

A qualitative study of the views and experiences of those working in residential children's homes

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Abstract

Young people in residential children's homes have typically experienced significant child maltreatment and will have likely experienced multiple placement moves; both are associated with a range of poor outcomes and impact on wellbeing. Whilst much is understood about the impact of child maltreatment, little is known about how residential health care workers experience and understand the potential difficulties the children they look after experience. Our study aimed to gain an insight into the views of residential workers, how they understand their role, and what barriers they experience in their work, as well as supportive factors. We used a qualitative design to understand residential workers' perspectives of supporting their young people. Five focus groups were run with a total of 22 participants. Participants were predominantly female and ranged in age and years of experience within the sector. Participants worked in five residential care homes across England and Wales. Three core themes were identified using thematic analysis. Firstly, residential workers feel this is a rewarding profession but not one that is well understood and valued by society. Secondly, factors such as shift demands and managing challenging behaviour can be barriers to residential workers being emotionally available to the children in their care, but factors such as being part of a cohesive team and access to reflective spaces help promote resilience. Thirdly, workers recognise that confidence and skill impact their ability to successfully manage challenging behaviours. The implications of the findings can be used within children's services to promote workers' wellbeing, to reduce staff burnout and secondary trauma, and to improve retention, which can increase

positive outcomes for young people in their care and can guide practice within the residential care sector.

Keywords

Residential care, residential healthcare workers, looked after children and young people, children's services

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Introduction

There are approximately 102,000 young people under the care of UK local authorities (NSPCC, 2021), with this number continuing to rise (Parry et al., 2021). Although occupancy data within children's residential homes is not easily identifiable for a full year, at the end of March 2019 there were approximately 6,400 children in English children's homes alone (Ofsted, 2020). The most common reason for a child being placed in care is exposure to maltreatment (Ofsted, 2020; Welsh Government, 2020). Child maltreatment is considered a key risk factor for poor outcomes, including high rates of psychopathology, behaviour difficulties and poor educational outcomes (Chapman et al., 2004; McCrory & Viding, 2015). The prevalence of mental health problems is particularly high for children who have experienced maltreatment and been placed in out-of-home care (Baldwin et al., 2019).

A common experience of those in residential care is multiple placement moves; a third of children in residential care will have had at least six previous failed foster placements (Narey, 2016). Research has shown that placement breakdowns often have a further detrimental impact on a child's wellbeing (Rahilly and Hendry, 2014), with estimates suggesting that 75% of young people in residential care meet the criteria for at least one mental health disorder, compared to 40% of those in foster families (Meltzer et al., 2003).

There is currently very limited research into understanding how those who care for young people in residential care experience their role, and cope with the difficulties of the children they look after. The workforce has been largely overlooked by past research, compromising the ability of the sector to develop and meet the needs of its staff (Haggman-Laitila et al., 2019; Parry et al., 2021).

Limited research has shown that residential workers often find it difficult to define and understand their role (Smith, 2015). A common perception emerging in the literature is that residential workers are unsure how to best manage challenging behaviour and lack practical advice and strategies (Smith et al., 2015). Within the current study, the term 'challenging behaviour' is used as an umbrella term to encompass a broad range of behaviour that can be difficult for

residential workers to manage, often underpinned by emotional dysregulation and/or attachment related needs. Research with foster workers has highlighted their concerns about how to navigate social care and mental health services, and mixed views about how best to support young people with complex mental health needs (Hiller et al., 2020).

The current study aims to explore the issues residential workers experience when working with children who have experienced maltreatment, including their perceptions of the support they receive and their methods for managing challenging behaviours. This research could provide a deeper understanding of residential workers' experiences and perceptions to inform policies and practices to promote positive outcomes. Respondents who participated in this research all work within a private residential care company within the United Kingdom.

Method

Ontology and epistemology

Critical realism asserts that whilst an external world exists and humans can gain knowledge of it, this knowledge relies on perception which is influenced by individual interpretation (Burr, 2015). The current research was conducted through a critical realist perspective with regards to ontology, thus being compatible with the chosen qualitative paradigm (Braun & Clarke, 2022). The researchers adopted a constructivist stance on epistemology. Constructivists recognise that humans gain knowledge and interpret reality according to pre-existing knowledge and experiences. The ontology and epistemology outlined led the researchers to a reflexive thematic analysis methodology. This approach enables an inductive exploration of residential health care workers' experiences of dealing with challenging behaviour, placing emphasis on what can be learnt from their subjective perspectives.

Sample and procedure

This project was completed as a service improvement study, to learn about the needs of residential healthcare workers. All participants provided informed

consent for their participation. Participants were 22 residential healthcare workers, who cared for young people within private residential care homes across multiple local authorities within England and Wales.

Flyers advertising the focus groups were circulated via email to children's homes served by a large national provider. Five children's homes responded, and all workers were invited to participate. The five focus groups were then organised, consisting of between three and six participants.

Focus groups ran for between 1-2 hours via the virtual medium of Microsoft Teams. Prior to the focus group, all participants completed a self-report background questionnaire, with details of their age, region of the UK in which they work, gender, and duration of time working as a residential care worker. Focus groups were run using a semi-structured question guide that was intended to capture information on (i) the types of challenging behaviours workers see, (ii) how they manage challenging behaviour, (iii) common challenges they face as residential care workers, (iv) how workers deal with and support young people when discussing disclosures, (v) how workers become equipped with the skills and knowledge needed to work effectively, (vi) what further support/training workers would like and, (vii) common challenges workers face in their role.

Transcribing and coding

The focus groups were recorded and then transcribed verbatim, with transcripts further quality checked by another researcher who had not attended the focus groups. Using NVivo software, the transcripts were then analysed and coded using Braun & Clarke's (2006, 2013) guidelines for thematic analysis. The researchers were interested in investigating the experiences of residential health care workers, exploring what could be learnt from them in an inductive way. Reflexive thematic analysis was used to develop themes across the dataset in a way that embraced researcher subjectivity, viewing it as a resource (Gough and Madill, 2012), rather than a buffer to knowledge production. Additionally, thematic analysis was used to allow for detailed exploration of the transcripts without the need for concrete theoretical frameworks in place prior to coding (Braun & Clarke, 2006).

The coder first read all five transcripts to gain an overview of the data, after which each transcript was systematically coded. Codes were then grouped to form themes. Each transcript was then analysed by a second coder to allow for richer analysis and interpretation of codes. Key themes were consistent across the five focus groups. There was not capacity within the study to seek further input from participants at this point. However, reflective practices were used throughout all interviews by the interviewer to confirm a strong understanding of the conversation and to reduce the chances of misconstruing what was being said (e.g., summarising back to participants and seeking further clarification where needed, and reflecting on the answers given).

Results

Descriptive information

Participants were spread across the adult age range, but the greatest number were within the 25-34 age bracket, and they were predominantly female. There was a range of experience within the sector, with four participants being new to the role, and eight having over 10 years of experience. Descriptive information for the participants is presented in the table below.

Demographic	Number *
<i>Age (years)</i>	
18-24	2
25 -34	8
35-44	2
45-55	4
Over 55	3
<i>Gender</i>	
Female	14
Male	5

<i>Location of residential home</i>	
Shropshire	2
Lancashire	4
Northeast	3
South Gloucester	4
Wales	6
<i>Experience</i>	
Less than a year	4
1-3 years	5
4-7 years	2
8-10 years	1
Over 10 years	7

*Three workers did not report this information

Table 1: Descriptive information for the participants

Focus group themes

Thematic analysis identified three core themes across all five focus groups. (1) Workers identified that it is a rewarding profession but one that is neither well understood nor valued by society. (2) Many factors can be barriers to the residential workers being emotionally available to the children in their care, but other factors help promote resilience. (3) Workers recognise that their confidence and skill impact their ability to successfully manage challenging behaviours. Within each theme, several sub-themes were also identified.

Theme 1: It is a rewarding profession but one that is not well understood or valued by society

Participants discussed the main challenges they face within the role, in terms of both the pros and cons of being a residential worker. Responses across all five groups fit broadly into four subthemes.

Subtheme 1: Workers feel very well supported within their teams

Across all focus groups, workers agreed that they are provided with a high level of support from their teams and within their organisation.

I think we have enough support, you know we are supporting each other, you know we have regular supervisions, we know we can go to [...] if we have any issues, we know we can have a supervision if we need it, if something is playing on our mind, you know I feel supported enough here.

Subtheme 2: Although supported by their colleagues, wider society does not value residential care workers

All focus groups outlined within the discussion that society does not understand how difficult the role of a residential care worker is, and therefore they do not get the recognition they deserve.

Don't think people outside of this industry realise quite how difficult it is. They think it's like a home from home and you would just go and sit all day doing what you usually do at home. It's not like that, the shifts are long, it's tiring, emotionally draining.

Subtheme 3: Wages and benefits are too low across the sector, and not congruent with the responsibilities and demands placed on residential care workers

During the discussion, participants were asked to explore common challenges to the role, and what they would like to change. Across nearly all focus groups, low wages for workers in general were a focal point of the conversation, with the general consensus being that wages and benefits should better reflect the intense demands and responsibilities placed on residential care workers.

I think for what we do, we are very very poorly paid [...] because I think that we are doing social workers jobs most of the time, and not getting any of the financial rewards or recognition.

Subtheme 4: Although challenging, the role is unique, enjoyable and rewarding

Participants consistently reported that they continue to do the job because they enjoy the work and it is rewarding, not because of other factors such as the salary and benefits associated with the job.

I absolutely adore my job, it could be easier, but it's that reward at the end.

I've never been happier in a job than I am with this one.

Theme 2: Many factors can be barriers to the residential workers being emotionally available to the children in their care, but other factors help promote resilience

Within the focus groups, workers explored how a multitude of demands on workers whilst on shift, including emotional, physical, and administrative demands, impact their ability to be emotionally present for the children in their care, which all agreed was the most important part of their role. This theme encompasses staff having significant responsibilities placed on them, the emotional load of caring for young people, and the difficulty of being away from their own family and personal life.

Almost all participants commented on one of these three factors preventing them from being physically or emotionally available for the young people in their care. In contrast, participants were also aware of factors that promoted resilience and helped them manage the emotional demands of the job; these included cohesive teams and reflective spaces/conversations. Across all five focus groups, there were four consistent subthemes.

Subtheme 1: Shift demands such as lack of sleep and dealing with difficult incidences can prevent workers from being emotionally available for the young people they care for

Almost all participants agreed that lack of rest can cause staff to feel burnt out, therefore hindering their ability to be emotionally available for the young person they are working with, as well as carrying out day-to-day tasks such as driving the young person to school.

My biggest problem is that perhaps the expectation that you go through 24 hours without any sleep and have another 24 hours in front of you.

Two participants suggested (with strong agreement from others in their focus group) an on-call system for workers to utilise in the event of lack of sleep caused by incidents throughout the night, to allow workers to rest before coming back onto shift.

Think if you were up all night with a young person, or had an incident all night, and you're back on shift the next day 7 o'clock in the morning but you haven't been off shift, there should be a thing to try and get your shift covered so you can go home maybe for a good 5 hours sleep or something like that and come back in or something.

Subtheme 2: Workers often struggle being away from their own family, and separating work life from personal life can be difficult

Many participants discussed the negative impact the role can have on their own personal life, such as missing out on family life and special occasions.

I suppose from a personal perspective, my stress comes from what's happening in my life when I'm not there. Two days is a long time to be away from family, especially if there are issues. So yes you can go into work and have a bad day, but there's worrying about others that you leave behind as it were.

Many participants also discussed the difficulty of having to 'switch off' from your personal life and leave personal feelings outside of the workplace. For example,

there is the perception that residential care staff must present as calm and jolly around the young people they work with, but this can be difficult whilst dealing with personal problems, coupled with stressful incidences in work (such as challenging behaviour). Some staff reported compartmentalising their personal and work life as a coping strategy to deal with this challenge, and feeling like they lead double lives.

It's almost for me like I've got two homes, two houses. This is my main house that I'm sat in now, but I have another house and another family. That's the only way that I can cope, almost shutting one off and going to the other. It's an odd situation.

Yeah sometimes you have something going on at home as well as this life and it is hard sometimes. I mean just walk through that door and be professional and kind of leave all of your personal problems [...] and that sometimes it is really really hard and then you are having a hard time at home and you are coming to work and it is chaos... it is like a double barrier that is really hard work.

Subtheme 3: Being part of a supportive and close-knit team helps to deal with these demands

Within each focus group, participants were asked to discuss what they do to cope with the challenges of being a residential care worker, and what support they currently receive to help manage the demands of the role. All participants strongly agreed that seeking and receiving support from their individual staff teams and being able to share their thoughts and feelings within the team was the most important coping mechanism. There was a strong perception that being part of close-knit team allows staff to be resilient and access support whenever it is needed, and a good relationship with colleagues was vital to manage the challenges that are associated with the role.

Obviously we all know each other, I know ___ is obviously new but the staff team are really close and we are able to share our thoughts and feelings, and work together as a team.

Staff teams lean on each other during stressful incidences and find it helpful to share their thoughts and feelings in a safe, confidential space. Participants also noted the importance of jumping in to support colleagues during challenging incidences, and value lifting each other up by highlighting what they have done well, as well as reflecting on what could be done next time.

We all have a very tight knit team, that if there is something that's been really stressful or upsetting afterwards, it'll be everyone bands together to support that where needed.

Subtheme 4: Having a safe, confidential space to vent and reflect would be valuable

Across nearly all focus groups, participants outlined the need for residential care workers to have access to a safe, confidential space where they are able to discuss and reflect on their thoughts and feelings about challenging incidences within work. Participants suggested that this would not only make them feel supported on an emotional level, but the opportunity for reflective conversations would allow them to learn from their experiences and identify what is going well.

A safe space to talk about the incident, your feelings, and everything surrounding outside the residential environment itself. Umm, there are some things that you can't/shouldn't take home and talk about, there are some things you can't talk about within the home, but a safe space to talk is essential.

Theme 3 - Confidence and skill impact on the ability to successfully manage challenging behaviour

Across the five focus groups, participants discussed how they become equipped with the skills and knowledge to manage challenging behaviour successfully, what areas of support they find useful, and what further support could be offered. Three consistent subthemes emerged.

Subtheme 1: Training and consultations are helpful in equipping staff with the skills to manage challenging behaviour

Many participants noted how useful the current training system within their company is. This includes an induction week before staff enter the residential home, as well as regular consultancies and informal training with the therapist attached to their home.

What is good as well for the new staff team is they have a full week's induction before they ever do a shadow shift.

Our consultancy [...] we have a really good relationship with our therapist. I can ring her this week at any time and ask if she has any strategies that we can work with. I think therapists are our first support call.

Although most participants were satisfied with the current level of training they received, some suggested that more bespoke and in-depth training shaped around the needs of the young people in their care would be useful. Staff also noted that although the online training videos can be useful, live and face-to-face training sessions where there is an opportunity to ask questions and engage in relevant conversations are more valuable.

So it's basic videos of this and that, what you're training is that then you answer some questions at the end. It can be very difficult to understand the importance of the training, based on what we have in my opinion, because I've had training beforehand where it's been face-to-face so I know the value of that.

Subtheme 2: It is helpful to work alongside and learn from experienced staff members

An overwhelming theme within the focus groups was the belief that learning from experienced residential care workers by working with them and having the opportunity to ask questions is more valuable than formal training.

The training is useful but learning on the job and seeing different ways of doing it, different, different workers and different experiences is possibly more powerful.

Subtheme 3: Support from specialist support teams and outside agencies is helpful in managing challenging behaviour

All workers agreed that the support received from the Specialist Support Team was a valuable service. Across all focus groups, participants reported that they utilise the services available from the Specialist Support Team and were satisfied with the support they had received.

I think we do get a lot of support with the clinical side of things, I think we are all right and then we have behaviour management specialists, missing from care specialists, CSE specialists...

Although participants were happy with the support services provided within their company, many were not satisfied with the level of support available from outside services. Participants reported seeking additional support from external services such as CAMHS, regarding the mental health of a young person who was, or had been, in their care. There was a strong perception that perceived support from services is somewhat limited, or they are not able to access the support when it is most needed (for example, when a young person is at crisis point).

Kind of being able to access external agencies or statutory services, being able to kind of liaise with them quicker and work, get appointments quicker.

Discussion

Residential children's homes have more recently been viewed as a 'last resort' for young people by local authorities (McLean, 2015) and the young people often have significant mental health needs (Narey, 2016). Residential workers face the complex role of managing significant challenging behaviours (Berridge et al., 2012). This study examined residential care staff members' perceptions of providing support to the young people in their care. Three main themes emerged from the analysis. Firstly, is it a rewarding profession but not one that is well understood and valued by society. Secondly, many factors can be barriers to the residential workers being emotionally available to the children in their care, but

other factors help promote resilience. Thirdly, workers recognise that confidence and skill impact their ability to successfully manage challenging behaviours.

With regards to the first theme, previous literature supports the notion that workers feel undervalued by society. Maclay et al. (2006) found that foster workers in the UK often feel under-supported and undervalued by society. While Colton and Roberts (2004) have argued that the low status and poor salary levels for children's residential care workers means many staff perceive the career as a short-term option, thereby creating staffing issues within the sector. Research has demonstrated that when employees feel undervalued, they're more likely to disengage, experience burnout and underperform within their role, as well as this having a negative impact on employees' mental wellbeing (Walsh, 2011).

The role of a residential worker is very demanding. Staff are required to provide 24-hour care and are responsible for the supervision, welfare and safety of the young people in their homes (Heron & Chakrabarti, 2003). Residential worker roles go above and beyond that of typical parenting due to the extensive needs of the young people they look after (Delfabbro et al., 2005). A challenge for the sector is how to promote a better understanding of the skilled nature of the role, and for it to be perceived by society as a profession. This could partly be achieved by considering whether the title 'worker' adequately reflects the complexities of the position, but this study did not ask workers whether their job title affected their sense of the value society places on their role, so this would be an area for future research to consider. Would workers find a title such as therapeutic parents or child practitioners more meaningful?

Within the sector, the challenge is also how we ensure staff have their work recognised, progress celebrated, and morale maintained. Future research needs to identify what methods are effective with the residential sector in helping workers feel valued, other than pay. For example, how useful are nominated awards, 'thank you' away days or long service one-off payments?

With regards to the second theme, workers consistently identified that the primary task in their role was to be emotionally available and present for the children. Workers insightfully recognised the factors which may compromise

their ability to be emotionally available, including (1) tiredness due to long shifts, (2) feeling overburdened by administrative tasks, and (3) juggling their own lives. This supports the findings of previous research (Whitaker et al., 1998). It is very prudent that workers identified this theme as it highlights the potential for burnout in teams; past research has well documented that burnout affects emotional availability and therefore therapeutic outcomes for young people (Parry, 2017; Zerach, 2013).

In terms of practical demands, an ongoing challenge is how to cover long shifts whilst acknowledging workers get tired, especially if children are unsettled at night. Providers could consider on-call workers for teams on waking nights to reduce staff tiredness the following day. Further options could be finding ways to reduce the admin load and offering more supervision or debriefs with a clinician who is not part of the management team (Kent, 1997). The importance of supervision and reflective practice is often discussed in relation to wellbeing in many caring professions including social work (Crowder & Sears, 2016), inpatient nursing (Buckley et al., 2020), and therapy and counselling (Bray, 2019), and further research is needed into how much and by whom is helpful for residential care staff.

Significantly, workers reported the importance of supportive teams and places to promote emotional resilience, which is consistent with previous research. The Secure Base model (Schofield & Beek, 2014) developed through attachment theory (Bowlby, 1979) suggests that cohesive and supportive staff teams are imperative to promoting emotional regulation and resilience in care staff. Schofield and Beek (2014) emphasise within the model the importance of colleagues being available, sensitive, accepting, and cooperative and encouraging team belonging.

Beyond the emotional challenges and shift demands within the role, workers also reported on the importance of feeling skilled and confident to manage some of the difficulties the young people in their care experience, as identified in the third theme. It was reported that workers recognised the usefulness of formal training but found learning through experienced staff members on the job was the most impactful way of building skills. Furthermore, the residential workers discussed how they felt they had access to good support and training internally

and that this was useful, but not as meaningful as learning from experienced colleagues. However, they did not feel consistently well supported by external services and access to CAMHS was highlighted as a concern. This is supported by previous literature exploring foster workers' experiences of support received from specialist services, which suggests that foster workers also experience a frustration with the lack of support from statutory services (Hiller et al., 2020).

The implications of the current study can provide insightful research to support workers within residential children's homes. It is important for providers to utilise the findings to address the obstacles workers face and thereby to reduce staff burnout and secondary trauma, to promote better practice for the children in their care. The strengths of this study include the qualitative approach to gain a deeper understanding of the perceptions of workers in residential children's homes. The study also explores the views of a group of social care workers who have not received much attention in the literature. However, it is also important to address the limitations of the study. Firstly, the research was only conducted within children's homes run by one national provider and so findings may not be generalised to all care providers. Furthermore, the researchers were from the same company as the care staff, which may create biases or mean workers do not volunteer particular information. That said, in all groups workers seemed freely able to critique and evaluate their concerns in their role and findings match similar work done in other related groups (e.g., foster workers; Hiller et al., 2020). Finally, an opportunity sample was obtained given that all participants worked for the same company, which may have influenced the findings. Workers may have participated if they were particularly frustrated, alternatively homes experiencing significant difficulties may not have had the time or motivation to attend the focus groups. However, it is important to note that the aim of this study was not to provide generalisable findings, but to conduct an in-depth exploration of the participants' experiences as residential health care workers, congruent with the values that underpin reflexive thematic analysis. The researcher also did not consider or collect demographic information on the participants' education level or qualifications, to explore if there were any correlations between these factors, and the themes identified in the analysis. This could be an interesting avenue for future research.

Conclusion

Given the current gap in the literature exploring residential workers' experiences within their role, coupled with the high prevalence of children living within residential homes within the UK, it was important to give a voice to residential workers through research. The researchers explore one potential way; that is, investigating the experiences of residential workers who work closely with children and young people within residential homes, and what can be learnt from their experiences of their role with regards to supporting residential workers. It is hoped that those within this field can utilise this information to identify factors that may support residential workers, empowering their voices in the process.

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The results obtained from the HRA's decision tools can be taken as an authoritative decision and are line with:

- The harmonised UK-wide edition of the Governance Arrangements for Research Ethics Committees (GAfREC) 2018;
- UK Policy Framework for Health and Social Care Research (2017)
- The National Research Ethics Service (NRES) Defining Research table and the algorithm Does my project require review by a Research Ethics Committee?

The decision obtained from the decision tools should not be interpreted as giving a form of ethical approval or endorsement to your project on behalf the HRA. However, it may be provided to a journal or other body as evidence if required.

Declaration of conflicting interest

The first four authors all worked for the same company as the participants. A private, national provider of residential children's homes.

About the authors

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Dr Sarah Elgie is a Clinical Psychologist who specialises in residential care and developmental trauma, having qualified in 2002. She is passionate about developing our understanding of the needs of children who have experienced

abuse and neglect, and the needs of those who support them whilst in care. Supporting carers in understanding what lies beneath challenging behaviours and enabling them to offer consistently emotionally available care is at the core of her work. Previously she worked in CAMHS for 16 years but now primarily works within the private sector.