

# Reflections from the forgotten frontline: 'The reality for children and staff in residential care' during COVID-19

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## Abstract

Currently, 78,150 children are in care in England, with 11% of the most vulnerable living in 2,460 residential homes due to multitype traumas. These children require safe and secure trauma-informed therapeutic care. However, the children's residential care workforce delivering this vital care is an unrepresented, under-researched and largely unsupported professional group. The workforce undertakes physically and emotionally challenging work in difficult conditions, exacerbated by the COVID-19 pandemic. Practitioner wellbeing is directly associated with outcomes for children. Therefore, we sought to understand how experiences within the workforce could improve overall working conditions, and thus outcomes for staff and children. Thirty participants took part in a survey, providing feedback on their experiences and the situations they faced during the English lockdown April-June 2020. Two participants also opted to take part in a teleconference interview, rather than survey, although were asked the same questions. Data were analysed through thematic analysis. A stakeholder advisory board supported the project, including frontline staff, care leavers, service managers and policy researchers. The advisory board assisted in reflecting on the data from the survey and interviews to generate a complete analysis. Overall, staff require facilitated safe spaces for peer-support, reflective and emotionally supportive supervision. An organisational awareness that staff wellbeing is intrinsically connected to the wellbeing and therapeutic outcomes of the children they care for is essential. Further, staff require a sense of belongingness to feel safe and competent in their role due to a lack of external recognition and professional representation or validation. Based on the findings of the study and an iterative process with the stakeholder advisory board, we created a Wellbeing Charter for adoption within organisations to promote and protect the wellbeing of this vital workforce. The COVID-19 pandemic has exposed professional, financial and environmental inequalities that affect these frontline workers. Implementing organisational, statutory and policy-driven initiatives to prioritise their wellbeing are essential for the vulnerable children they care for.

## KEYWORDS

qualitative, residential children's homes, thematic, workforce wellbeing

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**What is known about this topic and what this paper adds**

- Following a literature search and consultations with national bodies, it was concluded that no national professional body or Wellbeing Charter exists for this workforce. Residential children's care and the workforce are under-represented in research, policy and practice.

**Added value of this study**

- The Wellbeing Charter could be transformative in the sector to protect and promote the wellbeing of this workforce, and thus contribute to improved outcomes for our most vulnerable children and young people.
- We found important associations between individual, relational and organisational factors that influence the care that this workforce is able to provide.
- Implications for the professional accreditation, representation and protection of this workforce are discussed in terms of policy, research and practice.

**1 | INTRODUCTION**

There are currently 78,150 children in care in England. On 31 March 2020, there were 2,460 children's homes providing residential care for 12,175 children, which is a 7% increase since March 2019 (Ofsted, 2020). Typically, 11% of the most vulnerable children in care will be in residential homes at any point due to multitype traumas and therapeutic needs. A widely accepted definition of therapeutic residential children's care is provision that 'involves the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioural needs' (Whittaker et al., 2014, p. 24).

The plight of children in care has been labelled the 'silent crisis' (Oakley et al., 2018). The number of children entering the care system continues to rise and these children are significantly less likely to achieve their developmental or economic potential, whilst also being much more likely to experience mental and physical health difficulties throughout their life course (Parry & Weatherhead, 2014; Viner & Taylor, 2005). Children in care are five times more likely to be excluded from school compared to their peers and only 14% achieve five pass exam grades at age 16 (Bazalgette et al., 2015; Education, 2017). Further, 39% of the children in secure centres are in care and a quarter of adults detained by the forensic system were in care as a child (Simmonds, 2016). In 2015, government guidance recognised that almost half of children in care have a diagnosable mental health disorder and that looked after children are four times more likely to experience a mental health condition (Education, 2017). Overall, children in care are overly represented across youth and adult forensic services, homeless populations, and are more likely to experience re-victimisation and exploitation if they have not experienced positive and secure relationships during childhood (Brännström et al., 2017).

This incredibly vulnerable and growing group of young people are disadvantaged across their developmental trajectories, although positive therapeutic relationships can offer a degree of security, hope and stability within an unpredictable and insecure care system

(Parry & Weatherhead, 2014). Therapeutic relationships experienced with frontline staff are incredibly important for healing, regulation, and developmental trajectories (Robinson et al., 2017). Garfat and Fulcher (2012) suggest 'Child and Youth Care workers are ideally situated to be among the most influential of healers and helpers', with Garfat (2008) naming the nature of the relationship the 'in-between between us'. Further, when training and support is provided to staff to enhance the therapeutic milieu and interactions with children, this can directly enhance the children's sense of self and quality of other relationships (Holden et al., 2010). However, the workforce has been largely overlooked in terms of research and it is recognised that much more research is required to inform evidence-based service development and professional training across the looked-after children's sector (Haggman-Laitila et al., 2019; Parry et al., 2021).

Internationally, the outbreak of the COVID-19 global pandemic has raised significant concerns for children in care, with some institutional providers closing and children being returned to what could be hazardous environments and at greater risk of exploitation, with little reassurance of how the children will be cared for post-pandemic (Goldman et al., 2020). Further, foster care placement disruptions may also result from the socioeconomic hardships that are resulting from lockdowns, meaning systemic and multidisciplinary support for children and carers is required (Wong et al., 2020). Due to a reduction in evidenced-based protective care, respite for carers, training, and collaboration between services for children in care during COVID-19 in the United Kingdom (UK), children in care and their carers have been put at greater emotional and physical risk (Crawley et al., 2020) and the need for good quality residential care may increase.

**1.1 | Workforce wellbeing in residential children's homes**

A recent call to action regarding the multidisciplinary research priorities for the COVID-19 pandemic highlights the need to learn from what is already known and to attend to the specific needs of

vulnerable groups through multidisciplinary collaboration (Holmes et al., 2020). However, residential children's workers have been systematically overlooked in terms of research, meaning there is relatively little prior research to draw on to support them during the pandemic and resulting socioeconomic hardships to follow. One of the few studies that has engaged qualitatively with residential children's home workers found that the therapeutic relationship staff develop with the children was a restorative factor, alongside a collegiate network (Burbidge, Keenan & Parry, 2020). Additionally, staff reported their wellbeing was affected by outcomes for children, which they witnessed first-hand as they facilitated the transition for the child from residential care to foster care. As for many therapeutic practitioners, the role of effective supervision was also essential (Trieschman et al., 1969).

Even under typical working conditions, the demands on residential children's workers are extremely high, involving long hours, low pay, and responsibility for safety, emotional support, discipline and boundaries, and managing crises (Seti, 2008). The workforce has been reported to operate within a 'culture of fear' (Brown et al., 2018), with many risk factors related to burnout (Brouwers & Tomic, 2016) and workplace aggression increasing emotional exhaustion and depersonalisation (Winstanley & Hales, 2015).

Burnout affects emotional availability and therefore therapeutic outcomes for children (Parry, 2017; Zerach, 2013). Frequent staff turnovers in residential children's care due to burnout, compounded by recruitment and retention challenges during COVID-19 (Goldman et al., 2020), will directly affect vulnerable children who have already experienced a number of broken attachments and relational losses. Staff attrition adds to the relational losses and unpredictability of the children's lives and is therefore a direct risk factor for these vulnerable children. Further, it has been documented that care workers are likely to under-report traumatic stress, perhaps due to their expectations of the emotional tole of the work (Schiff et al., 2015). Traumatic stress specifically attributed to role-related stress may therefore go unreported across caring professions and thus under-supported, resulting in accelerated burnout and stress-related leave. In a study of 87 residential social workers, 81% had been threatened or assaulted within a 12-month period (Winstanley & Hales, 2015), leading to emotional exhaustion and depersonalisation, an example of the impact of the intensity of residential working environments. Despite these present stressors, residential workers are also required to never to give up on a child, to 'hang out and hang in - Doing "With", not "For" or "To"' (Garfat & Fulcher, 2012). This requires the practitioner to attune, sustain empathy and connect emotionally. These become extremely difficult tasks when feeling burnt out and emotionally exhausted (Parry et al., 2021).

Following an international summit in 2016, five principles for therapeutic children's care were identified (Whittaker et al., 2016, p. 96–8). The first principle is that of 'primum non nocere', which led to an overall recommendation of 'Safety First'. This principle is directly related to workforce wellbeing as we know from research with healthcare practitioners that burnout is directly associated

with more mistakes being made (e.g., Lo et al., 2018). Research with the children's welfare workforce has identified that high quality reflective practice supported through supervision is beneficial to attuned interactions (Hazen, et al., 2020), which are needed in order not to make interactional and relational errors with the children, although very difficult to maintain when someone is experiencing burnout (Samra, 2018). Importantly, service providers also have an important role to play as agency-level factors have been found to have a bigger impact upon work related burnout than client-focused factors for children's welfare workers (Leake et al., 2017). These agency-level factors may also influence wellbeing in relation to the second principal, which is that of maintaining and nurturing links with the child's family. Whilst often essential and beneficial long-term, these can be complex relationships to navigate for the child's key worker.

Thirdly, the principles highlight the contextual basis in which the residential care is provided, highlighting the multisystemic nature of such services and the layers within which the workforce are working within and between. Fourthly, the summit stressed the experiential learning that take place within residential care, rooted in 'deeply personal, human relationships'. The recognition of the importance of relationships in residential care is not new. Back in 1969, Trieschman, Whittaker and Brendtro wrote of the requirements of carers to provide a therapeutic milieu for children in care, recognising the need for individually tailored child-centred care, understanding how to interrupt and influence destructive behavioural and communicative patterns, focussing on supporting healing through companionship. Specifically, Brendtro recommends staff have support to nurture their awareness and personal development. Finally, the principles recommend that a robust evidence-base needs to be developed around therapeutic residential care, which will naturally require the cooperation and involvement of the residential workforce.

## 1.2 | Rationale

Therefore, it is essential for the children's health and healing that the children's residential care workforce is supported during and after the pandemic due to existent risk factors, which are likely to be significantly exacerbated due to COVID-19. Accordingly, members of the workforce were invited to share their experiences with a view to developing an in-depth understanding of their current perspectives and working lives. The study aimed to capture previously unheard stories from practice from this under-recognised professional group to inform awareness of the challenges they face and restorative factors. An important objective of the study was to develop a Wellbeing Charter for this marginalised professional group, who have no professional representation in the UK and many other countries around the world. A Wellbeing Charter is typically an organisation or professional document that outlines an organisation's commitment to working standards. A Wellbeing Charter will typically have more impact if it has sector wide support.

Consequently, a widely adopted Wellbeing Charter could build a culture of resilience within organisations and the workforce, providing a new resource to develop evidence-based practices and research that will enable the looked-after children's sector to be recalibrated to nurture adaptive expertise and care post-COVID-19. Over the last few years, various organisations, such as the British Psychological Society and Public Health England (PHE; Hofman et al., 2018) have developed and implemented Wellbeing Charters due to the unequivocal recognition that workplace wellbeing influences the success and outcomes of organisations. Wellbeing Charters have been found to be an acceptable and feasible way to raise awareness and enhance practitioner wellbeing (Anwar-McHenry & Donovan, 2013). Through the development of research-informed tools and practices in service delivery, a contribution will be made to the development of transformative resilience (Marston & Marston, 2018), which will promote new learning as to how to support this group of critical frontline workers. The research study and research questions posed to participants sought insights from residential children's home workers as to the challenges and facilitators to their work to inform a novel Wellbeing Charter.

## 2 | METHOD

### 2.1 | Design

Prior to constructing the interview and survey questions, a systematic review of the published literature on residential children's home workers was undertaken, none of which contained qualitative accounts of the impact of COVID-19 and just 25 studies reported findings from direct work with the workforce. We employed search terms 'residential' and 'child\* home', where possible also limiting the methods employed to 'qualitative', across PsycINFO, PubMed and university library databases. Two PhD students searched further references. We liaised with national bodies and working groups around workplace wellbeing, including Ofsted, all confirming that no national workforce Wellbeing Charter was in existence. Following a review of the literature, a stakeholder advisory board was developed and included frontline staff, service managers and policy researchers. The group provided feedback on the design of the study and informed the translational outputs. Data collection and analysis employed an inductive idiographic approach to explore the facilitators and barriers to workplace wellbeing for children's residential care workers. Participants were offered the choice of taking part in an interview or online survey; 30 chose the survey and two participants opted for an interview. The questions asked were the same, although the interviews also offered an opportunity to discuss emerging results from the survey. Participants were advised that the survey and interviews would take 20–60 min, depending upon how much they would like to say. The translational outputs were finally reviewed by members of The Independent Children's Homes Association. To our knowledge, this is the largest open-ended survey of children's home workers' experiences in their roles, before and during COVID-19.

### 2.2 | Participants

Recruitment information about the study was shared through professional networks and social media. Overall, 30 complete survey responses were submitted and two interviews were conducted. Participants were aged 23–58 years ( $M$  age = 40.7), 22 identified as female, nine as male, and one as 'other' (unspecified). Participants had been in their role as a residential children's home carer between 10 months and 16 years ( $M$  = 5 years, 2 months). Participants' accounts are presented verbatim under a pseudonym.

### 2.3 | Analytic approach

An exploratory approach was adopted to the development of new knowledge to guide the development of a Wellbeing Charter for this under-represented workforce. Thematic Analysis (TA) was employed as an analytic approach free from any pre-existing theoretical framework, and flexible enough to accommodate emergent research, beginning from an epistemological position of social constructionism to generate new knowledge through personal accounts, leading towards critical realism in terms of interpretative translational analysis to develop a widely accessible translational output (Figures 1 and 2; Braun & Clarke, 2020; Houston, 2001).

Data analysis and preliminary coding was ideographic and inductive (Tables 1 and 2), guided by the overarching objective of generating a Wellbeing Charter. This approach embraced critical realism when developing an understanding of the emerging superordinate themes, recognising that the individual realness of experience is accommodated by personal, psychosocial mechanisms, which may not always be observable (Braun et al., 2013). The second author transcribed and anonymised interview data, developing thematic narratives of each discussion, which were then reflected upon with the research team and stakeholder advisory board in the context of the anonymised survey data. A second round of coding focused on semantic and latent content to identify patterns of meaning across the data (Lemieux et al., 2019), which led to the generation of initial themes. Finally, themes were reviewed against the whole data set and three superordinate themes emerged, underpinned by a central phenomenon.

## 3 | ANALYSIS AND FINDINGS

The data analysis of the survey responses illustrated barriers and facilitators to workforce wellbeing at individual and systemic levels, which informed the development of the first Wellbeing Charter for this workforce. 73% of participants identified their ethnicity as 'White/White British', with others self-identifying as Asian (2), Black (2) Canadian (1), Irish (1), Mixed (1), and White European (1). The draft was disseminated for consultation with the stakeholder advisory board, relevant practitioners and national organisations. This consultation process confirmed the need for such a charter and resulted in the final version (Figure 1).

# CHILDREN'S RESIDENTIAL WORKFORCE WELLBEING CHARTER

We recognise that our profession faces a unique set of challenges alongside immense potential to improve the lives of vulnerable young people through organisational and individual efforts. Collectively, we have a responsibility to create an environment that promotes wellbeing and that proactively supports positive health for all, now and in the future.



FIGURE 1 Children's Residential Workforce Wellbeing Charter



Co-produced with workforce members. Funding from the Nuffield Foundation. Acknowledgement to Dr Sarah Parry and Tracey Williams (2020) Correspondence: CCRG@mmu.ac.uk Twitter: @InCareResearch

### 3.1 | THEME 1. Personal and professional needs: reflections on the needs of staff to care for themselves in order to optimise their professional self

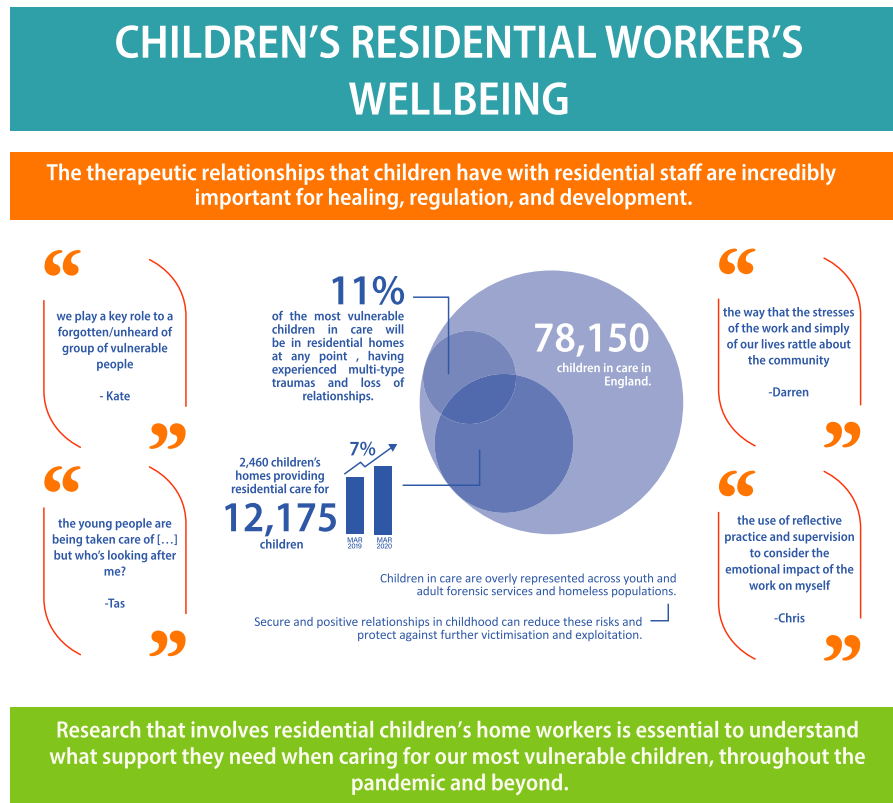
Participants reflected that the relational nature of working in homes with children in care means they see themselves as their own toolkit for the job. Participants spoke of the need to 'nourish' (Dan) and 'replenish' (Sarah) 'physically, mentally and emotionally' (Georgia), in order to 'help me do the role the best that I can' (Louise). For example, 'The gym helped me enormously personally, because I found it was a very challenging role so I found I had to re-charge myself like' (Tas); 'Ability to

'switch off' and having 'things' outside of work to nourish and replenish yourself during time off' (Jess).

Risk factors for wellbeing included: 'Having to restrain children and the physical aspect' (Gary), which were described as 'invasive, intensive and draining' (Jess), with Anna reporting that her 'physical health is damaged' as a result. However, the physical aspects of the role was largely seen as the individual's responsibility, as participants discussed the importance of 'making time' (Kate) for 'regular exercise' (Olivia), 'looking after my body' (Sarah), and '...remembering that it does help [...] push yourself to do it' (Louise).

The emotional toll of the work and significant emotional investment made by staff was described as integral to 'the impact of working

**FIGURE 2** Infographic from national and study data



Co-produced with workforce members. Funding from the Nuffield Foundation. Acknowledgement to Dr Sarah Parry and Tracey Williams (2020) Correspondence: CCRG@mmu.ac.uk Twitter: @InCareResearch

alongside raw unprocessed trauma' (Sarah) and is therefore considered to be everyone's responsibility, as 'the stresses of the work and simply of our lives rattle about the community' (Darren). Participants expressed the importance of 'mentoring and peer support networks' (Rose), having 'spaces to talk about the thoughts and feelings aroused by the work' (Lisa), and being 'able to ask for help or advice without feeling that I've failed' (Maria).

*Especially at the moment with the COVID situation, we've all been working differently to how we would've been working before and more and more people are just slowly having enough (...) sometimes it's hard when*

*everything's difficult, so when things are difficult in our house as a whole, it's really hard to kind of focus on anything individual when everyone's going through different things.*

Georgia

Throughout participant accounts, there was a shared sense of 'needing' in relation to supervision and reflective practices to support the emotional labour involved, which Chris described as 'central to our work'. Participants also specify the need for 'good supervision' (Nathan) with interactions focused on checking in rather than checking on. For example, supervision should 'consider the

TABLE 1 Question–response coding

	Rewards of role	Challenges of role
	Witnessing change/flourishing   Relationships   Making a difference   Child's happiness   laughter   Belonging   Purpose   Connection   Building confidence   Progression	Work/life balance   Physical challenges   Restraint   Aggression/abuse   Relationship tensions  Multi-agency working   Constant changes   Unclear communication   Conflict   Loss   Emotionally overwhelming   Specialist work   Isolation   Financial
	Helpful	Unhelpful
Personal Qualities	Self-awareness Personal experience (of care) Empathy Resilience Humour Patience Reflective Forgiving Compassionate Commitment Loyalty	Outspoken/Judgemental Quick-to-react Lack of boundaries (shifts/personal) Internalising Over-thinking Self-critical Over-commitment Stubbornness Anxious/worrier Lack of knowledge/training/skills Lack of self-care Self-esteem/confidence
Strategies for coping	Exercise Travel Clear boundaries Socialising Prioritising family Outdoors Healthy diet Supervision Reflection CPD Peer-support Creativity / art Sleep Regular breaks	Sleeping too much Overthinking Over-burdening Not prioritising self Overeating Complaining / negativity Picking up too many hours Not applying boundaries Form-filling / box-ticking
Organisational Measures	Wellbeing spaces Wellbeing teams Training Meaningful recruitment CPD Supervision Non-agenda time Subsidised healthy meals Financial – pay and support Regular breaks Protected time for self-development	Resourcing Long shifts Recruitment Staff-Child ratio Organisational trauma Sort-notice changes Top-down decision making / communication Unrealistic expectations Multi-agency demands Low pay
Participant suggestions	Flexibility (shifts)   Peer-support   Resources/Signposting   Regular breaks   Protected time for reflection   Dedicated team for wellbeing	

*emotional impact of the work*' (Chris) and ask *'how did that go? How are you coping?'* (Tas). It was also important for participants that supervision is carried out by someone *'supportive and "in touch" with the work*' (Sophie), who *'knows your style of working and [...] situations you've been in'* (Georgia). Often, simply having someone to acknowledge this process of needing some professional support for the role and validating the emotional labour involved was enough for participants: *'It's not about someone necessarily having all the answers'* (Louise), *'reflective practice and supervision to consider the emotional impact of the work on myself'* (Salma). Instead, it was important to have *'colleagues that I trust to offload to'* (Sam) and

leadership teams that are *'open to hearing open and honest feedback'* (Maria), where the focus was on support rather than management: *'I feel that it would be helpful to separate out the management and the support function'* (Sarah).

Conversely, high levels of needing that are not addressed can result in barriers to wellbeing with staff *'becoming overburdened'* (Rose), feeling *'resentful'* (Cath), and as though they are *'a small voice over shadowed by a lot of senior experienced staff'* (Olivia). During COVID-19, society's lack of awareness of their role also seemed to compound some of these factors: *'our role has had to be sustained throughout the pandemic, we are unable to socially-distance due to the*

TABLE 2 Thematic development table

Theme	Sub-Themes	Example Quotes
Theme 1. Personal and Professional Needs: Reflections on the needs of staff to care for themselves in order to optimise their professional self.	Recognising 'self' as the tool for the job	'think more about what it is I need for me in order to look after my well-being so I can perform at the best level I can' (Darren) 'prioritising the needs of the team and young people and didn't have energy to look after myself' (Lisa)
	Impact of the work	'It can just drain you physically, mentally and emotionally' (Georgia) 'The interventions, it's so tiring. It can be so invasive, intensive and emotionally draining' (Nicola)
	Physical, Psychological, and emotional needs	'continue to provide spaces to talk about the thoughts and feelings aroused by the work' (Dan) 'physical exercise and looking after my body' (Jess)
	Wellbeing as everyone's responsibility	'I suppose being prepared yourself is important [...] have that bit of fresh air and exercise trying to use the time as effectively as you can' (Louise) 'they should have something in place [...] That's where the mental health comes into it [...] it deteriorates my ability to function' (Tas)
	Space and time to reflect, recharge, replenish	'Ability to 'switch off' and having 'things' outside of work to nourish and replenish yourself during time off' (Jess) 'gym helped me enormously personally, because I found it was a very challenging role, so I found I had to re-charge myself like' (Tas)
	Supportive supervision – checking in not checking on	'reflective practice and supervision to consider the emotional impact of the work on myself' (Salma) 'I had a supervision [...] as a bit of added extra support and to see how I was doing which was really helpful' (Georgia)
Theme 2. The Common Ground: Knowing through doing, sharing, empathising, and reflecting.	A need for knowing and understanding	'Training in psychology that is specific to the role, I suppose to help us understand a child that was quite traumatised' (Louise) 'qualifications and the training should be consistent' (Tas)
	Reciprocal relational learning	'Building relationships with the children which in turn allows me to best help and support them.' (Darren) 'when a child is able to talk to you about things that can potentially be quite difficult for them. This shows me that they trust me and that I must be doing something right' (Cath)
	Reflective spaces and practices	'I have developed a capacity for reflection so that I can make sense of some of the challenges that I encounter' (Sarah) 'it is important that spaces are provided for all adults working in this sector to reflect and feel supported' (Rose)
	Knowing through doing	'understanding/experience of the work (often comes with longevity of employment) empathy and knowledge of trauma' (Jess)
	Peer support and appraisal	'Really important to have people to talk to that know what you're going through' (Georgia) 'more focus on mentoring, peer support networks' (Chris)
Theme 3. Belonging: The pursuance of personal and professional belongingness	Purpose and value of the role	'I adore working alongside the children and helping them learn coping skills and form strategies to learn to live again' (Lisa) 'joy and renewal in the faces of the children I work with' (Kate)
	Professional identity	'the reality for children and staff in residential care is not the same as other people' (Sophie) 'I'm not a social worker or a therapist' (Georgia) 'we play a key role to a forgotten/unheard of group of vulnerable people' (Kate)
	Professional pride and recognition	'to award a greater recognition to staff working on the front line with children, often being physically attacked on a daily basis, and still turning up for work and giving their all' (Beth) 'commitment and dedication of our education and care staff to these children hasn't wavered for an instant' (Sarah)
	The workforce as a community	'people forget about the key workers in care roles [...]. I'd like the public to know that my colleagues are awesome and have consistently shown up and delivered every day' (Jess)
	Personal value and belonging	'And trust in your team members as well that they will understand, and they'll have your back.' (Georgia) 'The young people are being taken care of [...] but who's looking after me?' (Tas)



nature of our jobs and we play a key role to a forgotten and unheard of group of vulnerable people in our community' (Sharon). In summary, because emotional and physical labour are intrinsic aspects of the role's responsibilities, recognising and validating these components and putting suitable support in place were seen as intrinsic responsibilities of the senior staff and organisations. Therefore, where there was a lack of reciprocal responsibility, staff could feel abandoned and let down.

### 3.2 | THEME 2. The common ground: knowing through doing, sharing, empathising and reflecting

Although participants expressed a need for 'in-depth training' (Gary) for their role that is 'fit for purpose' (Chris) and helps them to 'understand the psychological process [...] family dynamics [...] help the child fathom what's happened to them' (Louise), there was a recognition that most was learnt through the 'doing' of the work. A particularly important theme within the accounts was learning that occurred through relationships: 'building relationships with the children [...] allows me to best help and support them' (Darren), and the reciprocal learning that takes place as a result: 'when a child is able to talk to you about things [...] difficult for them [...] I must be doing something right' (Cath). The importance of peer relationships and support was also discussed in terms of empathy and common ground, with participants recognising the potential for 'supporting each other and learning from each other' (Louise), as 'understanding/experience of the work often comes with longevity of employment' (Jess) and 'someone to just acknowledge something that you hadn't thought about' (Georgia) can help staff to navigate challenging situations. Some participants suggested 'mentoring and peer-support networks' (Rose) or 'mutual support, like a buddy system' with 'specific training' and 'time within the role' (Louise) to mentor colleagues would be beneficial. Without these opportunities to 'bounce ideas off' (Sophie) each other and 'share ways of working' (Nathan), participants' sense of skill and professional pride could be negatively impacted:

*having the courage to take care of yourself in a way and own up to your own self and what you are able and not able to do (...) if you're in a situation at work or you're in something that knocks your confidence then it's knocked for a very long time [...] you just don't feel good enough.*

Georgia

These could be particularly delicate factors within this workforce without professional recognition.

Solutions to counterbalance this negative impact included 'Regular reflective spaces' (Nathan) 'to think and talk' (Darren) can help staff to 'make sense of some of the challenges' (Maria), enhancing their sense of knowing and increasing 'self-awareness of thoughts and feelings' (Anna). Participants recognised that the 'capacity for reflection' (Maria) is also developed through practice. In addition, reflecting on and engaging in different self-care activities helped participants to

find their 'own ways of dealing with stress' (Louise). For example, Georgia shared 'at the start of lockdown I was cycling a lot, and that was really helping me'. However, under stress, exhaustion and burnout, participants were much less likely to engage in self-care activities and many described putting the children's needs above their own: 'The school has remained open to some of the most vulnerable children throughout the pandemic... we are turning up putting ourselves and our families at risk, without hesitation' (Mary).

*I am lucky enough to have managers that are very supportive and "in touch" with the work (this is not always the case across the teams) [...] as one of those on the "front line" to take guidance from senior leadership when they are not the ones physically "doing" the work*

Jess

### 3.3 | THEME 3. Belonging: the pursuance of personal and professional belongingness

Participants expressed a 'sense of achievement' (Georgia) and professional pride at 'building meaningful relationships' (Rose), 'seeing the progress children make' (Sam), witnessing them 'flourishing' (Anna), and sharing in 'the joy and renewal in their faces' (Dan). This work seems to bring a sense of purpose, as staff feel 'that I am making a difference in someone's life' (Salma), and organisational belonging as they recognise 'the commitment and dedication' of their colleagues and 'a sense of connection with the community I work within' (Darren).

*I adore working alongside the children and helping them learn coping skills and form strategies to learn to live again. I enjoy building relationships and trust with the children and helping to enjoy some of their childhood that has been taken away through the traumatic times in their young lives.*

Lisa

During COVID-19, some staff also seemed to draw upon the resilience of the organisation to help them retain purpose and positivity: 'it's been hard but as a charity we remain open supporting the most vulnerable in society' (Stacey). However, there was a striving for professional identity as some participants question 'what my actual role is' (Jess) and what it isn't: 'I'm not a social worker or a therapist' (Georgia), 'I'm not a trained psychologist' (Louise), 'I wasn't trained in that, it's not my role' (Tas). Participants considered their professional identity tenuous, with some participants expressing a desire for the work to be recognised externally: 'we play a key role to a forgotten/unheard of group of vulnerable people' (Kate), 'the reality for children and staff in residential care is not the same as other people's' (Darren).

In the absence of a clear professional identity, a sense of belongingness within their organisation and leadership teams that 'care about their staff' (Gary) is particularly important, as Tas questions

'the young people are being taken care of [...] but who's looking after me?'. When this need for belongingness was unmet, there was a detrimental impact upon participants' sense of wellbeing, professional pride, sense of skill and safety: 'who's keeping me safe?' (Tas). Further, where positive initiatives were being put in place, these were often disrupted due to COVID-19, even though the staff's needs were increased: 'We are supposed to be able to have a wellbeing room for staff members soon, but because of COVID that has been delayed' (Jenny). Therefore, whilst there is often an organisational commitment to create an environment of belongingness for the children, there is also an organisational and statutory need for belongingness within the profession.

*I think people forget about the key workers in care roles (particularly with looked after children) and can't comprehend the impact of working alongside raw, unprocessed trauma of children at any time, let alone during a virus pandemic. I'd like the public to know that my colleagues are awesome and have consistently shown up and delivered every day*

Sarah

## 4 | DISCUSSION

Staff within residential children's homes are engaging in relational work that demands physical and emotional resources. Participants in this study demonstrated that the work of children's residential home staff generates a sense of physical and emotional 'needing'. The importance of self-care, supportive supervision and reflective practice is often discussed in relation to wellbeing in professions such as social work (Crowder & Sears, 2016), inpatient nursing (Buckley et al., 2020), therapy and counselling (Bray, 2019), with training providers and university courses offering specific teaching in this area. However, in the absence of professional recognition and a professional body, residential children's home staff do not have these supportive mechanisms as a recognised part of their training or role.

A desire for training, alongside having the option to make healthy choices, was also an important aspect of the PHE Wellbeing Charter (Hofman et al., 2018). Further, one of the few reviews to explore the literature around residential children's homes highlighted an increased need for staff training to improve the quality of care (Steels & Simpson, 2017). Participants expressed a wish for supportive supervision that focuses on checking *in*, rather than checking *on*, as well as the importance of peer-support to talk through the work with people that understand it. Kinman and Leggetter (2016) discuss the job demands-resources model and the importance of opportunities for feedback in roles that require emotional labour. They also point to the role of 'venting' as an emotion-focused coping strategy that reduces the risk of emotional exhaustion. Again, this illustrates the need for safe peer-support in a secure environment where staff can talk freely, which can be difficult in a 'home' environment. When organisations

consider the home environment, they should consider the needs of the workforce as well as the children. The working environment has been cited as a key wellbeing factor for other professions working in intense environments, such as inpatient nurses (Buckley et al., 2020) and in terms of the aforementioned therapeutic milieu (Holden et al., 2010; Trieschman et al., 1969) for positive outcomes for children.

Peer-support was important to participants' sense of skill and competence in the role as they discussed the importance of learning through doing, learning from each other and the need for validating one another through witnessing their struggles and successes. Some participants suggested a mentoring system as beneficial, with protected time for peer-supported learning. Grant and Kinman (2012) discuss the role of peer coaching and mentoring in developing reflective practice, facilitating learning, enhancing problem-solving and fostering resilience. This is of particular importance to the children's residential workforce who will not have received the same training as other helping professionals and will therefore still be developing their capacity to engage in reflective practice and personal development activities. He et al., (2018) found that collegiate peer support was sought out for client-related stressors but not work-related burnout. Combined with our findings, this may indicate that peer-support is important to have continual access to but that additional senior support may be required for burnout and agency-level stressors (Leake et al., 2017).

Participants' sense of belongingness appears to be impacted by, and impacted on, their levels of 'needing' and 'knowing'. A 2014 study on nurses' belongingness (Levett-Jones et al., 2014) also found that consistent quality mentorship was important to feelings of connectedness, which enhanced the potential for learning. Narrative research around therapeutic practitioner's wellbeing has also reinforced the need for practitioners to feel a sense of value and belongingness, often achieved through emotionally aware supervision, with compassionate growth further supported through bearing witness to resilience in others (Parry, 2017). It was clear from participant accounts that where their sense of belonging was challenged, so in turn was their sense of professional competence and safety. Unmet needs and low relationship satisfaction have been linked to poor wellbeing, low self-esteem, loneliness and depression (Verhagen et al., 2018). This evidence highlights the organisational responsibilities of caring for a workforce whose sense of being is intrinsically connected to the wellbeing of our most vulnerable children and young people.

In this way, there are parallels between outcomes of care for the young people and workforce. The therapeutic milieu and therapeutic relationships are recognised as being central to enabling children to develop psychosocial competencies and meaningful relationships (Holden et al., 2010). Building alliances through therapeutic relationships with the workforce can help children feel safe in mutually trusting therapeutic relationships, which can help them seek help and support in the face of challenges (Benard, 2004; Holden et al., 2010). Our qualitative data tentatively indicate that some of the same processes are at play for the workforce if they are

operating within a safe and supportive system, with peers and senior staff nurturing positive working alliances, supporting resilient ways to overcome challenges. This emphasises the importance of individual and systemic factors within services in terms of workforce well-being and the layers within organisations and teams within which practitioners are working.

This novel study has provided the first account of risk and protective factors at individual and systemic levels for people working in residential children's homes, which led to the development of the first Wellbeing Charter for this professional group. Due to when data collection took place, the analysis also reflects the ongoing hardships amplified by COVID-19. With an opportunity sample of 30 participants from across England, we have undertaken the largest qualitative study to date with this workforce, which informed the Wellbeing Charter and provided novel insights. Participants also provided a range of diverse experiences and accounts, which is why a thematic analysis was a suitable analytic approach. However, longer-term large-scale research should now attend to the issues raised, identifying areas of excellence and aspects of practice in need to attention and revision.

Although there are naturally limits to the generalisability of the data of a sample of 30 participants with 73% of participants identifying as 'White/White British', efforts were made to reflect on the data through individual interviews and the stakeholder advisory group. Contextually, 82% of the UK's adult social care workforce are female and the majority (84%) of the adult social care workforce are British (Skills for Care, 2020), although the representation of those British people's ethnic groups are unknown and we do not have national data for the children's social care workforce. However, 86% of children and family social workers are female and data from 2019 indicated 78% of children and family social workers were 'white', 12% black, 6% Asian and 4% varied heritage (Department for Education, 2019). Therefore, our sample may be representative of the current children's social care workforce. The consultation and feedback process with national bodies also informed the final Wellbeing Charter, which is the first of its kind and has the potential to inform the approach of individual practitioners and service providers to enhance working conditions, care delivery and outcomes for children.

## 5 | CONCLUSION

The Wellbeing Charter developed through this research programme will go some way to address the individual and organisation needs of this workforce. This research has also demonstrated for the first time how delicate and implicit some of the factors influencing this workforce are, which is why much further research is needed with this under-researched workforce around the individual, relational, organisational and statutory influences that affect their work and thus outcomes for the children in their care. Future research could also explore the international transferability of the findings and well-being principles across children in care settings.

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## CONFLICT OF INTEREST

No conflict of interest to declare.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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