Reece. He
> clearly likes being with Reece. When we're out of the car both boys are
> physically very close and playful, they both talk at him continually,
> desperate for his attention.

> (Fieldnotes, Day 7)

The role of 'play fighting' has been subject to scrutiny (Green, 1998; Smith, 2009; Green and Day, 2013) and is advised against in the Sunnydale policies and procedures. The reasons include: the blurring of boundaries, demonstrating inappropriate models of strength, covering abusive practice, the potential to sexually arouse those involved, evoking flashbacks, and exclusion of those not involved. The complexities of recognising these possibilities - whilst simultaneously preventing the sterilisation of lifespace work through 'blanket' rules, which restrict moments of fun and play occurring, particularly where they are identified as important to children - was explored in chapter nine. This showed that 'play fighting' could be a meaningful form of engagement for children - particularly if occurring within respectful, trusting adult-child relationships - and to prohibit this potentially eradicates an important learning experience for children.

10.2.3 Purposeful Touch

This third section will now outline three purposeful roles touch played at Sunnydale House, these are practices that are purposefully utilised. Whilst they may be used

automatically in response to an opportunity or need, these are practices that are explained as being vital to the staff role: touch to prevent escalation, nurturing touch and protective touch.

10. Touch as Escalation Prevention

Touch to prevent escalation is contact deliberately intended to reduce anxiety in highly charged moments, thus preventing the escalation of the situation to restraint.

The tenth way touch was used at Sunnydale House was to defuse tense situations in order to prevent restraint (*see chapter six and nine*). This practice was explained by staff as a central feature of 'post-change' Sunnydale, as illustrating the 'success' of the culture shift and is included in the restraint training for staff members at Sunnydale House named *'touch support'*. This touch is intended to meet the touch needs of children who may 'want' touch, but are unable to verbalise this, and may have previously instigated restraint in order to obtain the physical contact (Steckley, 2012:4). This touch is used when children are in high states of anxiety, and colloquially known as 'bringing children down'. Below are extracts from both Rachel (staff) and Lily (16) who explain how touch is used when children are upset and/or anxious, in order to 'bring them down':

> **Rachel:** I'm thinking my key-child again at the minute, when he's in high anxiety, and you can put your hand on his arm and move him into another room and chill him out, run him a bath, give him a head massage, and bring him right back down to earth, but with nurture, is awesome for Patrick. You're so much better being able to bring the child down with positive touch, rather than having to be held, to be brought down, which isn't good.

> **Lily:** For some people yea, definitely, sometimes you just need to calm down. And then it's sort of done, and it's like, sound. But, it depends what's happening. I think they use it effectively. I think when I'm having a proper breakdown, like someone who I, a staff that I know proper good, I think it's necessary then.

This type of touch is used within 'post-change' Sunnydale and replaces restraints which were a 'daily occurrence', according to experienced staff members. This is not to suggest that restraint should never be used, but that resorting to restraint in order for children to obtain any touch should not be necessary in contemporary practice when more acceptable ways of eliciting touch are available.

11. Touch as Nurture:

Nurturing touch is a purposeful therapeutic technique employed to account for moments in the past ('corrective experiences' (Zur and Nordmarken, 2016), present (recognising the absence of friends and family) and future ('model future skills', Zur and Nordmarken, 2016). This use of touch was used by staff who believed in the 'fundamental' need for human contact in child development (Field, 2003).

11 (a): Past-Oriented:

The first reasons attributed to the need for nurture was either the absence of touch, or abusive touch, touch in children's early lives. For staff who believed in the value of touch for children, one of the three reasons given was to account for children's previous experiences of past abuse or neglect:

> **Jane:** You know I think it's a real genuine need for these kids. They've had no love, no touch, or only ever experienced bad touch, it's what they need.

The first reason for nurturing touch was therefore explained as providing 'corrective experiences' (Zur and Nordmarken, 2016) for children's previous experience of care and nurture.

11 (b): Present-Oriented

The second reason attributed to needing to use nurturing physical touch was to account for the absence of children's birth families, who may provide the child with nurture at key moments that they now miss out on due to living in public care:

> **Rebecca:** Sometimes for example, if you're upset and you want a cuddle, or a hug, and that's what parents do, and because their parents aren't there, they're missing out on that.

In this example, located clearly within the family narrative, touch is explained as being used to account for the current absence of children's' family and friends (Kendrick, 2013), a notion also discussed by children (*see chapter seven*).

11 (c): Future-Oriented

The final reason attributed to nurturing touch is related to the future, with regards to modelling to children how to respond to - or give - appropriate nurturing contact in their relationships, as 'instructional or modelling touch' (Zur and Nordmarken, 2016):

> **Louise:** If we can't nurture them, then how can they nurture…other people? How do they know what it feels like to be nurtured so how do they pass it on? Do you know what I mean? If they don't feel, how, It's weird, if we don't show them how are they meant to do it?"

Touch as nurture should therefore be understood as a three-fold practice, explained as accounting for the past, present and future. Equally, given that modelling touching practices for future relationships was a relatively accepted concept when staff members discussed their roles, it should be noted that gendered practices (such as punching from men to boys, or educating boys on how touch 'like a man') when modelled in contemporary practice reinforced heteronormative ideas surrounding masculinity and sexuality (Kimmel, 1994; Green, 2010).

12. Touch as a Protective Tool

Touch as a 'protective tool' is contact that is necessitated by context - and adherence to policy guidance - in 'safeguarding' children.

The twelfth role touch played is 'touch as a protective tool'. This practice can also be explained as being threefold: protecting children from themselves, protecting others from children, and protecting staff. This category may include physical restraint, framed

as a 'last resort'. Sunnydale had an informal 'no restraint policy', and pride themselves on their minimal use of this practice:

> **Dave:** ...before it escalates to having to use [restraint practice] which we don't like doing at Sunnydale. It's just, we don't think it's appropriate or effective in any sort of way to use hands on, preventative movement.

In the last three years Sunnydale have had 3 recorded instances of physical restraint, one of which occurred when I was present in the home, although I did not directly observe this and neither did any other member of staff, with the exception of the member of staff involved. Whilst restraint does not 'fit' Sunnydale's 'post-change' narrative, restraint was occasionally used (see chapters six, seven and nine) and the local authority did have restraint policy and guidance underpinning practice.

12 (a): Protecting Children from Themselves

The first way touch is used to prevent harm is in order to protect children from harming themselves. In the field there were many examples of this practice, however this never included suicidal attempts or the prevention of self-harm (although children in the home did self-harm, the guidance was not to intervene, but to monitor and respond with medical attention and care), and were more likely to include intervening when children were not paying attention to a potential danger, or behaving in a way that could lead to an accident:

> Driving to the supermarket with Patrick and Louise, I am in the back, Louise is driving and Patrick is in the passenger's seat. It is 5pm and the rush hour means the car is travelling at no more than 10 mph. Louise lets Patrick choose the music, and he puts this on loud. He sees his friend walking down the road and winds the window down, shouts his friend, and then turns the music up further, nodding his head in time with the beat. He is very excited and begins to shout "hello" at pedestrians on the pavement. Louise tells him to stop and turns the music down (slightly). He then turns it back up and shouts louder, this time he puts his head out of the window. Louise pats his back and says

"Patrick, get in or we'll have to stop the car". He laughs and puts his head out further. Louise puts her hand on his shoulder and tugs him back into the car, he laughing saying "safe Lou, chill, I'm in, I'm in".

(Fieldnotes, Day 42)

Touch was therefore used by staff to prevent children from coming to harm as a result of their own actions.

12 (b): Protecting Others from Children

The second reason for using touch to prevent harm is to protect others from children, most commonly in the case of disagreements between individuals that escalate to necessitate intervention.

This type of touch in residential child care is most likely to be used in physical alterations between children. This could mean physically holding a child away from another - as a form of physical restraint - or standing in between two children touching both at the same time. The example below illustrates this practice:

Sam, Patrick, Joshua and Jamie are all in the house. Sam often gets picked on when Patrick is back, and the other boys follow him around. He [Patrick] is definitely 'top dog'. They are bored and have been smoking weed as it was pocket money day yesterday. They start a water fight, it gets heated and Patrick starts shouting at Sam because he got him wet. Louise runs into the kitchen and stands in the middle of them, she puts a hand on each of the boy's shoulders and shouts "BOYS" then more quietly, but firmly, "pack it in, enough now". Patrick swings his shoulder back and swaggers out of the room, Joshua and Jamie follow. Rebecca stays with Sam and starts a board game, Louise goes and sits with the others in the lounge.

(Fieldnotes, Day 14)

Whilst occasions such as this were relatively rare (I recorded only two during my fieldwork) there were occasions where altercations between children became more

dangerous, and in these examples adult-instigated touch was used to protect individuals from becoming injured.

12 (c): Protecting Staff from Children

The final way in which touch is used to prevent harm is in order to protect staff members from children, in the practice of self-defence.

As previously noted, restraints did not feature in Sunnydale's 'post-change' narrative, but were rather framed as a historic practice that how now been replaced by 'good', preventative touch. In the last three years there have been three times physical restraints at Sunnydale (*see chapter six)*. One of these 'restraints[25]' occurred whilst I was in the field, although I - nor any other members of staff, bar Dave (directly involved) - observed this. This is discussed in depth in chapter eight, however, a simplified version will be included and discussed here to recap:

> It's difficult to work out what has happened, everyone is looking stressed. Jamie had just been informed about supervised spends, and then went up the stairs. Dave said he would go and speak to him to check he was okay, Jane told him to leave it as it wasn't necessary and would make things worse. Dave went anyway. Dave went upstairs, Jamie was sat on the stairs - blocking Dave's way - Patrick and Joshua were at the top of the stairs. Jamie tells Dave he was going to 'push him down the fucking stairs', Dave tried to get past and Jamie grabbed his leg, to which Dave put his foot on Jamie's arms and 'gently' (this is the word Dave used) pushed him and managed to get out of the grip.

> (Fieldnotes, Day 28)

The complexities of relationships, context and power were discussed in relation to this situation, particularly within the context of institutional narratives (Linde, 2001). Incidents wherein children violently threatened staff at Sunnydale were extremely rare, during my 6 months of fieldwork I observed no other similar events, and no others were

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[25] Although this was described (and recorded) as a restraint, this was not an approved move approved by the local authority and I would not describe this interaction as a restraint. Particularly given the provocative interactions that preceded it (by the worker).

reported to me by those in the field who 'updated' me when I was absent. This is not to suggest that children were not verbally aggressive towards staff, but that this did not present a physical threat. Nor is it to suggest that other homes do not experience this more regularly, for example, secure children's homes, or temporary short-break homes where relationships are less established. All of the above being noted, there are scenarios where physical contact may be required by staff in order to defend themselves, as a last resort (Steckley and Kendrick, 2008).

10.2.4 Touch as an Abuse of Power

The final uses of touch to be included within this typology is touch as an abuse of power, and covers what can be a 'fine line' between abusive and non-abusive touch. This section will draw upon Zur and Nordmarken's (2016) pre-determined touch categories: sexual and violent, yet will also outline a further way in which touch can, and was, used within Sunnydale House as a misuse of power: controlling touch. As is to perhaps be expected, given the oft hidden (and high profile) nature of sexual and physical abuse (Biehal *et al*, 2014), there is no explicit observational evidence within this project to draw on to illustrate these practices between children and adults. However, it is the position here that this typology would not be complete without acknowledging these forms of touch in residential child care.

13. Touch to Control (Unwanted & Manipulative Touch)

The use of touch to control relates to the use of touch, or asking for touch, to coerce an individual into partaking in an activity they would not otherwise chose to engage.

This first use of touch as an abuse of power is relatively subtle. It has been added to Zur and Nordmarken's typology as it relates to a refined use of touch which is used to control children. This practice was used in scenarios where touch was used to subtly manoeuvre individuals, or an individual would ask for touch prior to giving them something (I will do A if you first give me/do B). When this touch was used, it may not initially appear to be abusive as such, however it is a misuse of power as the individual in the position of power is able to manipulate the other party into doing something they would not otherwise chose to do/may not want to do.

This first example demonstrates how touch is used to manoeuvre children around the home, or in the direction in which the individual with authority directs:

> **Luke:** Just opening a door for, for, Jamie, if he's ever going to shop I'll open the door for him and I'll probably put my hand on his should and…guide him through almost, direct him. […] I think I do it to Sam, I put my hand on his head sometimes, kind of, direct him by turning his head with my hand as to where I want him to go.

This example is not necessarily abusive in nature, but it does illustrate how the individual in a position of power is able to navigate and manoeuvre those with less power around the room. This example is included because it demonstrates subtle practices in which touch is used to control children. The next example is perhaps more pertinent, demonstrating how a staff member manipulates a child into giving them contact which appears both unwanted, and disliked, by the child:

> Patrick comes in to the games room and asks if he can have chicken for dinner. Dianna pats the sofa where she is sitting and says he can have chicken if he sits next to her and gives her a hug. Dianna pulling Patrick in, saying "ah that's nice" - his body language is stiff but he lets her hug him.
>
> (Fieldnotes, Day 44)

This example clearly illustrates how Dianna (staff) used her access to material goods to coerce Patrick into contact he evidently did not appear to want nor enjoy, she is abusing her position of authority to gain contact she would not otherwise receive, and Patrick is relatively powerless to deny this without hindering his chances of having the food he wants. Children reinforced their desire for choice regarding who touches them (*see chapter nine*) and touch should not be forced upon them, specifically when this is to apparently fulfil the needs of the worker as opposed to the child. Touch was therefore, used by some workers at Sunnydale House to control children as an abuse of power*.

14. Violent Touch

The role of violent touch is to inflict harm or pain to another individual.

The role of touch when inflicting physical harm upon individuals is arguably a rather more acknowledged misuse of power. It is cited as one of the reasons why 'play fighting' is prohibited, explicitly referencing the power dynamics at play during such interactions. Some staff members were reluctant to discuss this role of touch, although would discuss how this touch was used historically:

> **Frank:** A lot of the time touch was inappropriate because there was a lot more restraints a lot of years ago, again if I talk about [Previous workplace], you know it was restraints sort of almost every other day. When I worked here it was the use of physical restraint you know, like pushing a kid out of a door, or banging a kid through the door, whatever, was used quite a lot, and really that was physical contact.

This example is concerning as 'pushing' or 'banging' a kid through the door are explained as restraint, which is, in hindsight, not an acceptable form of restraint, although historically this appears to have been considered an acceptable part of practice. The complexities involved with restraint are vast and much attention has been paid to reforming restraint practices in residential child care as they should be used as a 'last resort' and this has not been the case (Steckley and Kendrick, 2008a; Steckley and Kendrick, 2008b).

15. Sexualised Touch

Sexualised touch is any form of contact instigated by an individual which serves the purpose of arousing either themselves, others or both.

For any social care professional or academic, it is perhaps self-explanatory to assert that sexual touch of any kind instigated by an adult professional towards a child they are caring for is unacceptable. Written within various codes of conduct (GSCC, 2010; NASW, 2000), noted in research (Corby *et al*, 2001; Zur and Nordmarken, 2016); literature (Biehal *et al*, 2014) and indeed noted within local authority guidance – the message is clear, sexual touch between staff members and children is an unacceptable practice which is unethical and a clear misuse of power by adults. Discussions with workers (*see chapter six*) illustrated that this was an uncomfortable topic to discuss, wherein for most workers, discussions did not go beyond identifying that area's 'covered by a

swimsuit' were out of bounds, in line with the policy guidance provided by the local authority. This discomfort is further illustrated by noting that not a single worker associated the incident regarding the kiss on the neck to sexually abusive touch, instead focussing on the way this incident had hindered their touch journey as a staff team. The majority of discussions regarding sexualised contact involving staff was clouded in secrecy, discomfort and framed as a feature of 'pre-change' Sunnydale. Children's sexualised contact, in contrast, was discussed openly (*see chapter six)*:

> **Frank:** Inappropriate touch you know, quite often, comes the other
> way round. Its children's inappropriate touching of staff, isn't it? And
> particularly males, to females.

The intersections of gender (Thorne, 1993), childhood (Warner, 1999) and social class (Ferguson, 2007) were discussed (see chapters six to nine) in order to explain these practices, particularly in relation to the significance of psychologically informed narratives surrounding adolescence and gender (Green, 2010). Further concerns relating to the legitimisation of male workers distancing themselves from female children they believed to be 'sexually promiscuous' (Throne, 1993), and female staff members being touched for longer, more intimately and less able to manage this were also discussed (Green and Day, 2010). Sexualised touch is, therefore, the final use of touch in residential child care and concludes this typology.

10.3 Locating Intimacy and Touch in the Lifespace

Intimacy, as a sociological concept, requires mutuality (Jamieson, 2011), and when the necessary conditions described above were fulfilled (staff felt safe, children felt respected), intimacy occurred within adult-child relationships at Sunnydale House. The lifespace of residential child care specifically was identified by children as a space which can cultivate such closeness because of the distance afforded by the space. Whilst these may not be 'pure relationships' (Giddens, 1992), this does not undermine their capacity to include key features of intimacy (Gabb, 2010; Jamieson, 2011). There was interview evidence from children and adults that reported 'subjectively experienced' closeness within adult-child relationships, there was also observational evidence to acknowledge 'socially recognised' closeness in adult-child relationships (Jamieson, 2011). Theoretically informed intimacy in adult-child relationships in the lifespace therefore -

whilst not 'inevitable' (Steckley and Smith, 2011:211) - is possible, and is cultivated by a redressing of power relations between adults and children.

This typology clearly illustrates that touch takes many forms in residential child care practice. What this typology omits, however, is establishing how these forms of touch will be experienced differently according to the adult-child relationship within which the touch - or the absence of touch - occurs. Residential child care workers described a distinct shift in practice, a movement away from institutionalised relationships which prioritise control and discipline, towards intimate relationships with children underpinned by key components of respect and understanding, typically framed within the family narrative (Kendrick, 2013). Within this narrative, adults work with - not against - children, and a shift in power relations has transformed the culture of care at Sunnydale House. This thesis has argued that whilst there has been some shared experience of change, this should be understood as an institutional narrative (Linde, 2001). Deeper examination of this narrative, through interviews and observations, reveals that relationships have not shifted as completely as described; remain bound by power dynamics of gender, class and age (Kimmel, 1994; Warner, 1999; Milligan and Stevens, 2006; Ferguson, 2007); are informed by organisational cultures cultivating risk aversion and bureaucratic defences (Cree and Wallace, 2005); wherein a lack of supervision is offered to counter these factors and defend against the anxiety they provoke (Menzies-Lyth, 1979; Thompson, 2010). For workers, feeling safe from the threat of allegation, or contamination, were key components necessary for them to cultivate intimacy with children. The 'change' narrative therefore, whilst dominant, was by no means as transformative as was described by staff and indeed was largely illusory.

Children identified residential child care as a space which can cultivate rather than inhibit intimacy, attributing the neutrality of the space to greater control over shaping their environments by not having to 'fit' into somebody else's home, and a rotation of staff to establishing a valuable distance between themselves and workers, thus reducing the likelihood of relationship breakdowns. How individual workers negotiated and redressed power relations was noted by children as the primary way in which intimacy was cultivated, as all asserted their want for respect, choice and at times, more explicit demonstrations of care, but only with adults they respected and who respected them. Intimacy in relationships, from the perspectives of children, was therefore

inhibited when adults reinforced vertical power relations, worked 'against' - not 'with' - them, ignored them and failed to respect their personal boundaries.

The typology developed here has demonstrated that touch - as a key facet of adult-child relationships in the lifespace, and the primary focus of this thesis - occurs regularly. The presence of touch does not automatically affirm the presence of intimacy in adult-child relationships; sometimes touch demonstrates close and affectionate relationships; sometimes it demonstrates the abuse of power; more often than not however, touch passes by entirely unnoticed as an inevitable consequence of shared spaces. Moreover, the typology illustrates how touch, and the absence of touch, can be understood as *practices of intimacy* in adult-child relationships in residential child care practice. For example, *avoiding touch* to respect children's boundaries cultivates intimacy by developing trust, similarly *using touch* as part of play can also cultivate intimacy, by engaging with a child through play. Both of which can, therefore, be conceptualised as *practices of intimacy*. Similarly, touch and the absence of touch can also be understood as *distancing practices* in adult-child relationships in residential child care practice. For example, *avoiding touch* to prevent abuse inhibits the formation of intimacy and cultivates distance between child and workers based on discursive realities but practical impossibilities, similarly, *using touch* to control children also inhibits the formation of intimacy and cultivates distance by breeching the trust between adults and child. Both of these, therefore, can be conceptualised as *distancing practices.* Critically, when incongruence between individual's perceptions of relationships occurred - i.e. an adult perceives the relationship to be intimate, but the child does not, or vice versa - intended meanings and received meanings could diverge. Therefore, whilst this typology illustrates various forms of touch, it is ultimately subject to interpretation by the both toucher and the touched, informed by their individual perceptions of the relationship within which the touch occurs.

Conclusion

This chapter began by discussing the merits and disadvantages of constructive typologies (Becker, 1940; McKinney, 1966; Kluge, 2000), and has debated the best technique for constructing a typology that is both meaningful, and informed by the research questions and findings. The chapter then presented a typology of touching practices, accounting for the various forms of touch - and the avoidance of touch - in

residential child care. This typology brought together the views and actions of children and adults at Sunnydale House, demonstrating that touch in residential child care is virtually impossible to avoid, extremely multifaceted and cannot be understood as a single entity, with both touch and touch avoidance being used as *practices of intimacy* and *distancing practices*. The chapter concluded by illustrating how this typology, alongside the findings in chapters six-nine, have contributed to deepening understandings regarding the lived-experience of touch, adult-child relationships and intimacy in the lifespace. Clarifying that ultimately, any touch between adults and children in residential child care, is almost entirely shaped by the relationships within which this touch occurs. The following chapter will review, summarise and conclude this thesis.

"I think for these young people, I think, touch is very emotive. You know, for whatever they've been through or if it's touch with, touch with anybody can, you know just as a general human being. Touch can either calm you down, or it can get you angry depending on the relationship that you share with someone"

(Jack, Residential Worker)

This thesis has examined the detailed dynamics of touch - as a key facet of adult-child relationships in residential child care - through a sociological lens. There are two central findings resulting from this research. First, touch is not absent in residential child care and to posture that it could (or 'should') would be in vain, as touch is unavoidable in the shared living and working spaces embodied by the lifespace. Second, the experience of being touched - or deciding to touch - is significantly informed by the wider context of the adult-child relationship within which the touch occurs. Touch *can feature* as part of intimate residential child care practice, wherein adult-child relationships are 'subjectively experienced and socially recognised' as close (Jamieson, 2011:1.1). The presence of touch within residential child care practice does not however, automatically constitute intimacy: *touch can occur without intimacy and intimacy can occur without touch.* This chapter will conclude this thesis by re-capping and summarising the contributions to empirical and theoretical knowledge offered by this PhD. It will then outline the main practice implications, address the limitations and conclude by proposing areas for further research.

11.1 Contributions to Knowledge

This thesis posed four key questions which will be addressed in order as I summarise my key contributions to knowledge:

1. How do staff members make sense of touch within the context of adult-child relationships? What do staff members say about touch?

The **first research question** was addressed by drawing upon semi-structured interviews with residential child care workers at Sunnydale House (*see chapter six*), and illustrates that the narratives of staff members at Sunnydale present touch as a central feature of 'post-change' Sunnydale. This 'change', has replaced 'old school' practices of control and discipline with 'new' respectful relationships, which prioritise understanding and working *with*, rather than *against*, children (Giddens, 1992). Within this account staff argue that 'no-touch' policies are risk averse notions designed by disconnected managers who fail to recognise children's biological need for touch (Field, 2003), and emphasise the centrality of touch in their roles as substitute parents of children (Kendrick, 2013; Lee *et al,* 2014). Deeper examination of narratives however, particularly in relation to allegations and child-instigated touch, revealed fractures in the 'change' narrative and that *some* touch continues to be conceptualised as a 'risk' in practice – at times towards staff safety and at others regarding physical and symbolic contamination (Douglas, 1970; Ferguson, 2007, 2011a). Gender permeates these discussions, which frame female residents as sexually polluting and particularly likely to make allegations; male residents as either sexually threatening or requiring education in masculine practices of intimacy (Kimmel, 1994); male workers as particularly 'at risk' of allegations, but also more 'risky' as workers (Green, 2005); and female workers as 'naturally' maternal and therefore *safe* and unlikely to inflict abuse, but also less able to decline or manage unwanted contact thus experiencing unwanted contact for longer and across more areas of the body.

2. How do staff members touch or avoid touch? Is there incongruence between observed uses of touch and how staff members discuss touch?

The **second research question** was addressed by drawing upon observations of adult-instigated touch, and adult responses to child-instigated touch at Sunnydale House - (*see chapter seven*). This illustrated how the central *practice of intimacy* in adult-child relationships was 'hanging out' with children (Garfat and Fulcher, 2013), wherein workers redressed power relations and developed relationships through spending time with children and being close to them. These observations illustrated that touch was used to: convey care and concern towards children, congratulate, support, nurture and protect children. Observations also illustrated how touch was used by some workers to control children, demonstrating their adult authority over children by touching them in

ways that made the children feel uncomfortable (O'Malley-Halley, 2007). The extent to which the 'change narrative' was observed in practice was largely informed by who was 'on shift', and who was 'on shift' together. Critical examination of this narrative led me to argue that the 'change' was an 'institutional narrative' (Linde, 2001), produced and reproduced by the staff team, and informed by intersections of gender (Kimmel, 1994), class (Ferguson, 2007) childhood (Thorpe, 1993), pollution (Douglas, 1960), Othering and disgust (Ferguson, 2011a). Events which contravened the new humane narrative were hidden, discussed at length by staff in practice and reconstituted to fit the narrative, demonstrating how institutions can produce 'challenging behaviour' and then blame the residents (Goffman, 1961). The thesis has shown that staff relationships with children involved not only closeness but the crafting of what I have called *distancing practices*, and that office dwelling is the central *distancing practice* employed by some staff, some of the time. When this practice was examined, it became clear that staff simultaneously blame and embrace risk averse, management cultures, illustrating how staff use these narratives to justify the avoidance of physical and emotional closeness with children, whilst simultaneously blaming these distancing practices on the cultures within which they exist.

3. How do children make sense of touch within the context of adult-child relationships? What do children say about touch?

The **third research question** was addressed by drawing upon semi-structured interviews with children living at Sunnydale House - (*see chapters seven and eight*). For children at Sunnydale residential child care was their preferred placement option, they stated that Sunnydale allowed them to be themselves and their relationships with adults in the home were improved because of the distance afforded by staff rotation. This illustrates how residential child care can cultivate and maintain intimacy within adult-child relationships, particularly perhaps for older children with experience of previous placement breakdowns. Children clearly explained their irritation at workers who spent prolonged periods of time 'office dwelling', which for children was an abdication of responsibility by workers employed to care for them and be with them. Children wanted intimacy with workers - *if* workers treated them with respect, empathy and communicated authentically - within which, humour and the sharing of details of worker's own lives were regarded as particularly significant. Within such relationships -

which conformed to Jamieson's (1998) definition of intimacy, and were informed by gender, class and the navigation of power - despite some reluctance to discuss touch, children did not object to being touched or instigating touch with adults they respected and liked. Children valued having *choice* regarding who touched them and whilst uncomfortable for some, asking before touching was valued. Touch instigated by adults with whom children did not have close relationships with was described negatively and gender informed these discussions: female touch as smothering and male touch as sexualised (Kimmel, 1994), children stated that in such situations the main objective is to get away as quick as possible. The family narrative featured clearly within children's interviews and, whilst they were clear that workers were not family, much of what was described by children was framed by linking their opinions to notions of 'family', which bears out the centrality of Kendrick's (2013) work on 'family' discourses and practices in residential child care.

4. How do children touch or avoid touch? Is there incongruence between observed uses of touch and how children discuss touch?

The **fourth research question** was addressed by drawing upon observations of child-instigated touch and children's responses to adult-instigated touch (*see chapter nine*). Observations of practice revealed that children - despite some reluctance to discuss touch - instigated touch far more regularly than workers. One of the primary ways touch was obtained was through *playful* touch, in which children would instigate play-fighting, play practical jokes or jokingly ask workers to touch wounds. When workers whom children did not like instigated touch with them, children were often observed obliging in this contact (giving hugs, asking for hugs, stroking), however children's facial expressions and stiff body language - or use distancing practices, e.g. swift getaways - would indicate palpable discomfort, thus illustrating how adults use their positions of authority to obtain touch from children who remain relatively powerless to decline this (O'Malley-Halley, 2007).

Theoretically, my work contributes to theoretical knowledge regarding intimacy in professional adult-child relationships (Giddens, 1992; Morgan, 2009; Gabb, 2010; Jamieson, 2011; Ferguson, 2011a; Steckley and Smith, 2011). It illustrates how the context of 24 hour co-existence in the lifespace challenges previous assertions

surrounding the boundaries of intimacy in professional relationships. My findings show that whilst intimacy is bound by power relations such as gender, class and age - this does not have to inhibit the existence of closeness based on care and emotional attunement in professional adult-child relationships in residential care (Ferguson, 2007, 2011; Jamieson, 2011). This has been further borne out by linking the findings to further developing understandings regarding residential child care and the 'family narrative' (Kendrick, 2013). Finally, through critically engaging with theoretical discussions surrounding intimacy - particularly in relation to its mutuality - it has also clarified that intimacy is not, as previously suggested, 'inevitable' in residential care (Steckley and Smith, 2011:211), but *it is possible,* and requires the reasonable redressing of power relations between adult and child (Milligan and Stevens, 2006; Gabb, 2010). This thesis has also contributed to theoretical understandings of touch and the body in professional relationships with children (Johnson, 1999; Ward, 1999; Cooke, 2003; Piper and Stronach, 2008; Furedi and Bristow, 2008; Ferguson, 2011a; Steckley, 2012; Green and Day, 2013; Green, 2016). It provides new evidence to support claims that 'no-touch' policies are untenable, potentially harmful and are likely to never have existed in practice but were rather practice-myths (Furedi and Bristow, 2008; Smith, 2009; Steckley, 2012). It has also demonstrated how touch can both cultivate and inhibit intimacy in professional relationships (Jamieson, 2011). Finally, the thesis develops deeper understandings regarding risk aversion and the impact of bureaucratic management cultures (Johnson, 1999; Ward, 1999; Cooke, 2003; Piper and Stronach, 2008; Ferguson, 2011a), particularly in relation to the contradictory way in which workers blame 'paper-pushing' managers for inhibiting touch whilst simultaneously embracing such discourses to cultivate distance between themselves and children - epitomised through office dwelling - thus protecting themselves from physical and symbolic contamination, informed by power relations such as class, gender and age (Thorpe, 1993; Kimmel, 1994; Warner, 1999; Green, 2005; Ferguson, 2007).

11.2 Practice Implications

There are four key implications for practice that emerge from this project:

1. The notion that touch can be prohibited in residential child care practice is futile. Some form of touch is inevitable in practice and suggesting that touch

can be avoided demonstrates a basic misunderstanding of residential children's homes and the realities of these shared living and working spaces.

2. The use of touch in residential child care is deeply informed by the context of the adult-child relationship within which the touch occurs. Discussions surrounding touch which fail to take account of this are deeply flawed. Explicit policy guidance regarding 'appropriate' and 'inappropriate' touch runs the risk of reducing relationships to a list of *do's* and *don'ts* which fail to take account of the intricacies of caring for looked after children.

3. There is still some uncertainty for residential child care workers surrounding unwanted child-instigated touch, particularly in relation to the perceived risk of allegations, hygiene and sexuality. It may be appropriate to directly discuss some of these issues with children themselves, which must be carried out in a manner that does not shame children but uses the opportunity as a learning experience. Where possible, this should occur with an adult the children respects and trusts. *Prior to this,* it would be wise to reflect upon this in supervision and team meetings, especially when this is a matter of wider concern within the staff team. Reflections should incorporate the range of factors which shape this touch, including addressing stereotypes and prejudices relating to gender, class, sexuality, power and childhood.

4. The typology in chapter ten can be used as a framework for policy makers, practitioners and educators to make sense of intimate professional relationships and touch, enabling workers to practice intimately with children in safe, risk assessed ways that meet children's needs.

11.3 Project Limitations and Future Research

From an early stage in this PhD it was apparent that research knowledge pertaining to this topic was limited with regards to observations of practice and the perspectives of children. As such, the use of ethnographic methods was the appropriate methodological choice. Having noted this, there are implications for the production of knowledge that must be noted as a result of selecting this method (Benton and Craib, 2001). Generalisability is the primary limitation of ethnography (Bryman, 2004), this thesis is therefore unable to make assertions about touching practices in children's

homes across the UK without the risk of exception. It is likely that there will be some differences in the findings between other homes, especially when taking account of the various purposes of homes in England and Wales (DfE, 2015). Most notably, perhaps, are homes that care for children with physical and learning difficulties, or crisis units accommodating children for short periods of times as opposed to aiming to provide long-term care. Sunnydale House was very 'settled' when I was there, the children had been living there for between 9 months and 3 years, and the staff team was also relatively stable. This may not be the case in others homes, particularly considering that on average children spend less than a year in children's homes (DfE, 2015). That being noted, it is likely that many of the findings will be relevant, with perhaps a few nuances. It should also be acknowledged the elements of 'stage management' which may have occurred in front of me, which I have explicitly addressed in chapter five and through the findings in order to be as transparent as possible about this concern.

I must also acknowledge that there may be areas I missed, or interpreted in certain ways, due to my prior experiences and social position (Coffey, 1999). My familiarity with the local authority in which Sunnydale is located and my positions regarding touch prior to this PhD, are of particular note here. The debateable 'change' narrative also features at the home I work at, and despite not working for the local authority 'pre-change'. I had regularly heard the story of my own workplace narrated according to this narrative. Similarly, using touch to demonstrate care and concern, alongside being a biological need for children, also featured as part of my own prior practice 'beliefs'. In this respect, critically engaging with both of these areas was something I focussed on explicitly throughout this PhD, as I constantly engaged in reflexivity and critically examined my own 'way of seeing' residential child care (Coffey, 1999; Haney, 2002). A key priority for me was to critically engage with my assumptions and definitions of good practice, although it must still be acknowledged that there may be areas I have missed as a result of my own familiarity with it. Finally, I have not included data concerning touch that occurred between children in this thesis. I had originally included data and analysis regarding this area of practice, however word limits and a re-examination of the research questions led me to remove this content. This is an unfortunate limitation, which I will develop in future publications. As a result of the above limitations, there are three related areas that warrant further research attention to build on this thesis:

- A larger scale study, which explores a greater number of homes - using ethnographic methods (with multiple researchers) - to explore whether the findings are similar in other homes, and to inform the topic on a broader scale. This study must not, however, compromise on the depth afforded by my research, which enabled the intricacies of the topic to be directly confronted.

- A research project which explores touching practices in other placements for children in care. Residential children's homes only care for a comparatively small number of the wider children in care population (DfE, 2015), as such there are a number of others areas of practice with looked after children that would benefit from similar enquiries which take account of the nuances between various provisions. Including: foster care, secure training centres, kinship placements and adoptive placements.

- A research project which advances Emond's (2000) insights regarding touching practices between children in residential child care. Children's homes are often noted for peer group bullying (Sinclair and Gibbs, 1998; Berridge, 2011a), and the area of sexual or violent touch between peers has previously been noted in research (Green, 2005). A project which explicitly focussed on children's peer group touching practices would be a valuable contribution to knowledge.

Conclusion

This thesis sought to explore *matters of touch* - as a facet of adult-child relationships - in residential child care practice. It began as a 'hunch' - an area of interest motivated by my own practice experiences - and concludes as a 295-page document which aims to have captured some of the complexities of touch in practice. My aim is to have done this in a way that sufficiently represents the diverse range of perspectives of children and adults who navigate touch and intimate practice in their day-to-day lives; demonstrates the myriad ways in which relationships inform how touch is used and experienced; the significance of caring adults role-modelling appropriate touch; and accounts for the wider cultures and inequalities which shape the relationships within which touch occurs. It does not provide a list of 'do's and don'ts', rather it is my contribution to empirical and theoretical knowledge, a call for on-going, nuanced discussion and a hope that through exploring matters of touch, that for children, I have illustrated that touching matters.

Continued from the preface…

Lucy was 16, I was 22. On that night I'd known her for just over a year. She'd come home late after being out with her friends - having had a fight with her boyfriend earlier on in the day - and had been drinking. She was shouting and swearing, but looked tearful, as if she was trying not to cry. The other member of staff had gone inside because they thought ignoring her was the best plan, waiting until she 'tired herself out' and would then go up to bed. I remembering feeling irritated, thinking this was insensitive, but also relieved that I could talk to her alone. I had told my colleague I was going to stay outside for a minute and I sat on the floor as she began to tell me about her night. I remember looking up at the huge, ugly building she had to call home feeling totally helpless and out of my depth. She sat next to me and after a short rant she started to cry. It was the first time I'd ever seen her cry. I put my arm around her and she cried in to my shoulder.

Back in the office my colleague explained that they were looking out for me, that they'd been around for a long time and had seen too many of their colleagues have well-meaning gestures thrown back in their face "I might have been a bit harsh though" she said, "it's such a curious one isn't it, touch?"

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