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"Them two are around when I need their help" The importance of good relationships in supporting people with learning disabilities to be "in a good space"

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Accessible summary

- We talked to people who lived in a secure unit and their staff. We asked them about good relationships with each other. The majority of the people said that good relationships with staff can help people move back to the community and be "in a good space".
- Staff said that good relationships can stop people feeling angry. They said that they like to help people and have trust. It is important to have a good staff team who know the person well.
- Residents said staff help them and listen to them when they are upset. They said they like it when staff spend time with them doing activities.
- Based on what residents told us, we think it is important that services work on helping people to have good relationships. This is because these relationships were very important in helping people to move more quickly back into the community.
- Please see an easier to read version here: https://wp.me/pcRSAn-3V

Abstract

Background: Despite repeated policy initiatives, an enduring number of people with learning disabilities remain resident in secure settings (also referred to as locked wards). The spatial and emotional distance from family and friends means that relationships with staff become central to people's lives, and are critical for a successful transition to making their home in the community.

Methods: This article uses a synthesis of evidence from two qualitative studies. We re-analysed data from fieldnotes and interview transcripts with people with learning disabilities resident in secure settings and with staff who worked with them. The purpose of the original studies was service improvement however, relationships —particularly with between staff and residents— emerged as a significant theme in both studies. Therefore, the data were revisited to explore these relationships in more depth.

Findings: The analysis identified that positive relationships with staff were critical in enabling residents to be "in a good space"—something they and staff viewed as a crucial factor for moving on. The analysis identified four main themes: (i) the

characteristics of positive relationships, (ii) the challenges for positive relationships, (iii) how positive relationships can be encouraged and (iv) how positive relationships support people to move on.

Conclusion: We conclude that flattening the hierarchy between staff and residents is key when supporting people with learning disabilities to move on. We stress the importance of the "soft skills" in enabling people to transition back to their community. There is a pressing need for research with people who have made the transition from hospital to generate retrospective narratives about what elements of these relationships are most significant in supporting a successful transition.

KEYWORDS

community services, forensic services, interpersonal relationships, learning (intellectual) disabilities, residential services, transition

Hooo man, that's not my caregiver! That's my friend! (Marie Adams in Roets et al., 2008, p.20)

1 | INTRODUCTION

A relatively small but enduring number of people with learning disabilities are detained in locked or secure inpatient units in England despite a succession of policy initiatives, including what Hatton (2020) refers to as a "major push" in 2019 to reduce these numbers. Successive reviews of National Health Service (NHS) data (cf. Hatton, 2015, 2016, 2020) demonstrate that the number of inpatients has gradually reduced from the estimated 3,400 people in 2012 (Department of Health, 2012) to a recent figure of 2,250 people with learning disabilities and/or autism living as inpatients in mental health hospitals and other specialist settings—often referred to as *forensic* or *locked* settings, and hereafter referred to as "secure settings" (Department of Health & Social Care, 2019). The majority of people are detained under the Mental Health Act 1983[1] or under the Deprivation of Liberty Safeguards (DoLs) although there are some voluntary admissions.

During their stay in secure settings, people with learning disabilities are distanced, geographically and emotionally, from their family and friends (Fish, 2016). Residents[2] tend to experience long total lengths of stay. According to data analysed by Hatton (2020), average length of stays in current placements has reduced slightly to 2 years 6 months, and overall length of stay in secure settings has maintained a similar length at an average of 5 years 5 months in the period 2015–2018, with 36% of residents having been in continuous inpatient services for 5 years or longer. People are removed from their community and natural networks of relationships, visits are limited and restricted, and the settings are often a significant distance from their home and the local community (Brown et al., 2017). They reside in mainly gender-segregated settings with varying levels of restriction.

Day-to-day relationships are thus with other residents and staff. Drawing on our previous research, and that by Head et al, it is clear that relationships are an important factor in the well-being of residents including their ability to move through the services and be discharged successfully into the community (Fish, 2017; Fish & Duperouzel, 2008; Fish & Morgan, 2019; Head et al., 2018). However, there are multiple challenges to the building of relationships, related to the requirement for maintaining boundaries and professionalism on behalf of staff, and self-sufficiency on behalf of residents (Fish, 2016, 2018; Parkes & Freshwater, 2012).

In this article, we consider the role of relationships with staff members—particularly "good" or "positive" relationships—in the lives of people with learning disabilities who are resident in secure settings. In a previous article (Fish & Morgan, 2019), we explored what it meant to *progress* or "move on" through these settings. It was clear there was a divergence between how staff and residents conceptualised progression, although both groups saw the outcome as being to move to less restrictive settings and ultimately to live in the community. Navigating successful relationships was viewed as a critical pre-requisite to moving through (and out of) services, and supportive relationships with staff were crucial to successful transition.

1.1 | Literature review

Caring relationships with paid staff in inpatient services are often referred to as "therapeutic relationships," and principles originate within the traditions of nursing (Peplau, 1952) and therapy (Rogers, 1951). Combined, these principles consist of acceptance,

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[1]Under the Mental Health Act 1983, people with learning disabilities or autism can be detained in hospital under Section 3 of the act if they are deemed to be 'abnormally aggressive or seriously irresponsible'. There is no requirement that has a mental health diagnosis for this detention. However, it is argued that being detained under the Mental Health Act 1983 provides greater safeguards than the deprivation of liberty under the Mental Capacity Act 2005, and there is an ongoing debate about whether people with learning disabilities should be removed from the scope of the Mental Health Act 1983 (or its successors) see Series (2021).

[2]We acknowledge the challenges of appropriate language to describe people with learning disabilities who are detained in locked wards. We decided to use residents as a factual description of their status.

TABLE 1 Details of each study

Study	Date of fieldwork	Focus	Participants	Method	Link for further information	Ethical approval details
(Fish, 2015)	2012	Improving services for women	10 members of staff (2 male and 8 female) and 16 female residents. All white British and between the ages of 18 and 60. Staff—seven qualified nursing staff, two support workers and one clinical psychologist.	120 hours of ethnographic fieldwork on 3 wards. 26 In-depth interviews.	https://onlinelibrary.wiley.com/doi/full/10.1111/jar.12586	Adapted information sheets and consent forms for each stage.
(Fish & Morgan, 2017)	2017	Improving services for men	Interviews with 9 staff members (six male and 3 female). One psychiatrist, two psychological therapy staff and six direct care staff.	In-depth interviews focussed on challenges and strategies of working with men.	https://eprints.lancs.ac.uk/id/eprint/127871/1/Working_with_men_who_self_harm_full_report.pdf	Information sheet and consent form.

unconditional positive regard, empathy, genuineness and collaboration (see Norcross, 2002)—and as a way of forming an "ongoing constructive partnership" (Ryan & Morgan, 2004, p. 141). Literature applying these principles acknowledges the importance of family and peer support when working towards transition; however, the therapeutic relationship is seen to be crucial as an agent of change in supporting a person to progress (Forchuk et al., 1998). The relationship becomes therapeutic when people come to "know and respect each other as persons who are alike, and yet, different, as persons who share in the solutions of problems" (Peplau, 1952, p. 166). Therapeutic relationships can therefore "confirm self-worth, provide a sense of connectedness with others, and support self-esteem" (Peplau, 1997, p. 166).

Some literature describes particular aspects of the therapeutic relationship when working within secure settings, including the need to balance care with containment. Lovell and Skellern (2020, p. 248) describe this as particularly difficult:

> The establishment of the therapeutic relationship cannot be detached from the secure context, and the way it is developed in conjunction with its primary characteristics is coloured by the level of security.

Because of these aspects of risk and security, residing in a secure setting can have a profound effect on how people with learning disabilities see themselves. Moving on from these settings can develop a person's sense of identity from something narrow or problem-focussed to a "wider array of meaning-making" about who they are (Head et al., 2018, p. 69). Head et al's study with 11 people who had moved on from inpatient units in the UK found that successful transition depended on supportive relationships with staff, family members, and friends. Participants highlighted the importance of trusting relationships with staff who knew them well, including the need for continuity when moving into the community.

The development of supportive relationships between staff and residents is therefore extremely important; indeed, service users have reported that relationships with staff are more significant to them than therapeutic interventions *per se* (Clarkson et al., 2009; Gilburt et al., 2008; Molvaer et al., 1992). According to the residents in Forchuk et al.'s (1998) study, trust, availability and consistency of staff facilitated the progression of staff/resident relationships when moving through services and into the community. In other studies, residents highlighted staff's honesty/authenticity, respect, understanding and taking time to get to know a person in order to bring about change (Hostick & McClelland, 2002; Shattell et al., 2007).

This article considers the potential for supportive relationships as helping people to move out of secure settings, using data from a synthesis of two research studies set in a secure inpatient unit in the north of England. We explore characteristics of positive relationships in secure settings, and how these are developed and nurtured in services to support a successful transition into the community. In the Discussion section, we highlight the ways in which power imbalances hinder the potential of mutual support in relationships and

identify the importance of empathy and trust. We conclude by offering some ideas for future research.

2 | METHODS

The data from two studies are used for analysis in this article. Both studies were performed in the same secure setting in the north of England. Table 1 shows details about each study:

Further participant information can be found in the original research reports, for Study 1 this was a doctoral research thesis (Fish, 2015) and a report for funders (Fish & Morgan, 2017) for Study 2[3].

Both studies received ethical approval from the NHS IRAS Committee in the north of England, as well as from the FASS and LUMS Ethical Committee at Lancaster University. All participants had the capacity to consent to participate in the research. The research questions for the studies were based around improvement of services rather than supportive relationships; however it became clear during analysis that supportive relationships formed a significant emergent theme within the fieldnotes and interview transcriptions. Original analysis in each study was inductive, and themes were determined by the areas of discussion formed during the in-depth interviews and fieldnotes.

For the present article, we worked together to revisit the data from both studies to elicit quotes and fieldnotes that focussed on supportive relationships, and their functions in terms of helping people move on to be in "a good space" as described by our participants. We recognise that the findings from the 2012 study are dated; however, our purpose was to explore enduring notions of positive relationships, outside of the temporal context of service policy or practice. We arranged our findings into the inductive subthemes: characteristics of positive relationships, challenges to positive relationships, encouraging positive relationships, and how positive relationships can support people to move on.

3 | FINDINGS

The message from the two studies was that during their separation from family and friends, the residents' relationships with members of staff in the secure setting became central[4] to supporting a person to achieve the required steps to progress.

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[3]There are accessible summaries of both projects and of this paper published open access online: [https://drrebeccafish.wordpress.com/blog/]

[4]It has been acknowledged that while community-based staff like Social Workers should play an important role in supporting people with learning disabilities to transition successfully to the community, they have had been limited in their engagement with residents in secure settings: Romeo, L. (2016) 'Citizenship and rights. In praise of 'named social worker' pilots', available online at: https://lynromeo.blog.gov.uk/2016/07/13/citizenship-and-rights/ (accessed March 6, 2021), Romeo, L. (2017) 'Named Social Worker Pilot—The sequel', available online at: https://lynromeo.blog.gov.uk/2017/10/19/named-social-worker-pilots-the-sequel/ (accessed May 6, 2021), Romeo, L. (2018) 'Lessons learned from the named social worker programme', available online at: https://lynromeo.blog.gov.uk/2018/07/24/lessons-learned-from-the-named-social-worker-programme/ (accessed May 6, 2021).

3.1 | Characteristics of positive relationships

A key determinator of moving on through the locked ward system is behavioural stability, that is enduring absence of aggression and/or self-harm (Ryan et al., 2018; Travers, 2013). Our analysis suggested that positive relationships can work to reduce or eliminate these manifestations of distress. There were many examples of positive relationships in the secure setting. The ethnographic fieldnotes detailed a noteworthy exchange during the Christmas celebrations:

> Two hours before the Christmas party is due to start, Lorna asks Candice (staff member) if she would put her some make up on. Candice brings the pallet and asks Lorna which colours she likes, and gently and tenderly applies the make up to her face. Lorna is asking questions the whole time about what the party will be like and Candice is replying patiently. Lorna asks what she should do if she starts to feel anxious. Candice says that at any time Lorna can whisper to her and she will bring her back to the ward.
>
> (Field-notes, women's ward)

This caring interaction, which is an example of comforting touch, demonstrates the effort that staff put into the therapeutic relationship. Of course, Candice's reassurance to Lorna was dependent on staffing levels being sufficient enough for Candice to be able to bring Lorna back to the ward, and it is therefore important that services provide adequate conditions for relationship building.

All of the staff discussed how they maintained positive relationships with residents, with some describing themselves as "friends":

> John: Really, it's to be a friend. A lot of it is to be a friend to them, and be there if they need to talk, reassure them sometimes, and again if they have a bad day, they have a bad day. Everybody has a bad day, you know, it's how you react and recover.
>
> (Women's ward Interview, staff)

It is interesting that a male staff member used the word "friend" to describe the relationship, and mentioned "reassuring" and "being there." This emphasises the opportunities for a caring relationship to emerge, as described in the feminist literature on caring (Walmsley, 1993), based on reciprocity and interdependence (Kittay, 2001; Williams & Robinson, 2001). There was evidence of many positive relationships between male staff and female residents.

Karen, a ward manager, outlined the attributes of importance for staff members, in terms of empathy whilst maintaining boundaries:

> Karen: It's having that empathy a bit, that dividing line between empathy and boundaries. But it's having that fairness being able to say, "No you're not going out today because…" And then going back to them 20 min later and saying, "Are you alright, you understand why

you couldn't go out?" That kind of stuff. But it's being able to do that.

> (Women's ward Interview, staff)

Karen mentioned the balance between fairness and empathy. However, her comment highlights the power differential by acknowledging that staff make decisions on behalf of residents. Julie described how it is possible to be caring whilst maintaining boundaries:

> Julie: Yeah, I think some staff think they have to be stern and not let them in, but I personally don't feel that I do that. You have to be careful and keep boundaries within the relationship, but I still think you can be compassionate and caring. I don't think there's any need to be very blunt with people. I think you can still be empathic and kind, whilst keeping boundaries.
>
> (Men's ward interview, staff)

When asked what they considered the staff's role to be, all residents replied that staff are there to help them. Responses included words such as helping, caring, listening and supporting people to move forward. Some residents specifically mentioned staff when asked about their general experience of the unit, for example Bonnie:

> How do you feel about living here?
>
> Bonnie: Brilliant, I love it. We have staff that'll play cards and Connect-4 and play games with us and stuff like that. Yes, they just mingle in with us. There's staff that just sit there, there's not many staff that sit down and do nothing, but there's staff that are really good. Especially if you're bored.
>
> (Women's ward Interview, resident)

Bonnie felt that time spent with staff was very important for her. When asked "What are the good things about the staff?" Kate pointed out that staff will make time for residents in situations of distress, unless they are doing something very important:

> Kate: They're very helpful, like if we say "Can we speak to you, we want to have a word with you because we're upset," or something. They'll stop what they're doing and come and talk to us. The only time they don't do that is when they might be leaving potentially dangerous stuff around.
>
> (Women's ward interview, resident)

Kate clearly indicated that availability of staff to talk to her was important. Marion described why she likes some of the staff:

> Marion: [I like] their personalities and the way they laugh and joke with you. The way they help me, they go out of their way to help me.

> Rebecca: How do they help you?
>
> Marion: Well they help me by doing my hair for me, putting my make up on when I go out places, getting my clothes ready, and you know, when I'm down and all that, when I need a shoulder to cry on, them two are around when I need their help.
>
> (Women's ward interview, resident)

Marion picked out the two key aspects that residents discuss when talking about their relationships with staff - practical help and emotional support. These two key roles were highlighted as important by residents in Clarkson et al.'s (2009) paper drawing on interviews and focus groups in secure settings in the UK. Another resident, Annie pointed out that practical support featured in her relationship with a particular staff member and that the staff member went beyond duty to help Annie with things:

> Annie: But if she knows I need her, she's always been there for me. She helps me through. If I've ever gone up to her and I've scared myself when I've self-harmed, or I've done something that bad that I don't think I can handle it myself, I can always go up to her and say "Look, this is what's happened." Or if I've wanted to phone my mum or whatever, she's always gone and got the number or asked if I can phone her.
>
> (Women's ward interview, resident)

The themes running throughout these responses are that staff are offering much emotional support, but also they are being asked to do things *for* the residents, because the residents are not allowed to do these things for themselves. Residents valued these gestures of assistance, but an issue with this was that staff had many demands on their time and may be seen to "put off" the residents by saying they would do something later.

3.2 | What are the challenges for positive relationships?

We found that people with learning disabilities were perceived as inherently incompetent at navigating relationships, and this was attributed as one of the reasons why they had been detained within the unit. Some of the social and structural reasons for this were acknowledged by staff; however, this perceived incompetence was generally regarded as a feature of a person's learning disability rather than their experiences and circumstances, for example:

> Adele: Somebody with a learning disability for example, one of their features may be impulsive behaviour and not understanding social norms of keeping a polite space from people, and invading people's space

and stuff like that. That applies to a lot of people with learning disability.

(Women's ward interview, staff)

Communication difficulties were also blamed as a reason for holding people back. However, staff who know the person well were considered better equipped to ameliorate situations:

Julie: He won't say [he's distressed], you have to have a conversation with him to work around to – what's the issue? And it does tend to be around some specific things. So once you know him, it's not too difficult.

(Men's ward interview, staff)

This suggests that consistency of staff is important for understanding people's likes and dislikes, as well as recognising their body language and other signals of distress.

The power disparity between staff and residents was highlighted as a stress point in the therapeutic relationship—bringing about the potential for feeling manipulated, as staff member Iona explained:

Iona: [Residents] get you to do things either by being really nice or really horrible. But don't you think that's because of the way we set our role up? Because we're the jailors, we're inviting that "I want I want" thing, because we're denying people. Whereas if we put the responsibility on the women themselves, [we could say] "It's your responsibility to manage your own cigarettes," whatever. We still dominate people.

(Women's ward interview, staff)

Iona was commenting on the aspect of the staff role which often involves containing and controlling the residents. Many of the staff mentioned this as a difficult part of their job, balancing the two aspects of their role, therapy and containment. It seemed in the secure setting that the requirements of the service and residents were necessarily conflicting, as services have a duty to control and contain residents. The idea of being manipulated related to being able to balance the tensions between care and control:

Irene: It's difficult as a nurse in a secure unit. You don't want to be manipulated but you want them to know you give a shit. Sometimes it was tough love. But they knew I cared. I really don't think I disliked many clients even when they were threatening my life. I just understood where they were coming from. A lot didn't really have a loving/caring start in life. When you care - you care, you can't help it. A hug, a smile, or just taking time to listen - goes a long way with all of us.

(Men's ward interview, staff)

When residents discussed the challenges to positive relationships, these generally involved the use of restrictive practices, such as the use of incentive systems, continual observation, physical intervention and/or seclusion. These were generally seen as aversive or as punishments. The potential for highlighting the imbalance of power and subsequent damage to relationships due to the use of restrictive interventions is well-documented (Fish & Hatton, 2017; Quinn, 2018), and there is a growing body of resources that offer approaches to avoid their use (McDonnell & Ridout, 2019; McKeown et al., 2020).

3.3 | Encouraging positive relationships

Services are able to make positive steps in supporting the therapeutic relationship so that everyone is working towards residents' transition back to the community. Here, Elaine describes how changes in self-harm policy worked to enable more collaborative relationships:

Elaine: Regarding self-harm, [in the past] there was very much a blame culture and you were petrified. If you were looking after someone and they self-harmed, you knew very well it was going to be, "Who was watching them? Why did you not see what they were going to do?" So then you got really hyper-vigilant with the client, which put them on edge, which put you on edge. So then more often than not, it would lead to aggression because you were both so on edge. Now, we offer gender training, the Induction's much better. We've got the harm minimisation policy and staff are more equipped, are more understanding about self-harm, and you know you're not going to get in trouble if someone self-harms, that it's accepted that that's how people cope.

(Men's ward interview, staff)

As we previously mentioned, for residents there seemed to be few ways to challenge the rules without using "manipulation." To address this, Jackie's forward-thinking idea was to have a collaborative forum for negotiation, so that people are able to be part of the decision-making process:

Jackie: I think there's something about when women particularly are calmer or they're in a good space, there's something about it being a collaborative process and giving them some responsibility. So like this, "How best can we help you at these times?" So it's not just the staff "doing to," it's being more collaborative.

(Women's ward Interview, staff)

Jackie's ideas about collaborative planning and asking women how they would prefer to be treated in times of anger and distress are about sharing the power and control, bringing to mind the disability activists' mantra "nothing about us without us." We argue that attention from staff is a legitimate requirement in such units, and if this was able to

be freely given, behaviour which is interpreted as "attention seeking" and "manipulative" (see Bowers, 2003) would be considered as an indication that extra support is needed, and the power struggles would be re-evaluated.

3.4 | How can relationships help people to move on?

Fish (2018) found that incidents of aggression or self-harm can work to keep a person longer in a unit. Importantly, a staff member here describes how good relationships can work to reduce incidents of aggression, therefore bringing about stability:

> Iona: My attitude towards her was very upbeat and very OK. I was never negative towards her, if she couldn't do something, I didn't say it in a negative way. And the relationship was very different between them two [staff members] and her because they'd had all the aggression and I'd never had aggression. We'd have a laugh to be honest, we'd laugh and joke and I think there was an element of—what's the difference?
>
> (Women's ward interview, staff)

This comment shows that aggression often arises in a relational context, and importantly, that a positive staff/resident relationship can work to reduce or eliminate anger and aggression.

Staff adopt different strategies in response to aggression or the risk of aggression. Some staff proactively seek to manage the risk, by using humour and offering "face saving" alternatives (see Duperouzel, 2008). As Iona pointed out, at certain times humour and patience in the face of anger could enable relationships:

> Iona: One of the first things she said to me she came over, she said "Iona"—she whispered this in my ear, she had a good look round first of all. She said in a very menacing way, "There's little voices in my head telling me to attack you." And to appear tough and not be intimidated because you do put this facade on just to protect yourself, my reply was "Jane, this little voice is telling you to bugger off." And she laughed just like that. She laughed and that was the start of a really interesting relationship.
>
> (Women's ward interview, staff)

Mutual trust was discussed as a way to facilitate relationships, in ways that allowed discussion and safety. Here, Bella talked about becoming trusted more now that she has stopped self-harming:

> But I haven't [self-harmed] for 3 weeks, which I'm very, very proud of myself. I'm very proud of myself

and so are the staff. And they're now starting to trust me, because I've a little box, you know in craft, and the lady in art and crafts said, "Don't look because I'm putting a ribbon on it", and I said, "Right I can't have one, because I tied ligatures." She said thanks for telling her—"I'll cut it into pieces."

> (Women's ward interview, resident)

Rosie mentioned that staff support helped her to reduce her feelings of suicide, and subsequently, her observation levels were reduced:

> Rosie: Staff just talked to me, to understand why I'm self-harming, why I'm tying my neck up, and just were there for me.
>
> Rebecca: Can you look back and see why you were doing that now?
>
> Rosie: Because I just felt suicidal, I wanted to join my Mam, and I were really poorly then, Rebecca.
>
> Rebecca: And what do you think has helped you to come through that?
>
> Rosie: Cos staff have been stronger and tougher, and they've really talked to me - talked me out of it.
>
> (Women's ward interview, resident)

Various staff members on the men's ward described how men's distress can be regulated in the context of supportive, consistent relationships, for example:

> Andrew: [His distress reduced when] everything was pretty settled. A stable staff team, lots of people who knew him well, lots of people who could notice subtleties about him not being happy, and intervening to address that at an early stage.
>
> (Men's ward interview, staff)

> Graham: I think if people are moved around too much, you don't see it, you don't see the patterns as much. You don't pick up on what's going on. And you tend to see the person in crisis.
>
> (Men's ward interview, staff)

In particular, staff mentioned utilising good relationships to minimise anxiety during transition, for example:

> Keith: The anxiety, there's all the talk about [moving], which has increased anxieties tenfold. People are anxious of where they're going to end up and what's

it going to be like, "Will I have the staff with me that I know and trust?"

(Men's ward interview, staff)

David: [Moving on] is done over a period of time where the new staff team will come here and work with them. They'll start visiting the house, the flat, buy in things and eventually our staff will take a back seat and their staff will take sort of over more of the lead.

(Men's ward interview, staff)

The examples of successful progression and moving on in both studies were accompanied by examples of good staff/resident relationships that included utilising trust and patience to foster gradual transition.

4 | DISCUSSION

There are many enduring challenges to supportive relationships in secure settings. Lovett (1996, p. 161) refers to the "general devaluation of people with disabilities, the role of professionals as powerful authorities in the lives of people with disabilities, the monolithic culture of institutional practices" as well as "the unquestioned cultural superiority of these professionals and their values over people with disabilities." This echoes the structural disablism identified by James (2021) as inherent in wider learning disability policy interventions over the last 50 years. This "endemic low expectation and a lack of ambition for people's future" have become engrained in healthcare and social care systems (James et al., 2017, p. 1651). It is through these institutional- and policy-related discourses that power disparities become rooted and entrenched. We have shown how positive therapeutic relationships are able to address and rebalance this situation.

We found that consistent with the literature on therapeutic relationships, respect, acceptance, trust and openness are important, and these are demonstrated through providing practical help, emotional support and enjoyment. These aspects are consistent with a rights-based approach to care and feature in the literature as crucial to therapeutic progression (Doyle et al., 2017; Parry-Crooke & Stafford, 2009; Sarkar & di Lustro, 2011). Staff used words such as "empathy" and "support," even "friendship," which we would suggest reflects the nature of the relationship and the type of work.

We have shown just some ways in which positive relationships can encourage successful progression through, and ultimately out of, secure settings. If effective transitions rely on behavioural stability as demonstrated in the literature (Fish & Morgan, 2017; Travers, 2013), we argue that engaged relationships with staff can help to fulfil this aim. It is important that there is recognition of the value of supportive relationships at an organisational level, and a two-way process of communication, where behavioural responses are considered in terms

of the contexts and preceding events. Key to this is staff retention and a consistent, well-trained and plentiful workforce.

A significant theme here, as well as one which runs through the literature that discusses staff/resident relationships, is trust. Trust works both ways and is central to the therapeutic relationship. According to Langley and Klopper (2005), essential conditions for the development of trust in a staff member are: availability, honesty and confidentiality, being able to listen and try to understand, and helping the resident to feel safe emotionally and physically. Residents felt that the need to be trusted was as important as being able to trust. Our findings agree with Hermsen et al. (2014) who note the following as contributing to positive relationships: trust, creativity and flexibility, humour and intuition, as well as having an open and respectful staff team.

These elements of relationships are manifested using "soft skills." Often undervalued and difficult to measure, soft skills form an essential part of enabling people and should be nurtured within services, as recommended by Sara Ryan:

Love is a central feature of family life and yet remains invisible in health and social care services, practice and research. Where is the love? And why is this word erased in the professional arena? Not scientific enough perhaps, or too messy to engage with. (Ryan, 2020, p. 26)

Opportunities for building the staff/resident relationship into one of mutual support may be missed due to the power imbalance between staff and residents. This is recognised by staff as part of the contradictory requirements of care and control. The imbalance of power is exacerbated by the use of restrictive interventions (Gilburt et al., 2008), in particular the use of physical intervention, forced medication, and seclusion, as also mentioned by Quinn (2018, p. 54):

They hold all the power and they own you. They can restrain you when they like and fill you with chemicals when they like.

Power imbalance was further entrenched by the use of concepts of "manipulation" to describe residents. Yates's critique of the government's *Valuing People* white paper (Department of Health, 2001) points out that "The discourse of valuing does not permit an analysis of 'manipulation' as a form of resistance" (Yates, 2005:234). Yates points out that employees of service agencies are encouraged to think constantly about values but "rarely about power relations between residents and support workers—*except* where residents are deemed to behave in a 'manipulative' fashion, in which case *they* are seen to attempt power play over *us*" (Yates, 2005, p. 234, emphasis in original).

We argue that power differentials are brought into play by perceived hierarchies in services: *"We cannot expect to work positively with people as equals in hierarchical services that systematically define them as 'less than'"* (Lovett, 1996, p. 127). In order to encourage supportive relationships, we therefore suggest that services should work towards initiating a "flat hierarchy" (as advocated by Quinn,

2018) and supporting "more equal relationships based on equality and respect for people's subjective experiences" (Wilde, 2014, p. 210). This model would mean staff and residents being supported to embrace the therapeutic alliance and work together, towards the same goal of successful and smooth transition back to their community as soon as possible.

5 | CONCLUSION

Key to our argument is the therapeutic potential of staff/resident relationships. Positive relationships can be beneficial for both groups, enabling residents to "practice" relationship-building soft skills, and can also work to reduce staff burnout (Mersin et al., 2020). We recognise the limitations of our research, in that the theme of supportive relationships from our data arose incidentally; each project we have reported on was not originally centred on relationships. We also acknowledge that we have combined data from two studies that are dissimilar in date and participants—the 2017 study did not include observations or interviews with residents. However, we maintain that enduring and important insights have arisen from our revisiting the data, and we hope that these are helpful to staff members when supporting people to navigate transitions from secure settings. We recommend future research to explore the role of positive and supportive relationships in successful rehabilitation and transition, including work that elicits retrospective narratives about what has helped.

DATA AVAILABILITY STATEMENT
Data Availability statement: Research data are not shared as requirements of ethics committees.

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