

Portfolio Volume 1: Major Research Project

Title: Residential Childcare Workers' Experiences of Behaviours That  
Challenge

Laurie Preston

18000143

August 2023

Submitted to the University of Hertfordshire in partial fulfilment of the  
requirements of the degree of Doctor of Clinical Psychology

---

Word Count: 30,000

*(Excluding title page, abstract, tables and figures, footnotes, references, and  
appendices)*

## Special Thanks

I would like to express my heartfelt appreciation to the participants who generously contributed their time to take part in this research. Your unwavering commitment to improving the lives of young people in care has been a tremendous source of inspiration. I am truly grateful for your contributions.

I would also like to thank my research team, Dr Barbara Rishworth, Dr Julie Shaw and Dr Charlie Brazil. Your wealth of knowledge and guidance has enriched every stage of the research process. Beyond your academic expertise, I am grateful for your mentorship in supporting my personal and professional development. My consultant Molly, your input has been invaluable. I am in awe of everything you have achieved. Dr Jade Weston, thank you for all of your support.

To my sister Shelby. In times of struggle, you have shown me what it really means to be strong. My parents, thank you for the opportunities you have afforded me and the sacrifices you have made to help me achieve my goals. And finally, to my partner Tristan. I really couldn't have done this without you (or the endless cups of tea!). Thank you for being genuinely interested in my work and encouraging me when it all felt too much.

## Table of Contents

Abstract .....	9
----------------	---

### Chapter One: Introduction

1.1. Chapter Overview .....	10
1.2. Reflexivity .....	10
1.2.1. Positionality .....	10
1.2.2. Relationship to the Topic of Investigation .....	11
1.2.3. Philosophical Positioning .....	11
1.3. An Overview of Children's Residential Care in the UK.....	12
1.3.1. Defining Children in Care .....	12
1.3.2. Characteristics of Children in Care.....	13
1.3.3. Placement Options for Children in Care .....	15
1.3.4. History of Children's Residential Care in the UK.....	17
1.3.5. Current Landscape of Children's Residential Care in the UK .....	19
1.3.6. The Child's Experience of Residential Care.....	20
1.3.7. The Residential Childcare Workforce .....	22
1.4. Theoretical frameworks.....	25
1.4.1. Defining Behaviours That Challenge .....	25
1.4.2. Behavioural Theories .....	27
1.4.3. Attachment Theories .....	28
1.4.4. Therapeutic Approaches to Care .....	31

1.4.5. Mentalization Theory .....	32
1.4.6. Conceptualising Western Constructions of 'Family' .....	33
1.5. The Independent Care Review (2022) .....	34
1.6. Conclusion .....	34

## **Chapter Two: Systematic Literature Review**

2.1. Chapter Overview .....	35
2.2. Aims .....	35
2.3. Methods .....	35
2.3.1. Search Strategy .....	35
2.3.2. Search Terms .....	36
2.3.3. Inclusion and Exclusion Criteria .....	38
2.3.4. Summary of Literature .....	40
2.4. Quality Appraisal .....	48
2.4.1. Quality Evaluation Tool .....	48
2.4.2. Critical Review .....	48
2.5. Synthesis of Findings .....	51
2.5.1. Synthesis Model .....	51
2.5.2. Thematic Synthesis .....	52
2.6. Evaluation of the Review Findings .....	62
2.7. The Rationale for the Current Research Project .....	63
2.8. The Aims of the Current Research Project .....	64

## Chapter Three: Methodology

3.1. Chapter Overview .....	65
3.2. Design .....	65
3.2.1. Interpretative Phenomenological Analysis .....	65
3.2.2. Consideration of Other Methods.....	68
3.3. Reflexivity .....	70
3.3.1. Epistemological reflexivity .....	70
3.3.2. Insider-Outsider Positionality .....	71
3.4. Consultation .....	72
3.5. Decolonising Commitment .....	73
3.6. Participants.....	74
3.6.1. Participant Recruitment .....	74
3.6.2. Inclusion and Exclusion Criteria .....	75
3.6.3. Sample .....	75
3.7. Measures .....	78
3.7.1. Devising the Interview Schedule.....	78
3.7.2. Pilot Interview .....	79
3.8. Ethical Considerations .....	79
3.8.1. Informed Consent.....	79
3.8.2. Confidentiality .....	80
3.8.3. Right to Withdraw .....	80
3.8.4. Risk of Distress to Participants .....	81
3.8.5. Issues of Power .....	81

3.9. Data Collection Procedure .....	82
3.10. Data Analysis .....	84
3.11. Quality evaluation .....	86

## **Chapter Four: Results**

4.1. Chapter Overview .....	87
4.2. Group Experiential Themes .....	88

## **Chapter Five: Discussion**

5.1. Chapter Overview .....	129
5.2. Revisiting the Research Aims .....	129
5.3. Connections Between Themes .....	130
5.4. Summary of Findings .....	131
5.5. Quality Assessment .....	146
5.5.1. Strengths .....	146
5.5.2. Limitations .....	148
5.6. Implications for Practice .....	148
5.7. Dissemination .....	154
5.8. Recommendations for Future Research .....	154
5.9. Ending Comments .....	155
References .....	156
Appendices .....	175

Appendix A: Reflexive Account.....	174
Appendix B: Search Planning Form.....	177
Appendix C: CASP Quality Checklist.....	178
Appendix D: Participant Information Sheet.....	180
Appendix E: Consent Form .....	183
Appendix F: Demographics Questionnaire .....	185
Appendix G: Interview Schedule.....	187
Appendix H: Ethnical Approval .....	191
Appendix I: Debrief Sheet.....	192
Appendix J: Analysed Transcript Excerpt.....	193
Appendix K: Formulating Experiential Statements.....	195
Appendix L: Personal Experiential Themes and Corresponding Statements.....	200
Appendix M: Personal Experiential Themes for Each Participant .....	202

### List of Tables

Table 1: SPIDER Framework .....	36
Table 2: Final Search Terms .....	37
Table 3: Inclusion and Exclusion Criteria .....	39
Table 4: Data Extraction Table.....	42
Table 5: Table of Themes.....	53
Table 6: Demographics Table .....	77
Table 7: CASP Qualitative Checklist .....	86
Table 8: Group Experiential Themes .....	88

Table 9: Recommendations for Practice..... 150

**List of Figures**

Figure 1: PRISMA flowchart..... 40

Figure 2: Procedure flowchart..... 83

## **Abstract**

**Background:** The role of Residential Childcare Workers (RCWs) in the UK is pivotal in providing support to children and young people in care who have complex emotional and behavioural needs. Behaviours that challenge (BTC) present a multifaceted issue which has been shown to significantly impact on the emotional well-being of RCWs (Kor et al., 2021). However, an understanding of how RCWs make sense of BTC is theoretically and empirically underdeveloped. Thus, the present study aimed to conduct an in-depth exploration of RCWs' experiences of behaviours that challenge, uncovering their individual perspectives, interpretations, and responses to such behaviours, in order to identify effective strategies for supporting RCWs in their role.

**Method:** This qualitative study utilised semi-structured interviews to explore the subjective experiences of eight RCWs in the UK. The data was analysed using Interpretative Phenomenological Analysis (Smith & Nizza, 2022).

**Results:** The findings highlighted the profoundly personal and relational nature of RCWs' experiences when confronted with BTC. The study provides an in-depth exploration of the diverse and nuanced perceptions of BTC as experienced by RCWs. It delves into the various coping strategies employed by RCWs in response to BTC and examines the barriers they encounter while supporting children and young people in care.

**Conclusion:** The findings have important implications for residential childcare practice in the UK. Recommendations for practice have been suggested, emphasising the need for self-reflective practice, peer support and ongoing training and development.

## **Chapter One: Introduction**

### **1.1. Chapter Overview**

The present study explores residential childcare workers' (RCWs) experiences of behaviours that challenge (BTC), uncovering their individual perspectives, interpretations, and responses to such behaviours. The study aims to contribute to a deeper understanding of the complex dynamics involved in supporting children and young people in residential care. This chapter provides an overview of the historical, political, and economic context in which children's social care operates in the United Kingdom (UK), as well as the theoretical frameworks that inform our understanding of BTC and shape residential childcare practice.

### **1.2. Reflexivity**

Reflexivity is a critical aspect of qualitative research that requires the acknowledgement and ownership of the researcher's beliefs, values, and personal experiences that inevitably shape the process of data collection, analysis, and interpretation (Willig, 2013).

#### **1.2.1. Positionality**

I am a 31-year-old, White female from a working-class background, which positions me within particular narratives, cultural expectations, and privileges. Moreover, this intersects with other aspects of my identity, such as being a Trainee Clinical Psychologist currently working in social care Child and Adolescent Mental Health Services (CAMHS). These identities inherently shape my interactions with knowledge and influence the way I perceive

and am perceived by research participants. Throughout this research, I have consciously reflected on how my identity may impact the research process and findings (Appendix A).

### **1.2.2. Relationship to the Topic of Investigation**

My interest in the topic of children's residential care is influenced by my father's upbringing in a children's home. My desire to try and prevent children from experiencing a similar journey to my father motivated me to work in a children's home once I completed my undergraduate degree. Engaging in this line of work proved to be one of the most challenging environments I have ever worked in, as I encountered emotional hurdles that was not fully prepared for. In my endeavour to research RCWs' experiences of BTC, it became apparent that I was also trying to make sense of my own experiences working in residential care (see Appendix A).

### **1.2.3. Epistemological Positioning**

The philosophical perspective that is adopted by a researcher will shape the way in which knowledge is pursued, constructed, and understood throughout the research process. This research is grounded in critical realism, which embraces a realist ontology, acknowledging the existence of an independent reality beyond our perceptions, and a relativist epistemology, recognising that our comprehension of reality is shaped by our social and cultural contexts (Bhaskar, 1975). Bhaskar speaks to this paradox in the scientific pursuit of knowledge, arguing that researchers must exercise 'judgemental reality' to make sense of how socially constructed knowledge can be anchored in independent reality. This involves making judgements about competing epistemic accounts of reality through a

critically reflexive and contextually aware analysis (Yucel, 2018). When applied to RCWs' experiences of BTC, critical realism considers the social, cultural, and institutional factors that contribute to the emergence and management of such behaviours.

### **1.3. An Overview of Children's Residential Care in the UK**

#### **1.3.1. Defining 'Children in Care'**

A child<sup>1</sup> who is under the care of their local authority (LA) in the UK is considered to be a 'looked after child' (LAC), or more recently a 'child looked after' (CLA)<sup>2</sup>. This placement typically occurs when the child is unable to reside with their birth parent(s), most often arising due to physical, emotional, and/or sexual abuse, as well as neglect (House of Commons Education Committee, 2022). However, other factors contributing towards a child entering the care system include instances where they lack appropriate parental responsibility (e.g., due to parental death) or cases where the child has significant health needs and requires specialist care. The LA is also responsible for unaccompanied asylum-seeker children (UASC), who have fled their home countries due to conflict or humanitarian crises.

There are different legal pathways through which a child may enter the care system, informed by the Children Act (1989). When a child is made subject to a Care Order (under Section 31 of the Act), the court grants the LA complete parental responsibility over the

---

<sup>1</sup> A child is legally defined as a person under the age of 18 (Children Act, 1989, section 1, para.16).

<sup>2</sup> This research refrains from using institutionalised language to refer to children and young people in care. Instead, the terms 'children' and 'young people' will be used interchangeably to acknowledge the diverse age ranges and developmental stages of individuals within the care system.

child (referred to as the 'corporate parent'). This arrangement is usually long-term and occurs due to the risk of ongoing, significant harm. In most cases, the child is placed in out-of-home care, although in certain situations the child can remain living with their parent(s) under the supervision of social services. Alternatively, a voluntary agreement (under Section 20 of the Act) is an arrangement between the LA and the birth parent(s), where the parent agrees for the child to be taken into care. This most often occurs when the parent is struggling to cope with caring for the child. In this instance, the parent(s) will still retain some legal rights concerning their child, rendering these agreements primarily short-term in nature. Finally, another legal option includes a Special Guardianship Order (under Section 14 of the Act), which grants parental responsibility to a family member or somebody with a significant relationship to the child.

### **1.3.2. Characteristics of Children in Care**

The population of children in care has reached an all-time high, exceeding 100,000 children in the UK<sup>3</sup> (Competition & Markets Authority, 2022). While precise and up-to-date data on the characteristics of children in care is not readily available, certain trends have been observed. Notably, there is an overrepresentation of Black and mixed-ethnic children in the care system, a disparity evident when comparing the population data derived from the 2011 census<sup>4</sup> (Ahmed et al., 2022). There is little conclusive evidence explaining why this disparity exists (Home for Good, 2022), although it is plausible that this overrepresentation

---

<sup>3</sup> Rates of children in care were observed to be lower due to the Covid-19 pandemic, likely influenced by the impact of delayed court proceedings during this period.

<sup>4</sup> This may not accurately represent current population characteristics in the UK.

is in part linked to the higher likelihood of children from lower socioeconomic groups entering the care system (Bennett et al., 2022). Moreover, the gender distribution of children entering care is relatively balanced, with 56% of children identified as male as of March 2020. However, there is a notable disproportionality when considering children from non-White ethnic groups, with 86% of those in care being male. This disparity is in part driven by high rates of male UASC (Ahmed et al., 2022). Another significant trend is the increase in children entering care as adolescents, which is particularly true for Black and Asian ethnic groups and males (Ahmed et al., 2022).

It is widely recognised that children in care have been exposed to a number of Adverse Childhood Experiences (ACEs). These are traumatic or stressful events that occur during childhood, including abuse and neglect, domestic violence, and parental mental illness (Simkiss, 2019). A wealth of evidence demonstrates the detrimental effects of ACEs on an individual's psychological and physical well-being across the lifespan (see the seminal paper by Felitti et al., 1998). Consequently, children in care experience poorer physical and mental health outcomes compared to same-aged peers in the general population, making them one of the most vulnerable groups in society. For instance, a significant proportion of children in care (46%) were found to meet diagnostic criteria for at least one psychiatric disorder (namely behavioural disorders), compared to 8.5% of children from private households (Ford et al., 2007). More recent evidence by the National Institute for Health and Care Excellence (NICE, 2021) supports these findings, indicating that 45% of children looked after in England experience emotional and mental health difficulties, compared to a rate of 10% of children in the general population. As such, children in care can often exhibit emotional,

behavioural, and attachment difficulties<sup>5</sup>, posing unique challenges for caregivers in providing care and building secure relationships with the child.

### **1.3.3. Placement Options for Children in Care**

To gain a comprehensive understanding of the pathway into residential care, it is important to consider the placement options available. LAs provide a variety of placements, although the majority (72%) of children are placed in foster care (Home for Good, 2023). Foster care refers to a living arrangement provided by a licensed foster carer, who assumes the day-to-day caregiving responsibilities for the child. The primary goal of foster care is to provide a safe and stable living environment for a child, usually within the foster carer's own home. This arrangement is intended to be temporary until the child can either reunite with their birth family or find a permanent adoptive family.

Children's residential homes (commonly referred to as children's homes) constitute a significant placement option, accounting for around 14% of placements (NSPCC, 2021)<sup>6</sup>. These community-based facilities provide accommodation and care for children under the supervision of professional carers (such as RCWs). The homes can range in size, but there has been a recent emphasis on smaller homes (ranging between one<sup>7</sup> to eight beds) in order to create a more familial environment. Residential placements are typically offered to children who may present with more complex emotional and behavioural needs and are

---

<sup>5</sup> See section 1.4.3. for further information on attachment difficulties.

<sup>6</sup> Children from Black Caribbean or any other Black ethnic groups, as well as UCAS children were more likely to be placed in residential homes (Ahmed et al., 2022).

<sup>7</sup> Solo occupancy homes are offered to children whose needs cannot be adequately met in group settings.

otherwise unable to live in foster care. As such, contemporary residential care in the UK is often viewed as a 'last resort' provision for the most 'challenging' children and young people (Blakemoore et al., 2023). It is not uncommon for children and young people to have experienced a number of unsuccessful foster placements prior to entering residential care, often as a result of difficulties in managing BTC (Hart et al., 2015). However, it is important to recognise that such difficulties can also arise from systemic failures, including inappropriate matching of foster placements, inadequate consideration of individual needs and insufficient support or training for carers.

Other facilities for young people in care include secure children's homes, which cater to children who pose a significant risk to themselves or to others, necessitating a more secure environment. These homes prioritise risk management and reduction while providing a supportive environment for the children<sup>8</sup>. Additionally, residential schools are typically offered to young people with intellectual and learning needs, providing tailored educational and living arrangements. Children placed under a Special Guardianship Order are considered to live in kinship care, which is a long-term living arrangement with a family member or extended relatives<sup>9</sup>. Finally, there are semi-independent homes, which provide a level of independence for older children (usually 16+) who are preparing to transition into adulthood. It is also worth noting the existence of short-break homes, which provide temporary respite care.

---

<sup>8</sup> Secure children's homes differ from Youth Offender Institutes (YOI) in that YOIs house young people who have been convicted of criminal offenses. They are operated by the Prison Service and private companies, not the LA.

<sup>9</sup> Kinship care may be formal or informal, depending on the legal arrangement.

#### **1.3.4. History of Children's Residential Care in the United Kingdom**

The use of institutionalised care for children dates back to 17th-century Europe, although its origins can be traced back as far as the Middle Ages. Charitable organisations and Catholic churches played a pivotal role in establishing institutions aimed at providing care for large numbers of orphaned children in the UK. The first documentation of such care was in 1552 when The Christs Hospital<sup>10</sup> in London opened its doors to poor and 'fatherless' children (Higginbotham, 2017). Following this, various charitable institutions emerged with a similar mission. However, many of these institutions imposed certain criteria for admission, often requiring children to be born within wedlock in alignment with Catholic values (Higginbottom, 2017).

With the passing of the Poor Law Amendment Act in 1834, the state took on the responsibility of providing care for orphaned, abused, and vulnerable children (Higginbotham, 2017). Consequently, many children were placed in overcrowded workhouses or underfunded orphanages, perpetuating their marginalisation, and further subjecting them to documented instances of abuse and neglect. By the end of the 19<sup>th</sup> Century, the expansion of the British Empire resulted in many indigenous children in British colonies being placed in residential institutions, with the view of assimilating them to Western, Catholic culture (Roberts, 2023). During this time, John Armistead pioneered the concept of modern foster care by transitioning children from workhouses to foster families

---

<sup>10</sup> Historically, the term 'hospital' meant a place of refuge, rather than a medical facility (Higginbotham, 2017).

(with the LA assuming responsibility for the child). It became a prevailing norm that “only children who were considered physically and mentally fit would be placed with foster parents. Non-white and older children often proved difficult to place” (Higginbotham, 2017, p. 311). Consequently, this created a hierarchical prioritisation of certain children in foster care, which is arguably still reflected in practice today.

In the aftermath of World War II, efforts were made to reform children's social care, driven by the recognition of the needs of war-refugee children. The Curtis Report 1945 played a pivotal role in shifting societal perspectives towards prioritising adoption or fostering, emphasising the determinantal effects of institutionalised care on children's well-being. These recommendations laid the foundation for the proposals of the 1948 Children Act which resulted in the decline of children's residential homes. This trend was further exacerbated by the uncovering of institutional abuse scandals since the 1970s (Colton & Roberts, 2007), highlighting the troubled history of children's homes. In summary, a stigma has developed around children's homes over time, in that they are abusive institutions reserved only for the most troubled children. This impacts on both the institutions and the children themselves, significantly underestimating the contribution residential homes can make in delivering high-quality care and stability to children who have otherwise had a distributed start to their lives (Narey, 2016). Examining the historical context of residential care for children provides insights into how this stigma shapes the perspectives of policymakers and commissioners regarding the role of residential care in children's social care today. By understanding this history, we can better comprehend the biases that impact the provision and evaluation of residential care services.

### 1.3.5. Current Landscape of Children's Residential Childcare in the UK

According to the latest data from Ofsted (2022), there are a total of 2,642 residential providers for children's homes in England alone. Among these providers, 80% are owned by private organisations, 13% are owned by LAs, and the remainder are owned by charitable organisations. The regional distribution of these homes is uneven. For instance, the North West accounts for 26% of homes, whereas London accounts for only 5% of homes. This is likely attributed to independent providers choosing to operate in regions where capital expenditure on property and staffing is lower<sup>11</sup>. In Scotland and Wales, however, the landscape of residential care is somewhat different. For example, In Scotland, only 47% of residential homes are provided by the private sector (MacAlister, 2022).

More recently, concerns have been raised regarding the increasing costs of residential care, with suggestions of possible profiteering within the sector. The average weekly cost for residential care per child can range between £2900 and £4000 (Competition & Markets Authority; CMA, 2022). The average operating profit per child is believed to be around £44,000 (CMA, 2022). It is important to note that the fees charged by children's homes can vary, based on the unique needs of each child. This is because different homes often specialise in catering to children with specific needs, such as emotional and behavioural difficulties (EBD), and child sexual exploitation (CSE). If profit caps are implemented to address concerns of profiteering, children may then be categorised into different 'price

---

<sup>11</sup> It is also possible that children's residential homes are less likely to be located in urban areas due to the increased risk of criminal exploitation (Home Office, 2018).

bands', potentially making it more challenging for homes to accommodate children with specific needs, reinforcing the notion that children in care are commodities valued on their financial worth rather than their individual needs and rights.

The UK is currently experiencing a notable shortage of available foster carers (Ofsted, 2020). Consequently, LAs are encountering increasing difficulty in securing appropriate placements for young people in care. This has resulted in a recent spike in referrals to residential homes (County Councils Network, 2021). Problematically, 37% of residential placements are at least 20 miles away from the child's home base (CMA, 2022), hindering their sense of stability and connection. Furthermore, many children in residential care struggle to access the specialist support they require due to unsuitable placement allocations. This is further compounded by a recent rise in the complexity of needs among children entering care (Newgate Research, 2021).

### **1.3.6. The Child's Experience of Residential Care**

A review conducted by Berens and Nelson (2015) highlighted the negative impact of institutionalisation<sup>12</sup> on the cognitive, social-emotional, and physical development of children. They spoke of the often "devastating" developmental consequences of institutionalisation in early childhood. Research indicates that children in residential care are twice as likely to display behavioural challenges, be diagnosed with oppositional defiant disorder (Chartier & Blavier, 2023), and have higher rates of mental health diagnoses

---

<sup>12</sup> Berens et al. (2015) define an institution as a large congregate facility with round-the-clock professional supervision for the children.

(Cordell & Snowden, 2015). They are also at a higher risk of engaging in offending behaviours, as the care home environment itself is considered to be criminogenic (Shaw, 2014). Various individual, institutional, and systemic factors contribute to this increased risk. While restorative justice practices exist to manage behaviour and avoid police involvement, the professional response to the behaviour within the home plays a significant role in shaping outcomes.

However, in a recent systematic review conducted by Cameron-Mathiassen et al. (2022), it was found that while some young people in residential care expressed dissatisfaction with the care they received, there were also instances where positive outcomes were identified. These included expressions of gratitude towards the care they received, improved social outcomes and successful engagement within the care setting. What is more, a study by Quiroga et al. (2017) examined attachment styles in three groups of care (children in residential homes, foster care and living with parents) within Chile. The findings indicated higher rates of secure attachment and lower rates of disorganised attachment in residential care compared to residential settings in other countries. Factors such as cultural influences, caregiver sensitivity and higher staff-child ratios were cited as possible factors contributing to the differences observed. These findings challenge the assumption that foster care always provides better outcomes than residential care.

It can be concluded that there exists a paradoxical narrative around children's homes. On one hand, there is a desire to completely phase out institutional care due to the negative impact on the child's development (Quiroga & Hamilton-Giachritsis, 2015). While on the

other hand, it is acknowledged there will always be a practical need for such facilities. This raises important questions about how we reconcile these seemingly contradictory positions in society. Why do we continue to place vulnerable children in an environment that society views as fundamentally flawed? This underlying contradiction may perpetuate the perception that this is a cohort of children for whom we lack adequate solutions, leading to their placement in settings that are believed to be incompatible with their needs. Do these narratives inadvertently create an environment in residential homes that is perceived as harmful and unsafe? How do these narratives help attract a workforce that is skilled and motivated to support young people in residential care? What impact do these narratives have on the children themselves?

### **1.3.7. The Residential Childcare Workforce**

The residential childcare workforce plays a crucial role on the frontline, having the greatest opportunity to enact positive change for children and young people in care. Considering their influential position in shaping outcomes for these young people, it is paramount that RCWs feel adequately equipped to fulfil the demands of the job effectively. Yet, relatively limited research has focused on the needs and experiences of RCWs specifically within the UK.

This is necessary because the role and expectations of RCWs in the UK differ from those in other European countries. One notable difference is the level of qualifications required for individuals working in this sector. Many European countries, such as Sweden and

Germany, require RCWs to have a university degree in Social Work or Social Pedagogy<sup>13</sup>, granting them higher autonomy and status in their role. In contrast, the UK has historically followed a less regulated approach to the qualifications and training of RCWs, although certain qualifications such as a Level 3 Diploma for Residential Childcare are available. By setting higher standards for qualifications, other countries strive to elevate the expertise and competence of RCWs, ultimately improving outcomes for the children in care. While it can be argued that the UK's approach allows for a more diverse workforce, and values experiential skills over academic qualifications, it is important to acknowledge that RCWs would benefit from specialist training as they often express a desire for greater autonomy and involvement in therapeutic work, rather than being confined to behaviour management and process-driven tasks (Hart et al., 2015). Furthermore, comparatively better outcomes have been observed in other European countries due to the distinct skillset exhibited by the workforce (Hart et al., 2015).

The turnover of staff in residential childcare is significant, with over 60% of providers reporting a turnover rate exceeding one in five members of staff (Turner, 2022). The adverse psychological consequences of providing care for individuals who have experienced trauma are widely acknowledged in the literature, such as burnout, secondary trauma, and compassion fatigue (Hannah & Woolgar, 2018). A study by Audin et al. (2018) found that over a third of RCWs reported high levels of burnout, and one-quarter reported secondary traumatic stress. However, the existing research has predominantly focused on the

---

<sup>13</sup> Social Pedagogy is an interdisciplinary field focused on promoting a holistic and relationship-centred way of working in educational and care settings (Hämäläinen, 2003).

experiences of foster carers, or carers in various healthcare settings such as intellectual disability services or dementia services. The unique experiences of RCWs should not be overlooked due to the complex and demanding nature of their work.

Organisational stability is negatively impacted by employee turnover in residential care, which incurs costs for hiring and results in the loss of valuable knowledge and experience. Additionally, turnover can have detrimental effects on the well-being of children, resulting in an increased risk of behavioural disruptions and a lower client-to-staff ratio. These factors can pose challenges in effectively responding to BTC (Colton et al., 2007) and can disrupt the formation of secure attachment relationships for the children in care (Smith et al., 2019). Again, there is a dearth of research focusing explicitly on the factors that contribute to poor job satisfaction and high turnover in children's residential homes in the UK. Research that does exist is dated, which does not account for broader industry shifts and contemporary challenges that may arise in the role. If we are expecting a workforce to adequately support one of the most vulnerable groups in society, then it is crucial to engage in ongoing research and policy discussions surrounding their own needs.

## **1.4. Theoretical Frameworks**

### **1.4.1. Defining Behaviours that Challenge**

The National Health Service (NHS, 2021) defines behaviour as 'challenging' if it poses a risk to the individual or those around them, leading to a poorer quality of life. Such behaviours include 'physical aggression', 'self-harm' and 'destructiveness'. Although primarily discussed within the field of intellectual disabilities, Emerson and Einfield (2011)

further emphasise how behaviours that are 'challenging' are culturally and socially determined. In relation to young people in care, this can be influenced by factors such as socialisation practices related to discipline and obedience in children, cultural beliefs around child development, and gender norms surrounding behavioural expressions (Demmer et al., 2017). For instance, certain cultures may be more accepting of a 'boisterous' demeanour in boys, whilst placing an expectation of compliance in girls (or conversely, boys may be more readily labelled as 'disruptive' for exhibiting similar behaviours to girls). The context in which behaviours occur also plays a significant role in whether those behaviours are perceived as 'challenging' (Emerson et al., 2011). For example, a child who displays impulsive behaviour may be more easily accommodated within the flexibility of a family environment. However, the same behaviour may be seen as disruptive within a structured setting (such as a children's home) where adherence to rules is emphasised. Consequently, behaviours are assessed and defined based on their impact and social consequences. These factors contribute to a latent vulnerability that shapes how behaviours are perceived and socially defined as 'challenging'. By acknowledging the influence of these cultural factors, a more comprehensive understanding of the diverse interpretations and responses to BTC can be attained.

There are various classifications of BTC. One classification commonly used is based on the distinction between internalised and externalised behaviours. Internalised behaviour is characterised by anxiety and withdrawal, where the child may internalise their emotional distress (e.g., through self-harm) and struggle to express their emotions openly. On the other hand, externalised behaviour encompasses outward expressions of behaviour, such as

impulsivity, aggressiveness, and disruptiveness (Zilanawala et al., 2019). A range of diagnostic labels are used to categorise clinical presentations of BTC (usually in relation to externalised behaviours). These include diagnoses such as oppositional defiant disorder (ODD), conduct disorder, emotional and behavioural difficulties (EBD), and reactive attachment disorder (RAD) to name a few (see Visser, 2003).

*Note on terminology:* The significance of language should be acknowledged, particularly when discussing the lived experiences of marginalised groups. The term 'challenging behaviour' has been subject to misuse over time, often employed as a diagnostic label to justify the restriction of certain freedoms or rights (The Challenging Behaviour Foundation, 2021). In this study, the term 'challenging behaviour' will be replaced with 'behaviours that challenge' (BTC)<sup>14</sup>. This shift in terminology aims to emphasise that it is the *consequence* of a behaviour that is challenging for the individual or those around them, rather than viewing the individual or the behaviour itself as inherently challenging. By focusing on the behaviour's *capacity* to challenge, the emphasis is on separating the 'challenge' from the behaviour itself. This recognises the subjectivity of the experience as behaviour may not always be perceived as challenging by the individual or those around them, depending on context. The term 'behaviours of concern', which is sometimes used in the literature, was considered to be too ambiguous and does not reflect the language currently used by RCWs, for whom this research is intended to benefit.

---

<sup>14</sup> It is important to note that language used in the social sciences is dynamic and constantly evolving to reflect changing understandings and perspectives.

While this research project does not aim to provide an exhaustive summary of all the theories related to behaviours that are considered challenging, a valuable resource for further exploration is the book by Emerson and Einfeld (2011) titled "Challenging Behaviour". In the context of residential childcare, the two prominent frameworks often utilised are behavioural and attachment theories, which will be outlined below.

#### **1.4.2. Behavioural Theories**

One of the most commonly used theories for understanding BTC is the behavioural approach, primarily influenced by the works of Skinner (1953) and Bandura (1977). It is based on theories of learning with the basic premise being that behaviour is a learned response and maintained when reinforced (Cole, 2002). Behavioural approaches consider the relationship between behavioural and environmental events in order to determine the function of behaviour, recognising that behaviours can be acquired and reinforced through modelling and social interactions. Tools such as behaviour charts are used to understand antecedents and consequences of behaviour. Once a behaviour is 'understood'<sup>15</sup>, interventions such as positive and negative reinforcement can be used to 'modify' behaviour. Positive reinforcement techniques are used to encourage more 'pro-social' or 'desirable' behaviour. Many mainstream parent training programmes draw heavily on behavioural theories to positively reinforce desirable behaviours in children (Money, 2020).

---

<sup>15</sup> From a critical realist perspective, it can be argued that it is possible to gain a partial and imperfect understanding of behaviour (through behavioural observations) but would caution against assuming that our understanding of behaviour is complete and absolute.

The behavioural approach has been useful in providing systematic and evidence-based approaches to BTC, which have been shown to be effective in changing behaviour (Money, 2020). However, a limitation associated with this approach is the tendency to pathologise and label individuals based solely on their observable behaviours. By responding with behavioural modification techniques there is a risk of overlooking the underlying or internal causes of BTC. Behavioural approaches have historically been applied to individuals who have faced marginalisation, such as people with intellectual disabilities and young children in care. The adoption of this framework may stem from the assumption that these individuals are incapable of expressing their own thoughts, emotions, and subjective experiences (Digby & Wright, 2002), resulting in a lack of holistic exploration in addressing BTC.

#### **1.4.3. Attachment Theories**

Attachment theory, developed by Bowlby and Ainsworth (1991), has gained prominence in informing contemporary practice in residential care, following extensive research demonstrating the importance of caregiver-child relationships (McLean, 2015). This theoretical framework emphasises the importance of early relationships in shaping an individual's socio-emotional development (Bowlby, 1988). The primary caregiver (usually cited as the biological mother) is seen to provide a secure base from which the child can explore the world and return to seek safety and proximity. Bowlby introduced the concept of attachment, which is defined as a psychological connection between human beings (Bowlby, 1969/1982). Infants are believed to exhibit attachment behaviours, such as crying, as a way of maintaining proximity. The effectiveness of these behaviours is contingent upon

the caregiver's responsiveness and attunement to the child's needs. In cases where the child's needs are not adequately met, they may exhibit substitute attachment behaviours, such as avoidance or resistance to the caregiver (Zimmerman, 1999). Attachment theory distinguishes between secure and insecure attachment styles based on the quality of the caregiver-child relationship. Secure attachment is characterised by a strong and supportive bond between the child and caregiver. Insecure attachment is marked by a less consistent or responsive caregiver, leading to uncertainty or distress in the child (See Bretherton, 2013). Over time, children develop internalised working models (IWM) of the self and others, shaping their expectations and behaviour in relationships. Children in care are likely to have IWM based on their early experiences of adversity, which they have learnt as a replica for future relationships (Hillman et al., 2020).

Emerging neurobiological understandings of attachment experiences in early relationships are believed to play a pivotal role in shaping brain development. ACEs have been linked to alterations in brain structure and function, particularly in areas of emotional regulation<sup>16</sup> and impulse control (Lahousen et al., 2019). Chronic stress and trauma can dysregulate the hypothalamic-pituitary-adrenal (HPA) axis, leading to heightened reactivity to stressors and difficulties with emotional regulation (Lahousen et al., 2019), potentially manifesting as BTC.

---

<sup>16</sup> Emotion regulation refers to the capacity to correctly identify and manage one's own emotions, as well as respond appropriately to the emotions of others (Eisenberg et al., 2010).

In the context of residential childcare, secure caregiver-child interactions are believed to be integral in shaping the child's cognitive, behavioural, and emotional development, modelling the ability to self-regulate and form secure attachments with others (Julian et al., 2017). Given their primary role in a child's life, RCWs function as the secure base to reorganise attachment behaviours and repair the impact of early adversity. In contrast, insecure attachment patterns can lead to difficulties in interpersonal relationships, emotion regulation and low self-esteem. From an attachment perspective, the externalisation of behaviours considered to be 'challenging' is believed to be an 'acting out' of deep-seated trauma (Cole, 2002). However, through consistent and sensitive caregiving, children have the capacity to develop secure attachments. Therefore, a primary focus in residential care is on promoting positive attachment relationships. As such, RCWs' own internal working model of relationships is integral to the effectiveness of implementing a relational approach to care.

#### **1.4.4. Therapeutic Approaches to Care**

Informed by an attachment perspective, therapeutic care is an umbrella term that encompasses a number of approaches to care that are considered to be 'therapeutic'. These approaches can be broadly categorised into two types: the milieu-based approach and the evidence-based approach. The milieu-based approach refers to an approach or philosophy that focuses on creating an environment that promotes the overall well-being and development of individuals. The term 'milieu' refers to the physical, social, and emotional context in which individuals receive care. In a milieu-based approach, emphasis is placed on establishing a supportive and structured environment that facilitates healing, growth, and

positive change, recognising the influence of interpersonal interactions on individual well-being (Kor et al., 2021). Milieu-based models often incorporate trauma-informed care, which involves recognising and responding to the impact of trauma on individuals. It emphasises the need for cultural change within organisations to ensure professionals are aware of and sensitive to the effects of trauma on individuals (Fernández et al., 2023). On the other hand, evidence-based approaches rely more heavily on individual practitioners following standardised protocols and manualised interventions, rather than focusing on organisational change (James, 2015). These approaches are grounded in research evidence and prioritise the use of specific techniques that have demonstrated positive outcomes. Therapeutic residential care is a main initiative emphasising the importance of a child-centred approach.

Many residential homes in the UK claim to offer therapeutic care, which purportedly involves the establishment of relationships, facilitating trust and belonging, and providing a nurturing environment for the children. However, there remains a lack of clarity regarding *how* therapeutic care is implemented within these homes (Hart et al., 2015). The distinguishing characteristics of therapeutic care, and what sets therapeutic practice apart from conventional practices within children's homes, are yet to be clearly established. It is unclear if a home is considered therapeutic if they have an independent therapy team, or if the culture and philosophy of the home incorporate therapeutic principles in their overall practice.

#### **1.4.5. Mentalization Theory**

In the field of children's social care, there is increasing interest in the concept of mentalization (also referred to as reflective functioning), which is a metacognition specifically concerned with the ability to 'think about thinking'. Mentalizing involves the capacity to understand one's own mental state and internal motivations, as well as the mental state of others, considering how they interact to shape one another's behavioural responses (Luyten et al., 2017). Numerous studies have extensively investigated mentalizing capacity in foster carers and adoptive parents, revealing that an ability to effectively mentalize is associated with increased tolerance of BTC (Rutherford et al., 2013). Moreover, it has been found to positively influence the child's own capacity to mentalize (Staines et al., 2019) and nurture a sense of attachment security (Midgley et al., 2018). Deficits in mentalizing may present as a caregiver displaying disinterest in their child's mental state (pre-mentalizing), being extremely uncertain about their child's mental state (hypo-mentalizing) or being overly certain about their child's mental state (hyper-mentalizing). These deficits have been linked to negative effects on the overall development and well-being of children, including insecure attachments (Ains et al., 2020).

#### **1.4.6. Conceptualising Western Constructions of 'Family'**

Modernist perspectives on family have played a significant role in shaping societal attitudes and practices regarding child welfare. These perspectives often emphasise the importance of traditional family structures and their replication within the childcare system. Modernist ideals of the nuclear family, the emphasis on individualism and traditional gender roles have been influential in shaping family structures. Foster families are promoted over

residential facilities in order to replicate the family dynamic and provide a sense of normalcy for children and young people in care (White, 2003). Even the idea of a social worker stepping into the role of a 'corporate parent' emerged from the desire to ensure that children in care receive the same level of support they would from a biological parent, reflecting an assumption that the traditional family structure is the best way to meet the needs of young people who enter the care system. De Finney et al. (2011) argue that the care system is informed by Euro-Western developmental theories that have historically influenced and shaped perceptions of child development and what constitutes a 'healthy' family. They assert that residential care is designed to 'rehabilitate' young people into normative standards of health, wellness, development, and family, which can lead to the unequal treatment of marginalised children in care.

### **1.5. The Independent Care Review (2022)**

The Independent Review of Children's Social Care, led by Josh MacAlister, was commissioned by the UK government in 2019 to transform and improve support for vulnerable children and their families. The final report was published in May 2022. The review found that the care system for children is "broken", and children are not getting the support they need. The recommendations made from the report are broad and far-reaching. There is an emphasis on enhancing workforce development to ensure they can provide better support for children. Another key theme is the importance of nurturing loving relationships between children and their caregivers. The review proposes that the quality and quantity of these relationships should be the primary measure used to determine the success of the care system, emphasising "when finding a home for a child in

care, our obsession must be putting relationships around them that are loving and lasting” (MacAlister, 2022, p.5). How these principles will be applied in the context of residential care and their relevance to RCWs is yet to be fully outlined.

## **1.6. Conclusion**

In summary, residential childcare is a complex institution. To ensure the best possible outcomes for the children *and* the dedicated professionals supporting them, it is imperative to gain a comprehensive understanding of RCWs experiences of BTC from their own perspective. This insight can serve as a foundation for continuous improvement in the workforce. To examine the existing knowledge regarding RCWs' subjective experiences of residential care work, a systematic review of peer-reviewed research will be presented in the following chapter.

## Chapter Two: Systematic Literature Review

### 2.1. Chapter Overview

This chapter outlines a systematic literature review (SLR), providing a comprehensive summary and critical appraisal of existing empirical literature relevant to this study. The SLR followed five steps proposed by Khan et al. (2003); framing the question, identifying relevant publications, assessing study quality, summarising the evidence and interpretation of findings.

### 2.2. Aims

The SLR aimed to answer the question: *“What does the empirical literature tell us about the subjective experiences and challenges of professionals working in children’s residential homes?”*. The SLR was registered with PROSPERO on 3<sup>rd</sup> March 2023, revealing an absence of SLRs on the topic of investigation.

### 2.3. Methods

#### 2.3.1. Search Strategy

The SLR was conducted between January 2023 and March 2023 on the following databases: Scopus, Wiley, Social Care Online (Social Care Institute for Excellence; SCIE) and PsycArticles. These databases were chosen to incorporate literature from both psychological and social care disciplines. PubMed was excluded from the search due to the irrelevancy of generated papers and a high number of duplicates from other databases.

The SLR question and subsequent search strategy were formulated using the SPIDER framework (Sample, Phenomenon of Interest, Design, Evaluation, and Research type) proposed by Cooke et al. (2012). This planning tool provides a methodological approach for identifying qualitative and mixed-methods research studies, ensuring a comprehensive search of the key components of non-quantitative research inquiries.

**Table 1.**

*SPIDER Framework (Cooke et al, 2012)*

<b>S</b>	<b>PI</b>	<b>D</b>	<b>E</b>	<b>R</b>
Sample:  Residential workers (Childcare)	Phenomenon of Interest:  Professional experiences of working in residential childcare	Design:  Published peer- reviewed literature	Evaluation:  Views, experiences, challenges	Research type:  Qualitative and mixed methods

### 2.3.2. Search Terms

The search terms were established using the University of Hertfordshire search planning form (see Appendix B) and further refined through a scoping search on Google Scholar, identifying main concepts and key terms in the existing literature related to the research question. Terms were searched within the 'article title', 'abstract' and 'keywords'. Terms were truncated (\*) where appropriate to capture word variations (e.g., residential child\* worker\* = residential children's worker, residential childcare workers etc.). The final search terms are presented in Table 2.

The process of defining appropriate search terms presented some complexity, due to inconsistencies in terminology used both nationally and globally. For example, individuals in the occupation of residential childcare workers (RCWs) may be referred to as 'social care workers', 'youth/support workers' or 'childcare practitioners'. To avoid overlooking relevant papers, careful consideration was given to ensure the search terms used were in line with existing literature. Furthermore, the inclusion of generic terms as search parameters (e.g., 'staff' or 'professionals') resulted in a high volume of extraneous literature (over 40,000 papers) that required evaluation. Consequently, the decision was made to eliminate these terms from the search protocol.

**Table 2.**  
*Final Search Terms*

	AND	AND	AND
"residential child* worker*" OR "residential child-care worker*" OR "child* support worker*" OR "youth care worker*" OR "care worker*" OR "child* worker"	experienc* OR challeng* OR percept* OR attitude* OR belief* OR view* OR perspect* OR satisfaction* OR support* OR help*	Residential home OR "child* home"	child* OR youth OR "young people" OR "looked after child*" OR "child* looked after" OR "adolescen*

Note: Boolean operators 'OR'/'AND' were used within and across the search terms to allow for a more precise and effective search strategy

### 2.3.3. Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were determined by the review question and aims (see Table 3). Initially, searches were limited to UK papers from 2004 onwards, coinciding with the implementation of the updated Children Act (2004). This key piece of legislation influenced the socio-political landscape of child protection and welfare in the UK. The Act made significant changes to the provision of public sector services for children, including strengthened legal and regulatory frameworks governing residential care. The Act also emphasised the importance of placing children in family-based settings, such as foster care or kinship care. Consequently, research prior to these changes would not capture the social and cultural factors that may possibly influence the subjective experiences and challenges faced by professionals working in children's residential homes. However, due to the scarcity of relevant research in the UK, it was necessary to broaden the scope of the search to include studies from other geographical locations. While the papers included in the review are not exclusively from the UK, it is argued that the papers can still be analysed in the context of UK policy changes since 2004 by considering similarities in policies and practices and conducting a comparative analysis. The decision was further justified by the relevance of the articles identified in addressing the SLR question, as well as the overall aim of the ensuing research project outlined in this thesis (which is limited to a UK sample).

Furthermore, as the SLR focuses on the subjective experiences and challenges of working in children's homes, only qualitative studies were included for review. This is due to the exploratory nature of qualitative research, which allows for a more in-depth, rich account of the lived experience of participants. Finally, the experiences of foster and kinship carers, as well as other professionals with no direct involvement in residential homes were excluded

from the review. This ensured that the literature remained focused and provided a comprehensive analysis of the topic of investigation.

**Table 3.**

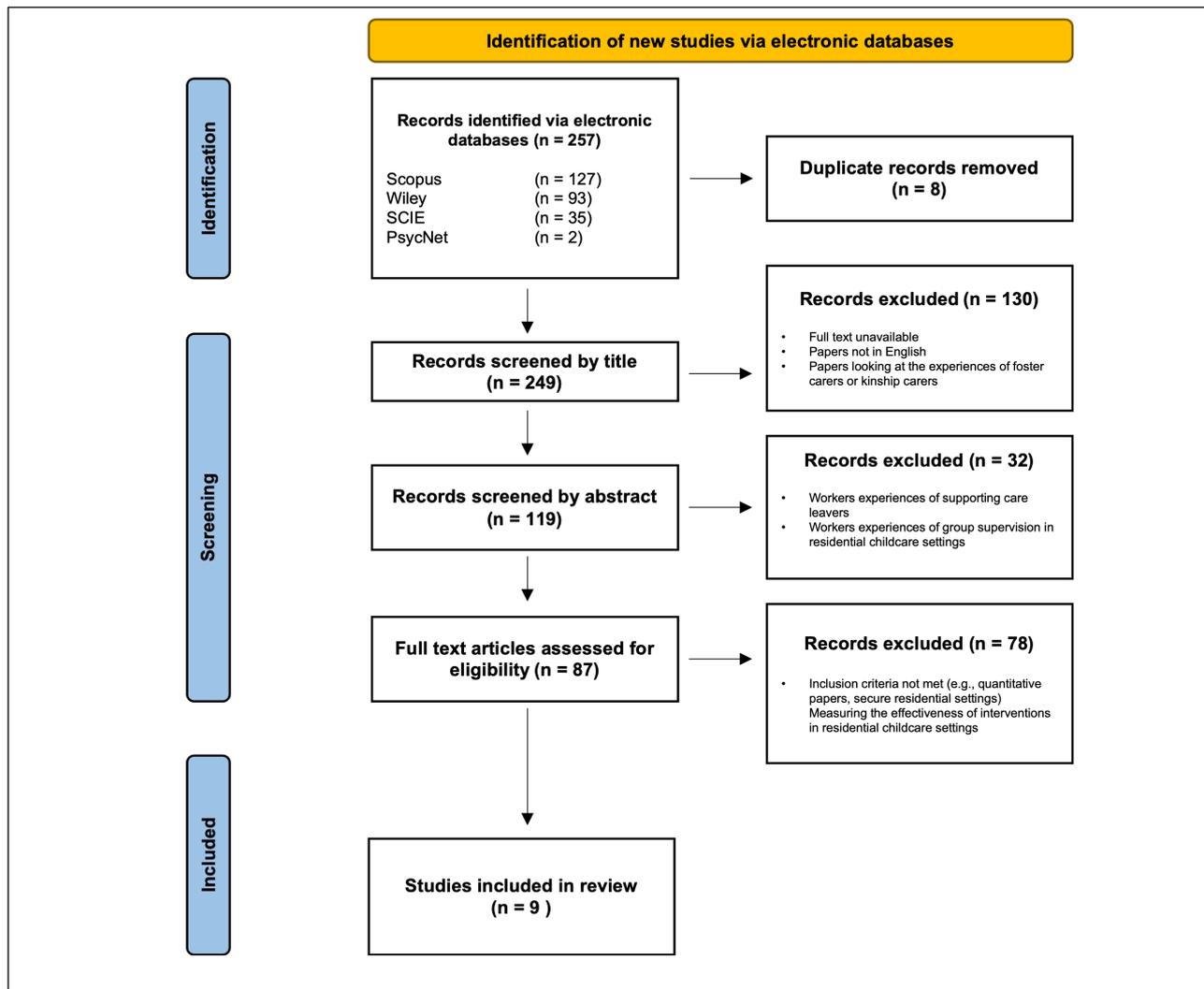
*Inclusion and Exclusion Criteria*

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>• Published in the English language</li> <li>• Published since 2004</li> <li>• Original peer-reviewed articles</li> <li>• Qualitative papers (focusing on subjective accounts)</li> <li>• Professionals working in children's residential homes</li> </ul>	<ul style="list-style-type: none"> <li>• Experiences of foster carers or kinship carers</li> <li>• Perspectives of external professionals with no direct involvement in residential homes</li> <li>• Settings other than residential homes (e.g., secure children's homes /youth offender institutions, residential treatment centres, institutional rehabilitation settings, specialist residential homes for children with learning disabilities, semi-independent homes, short-break homes)</li> </ul>

The initial search produced a total of 257 papers, eight of which were duplicates. Upon application of the eligibility criteria, nine papers were selected for review (Shaw, 2012; McLean, 2015; Brown et al., 2018; Kennedy & Holt, 2020; Kor et al., 2021; Modlin & Magnuson, 2021; Roache & McSherry, 2021; Brend & Collin-Vézina, 2022; Parry et al., 2022). No mixed-methods studies were identified in the search. The selection process is visually presented in a PRISMA flow diagram (Figure 1; Page et al., 2021).

**Figure 1.**

PRISMA Flowchart (Page et al., 2021)



#### 2.3.4. Summary of Literature

The main features of the nine articles extracted for the review are summarised in Table 4. The articles were selected based on their subjective accounts of professionals' experiences of working in children's residential homes.

The selected papers were conducted in the United Kingdom (n = 3), Australia (n = 3), Republic of Ireland (n = 2), and Canada (n = 1). This highlights that the current literature is limited in scope. The majority of studies (n = 6) used semi-structured interviews as their data collection method, and data analysis (n = 8) was informed by a Thematic Analysis approach (Braun & Clarke, 2006). Sample sizes varied between n = 6 and n = 81. All participants were frontline RCWs; however, some studies included the perceptions of other professionals involved in residential childcare (such as residential managers).

**Table 4.**  
*Data Extraction Table*

No.	Author(s), Year & Title	Aims	Sample	Method	Key findings	Strengths & Limitations
1.	<b>Shaw (2012)</b> Professionals' perceptions of offending in children's residential care	The study aimed to understand how perceptions of offending in residential care might impact on professional responses to the young people	<b>Participants:</b> 31 professionals, including leaving care workers, residential managers, police officers and legal advisors (M = 18, F = 13)  <b>Sampling Technique:</b> Purposive  <b>Setting:</b> UK (England)	<b>Data Collection:</b> Qualitative semi-structured interviews  <b>Data Analysis:</b> Thematic analysis (deductive approach)	Three themes were identified: (i) Individual disposition and family background, (ii) The residential setting and associated interactions, (iii) Policy, practice and system arrangements	<b>Strengths:</b> The researcher utilised multiple sources of data to triangulate the findings, thereby increasing validity  <b>Limitations:</b> The study was conducted in a specific local authority and therefore may not be representative of other regions in the UK
2.	<b>McLean (2015)</b> Managing behaviour in child residential group care: Unique tensions	The study aimed to identify common themes in relation to workers' understanding and management of challenging behaviour in the residential group care environment	<b>Participants:</b> 11 youth workers; 2 social workers; 4 unit managers (M = 11, F = 6)  <b>Sampling Technique:</b> Purposive	<b>Data Collection:</b> Qualitative semi-structured interviews  <b>Data Analysis:</b> Thematic analysis (inductive approach)	Five themes were identified: (i) A different kind of parenting, (ii) Consistency in approach, (iii) Control and connection, (iv) Desire for normality and (v) Inconsistency in relationships	<b>Strengths:</b> Strong rationale for the study, suitable methodology, intercoder reliability  <b>Limitations:</b> No evidence of reflexivity and how bias

			<b>Setting:</b> Australia			impacted on the analysis of data
3.	<b>Brown, Winter &amp; Carr (2018)</b> Residential childcare workers: Relationship based practice in a culture of fear	The study aimed to explore residential childcare workers' understanding and views regarding relationship-based practice; to identify challenges and opportunities; and to contribute to debates regarding future practice	<b>Participants:</b> 26 residential childcare workers (M = 4, F = 22)  <b>Sampling Technique:</b> Purposive  <b>Setting:</b> Republic of Ireland	<b>Data Collection:</b> Qualitative semi-structured interviews  <b>Data Analysis:</b> Thematic analysis (inductive approach)	Two themes were identified: (i) Macro level influences (ii) Micro level influences	<b>Strengths:</b> Provided the cultural and religious context of residential childcare in Ireland. Clearly outlined the process of how themes were derived from the data  <b>Limitations:</b> A sample size of 26 was identified as 'inadequate', researchers did not position themselves
4.	<b>Kennedy &amp; Holt (2020)</b> Working with young people living in residential care with pre-care experience of domestic violence: Social care workers perspectives	The study aimed to study examines social care workers experiences of supporting young people living in residential care cope with the associated trauma of exposure to	<b>Participants:</b> 11 social care workers; 7 social care managers (M = 5, F = 13)  <b>Sampling Technique:</b> Purposive  <b>Setting:</b> Republic of Ireland	<b>Data Collection:</b> Qualitative semi-structured focus group; 1 semi-structured interview  <b>Data Analysis:</b> Thematic analysis (inductive approach)	Two themes were identified: (i) The experience and impact of living with domestic violence, (ii) The professional response	<b>Strengths:</b> Good justification for qualitative methodology in relation to the research aims  <b>Limitations:</b> The use of a focus group may limit the freedom of participants to fully

domestic violence in their pre-care history

express their opinions or views in a group setting. How this was managed was not outlined

5.	<p><b>Roache &amp; McSherry (2021)</b> Understanding and addressing Child Sexual Exploitation (CSE) in residential care in Northern Ireland using a qualitative case study design: The residential social care worker perspective</p>	<p>The study aimed to explore the experiences and views of residential social care workers in relation to CSE</p>	<p><b>Participants:</b> 6 residential social care workers (M = 3, F = 3)</p> <p><b>Sampling Technique:</b> Purposive</p> <p><b>Setting:</b> UK (Northern Ireland)</p>	<p><b>Data Collection:</b> Qualitative semi-structured interview</p> <p><b>Data Analysis:</b> Reflexive thematic analysis (inductive approach)</p>	<p>Six themes were identified: (i) risk, (ii) reasons to engage, (iii) vulnerability, (iv) identifying sexual exploitation (v) responding to CSE, (vi) the social care work experience</p>	<p><b>Strengths:</b> The use of reflexive thematic analysis methodology enhanced the credibility and trustworthiness of the findings by fostering transparency and critical reflection</p> <p><b>Limitations:</b> Participants were reportedly accessed through a 'gatekeeper', although the nature of the relationship between the gatekeeper and participants was not explicit (so the risk of bias is unclear)</p>
----	---	---	---	--	--	---

6. <b>Kor, Fernandez &amp; Spangaro (2021)</b> Practitioners' experience of implementing therapeutic residential care: A multi-perspective study	The study aimed to answer the following questions: (1) How do you understand therapeutic residential care? and (2) what challenges are you experiencing when implementing therapeutic residential care?	<b>Participants:</b> 26 residential care staff (gender not specified)  <b>Sampling Technique:</b> Purposive  <b>Setting:</b> Australia	<b>Data Collection:</b> Qualitative semi-structured interviews  <b>Data Analysis:</b> Framework analysis	Six themes were identified: (i) Inconsistent understandings of how therapeutic care should be operationalized, (ii) Crisis-driven referrals and assessments, (iii) Problematic placement configuration and client mix, (iv) Inadequate workforce development, (v) The emotional "cost" of care, (vi) Atrophied clinical support	<b>Strengths:</b> The synthesis of themes through reflexive discussions among authors ensured a comprehensive understanding, considering assumptions and subjectivity  <b>Limitations:</b> The study was cross-sectional in design and conducted at a time when therapeutic care was in its infancy. The study did not capture longitudinal changes in the dynamic nature of implementing therapeutic care
7. <b>Modlin &amp; Magnuson, (2021)</b> A Constructive-Developmental Analysis of Satisfaction, Challenge and Coping in	The study aimed to explore participants' experiences of satisfaction and success, challenges, and coping in their job as youth care workers	<b>Participants:</b> 18 child and youth care workers (M = 4, F = 4)  <b>Sampling Technique:</b> Purposive	<b>Data Collection:</b> Qualitative semi-structured interviews  <b>Data Analysis:</b> Thematic analysis (inductive approach)	Three themes were identified: (i) Challenge, (ii) Satisfaction, (iii) Coping	<b>Strengths:</b> The study utilised subject-object interviews (SOI) which are designed to access a person's meaning-making capacity. The study clearly outlined

Residential Child and Youth Care	NB: Participants were purposefully selected for this study from a wider quantitative study	the procedure to ensure the replicability of SOI			
<b>Setting:</b> Canada	<b>Limitations:</b> The language used in the paper is inaccessible for those unfamiliar with the concepts they cite. The authors also do not report on the use of reflexivity				
8. <b>Parry, Williams &amp; Oldfield (2022)</b> Reflections from the forgotten frontline: The reality for children and staff in residential care during COVID-19	The study aimed to explore the facilitators and barriers to workplace wellbeing for children's residential care workers. The study also aimed to develop a Wellbeing Charter for care workers	<b>Participants:</b> 32 residential childcare workers (M = 9, F = 22, Other <sup>17</sup> = 1)	<b>Data Collection:</b> Qualitative online survey (n = 30) and structured interview (n = 2)	Three themes were identified: (i) Personal and professional needs, (ii) The common ground, (iii) Belonging	<b>Strengths:</b> The largest open-ended survey of RCWs experiences. Also, consideration of epistemological influences on data
	<b>Sampling Technique:</b> Purposive	<b>Data Analysis:</b> Thematic analysis (inductive approach)	<b>Limitations:</b> Limited to the Covid-19 pandemic, which is not reflective of the everyday lived experience		
	<b>Setting:</b> UK (England)				

---

<sup>17</sup> Other = unspecified gender

9.	<p><b>Brend &amp; Collin- Vézina (2022)</b></p> <p>Stronger together: Workplace social support among residential child welfare professionals</p>	<p>The study aimed to answer the question “what are the workplace supports that residential childcare workers consider to be helpful?”</p>	<p><b>Participants:</b> 76 frontline staff; 4 clinical support; 1 unknown<sup>18</sup> (M = 56, F = 25)</p> <p><b>Sampling Technique:</b> Purposive</p> <p><b>Setting:</b> Australia</p>	<p><b>Data Collection:</b> Qualitative interview (guided by the Secure Base Interview Protocol; Schofield &amp; Beek, M, 2018)</p> <p>NB: The interview data used in this study was gathered as part of a wider longitudinal research implementation project</p> <p><b>Data Analysis:</b> Reflexive thematic analysis (inductive approach)</p>	<p>Five themes were identified (i) Peer support, (ii) Support from management and consulting professionals, (iii) Support from the young people and their families, (iv) Personal support (v) No access to support</p>	<p><b>Strengths:</b> A large sample size was utilised and the study adhered to quality standards</p> <p><b>Limitations:</b> All forms of support identified related to <i>social</i> support. The authors did not reflect on why other forms of support were not considered in this research</p>
----	--	--	--	--	--	--

---

<sup>18</sup> Missing data

## **2.4. Quality Appraisal**

### **2.4.1. Quality Evaluation Tool**

The final papers were subject to a quality evaluation, guided by the Critical Appraisal Skills Programme (CASP, 2022). This is a widely used tool for quality appraisal in health and social care research, endorsed by Cochrane and the World Health Organisation (Long et al., 2020). The CASP tool provides a standardised approach to appraising various aspects of research, including the study design, data collection, analysis, and results. By using this tool, the reviewer can systemically evaluate each study, identifying possible biases and limitations. Specifically, the *qualitative* checklist was utilised to review the extracted papers, all of which were qualitative in design. This checklist comprises of ten questions, each focusing on a distinct methodological aspect of qualitative investigation. A summary of the quality checklist can be found in Appendix C.

### **2.4.2. Critical Review**

Overall, all nine papers were considered to be of high quality and demonstrated scientific rigour, providing valuable insights into the experiences and challenges of working in a children's residential home.

Some common strengths across all papers include a clear focus on the aims of the research, and the use of appropriate qualitative methods (such as interviews and focus groups) to achieve the desired aims. Furthermore, all studies employed purposive sampling, which was deemed appropriate for the research objectives, as this enabled a suitable selection of participants who could offer informed perspectives on their lived experiences. Three studies (Mclean, 2015; Brown et al., 2013; Roache et al., 2021) acknowledged the

presence of the small sample size in their research as a potential limitation for the generalisability of their findings. However, qualitative research typically focuses on gathering in-depth, intricate accounts of a particular phenomenon, rather than establishing generalisability, so a small sample size in these studies is not necessarily a critical issue.

In terms of the analysis, some studies provided more detailed descriptions of the data analysis procedure than others, however, all studies were perceived to have satisfied the relevant criterion. Inductive thematic analysis was the preferred analytical approach in the majority of studies, with one study (Shaw, 2012) employing deductive thematic coding and another study (Kor et al., 2021) employing framework analysis. Although these methods were deemed appropriate, Interpretative Phenomenological Analysis (Smith & Nizza, 2022) may have been a suitable methodology to address some of the research questions, as IPA is appropriate for exploring how individuals make sense of their experiences. For example, Roache et al. (2021) sought to understand the perspectives of care workers regarding the challenges of child sexual exploitation (CSE) in residential care. By utilising IPA, the researchers *could* have investigated how participants constructed their understanding of the issue, which *may* have uncovered some of the nuances in their individual perceptions. This insight has the potential to improve staff practices around the appropriate management of CSE in residential care. Finally, two papers (McLean, 2015; Kor et al., 2021) demonstrated inter-coder reliability, and another two studies (Roache et al., 2021; Brend et al., 2022) evidenced the use of reflexive discussions throughout the coding process, which enhances the overall rigour of the studies and increases confidence in the findings.

There were also a number of methodological limitations that need to be considered when determining the quality of the papers included in this review. All papers were cross-sectional in design, which can be useful for understanding current perspectives and experiences. However, cross-sectional designs are vulnerable to recall bias, where participants may only remember specific aspects of their experiences that are most salient to them. In addition, only two papers (Kennedy et al., 2020; Parry et al., 2022) considered how the researcher's relationship with the participants and the power dynamics between them impacted the direction of the interviews. This is an important consideration in qualitative research as the role of the researcher can shape the data that is collected and subsequently analysed.

Five out of the nine papers outlined their epistemological positioning, with three papers (Kor et al., 2021; Brend et al., 2022; Parry et al., 2022) identifying with a social constructionist epistemology, and two papers (McLean, 2015; Roache et al., 2021) subscribing to critical realist epistemology. Although it is helpful for the reader to keep this in mind, only Brend et al. (2022) and Parry et al. (2022) explicitly described how their epistemology influenced their interpretation of the data. This is important because it enhances the transparency and credibility of the research process. Furthermore, Kor et al. (2021) referred to the data as reaching a point of 'saturation' which is a concept more typically associated with a positivist paradigm, where the goal is to achieve an objective understanding of the phenomenon. In contrast, one could argue from a constructionist perspective that the goal is to explore the ongoing construction of knowledge between the researcher and participant. Therefore, the notion of 'saturation' in qualitative research

*should* be conceptualised as the researcher's personal level of theoretical saturation, rather than as the process of reaching an objective endpoint in data collection. It is important that the epistemology aligns with the methodology utilised in the study. In other words, the researcher's underlying assumptions about how knowledge is generated should be comparable with the techniques employed to obtain such knowledge, therefore ensuring validity. Researchers should also be aware of how their decision-making processes throughout data collection and analysis may contradict the philosophical underpinnings of their research.

Finally, one paper (Parry et al., 2022) did not explicitly mention that ethical approval was sought. Four papers (McLean, 2015; Modlin et al., 2021; Kor et al., 2021; Brend et al., 2022) met this criterion by stating ethical approval was granted, but no further ethical considerations were reported. The remaining four papers (Shaw, 2012; Brown et al., 2018; Kennedy et al., 2020; Roache et al., 2021) provided comprehensive overviews of ethical concerns, encompassing aspects such as confidentiality, risk management and participant well-being. To conclude, despite a number of methodological limitations in the papers extracted for the analysis, they all seemed to meet the necessary quality standards and were consequently included in the SLR.

## **2.5. Synthesis of Findings**

### **2.5.1. Synthesis Model**

A thematic synthesis (Thomas & Harden, 2008) has been chosen to review the SLR question: *"What does the empirical literature tell us about the subjective experiences and*

*challenges of professionals working in children's residential homes?"*. This question requires a comprehensive analysis of the literature as it is broad in scope, with the view to uncover a wide range of experiences and challenges that individuals face when working in residential childcare. A thematic synthesis was considered to be the most appropriate approach to address the question, as this model allows for a higher level of abstraction of common themes and patterns across multiple qualitative studies.

### **2.5.2. Thematic Synthesis**

Each study had a unique focus and aim, which when reviewed independently limits our overall understanding of the experiences and challenges of working in children's residential homes. However, an analysis of the papers identified common themes which feature across each study (see Table 5). Having a broader understanding of this may be of benefit to professionals working in residential childcare settings, as well as policymakers and researchers seeking to improve the quality of care delivered to young people. It is important to acknowledge, however, that each of the studies included in the current review originates from Western cultures; perspectives from other parts of the world, particularly the global South, are absent. This limits our understanding of the experiences of professionals across different cultural contexts.

**Table 5.**  
*Table of Themes*

<b>Themes</b>	<b>Subthemes</b>
The Significance of the Organisational Culture	<ul style="list-style-type: none"> <li>▪ Organisational Culture and the Impact on Practice</li> <li>▪ The Significance of Relationships</li> </ul>
Behaviours That Challenge	<ul style="list-style-type: none"> <li>▪ The Perception and Management of Behaviours That Challenge</li> <li>▪ The Impact of Behaviours That Challenge on Personal Well-being</li> </ul>

### **Theme One: The Significance of the Organisational Culture**

One theme that was noted across all of the papers was the ways in which the organisational culture impacted the experiences and challenges faced by professionals in children's residential homes. Organisational culture is considered to be a set of shared values and practices that reflect the 'personality' of the organisation as a whole (Schein, 2010).

#### **Sub-theme: Organisational Culture and the Impact on Practice**

A positive organisational culture and experience of workplace social support were considered important for staff well-being, buffering the effects of workplace stress (Brend et al., 2022). However, all of the studies noted the challenges of creating and sustaining such an environment. Specifically, six studies (Shaw, 2012; McLean, 2015; Kennedy et al., 2020; Roache et al., 2021; Brend et al., 2022; Parry et al., 2022) found that participants felt they

lacked adequate structural support when exposed to challenging situations at work (e.g., physical assaults). Participants reported having limited agentic capacity and autonomy over decision-making (due to organisational constraints), a lack of appropriate specialist training, insufficient supervision, and issues with understaffing. Parry et al. (2022) further highlighted how the Covid-19 pandemic exposed the neglect of RCWs, with a lack of safety measures in place for staff (e.g., personal protective equipment).

“The young people are being taken care of (...) but who's looking after me? (...) who's keeping me safe?” (Parry et al., 2021, p.221)

Parry et al. (2022) argued the need for a cultural shift, with greater recognition of the vital work undertaken by RCWs. This sentiment is shared across a number of studies (Brown et al., 2018; Kor et al., 2021; Brend et al., 2022).

Additionally, the publicised failings of residential care in the media have contributed towards societal perceptions that residential care is an unsuitable place for children. A number of papers (Shaw, 2012; Mclean, 2015; Brown et al., 2018) highlighted the impact of such attitudes on professional practice within these settings. These papers discussed how children's homes are often considered to be a last resort for the most challenging of children. This may in turn reflect professional and organisational attitudes towards the *function* of residential homes and arguably the children themselves (i.e., that they are unmanageable and nobody else can support them). In addition, the implementation of tighter regulatory frameworks to protect young people (in the aftermath of repeated

failings) has been found to result in a culture of fear (Brown et al., 2018), where staff are more focused on adherence to policies and procedures, at the expense of responding to the individual needs of each child. Staff feel blamed, disempowered, and unable to make decisions, which results in increased anxiety and a loss of confidence. Parry et al. (2022) advocated for supervision that emphasises the capabilities and strengths of residential workers, which will result in supervisors 'checking in' rather than 'checking on' workers. This may allow for a shift away from punitive practice to more empowering practice.

### **Sub-theme: The Significance of Relationships**

All papers touched upon the significance of positive relationships in residential care, which is perceived to be crucial towards building a culture and environment that is considered to be therapeutic.

Several papers discussed the importance of building professional relationships with other colleagues. McLean (2015) emphasised how a cohesive team that shares the same values and goals can better respond to BTC. However, tensions can arise in how staff respond to such behaviours due to a conflict between needing to follow procedure versus wanting to be flexible in meeting the needs of the child:

“Because it is like that [with behaviour management]- sometimes that causes some conflict amongst ourselves and it confuses the kids” (McLean, 2015; p.347)

Brend et al. (2022) and Parry et al. (2022) both explored the impact of peer relationships and workplace support. They found that positive peer relationships resulted in greater job satisfaction, reduced burnout, and job-related stress. Notably, Parry et al. (2022) also found that those who felt supported by colleagues during Covid-19 were better able to cope with the demands of the pandemic. What is more, Modlin et al. (2021) suggested that the job itself may not be what contributes to a high turnover of staff, but a lack of emotional support, leading to professionals feeling ill-equipped to meet the emotional demands of the job. Six papers (McLean, 2015; Brown et al., 2018; Kor et al., 2021; Modlin et al., 2021; Roache et al., 2021; Parry et al., 2022) touched on the importance of a culture of transparency and openness in residential care. However, this can be difficult to do without trusting relationships with other professionals, illustrating the need for relational safety<sup>19</sup>.

Five studies (Brown et al., 2018; Kennedy et al., 2020; Modlin et al., 2021; Brend et al., 2022; Parry et al., 2022) suggested that professionals who are able to nurture meaningful relationships produce better outcomes for children, positively influencing their well-being and overall development. However, the impact of risk-averse and restrictive practice in a culture of fear results in barriers to forming meaningful relationships with young people in care:

---

<sup>19</sup> Relational safety refers to the emotional and psychological sense of security and stability within interpersonal relationships, involving feelings of trust, predictability, and emotional support (Hernández & McDowell, 2010).

"In the past, often reading stories to children when in their beds... one of them could be hanging over your shoulder and the other one would be just lying there. And you'd be just reading them a story. 99 out of 100 care workers wouldn't even put themselves in that position now" (Brown et al., 2018; p.66)

Shaw (2012) also noted the difficulties in balancing the need for boundaries with the desire to form meaningful relationships with children, which is particularly challenging when the young person has a history of offending behaviour.

Finally, all studies highlighted the importance of a culture that nurtures relationship-based practice and trauma-informed, therapeutic care. Trusting relationships with the children are emphasised as integral to the delivery of therapeutic care:

"I think that cultivating an environment where staff have an understanding and appreciation of the importance of developing trust and a relationship with a young person. No intervention will work unless it's rooted in a really trusting relationship" (Kennedy et al., 2020; p.19)

This is further reinforced by Kor et al. (2021), who argued that trust and safety between staff and children are important for implementing therapeutic care. Building relationships are a key component of establishing trust with the young people in the home.

All of the studies highlighted the impact of the organisational culture on the subjective experiences and challenges of professionals working in children's residential homes. A key aspect of a successful workplace culture, both for the benefit and well-being of staff as well as young people, is the presence of trusting relationships. The studies recommend that organisations prioritise a supportive workplace culture that nurtures peer support and collaboration among staff, in order to improve the outcomes for both professionals and children in residential care. This theme emphasises that the responsibility is not just on individual practitioners to cultivate a positive environment, but also on the organisations and institutions as a whole. If the environment is not therapeutic for the carers, then it is likely to struggle to be therapeutic for the children.

### **Theme Two: Behaviours That Challenge**

Behaviours considered to be challenging (such as physical and verbal aggression, disruptive behaviours, missing episodes, and substance misuse) are a recurrent theme across the nine papers included in the review. The authors consistently acknowledged how such behaviours present complex and multifaceted issues for professionals working in the residential childcare context.

#### **Subtheme: The Perception and Management of Behaviours That Challenge**

There were varying perspectives on how participants made sense of BTC. Some professionals identified these behaviours as a symptom of trauma or a form of communication (McLean, 2015, Kennedy et al., 2020), whereas others saw it as a form of

manipulation and control in order for the young people to get their needs met (Shaw, 2012; Brown et al., 2018):

“They know that they can control the situation to some degree. And if they don’t like something, they know that if they kick-off, it will eventually change, and they’ll be put somewhere else . . . They know if they do X, Y or Z, that’s going to get a result . . . They learn to manipulate things” (Shaw, 2012, p. 361)

This could possibly be due to the existing perceptions of children who present with BTC in these settings (i.e., that they are unmanageable and that nobody can support them), or the setting in which these behaviours occur. Although Shaw (2012) explicitly looked at offending behaviour in residential care, professionals in these settings may struggle to differentiate between challenging and offending behaviour, due to the criminogenic environment of children’s care homes (e.g., peer influence and institutional practices). Shaw (2012) found that some professions view behaviours of concern as evidence of a child’s “deviant” tendencies, rather than as a result of their trauma history and current circumstance.

Mclean (2015) found that RCWs face unique tensions in responding to BTC in residential care. These tensions include a lack of understanding and appreciation from other professionals, the difficulties in balancing competing demands from the range of young people in their care, and the impact of organisational culture and risk management on their work. This study sheds light on the complex nature of BTC, recognising that it involves not

only the behaviour itself but also the interactions between individuals, the organisational context, and broader systemic influences.

### **Subtheme: The Impact of Behaviours That Challenge on Personal Well-being**

All of the studies indicated that BTC had a significant impact on the well-being of staff working in residential care, with participants expressing feelings such as powerlessness, frustration, fear, and emotional distress. For example, Kor et al. (2021) discussed how pervasive anxiety and distress were common emotional responses for frontline practitioners, due to the responsibility of managing complex behavioural needs:

“It’s hard because you have your own kids and you get home, you have to switch off. It’s so hard though. Like yesterday, I’ve got two kids and my wife said to me: ‘how about we go fishing?’. I kind of felt like I don’t want to go fishing because I feel that anxiety. Because I always go fishing with the kids at work, and it’s like, it’s not fun anymore” (Kor et al., 2021, P.6)”

In some cases, the emotional toll of managing such behaviours resulted in intrusive thoughts and extreme distress:

“I remember driving to a shift and saying, ‘Oh my God’ and having this knot in my stomach driving to the shift. I actually remember wishing I had a car accident so I didn’t have to go to the shift” (Modlin et al. 2021, p.191)

While these studies recognise the impact of BTC on job satisfaction, Modlin et al. (2021) also proposed that professionals can experience satisfaction by overcoming these challenges in their work. This highlights the need to empower and upskill professionals when they are supporting a child who presents with BTC.

Three papers (Brown et al., 2018; Kennedy et al., 2020; Roache et al., 2021) discussed the impact of BTC on a child's well-being. Roache et al. (2021) highlighted how children who exhibit these behaviours (e.g., missing episodes and substance misuse) may be at an increased risk of child sexual exploitation. What is more, the context in which these behaviours occur can result in a child in care facing criminalisation for behaviours that would not typically head to criminal consequences for a child in the general population. Shaw (2012) advocates for a more holistic understanding of the child's behavioural presentation and emotional needs. Finally, due to a focus on adherence to policies and procedures, rather than a focus on responding to the individual needs of each child (and the underlying cause of behaviour), a one size fits all approach is taken to behaviour management. This results in institutionalised care, rather than trauma-informed, therapeutic care.

This theme highlights that BTC has a significant impact on the well-being of professionals working in children's residential homes. How professionals make sense of such behaviours appears to be shaped by individual perspectives. However, the response to such behaviours may be dictated by stipulated procedures, and this at times can lead to the criminalisation of children in care. The consequences of BTC have implications for practice.

## 2.6. Evaluation of the Review Findings

The SLR aimed to answer the question: *“What does the empirical literature tell us about the subjective experiences and challenges of professionals working in children’s residential homes?”*. To the best of the researchers' knowledge, this is the first SLR to investigate this specific topic.

The collective findings of the included studies highlighted the significance of organisational culture and workplace social support in shaping professional well-being. A strong message emerged from the literature Emphasising the importance of the needs of professionals alongside the children. The workplace environment was identified as a key contributor to stress levels, particularly through the creation of a culture marked by fear and blame, which ultimately disempowered staff in their practice. Insufficient emotional support hindered staff from effectively addressing the challenges inherent in their roles, contributing to higher turnover rates. From the perspectives of the professionals, one of the most critical aspects of the organisational culture was the cultivation of an environment that fostered positive relationships, not only between staff and children but also among colleagues. Trusting relationships formed the foundation of effective interventions on multiple layers.

Another significant finding highlighted by the research was the prevalence of BTC as a major concern for professionals. Although this theme was prominent across all the studies included in the analysis, each study had its own specific focus, thereby limiting a

comprehensive understanding of how professionals make sense of their experiences with BTC. It is worth noting that only one study in Australia (McLean, 2015) explicitly examined the professional encounters of BTC among frontline workers in children's homes. The findings from this study shed light on the unique tensions faced by RCWs when dealing with BTC; however, limited knowledge exists regarding these experiences within a UK context, particularly considering the more recent systemic changes that have transpired since this study was conducted. Further research is needed to explore and elucidate the nuances of RCWs' experiences of BTC in UK residential children's homes, taking into account the evolving landscape and updated practices in the field.

## **2.7. The Rationale for the Current Research Project**

The understanding of RCWs' experiences of BTC is of paramount importance for several reasons. First and foremost, the prevalence and significance of BTC in residential care necessitate a deeper exploration of this issue. It is a key policy and practice issue in current residential childcare practice and has a profound impact on both the well-being of the children in care and the professionals tasked with supporting them. Given that RCWs are on the frontline responding to these behaviours and supporting young people in care, understanding their unique perspectives and subjective experiences of RCWs is crucial for informing the effective delivery of strategies and interventions to address BTC.

Furthermore, there is a dearth of research specifically focused on the subjective experiences of RCWs and how they make sense of the behaviours they encounter. While existing studies have shed light on the broader aspects of BTC, particularly in other settings such as intellectual disability services, it is important to understand the unique and idiosyncratic

experiences faced when working with young people in institutionalised care. This knowledge can inform the development of targeted training programmes, supportive interventions and organisational policies that promote the well-being of RCWs and enhance their ability to respond effectively to BTC.

## **2.8. The Aims of the Current Research Project**

The aim of the present study is to explore RCWs' experiences of BTC within the context of their work, with the view to uncover their individual perspectives, interpretations, and responses to such behaviours. By gaining a deeper understanding of the complex dynamics involved in supporting children and young people in care, the study aims to make valuable contributions to the existing literature. A number of questions underpinned the scope of the research aims:

1. How do RCWs perceive and interpret BTC exhibited by children and young people in residential care?
2. What are the emotional and psychological responses of RCWs to BTC and how do these responses influence their approach to care?
3. What coping mechanisms and strategies do RCWs employ to effectively respond to BTC?
4. What are the barriers and challenges faced by RCWs in their efforts to support children and young people with BTC?

## **Chapter Three: Methodology**

### **3.1. Chapter Overview**

This chapter provides an overview of the research methodology, including a summary of the research design, sample of participants, measures, data analysis and ethics. The chapter concludes with a quality assessment of the present study.

When discussing research-related concepts and methods, third-person language will be maintained. However, first-person language will be used to distinguish the researcher's subjective perspectives and individual influence on the research process.

### **3.2. Design**

A research design that taps into the subtleties of lived experience was required to achieve the aims of the present study. Qualitative inquiry allows for an investigation into the complex and nuanced perspectives of RCWs that may not be easily quantifiable, highlighting the multifaceted nature of human experience (Tuffour, 2017). Semi-structured interviews were therefore utilised as the primary data collection method, as this allowed for flexibility in exploring participants' unique perspectives on what they felt was important to discuss.

#### **3.2.1. Interpretative Phenomenological Analysis (IPA)**

Researchers in Interpretative Phenomenological Analysis (IPA) strive to “get a close and detailed understanding of what an experience has been like for an individual, and how they make sense of it” in the context of their personal and social world (Smith et al., 2022, p. 4).

Rather than simply describing the data, Interpretative phenomenology aims to interpret the deeper, often implicit meanings that individuals ascribe to their experiences. IPA is rooted in the philosophies of phenomenology, hermeneutics, and idiography:

- *Phenomenology*: is the study of phenomena. Husserl (1892) criticised philosophy for being too concerned with abstract concepts, losing sight of everyday experiences that give meaning to our lives. By grounding philosophical understanding in our experiences, we can begin to uncover the fundamental mechanisms that shape the nature of social reality and the meanings we attach to our experiences. Husserl's (1982) phenomenological approach involves a process of 'bracketing' or 'epoché', where the researcher suspends their preconceptions about an experience and focuses instead on the essence or structure of experiences as it occurs in our consciousness. In this way, IPA uses phenomenology as a guide for searching first-person accounts of specific embodied life experiences (Willig, 2013). Furthermore, IPA is inductive in its approach, meaning conclusions are derived from the data, rather than starting with pre-existing theories, ensuring that interpretations are firmly grounded in the lived experiences of the participants.
- *Hermeneutics*: is a philosophical approach focused on the *interpretation* of meaning (Tuffour, 2017). Hermeneutics seeks to explore the assumptions, biases, and cultural contexts that shape our understanding of our experiences. Heidegger (1962) proposed phenomenology should be considered an interpretive endeavour; understanding an experience cannot be entirely free of interpretation. In the context of IPA, hermeneutics emphasises the importance of uncovering the *meaning* behind the

spoken communication of participants. However, this meaning-making is a dynamic process involving the researcher. As such, IPA researchers engage in a 'double hermeneutic' (Smith et al., 2022), where they actively interpret the participants' own interpretation of their experiences. Consequently, this is a co-constructed process of meaning-making, which is influenced by both the researcher's perspective and that of the participant. As a result, IPA is an iterative process of interpretation and re-interpretation.

- *Idiography*: is an approach to research that emphasises the idiosyncrasies of experience (Tuffour, 2017). IPA research values a small sample size to allow for a more detailed understanding of a particular shared experience. Therefore, it is important to conduct a comprehensive analysis of each case independently, before attempting to describe a pattern of convergence and divergence between participants' experiences (Smith et al., 2022).

By examining the subjective experiences of RCWs in relation to BTC, IPA can help to uncover the underlying mechanisms that shape their attitudes, emotions, and intentions, as well as how these are influenced by their interactions with the young people they care for. As such, IPA is considered to be the most appropriate methodology as it provides a framework for exploring experiences in a way that values the individual voice and perspective, shedding light on the complex nature of their work. IPA also gives consideration to the broader social and cultural context in which experiences occur. Finally, IPA is well suited to explore experiences that are under-researched, as it can provide a foundation for understanding complex phenomena (Smith et al., 2022).

There are however a number of limitations to this particular methodology. For example, IPA relies on the use of language to access experiences that are sometimes subtle and difficult to verbalise (Willig, 2013). To address this, the researcher is required to, through interpretative activity, make sense of the participants' meaning making (Smith et al., 2022). This involves examining the use of language, as well as nonverbal cues and other contextual factors that could help illuminate participants' experiences. Another point of discussion is the extent to which IPA accurately captures the experiences of individuals, rather than their opinions of them (Tuffour, 2017). Various factors can influence an individual's opinion of an experience at any given time, including their emotional state, personal context, and the passage of time. However, this research adopts a critical realist epistemology that acknowledges the multiple layers of reality that interact to create the social experience. IPA aligns with this view that 'true' reality cannot be accessed, only an interpretation of reality can be accessed.

### **3.2.2. Consideration of Other Methods**

A number of other qualitative methodologies were considered for the present study. One such methodology was Discourse analysis (DA), which is interested in how language is used to construct social reality and shape people's perceptions of phenomena (Gale, 2010). DA is a particularly useful methodology for understanding the *function* of language in a broader context, such as how it is used to establish power or reinforce societal norms. However, IPA was deemed to be more suited to achieving the research aims due to its focus on understanding the personal experiences of RCWs and how those experiences shape their unique approach to care, whereas DA would seek to understand how language is used to

negotiate reality around their experiences. While IPA incorporates linguistic aspects of analysis, it does not exclusively focus on the function of language.

Thematic Analysis (TA) was also considered, as it allows for the identification and interpretation of patterns across datasets (Braun & Clarke, 2006). The systematic literature review revealed TA is the most commonly used research methodology in qualitative research related to this topic. However, IPA focuses on the individual meaning-making of experience, which is crucial for understanding the unique challenges faced by RCWs and therefore a more nuanced approach is needed.

Narrative Analysis is concerned with what stories people tell about their experiences, how they construct their stories, and who for (Emerson & Frosh, 2009). However, IPA goes beyond analysing how people narrate their experiences and why. It aims to understand the idiosyncrasies and significance of those experiences. IPA also draws on narrative elements of people's sense-making, whilst also aiming to achieve a more profound process of sense-making.

Finally, Grounded Theory aims to construct theories or explanatory accounts of social phenomena by systematically analysing data (Starks & Brown Trinidad, 2007). The central idea is to let the data 'speak for itself' in order to let theories emerge, rather than starting with preconceived hypotheses. However, IPA was more suited to the research aims as it aims to privilege individual voices, rather than generating generatable insights and theories.

### **3.3. Reflexivity**

#### **3.3.1. Epistemological Reflexivity**

IPA is theoretically rooted in critical realism (Fade, 2004). It is argued that reality cannot be observed independently of human perceptions. Researchers influenced by critical realist epistemology emphasise the importance of understanding the underlying structures that shape the phenomenon under investigation, influenced by the social and historical context in which qualitative data is produced and interpreted. In fact, critical realists maintain that there is always a degree of ontological knowledge that we cannot explore, therefore we can never fully (objectively) access the social reality we explore (Fade, 2004).

Given the subjective and double hermeneutic nature of IPA analysis, it was important as the principal investigator that I reflected on my own assumptions, beliefs, and experiences to acknowledge how they may have shaped the research process and interpretation of the data. I managed epistemological reflexivity by engaging in a continuous process of self-reflection and critical inquiry. This involved keeping a reflective journal to assess my intentions and motivations for conducting this study, what knowledge/data I privileged, and what came up for me personally throughout the research process. I also employed strategies such as bracketing, which involved setting aside my assumptions about the topic by remaining curious and flexible in my interview approach (Starks et al., 2007). Throughout the interviews, I also noted my emotional responses when participants shared experiences that conflicted with any assumptions I held. This helped me to identify possible areas of bias in my interpretation of the data.

### 3.3.2. Insider-Outsider Positionality

Insider-outsider research refers to a methodology where the researcher has both an 'insider' and 'outsider' perspective on the topic of investigation. This methodology requires the researcher to examine their own positionality in order to recognise how this may influence their interpretation of the data (Bukamal, 2022). The researcher's position is not considered static, but rather shaped by ongoing interactions with participants and the research context, which requires continual reflection throughout the research process. Insider-outsider research offers many advantages, including a shared language and a more nuanced understanding of the research topic, whilst also enabling a critical reflection on commonly held assumptions from an outsider's perspective (Saidin, 2016). However, a limitation of insider research is the possibility that participants may presume the researcher has an implicit understanding of the ideas being discussed, and therefore may not expand on important points of discussion (Saidin, 2016). Furthermore, there is a potential for researcher bias, where the researcher may consciously or unconsciously seek data that confirms their own views or experiences. Nevertheless, rather than attempting to eliminate bias altogether, interpretative research assumes that the researchers' beliefs and attitudes will inevitably shape the data, and instead strives to incorporate this into the interpretation of the data.

As the researcher, I hold an insider-outsider position having previously worked in a children's home. I disclosed my position at the beginning of each interview, which was advantageous in establishing trust with participants. The rationale for sharing this was to create a space where participants could freely explore their experiences without fear of

judgement or repercussion. In order to remain grounded in the data, as well as monitor my personal assumptions and objectives, I employed reflexive practices throughout the research process, which involved the use of supervision and a reflective journal. I also engaged in peer-review coding of interview transcripts to ensure that the interpretations were robust and not solely influenced by my perspective.

### **3.4. Consultation**

The project benefitted from the valuable consultation of an Expert-by-Experience (EbE), who is a care leaver currently employed as an RCW. The EbE was recruited through a pre-existing relationship with myself, as I had previously cared for the young person in my role as an RCW. They were approached via telephone call and informed of the current project. The ethics of involving the EbE were thoroughly considered with the supervisory team, to ensure that participation was voluntary and informed. The EbE expressed a very strong interest in participating as they wanted to contribute to research that could improve the well-being of both RCWs and young people in care. Given the consultant's unique insight into being both 'care experienced' and a professional in residential care, the EbE was recruited for several reasons. Firstly, the inclusion of someone with lived experience in the care system can provide a more authentic understanding of the system from the perspective of the child. Additionally, the use of an EbE demonstrates a commitment to involving stakeholders in the research process, emphasising collaboration and the involvement of those directly affected by the research.

The EbE was paid for their involvement with vouchers provided by the University of Hertfordshire Doctorate in Clinical Psychology programme. They received £30 worth of retail vouchers for three 45-minute meetings. They provided insight into the current issues faced by RCWs, as well as guidance on ensuring that the research was not positioned in a way that felt accusatory or blaming towards RCWs *or* children in care. This was crucial because behaviour that is considered challenging has often been stigmatising towards children in care, and it was also important that participants did not feel judged or challenged on their competencies to meet the needs of the children in their care. They also participated in a pilot interview to give feedback on the interview questions and structure, which helped refine the final interview schedule (see section 3.7.2.).

Navigating the dynamics of the relationship with the EbE involved several key strategies. I engaged in ongoing ethical reflection with my supervisory team to address potential power dynamics given that I was once their carer. Their involvement in the study also triggered reflections on their own care experiences, particularly feelings of guilt (apologising for past behaviours directed towards me personally). We therefore maintained distinct boundaries between our past professional relationship and the research context. I also offered external support resources if required. In addition, we established the practice of regular feedback, which allowed the EbE to express any concerns or discomfort, ensuring their well-being was prioritised through the research process. overall, managing the dynamics of the existing relationship required a combination of open communication, emotional support, boundary maintenance and a commitment to ongoing reflection and feedback.

### **3.5. Decolonising Commitment**

As part of the commitment to decolonising psychological research, this study will be informed by decolonial perspectives. Thambinathan and Kinsella (2021) proposed four approaches to inform research practice in this direction: (1) exercising critical reflexivity, (2) enabling reciprocity and respect for self-determination, (3) embracing “Other(ed)” ways of knowing, and (4) embodying a transformative praxis. This involves recognising and challenging the dominant discourses and power structures embedded in the research methods and interpretation of data, through reflecting on one’s own positionality as a researcher (including my race, age, and social status), as well as the historical and political context in which this research was conducted. Decolonial research also aims to incorporate diverse perspectives from historically marginalised groups. The involvement of an EbE ensured the perspectives of community members were centred throughout the research process. Finally, attention was paid to the language used in this study, being mindful of the ways in which language can perpetuate colonial and oppressive narratives. For example, the term ‘challenging behaviour’ was not used in this study because it locates the ‘challenge’ within the child, rather than recognising the wider social, cultural, and societal factors as well as the underlying function of the behaviour.

### **3.6. Participants**

#### **3.6.1. Participant Recruitment**

The research team recruited participants through a purposive, snowball sample. Purposive sampling is a non-probability sampling technique used to select participants based on a set of shared characteristics (Willig, 2013). Purposive sampling is often used in

IPA research to identify a homogenous sample with lived experience of the topic of investigation (Smith et al., 2022). The research team utilised their professional affiliations with a number of children's residential homes to gain initial access to a small number of participants, leading to the expansion of recruitment through word of mouth. Prospective participants were provided with a copy of the participant information sheet (PIS) by the research team (see Appendix D) and were prompted to approach the lead researcher via email if they were interested in taking part<sup>20</sup>. Suitable participants were then provided with a consent form (see Appendix E) and a demographics questionnaire (see Appendix F) to sign and complete before taking part. Further details of the data collection procedure can be found below.

### **3.6.2. Inclusion and Exclusion Criteria**

To ensure homogeneity, inclusion criteria were applied but remained quite broad. All participants recruited for the study were employed in the capacity of a residential childcare worker or comparable role (e.g., support worker). Only participants from the United Kingdom (UK) were recruited to account for national practices that may shape experiences. Additionally, participants must have had at least six months of experience in this role to ensure they have had varied experiences. Exclusion criteria included adults working in settings other than children's residential homes (e.g., youth offender institutions and specialist residential homes for children with ID). Furthermore, in instances where a child has made a recent allegation of mistreatment or misconduct towards a participant, they

---

<sup>20</sup> To maintain anonymity for participants with professional connections to the research team, only the lead researcher had access to their names and identifiable information.

would not be invited to take part in the project. This was to ensure the ethical and responsible conduct of this study; due to possible distress the individual may be experiencing which may lead to further harm for the individual. Additionally, the study was focused on investigating everyday experiences of BTC, so extreme or unique experiences were excluded to minimise bias.

### **3.6.3. Sample**

Due to the idiographic mode of enquiry, a sample size of eight was obtained to allow for a more in-depth analysis of each interview (see Table 6). From a critical realist perspective, data saturation is not a necessary condition for sample size in qualitative research (Roache et al., 2021). Therefore, recruitment is based on capturing a representative sample size that provides a comprehensive understanding of the topic of investigation. In IPA research, a smaller sample size is favoured to allow for a thorough analysis of the data, in order to develop a more nuanced understanding of the topic of investigation (Smith et al, 2022). Participants were recruited between January 2023 – March 2023. To protect anonymity, the specific locations of participants were not requested. Instead, participants shared the regions in which they work.

All participants were aged between 18 to 49 years old. Participants had a total of 48.6 years of experience as an RCW, ranging from six months to 25 years. They were recruited from various regions of England, including the South East (N = 3), London (N = 2), North West (N=1), and North East (1), as well as Scotland (1). Three participants were recruited from the same company. All participants worked in homes that specialised in providing care for social, emotional, and behavioural challenges. This ensured that participants had first-

hand experience of BTC required for the aims of this research. There was some notable variability within the sample, which, while not entirely aligned with the typical homogeneity criteria applied in IPA, was included for various reasons. This variability comprised participants with different roles, including 'team managers' and 'senior RCWs', as well as length of experience in the role. The rationale for including a range of roles lies in the understanding that 'team managers', despite their additional supervisory responsibilities while on shift, are still actively engaged in the day-to-day care of the young people. This differs from the 'home manager', who holds a senior leadership position overseeing the facility's overall operations and decision-making, and generally has less frequent contact with the young people residing in the home. Importantly, all participants maintained the same level of direct contact with the young people under their care. The decision to introduce variability in terms of participants' length of experience was influenced by practical considerations and the availability of willing participants. An exploration of the limitations associated with this can be found in section 5.5.2.

**Table 6.**  
*Demographics Table*

<b>Name</b>	<b>Age range</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Job title</b>	<b>Years of experience</b>	<b>Qualification level</b>	<b>Residential home setting</b>
<b>Jenny</b>	35 - 49	Female	White British	Team manager	25 years	Undergraduate degree in social work	<b>Category of home:</b> EBD <sup>21</sup> <b>Provider:</b> Local authority (6 beds)
<b>Liz</b>	18 - 24	Female	White British	Senior RCW	1 year 6 months	Undergraduate degree in social work	<b>Category of home:</b> SEMH <sup>22</sup> <b>Provider:</b> Private (8 beds)
<b>Hayley</b>	35 - 49	Female	White British	Shift Lead Care Worker	7 years	GCSEs, health and social care NVQ level 3	<b>Category of home:</b> EBD <b>Provider:</b> Private (solo occupancy)
<b>Sadie</b>	25 - 34	Female	White British	RCW	1 year	GCSEs	<b>Category of home:</b> EBD <b>Provider:</b> Private (6 beds; female only)
<b>Joshua</b>	35 - 49	Male	Black British	Therapeutic care practitioner	10 years	Foundation degree	<b>Category of home:</b> EBD <b>Provider:</b> Local Authority (5 beds)
<b>Priya</b>	18 – 24	Female	Indian	RCW	2 years	Master’s degree in clinical psychology	<b>Category of home:</b> SEMH <b>Provider:</b> Private (7 beds)
<b>Emily</b>	25 – 34	Female	White British	Team manager	2.5 years	Undergraduate degree in health and social care	<b>Category of home:</b> EBD <b>Provider:</b> Private (6 beds; female only)
<b>Abby</b>	25 – 34	Female	White British	RCW	6 months	Undergraduate degree in psychology	<b>Category of home:</b> EBD <b>Provider:</b> Private (solo occupancy)

<sup>21</sup> Emotional and Behavioural Difficulties

<sup>22</sup> Social Emotional and Mental Health

### **3.7. Measures**

#### **3.7.1. Devising the Interview Schedule**

A semi-structured interview schedule (see Appendix G) was developed iteratively in line with IPA guidelines (Smith et al. 2022). The research team reviewed the interview schedule and made suggestions for additional interesting points of exploration (e.g., “Have you noticed any difficulties in responding to misbehaviour in children from different age groups/genders/ethnicities?”). The application of a semi-structured interview guide offered the flexibility for participants to share their stories freely, whilst also suggesting useful prompts to keep the interview focused on the research aims.

To ensure the research was able to get as close to the lived experience of RCWs as possible, questions attempted to be neutral, avoiding any presumptions that may have influenced the direction of the interview. The questions alternated between being descriptive and narrative (e.g., “Can you tell me about a recent incident of a child who presented with behaviours that you considered to be challenging?”), then moving on to more reflective and analytical questions (e.g., “How do you think the children perceive you? How would they describe you / your approach to care?”). Reflective questions were left towards the end of the interview when rapport and trust had been established. It was also important to tap into some of the wider systemic influences and consider culturally how behaviours are spoken about and responded to. This included asking how participants would personally define BTC, as well as exploring organisational practices and whether these align with the participant's individual views.

### **3.7.2. Pilot Interview**

A pilot interview was conducted with the EbE to test the interview guide and ensure it was appropriate for the research aims. The EbEs feedback was valuable in assessing the operational aspects of the Interview (i.e., the structure of questions and length of the interview). They also provided insightful commentary on the experience of the interview from the participants' perspective. The EbE indicated that the interview's duration was appropriate, and the use of the term 'behaviours that challenge' reflected the language used by RCW in this context. Based on their input, additional questions were included in the interview guide, covering questions around paperwork, experiences of self-harm, and team dynamics. These enhancements ensured that the research was conducted ethically, with sensitivity and respect towards the participants.

## **3.8. Ethical Considerations**

The current research project was granted ethical approval by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (LMS/PGT/UH/05194) on the 17<sup>th</sup> of January 2023 (see Appendix H). The research was conducted in line with The British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2014).

### **3.8.1. Informed Consent**

During recruitment, interested individuals were provided with a PIS (see Appendix D) specifying the full details of the study. The PIS outlined the objectives of the project, the process of data collection and storage, confidentiality and the possible risks and benefits of

participation. Participants were then offered the opportunity to ask questions about the PIS and read through the interview questions before being sent an electronic copy of the consent form (see Appendix E) via email, which they were required to read and sign. At the beginning of each interview, consent was revisited and verbal consent was sought to audio/video record the interviews, and analyse for the purpose of the research project.

### **3.8.2. Confidentiality**

Given the sensitive and personal nature of the information shared by participants, maintaining confidentiality was a crucial aspect of the current research project. All identifiable personal data, including personal email addresses and audio/visual recordings, were stored in accordance with the Data Protection Act (2018) on an encrypted, password-protected computer. Participants were informed that their personal data would be deleted upon award of the doctoral qualification. The information retrieved from the demographic questionnaire (Appendix F) was anonymised using a unique identification code, and interviews were transcribed using a pseudonym. No direct quotes that could easily identify participants, or anybody they discussed, were included in the analysis. Participants were made aware of the limits of confidentiality in the PIS and at the outset of each interview. It was communicated that they would be consulted if there was a need to break confidentiality in the event of possible risk to themselves or to others.

### **3.8.3. Right to withdraw**

Participants were informed that they had four weeks to withdraw from the study without the need to give a reason. Consent was given by each participant to retain

anonymised interview transcripts, anonymised demographic information and consent forms for publication purposes for up to five years after completion of the current research.

#### **3.8.4. Risk of Distress**

It was not anticipated that the current project would result in the risk of harm to participants. However, the context of residential care is often a highly stressful work environment, and due to the nature of the topics discussed, participants may have experienced emotional distress when recounting difficult experiences. However, RCWs are professionals who have both training and management to support them in thinking about the experiences they have had in their role. Furthermore, sensitive interviewing was employed (Dempsey et al., 2016) to minimise the possibility of distress. At the end of each interview, participants were provided with a debrief sheet (see Appendix I) and a space to reflect on the process and provide any feedback.

#### **3.8.5. Issues of Power**

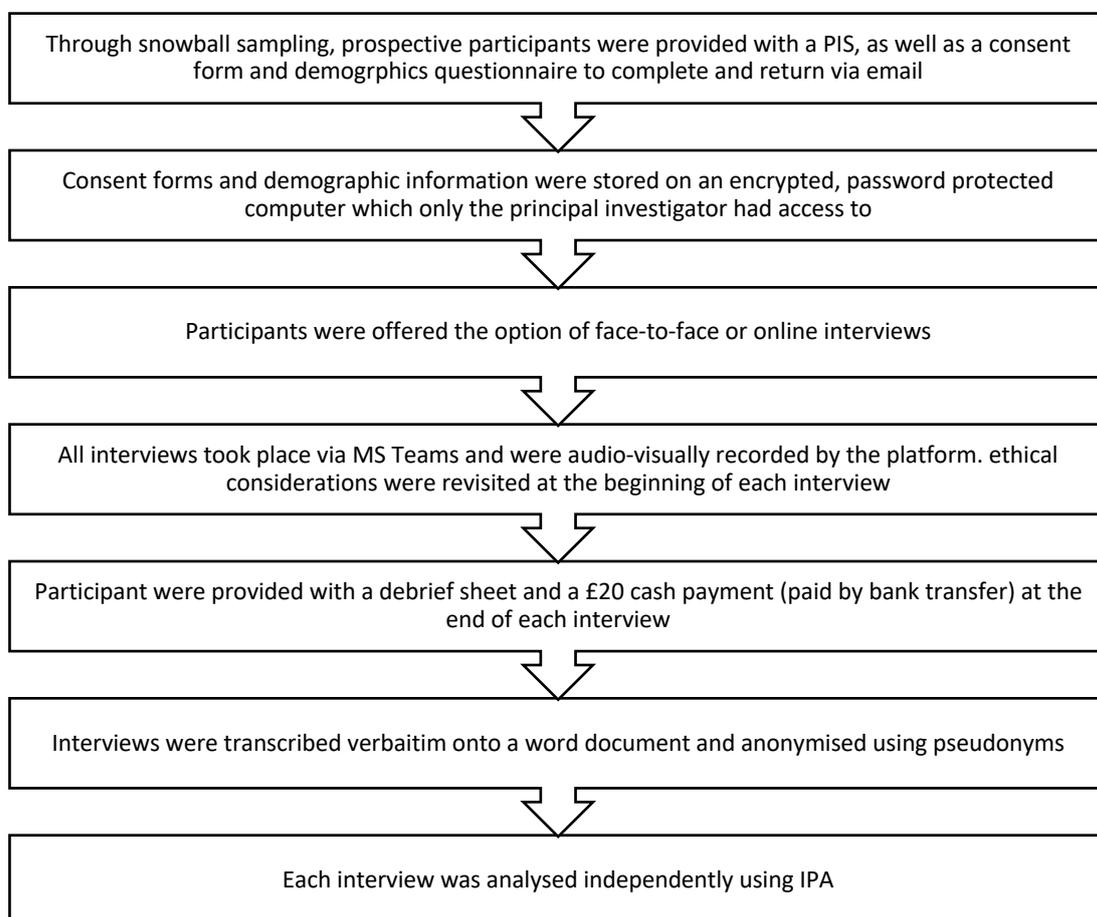
As the principal investigator, I reflected on my position as a Trainee Clinical Psychologist with former experience as an RCW. It was important that I did not take an 'expert' stance, but rather positioned myself as a co-learner with the participant, valuing their expertise and perspectives. This allowed for a more collaborative and respectful research process. It was also made clear to participants that the purpose of the interviews was not to analyse their competencies or judge their approach to care, but rather to centre their experiences and explore from their perspective the challenges they face in their role.

### 3.9. Data Collection Procedure

The data collection procedure is outlined in Figure 2. Participants who fulfilled the eligibility criteria were sent a consent form (see Appendix E) and a demographics questionnaire (see Appendix F) to complete before taking part in the study. Participants were offered the option of in-person interviews at a convenient location for themselves, or online via MS Teams/Zoom, to adapt to the changing landscape of research. All participants opted for online interviews due to their geographical locations. The limitations of this are considered below. Interviews were audio-visually recorded via MS Teams, which were then immediately stored on an encrypted, password-protected computer and deleted from the platform. Interviews lasted between 51 – 82 minutes, with a total of 553 minutes of interview material collected. Each participant was provided with a debrief sheet (see Appendix I) and received a £20 payment as remuneration.

The decision to offer the option of online interviews proved to be advantageous for everyone involved due to the convenience and accessibility, which also meant that RCWs across the UK could be recruited thereby increasing the diversity of the sample. However, online interviews make it harder to safeguard the participant and ensure confidentiality, leaving the onus of responsibility on the participant (Lobe et al., 2020). As the principal investigator, I ensured that I only used a secure video platform that nobody else could access, and I prompted participants to ensure they were in a quiet, confidential space. There is also an argument that online interviews hinder the ability of the researcher to build rapport. However, participants were able to enjoy coffee and snacks throughout the interview in the comfort of their own homes, which helped to relax participants and build a sense of safety (De Villiers et al., 2022). Three participants opted to keep their cameras off,

which challenged my ability to pick up on non-verbal cues. Nevertheless, I adapted by relying on spoken communication, offering frequent check-ins, and gauging their emotional state through other forms of non-verbal communication (such as pauses in speech and laughter). Fortunately, visual cues are not necessary to document in IPA research as it primarily relies on participants' spoken communication.

**Figure 2.***Procedure flowchart*

### 3.10. Data Analysis

Data analysis was guided by the process outlined by Smith et al. (2022), utilising the most current terminology. To immerse myself in the data, I opted to transcribe the data myself verbatim onto a Word document. I captured all semantic data as well as some prosodic components of speech (e.g., long pauses).

#### *Step 1: Reading and exploratory notes*

Taking each transcript at a time, I read and re-read the interview for familiarity. As proposed by Smith et al. (2022), I then began to make initial notes by hand on a hard copy of the interview (an excerpt of an analysed transcript can be found in Appendix J). These included descriptive notes (based on the explicit content being described), linguistic notes (such as the use of metaphors, laughter, a change in pronouns, or false starts in speech) and conceptual notes (typically in the form of questions, notating initial interpretations or points of further consideration).

#### *Step 2: Formulating experiential statements*

A list of experiential statements was then formulated to capture the “psychological dynamic that is implicated” by the participant (Smith et al., 2022, p. 39). These statements helped to capture the essence of what the participant was expressing. The way this was approached was by creating a table of each experiential statement (e.g., ‘The participant is relating to the children due to their own personal background’), followed by the accompanying quote and an analysis of each statement (see Appendix K). The analysis identified between 78 – 112 experiential statements for each interview.

*Step 3: Clustering experiential statements*

For each participant, I then grouped their experiential statements into clusters of related themes. To achieve this, I printed each statement and manually grouped them based on their similar concepts.

*Step 4: Compiling a table of Personal Experiential Themes (PETs)*

Each cluster of themes were then identified as Personal Experiential Themes (PETs), reflecting the participant's unique experiences. I created a Word document of each PET and the corresponding cluster of experiential statements (see Appendix L for an example of a participant's PETs and corresponding statements).

*Step 5: Cross-case analysis of Group Experiential Themes (GETs)*

Once each interview had been analysed independently, I created a table of each participants PETs (Appendix M). I then looked for patterns and themes that were common across the interviews, such as common experiences, emotions and cognitive processes shared by multiple participants. This was an iterative process which involved moving back and forth between the data and revisiting individual interviews to consider similarities and differences in how participants made sense of their experiences. These were then clustered into Group Experiential Themes (GETs; formerly 'master themes'). The results are reported in narrative form in the following chapter.

### 3.11. Quality Evaluation

Notions of reliability and validity are not applicable to qualitative research (Willig, 2013).

Therefore, I took steps to ensure research quality by following the criteria as outlined in

CASP (2022) qualitative checklist (Table 7).

**Table 7.**

*CASP (2022) Qualitative Checklist*

Qualitative checklist	Criterion achieved?
Was there a clear statement of the aims of the research?	Yes – the aim of this research was to explore RCWs experiences of behaviours that challenge.
Is a qualitative methodology appropriate?	Yes – the systematic literature review revealed a lack of exploratory research into the research aims, therefore qualitative inquiry was considered to be the most appropriate methodology to generate new insights into the topic of investigation.
Was the research design appropriate to address the aims of the research?	Yes – IPA was the most suitable design for an in-depth exploration of participants experiences, allowing for a detailed and nuanced understanding of the experiences of RCWs.
Was the recruitment strategy appropriate to the aims of the research?	Yes – purposive sampling was used to recruit participants based on shared characteristics, ensuring homogeneity in IPA research.
Was the data collected in a way that addressed the research issue?	Yes – the study employed open-ended, semi-structured interviews in order for participants to freely express their experiences.
Has the relationship between researcher & participants been adequately considered?	Yes – I considered my identity and role as a trainee psychologist on the impact of power dynamics and how my insider-outsider position has shaped my motivations for pursuing this research.
Have ethical issues been taken into consideration?	Yes – ethical issues were thoroughly considered and reflected on throughout.
Was the data analysis sufficiently rigorous?	Yes – A sequential step-by-step approach proposed by Smith et al. (2022) was followed.
Is there a clear statement of findings?	Yes – the findings are outlined in the discussion chapter.
How valuable is the research?	This study is the first study in the UK to look at RCW experiences of behaviours that challenge. Participants commented on how they appreciated their experiences being centred.

## Chapter Four: Results

### 4.1. Chapter Overview

This chapter introduces the themes generated through IPA, exploring RCWs' experiences of BTC. The themes presented reflect the perspectives of the RCWs who participated in the interviews<sup>23</sup>. However, it is important to acknowledge that the voices of the children they discuss are absent from this research project. While the direct experiences of children in care are not central to the aims of this study, the analysis and interpretation of data considered the multifaceted nature of BTC, with respectful consideration of the young people involved. This was done throughout, paying attention to the language used, the framing of the findings and the ethical implications associated with discussing the behaviours of young people in care.

*Note on symbols used within quotes:*

...	Indicates a pause in speech
--	Indicates a break in speech
(...)	Indicates that words have been omitted from the quote
[ ]	indicates that words have been added for clarity

---

<sup>23</sup> The double hermeneutic nature of IPA means the interpretation of data will be informed by my individual perspectives on BTC. My current professional involvement in a Social Care CAMHS has exposed me to the conceptualisation of BTC as a possible response to trauma and disrupted early attachment relationships (Cole, 2002).

## 4.2. Group Experiential Themes

The data analysis resulted in the identification of two Group Experiential Themes (GETs), each with accompanying subthemes that uncover convergence and divergence within the overarching themes. The identified themes are as follows: (i) Behaviours that Challenge in Residential Childcare: Diverse Perspectives and Approaches to Care, and (ii) From Strangers to Family: Building Relationships and Promoting a Nurturing Home Environment. These themes offer insight into the multifaceted nature of BTC experiences and the various dynamics that influence caregiving practices and interactions in residential care. A summary of the GETs and subthemes can be found in Table 8 below.

**Table 8.**

*Group Experiential Themes*

Group Experiential Themes (GETs)	Subthemes
Behaviours that Challenge in Residential Childcare: Diverse Perspectives and Approaches to Care	<ul style="list-style-type: none"> <li>• Individual Perceptions of Behaviours That Challenge</li> <li>• Therapeutic Versus Intuitive Approaches to Care</li> <li>• Power and Threats to Self-Efficacy</li> <li>• Resonating Through Shared Experiences of Adversity</li> </ul>
From Strangers to Family: Building Relationships and Promoting a Nurturing Home Environment	<ul style="list-style-type: none"> <li>• The Importance of Caregiver-Child Connections</li> <li>• Bureaucratic Power and Barriers to Forming Relationships</li> <li>• Nurturing Professional Relationships in Challenging Work Environments</li> <li>• Representations of 'Family'</li> </ul>

*Theme One.*

### **Behaviours that Challenge in Residential Childcare: Diverse Perspectives and Approaches to Care**

This theme explores various aspects of BTC that shape the experiences of RCWs. It sets the scene for how RCWs understand, navigate, and respond to BTC, illuminating the diverse perspectives and approaches to care. The following subthemes were generated: (i) Individual Perceptions of Behaviours That Challenge, (ii) Therapeutic Versus Intuitive Approaches to Care, (iii) Power and Threats to Self-Efficacy, and (iv) Resonating Through Shared Experiences of Adversity. Collectively, these subthemes emphasise the deeply personal nature of BTC experiences.

#### **Subtheme One: Individual Perceptions of Behaviours That Challenge**

When asked to conceptualise BTC, the majority of participants described the behaviour as something that negatively impacted them as carers, focusing on the personal burden of managing misbehaviour (i.e., when a child “challenges boundaries” [Liz] or causes stress). On the other hand, Sadie and Priya identified BTC as something that negatively impacted the child (i.e., it disrupts their well-being and impacts their relationships by “preventing them from engaging with peers” [Priya]). Although this distinction did not result in any discernible differences in the way participants described their approach to care, it sheds light on the divergent ways in which the same behaviour can be subjectively experienced by RCWs. Three participants (Joshua, Emily, and Abby) also expressed difficulty defining BTC, highlighting a lack of consensus or a shared definition of how such behaviour is

characterised. This difficulty may arise from the subjective nature of behaviours and the diverse interpretations they evoke. Furthermore, each participant had a unique perspective on the behaviours that they found to be the most challenging personally. For example, one participant described how dealing with physical aggression posed the greatest challenge in her work:

“From my experience, any kind of physical outburst where I thought that the child could hit me, bite me, or scratch me or anything, it scared me. I’m not very tolerant towards physical pain or anything like that. I don’t like it. And the fact that someone *else*, like someone else that I don’t really know is doing that to me... It just troubled me sometimes.” – Priya

Priya’s description of feeling troubled by physical outbursts inflicted by somebody she does not ‘really know’ indicates a level of vulnerability. This may be because the lack of an established relationship results in unpredictability, making it harder for Priya to anticipate or understand a child’s behaviour. Her use of relatively gentle words (such as “troubled” and “not very tolerant”) to describe being physically hurt can be seen as a more subdued way of expressing her emotional response to these incidents. This choice of language may help Priya maintain a professional tone while attempting to lessen the perceived severity of the ‘outburst’ in her description, demonstrating her compassion towards the children in question.

For the rest of the participants, however, it was non-physical forms of behaviour that they found to be the most difficult. For instance, Abby revealed how verbal aggression felt like a personal attack from the child:

“More so, like verbal aggression than physical aggression for some reason. When they're targeting *you* or it's only *you* that's there to deal with it at that time, then it feels quite personal.” – Abby

The majority of participants expressed a similar sentiment regarding the personalisation of non-physical forms of BTC. For example, Jenny discussed the response she has to silence:

“What I find the hardest to work with is silence when the kid just won't talk. I really, really struggle with that. Because it feels like almost a bit of a kick in my, my actual teeth. Like it's quite personal to me. There's being angry -- I can get that it's about *you*. But when they're silent, it feels more about *me*. So yeah, I struggle with that.” – Jenny

The use of the metaphor ‘kick in the teeth’ vividly captures the impact Silence<sup>24</sup> has on Jenny. The emphasis on “my actual teeth” demonstrates how Silence is painful for her, reinforcing the intensity of this experience. Later in the interview, Jenny revisited Silence

---

<sup>24</sup> The capitalisation of Silence is used to convey the symbolic meaning of silence in this context, beyond the literal definition of an ‘absence of sound’. The capitalisation draws attention to the metaphorical power of silence.

when recounting one of the most difficult experiences of misbehaviour she has encountered in her role:

“We had a boy for a good couple of years and knew him really well actually. I was his link worker and him giving me the silent treatment was just so personal to me, and disrespectful and rude. Now I don't find getting called a c\*\*t disrespectful and rude because I know I'm not. But, for them to then ignore me... I've done so much for you, and you've got the audacity to ignore me.” – Jenny

Jenny appears to address the young person directly when she shifts to using second-person narrative at the end of the quote (“*you've* got the audacity to ignore me”). This could signify psychological transference, which refers to the phenomenon of redirecting unresolved emotions associated with one person onto another individual (Zeligs, 1961). Alternatively, this could also be a rhetorical strategy used by Jenny to invite me into her experience, emphasising how personal this feels for her. In either case, Silence for Jenny elicits a profound emotional response, which represents something deeper for her.

Even in the face of behaviours that were considered to be personally challenging, all participants demonstrated a capacity to empathise with the child's perspective to varying degrees. They recognised that behaviours classified as 'challenging' usually stem from underlying causes. Participants discussed common triggers for misbehaviour, such as family contact or past experiences of trauma. However, personal bias still informed participants' rationalisation of BTC:

“It’s unreasonable behaviours that I struggle with the most... I guess when I think it's justifiable then it's easier to empathise... when I can't see the justification for that behaviour then it frustrates me. That is where I struggle a little bit more in terms of keeping my therapeutic core.” – Liz

This statement emphasises the subjective manner in which RCWs rationalise BTC, which subsequently influences their emotional response to such behaviours. Liz perceives a behaviour as ‘justifiable’ if she can identify the cause or the trigger, such as “contact with parents”. This inclination to understand the cause of behaviours demonstrates a proactive and empathetic approach to care, and this knowledge appears to alleviate the emotional impact of BTC. However, not all behaviours have clear justifications that can be easily rationalised, which is particularly true when working with children who have experienced trauma. The inability to identify a ‘justifiable’ reason for behaviours may lead to difficulty in maintaining a therapeutic approach.

Participants used strong, emotive language to convey the emotional toll of BTC, such as “overwhelming”, “terrifying”, “awful”, “distressing”, and “sad”. These vivid descriptions highlight the intensity of the emotions experienced by RCWs in response to BTC. However, it is notable that participants did not elaborate on the impact these emotional responses had on their overall well-being, including factors such as workplace stress, burnout, or

compassion fatigue. This raises an important question regarding the freedom of RCWs to express their emotional responses to BTC without fear of judgement or repercussion<sup>25</sup>.

### Subtheme Two: Therapeutic Versus Intuitive Approaches to Care

Just as participants had varying perspectives on what constitutes BTC, they also displayed contrasting views on the appropriate management of such behaviours. A clear dichotomy emerged between participants who advocated for structured, therapeutic models and techniques (such as the PACE principles<sup>26</sup>), versus those who embraced intuitive approaches to care. Structured therapeutic models emphasise the implementation of evidence-based strategies for effective caregiving, while intuitive approaches prioritise a more instinctive and personal response to caregiving. Interestingly, participants portrayed these two approaches as separate entities, even though they are not mutually exclusive. Half of the participants (Liz, Sadie, Emily, and Abby) explicitly discussed drawing on therapeutic approaches to care:

“We have a new manager and we’ve done way more training actually trying to be more PACE-ful and therapeutic, and actually it is the way forward. And you know, we have half the amount of incidents now than what we did when I first arrived.” – Emily

---

<sup>25</sup> The dynamics of the researcher-participant relationship have also been considered in relation to the issue of transparency (see Appendix A).

<sup>26</sup> Playfulness, Acceptance, Curiosity and Empathy (PACE) is a therapeutic approach to working with children and young people who have experienced trauma (Hughes & Golding, 2012).

Abby, who is a relatively new RCW with only six months of experience, also described utilising PACE in response to a recent challenging incident:

“We follow the PACE principles. So, I made sure to keep it playful...get on their level and try to get them to regulate and calm down in order to talk, rather than just throwing and shouting.” – Abby

However, Abby contemplated the effectiveness of PACE as an approach by demonstrating a broader scepticism towards therapeutic interventions in general, stating “I feel like sometimes [therapeutic approaches] don't work, and for some young people I know they'll just turn around to you and say, 'don't try that with me'. They know what's going on”.

Hayley also questioned the effectiveness of therapeutic care, reporting that “it doesn't work with everything.” She goes on to share an anecdote about a specific RCW who employs therapeutic strategies<sup>27</sup> in their practice:

“[The carer] would try and use that constantly, and then the young person would always say to me 'I'm glad that it's you on shift today, [the other carer] comes out with some shit, she sends me West'. But you know, that's just her way of working.” – Hayley

---

<sup>27</sup> Hayley did not specify particular therapeutic strategies utilised by the RCW, but reported they will “use gentle language” and always be “Good Cop”.

These statements challenge the notion that therapeutic care is universally perceived to yield positive outcomes. Both Abby and Hayley reported how children can recognise when therapeutic strategies are being used by RCWs, sensing whether the carers' responses are genuine or merely conforming to established protocols. This can be experienced as superficial or insincere by both the RCWs and young people in care.

Rather than subscribing to a structured approach to care, Joshua illustrated how some RCWs deviate to adopt their own distinctive style:

“They’re expecting you to have a uniformed response to a tailored profession (...)  
Depending on the child's background, you have to interact with the kid where the kid sees you. If the kid sees you as an authority figure, you can't be nicey nicey, cause' then they'll start to lose respect. But if they see you as an ogre or an abuser, they assimilate you with the abusers of the past, then you being nice to them, they won't trust it. So it's a weird one. But through experience, you find your own way of doing things that you can report as part of the policy, but really you're just doing your own thing.” – Joshua

Joshua suggested that being authentic and responsive to the child's specific needs may sometimes deviate from the prescribed approach to care. Although this was not explicitly discussed by other participants, it highlights how RCWs may sometimes feel compelled to document their practice to fit within an expected framework. When the unique skills and knowledge that RCWs possess are not acknowledged and valued on an institutional level, they may receive the implicit message that their approach is inadequate.

Interestingly, participants were unable to make a clear distinction between therapeutic and intuitive approaches to care. Their descriptions predominantly emphasised that therapeutic care entails consistency in response to behaviours, while intuitive approaches adopt a more flexible and spontaneous approach. It was noted that therapeutic care was often framed as quite passive, associated with being “nice and gentle”. Participants’ feelings of inauthenticity towards therapeutic approaches may be rooted in the acknowledgement that being “nice and gentle” does not fully capture the genuine and varied emotions that naturally arise in human interactions. Children and young people in care may recognise this also.

### Subtheme Three: Power and Threats to Self-Efficacy

More than half of the participants (Jenny, Liz, Hayley, Sadie, and Priya) alluded to feeling deskilled in the face of BTC. Participants described drawing upon a range of strategies, but when behaviours persisted despite their best efforts, participants began to question their capabilities as an RCW. An overall threat to self-efficacy<sup>28</sup> was indicated:

“I don't like feeling incompetent. And I think in those moments when I can't control -- when I don't feel like I have control of the situation...Yeah, I don't think I like it.” – Liz

---

<sup>28</sup> Self-efficacy refers to a personal belief about one's own capability to effectively do something (Bandura & Wessels, 1994). In the context of residential care, it pertains to confidence and competence in caring for young people with complex emotional and behavioural needs.

The inability to bring about desired change or resolve difficult situations appeared to undermine the confidence of some participants, leading them to feel incompetent. The perception of losing control may mirror the internal state of participants at that particular moment, as BTC can elicit strong emotional arousal in RCWs. This heightened emotional reactivity may impede their ability to maintain composure, resulting in a loss of control.

Control was a recurring concept throughout all of the interviews. Building on Jenny's earlier exploration of Silence, she further elaborated:

"I think I found [silence] so difficult because I was powerless almost. Completely taken my power away. I wasn't able to do my job in that moment because of the choice you've made...and I can still do my job If you're shouting and swearing. I can still do my job...however annoying it might be." – Jenny

The majority of participants appears to identify behaviours as 'challenging' when they felt the child was undermining their sense of control. One such example is captured in the following quote:

"She can refuse to eat -- It's a form of control -- rather than screaming or shouting, as she's realised it doesn't get her anywhere." – Hayley

Hayley's interpretation of the young person's refusal to eat is framed through a lens of control. However, she does not necessarily see this attempt at control as intrinsically negative. In fact, she later acknowledged the young person's trauma history and demonstrated an understanding of the function of their behaviour. The potential 'challenge' of this behaviour, therefore, is the inherent power dynamic at play. While the young person exercises 'control' over her decision to eat, Hayley, as a professional, has little 'control' over the management of food refusal, making it difficult for her to fulfil her role in ensuring the young person's safety and well-being. In essence, BTC appears to threaten a sense of power, particularly behaviours that cannot be 'controlled'. These power dynamics are not solely determined by the child's behaviour, but also by the carer's perceived ability to interpret the behaviour, respond, and maintain a sense of control in that moment. The 'challenge' therefore arises from the delicate balance between respecting the young person's autonomy, alongside the duty and responsibility of being an RCW. When this cannot be achieved, RCWs may experience a threat to their self-efficacy.

Moreover, when participants were asked to recall their most difficult behavioural incidents, all participants, except Jenny and Joshua, discussed incidents at the beginning of their role when they felt inexperienced and less equipped to effectively handle BTC.

"This happened actually pretty early on. It was my second or third month in the role, and I was still sort of finding my feet and making sure I'm doing things right (...) I didn't have a complete idea of how to deal with the situation, that's what worried me. I don't want anyone to get hurt. I don't want the kids to get hurt. I don't want *us* to get

hurt. And I just wanted someone like the manager to come and take care of the situation because they probably had such incidents happen before.” – Priya

Priya’s account provides valuable insights into the complex interplay between perceived control, self-efficacy, and the challenges associated with managing BTC. Her statement suggests that her perceived ability to handle BTC is closely tied to her confidence in her skills and knowledge. Furthermore, she expressed a fear of not knowing the appropriate actions to take to handle the situation, which could potentially lead to harm. This belief in her lack of competence to handle the situation can undermine her confidence and result in feelings of powerlessness. This highlights the importance of nurturing caregivers’ self-efficacy in response to BTC.

#### Subtheme Four: Resonating Through Shared Experiences of Adversity

All participants, either directly or indirectly, engaged in discussions about difficult early life experiences, which they draw upon to inform their understanding of the children and young people they support. These personal experiences significantly shape their overall approach to care and how they navigate BTC. This sheds light on how their lived experiences serve as a powerful tool for understanding and approaching the needs of the children and young people in their care.

“Everyone has a story as to why they work in residential. I think there's only one person that doesn't have any sort of, you know, trauma themselves and has been

through stuff... We don't tell the girls that... But I think it makes it easier knowing you've kind of, you know, I've been there, I *do* understand.” – Emily

Emily highlighted the prevalence of trauma among RCWs, which establishes a foundation for empathy. All participants emphasised how these shared experiences of trauma equip RCWs with an intuitive understanding of the needs of young people, an understanding that cannot be replicated with theoretical knowledge alone:

“I did some online courses in understanding mental health and challenging behaviour, and I remember thinking this coursework is *so* easy because I was just talking as if it was me... I was just like, well this is how they would feel because that's how I felt. It was just easy for me to kind of tap into it.” – Sadie

It is evident that participants' past experiences have shaped their conscious understanding and identification with the children they care for. This deep emotional resonance helps them to understand the mental health and behaviour of the children in a way that feels more intrinsic. However, this intuitive understanding also comes with the potential risk of assuming the emotional state of the child based on one's own personal experience.

In Joshua's perspective, the power of shared experiences is central to forming meaningful connections with the young people he cares for, and positively influencing behaviour in the context of residential care:

“When I told [a child] about my childhood experiences, I see his eyes tweak up like, you too? Then I had his ear. So from then when I tell him to do something, he knows that it's coming from a familiar place, and he's more likely to do it.” – Joshua

Joshua's statement suggests that he derives a sense of trust and authenticity in his relationship with the child due to shared experiences. Coming from a 'familiar place' emerges as a significant motivator in Joshua's desire to support and nurture the children in his care. Witnessing the child's reaction and seeing their eyes 'tweak up' reinforces his belief that his own experiences can serve as a basis for connection and influence.

Joshua even discussed how the role itself is therapeutic for him, facilitating healing from past experiences. When asked about the most rewarding aspect of his role, he replied:

“Living life with the kids, due to me not being able to have a normal childhood, is therapeutic for me to experience everything for the first time with the kids.” – Joshua

Nevertheless, Jenny and Priya acknowledged the potential risks associated with unprocessed emotions attached to difficult experiences:

“Obviously there's always gonna be some emotional, you know, trigger underneath for everybody. And unfortunately, a lot of people go into this role because of that. You get it across the board, social workers, counsellors, nurses... all those sorts

of caring roles. Some people are trying to fix themselves and you know, give back, but aren't actually probably in the best state of mind to be doing that." – Jenny

Jenny suggested that some individuals may enter these roles with the intention of healing themselves, but the motivation to give back can sometimes be driven by unresolved emotional difficulties. It raises concerns about the readiness and well-being of individuals taking on these roles. Liz recalled being advised to "never share anything with these children that you wouldn't be fully confident and prepared for them to throw in your face as a defence mechanism". As such, there is a recognition of the potential vulnerability and sensitivity associated with sharing personal experiences. For most participants, withholding experiences of trauma was seen as a means of self-protection:

"You do need to remain, you know, professional, because then they could take that and run with it and I'm really sorry, milk it. I think if there was something really personal that I knew would kind of trigger me, then I wouldn't bring that up. But if it's something that I'm very comfortable talking about, then I would definitely talk, you know, share my experience with the young people." – Priya

However, Sadie also considered the importance of not burdening the child or diverting the focus away from the children by self-disclosing. It is important to consider how RCWs hold the authority to decide when and how much of their personal life to disclose, whereas children in care do not always have this autonomy over what is shared with the professional team.

Despite this, Joshua acknowledged the transformative power of reflection, suggesting he has actively engaged in introspection and examined how his past experiences have influenced his current practice:

“It's not my childhood experiences that shape my practice, it's how I reflected on my childhood experiences. And *that* affects my practice. So when you know yourself better, you can have a more positive impact on the people around you.” – Joshua

Consequently, he conveyed a sense of personal empowerment and resilience when confronted with attempts to use his experiences against him:

“I've done reflections, so I'm an open book. So if you wanna use it against me, it's kind of a dead game to be honest. 'Cos I've already been through the emotions already. So it doesn't really affect me.” – Joshua

However, even after addressing their triggers, some participants continue to experience the effects of their past trauma while providing support to young people in care:

“I've gone to therapy. I've done all the self-work that I can. I think in order to give them -- it's quite like a raw support because you just -- but then it does make it harder because you *feel* it when they're talking to you about it.” - Sadie

In light of Sadie's statement, it is evident that self-disclosure for RCWs is a nuanced issue that requires careful consideration. While some participants discussed the utility and effectiveness of sharing lived experience, it becomes apparent that there is complexity in safely navigating professional boundaries, which underscores the depth of the caregiver-child relationship (which is considered in Theme Two).

Overall, Theme One captures participants' diverse perspectives that inform their approaches to care. It highlights the challenges of balancing these individual perspectives alongside the pressures and expectations from the system. It emphasises the need to consider the human at the centre of the role.

*Theme Two.*

### **From strangers to family: Building relationships and promoting a nurturing home environment**

Relationships were considered to be a critical component of effective behaviour management. This theme captures the various different ways in which a relationship-based approach to care was utilised to mitigate BTC and create a nurturing home environment for young people in care. This theme sheds light on the transformative journey that occurs as strangers build relationships akin to family. The following subthemes were generated: (i) The Importance of Caregiver-Child Connections, (ii) Bureaucratic Power and Barriers to Forming Relationships, (iv) Nurturing Professional Relationships in Challenging Work Environments, and (iv) Representations of 'Family'. Collectively, these subthemes emphasise the deeply relational nature of BTC experiences.

### Subtheme One: The Importance of Caregiver-Child Connections

All participants discussed how building relationships with the children in their care is not just a nicety, it is fundamental for effective caregiving. Strong relationships allow RCWs to better understand the child and their individual needs.

“I think the relationship affects how the child responds *after* the challenging behaviour, because the challenging behaviour is happening either way. But how they react after the behaviour, or how staff engage with the children while the behaviour is happening, I think has a lot to do with the relationship. Because sometimes, if one of the bank support workers would try and help the child, they wouldn't really listen or they wouldn't be very responsive. If it's someone who's very familiar to them, they know exactly how to sort of debrief with the child or have a breakthrough” – Priya

Priya described how the relationship allows RCWs to be attuned to the young person's needs, both during and after incidents of BTC. This awareness can help RCWs better attune to the child's triggers and de-escalate situations before they become unmanageable. This may indicate that Priya recognises the role of attachment figures in providing emotional support and guidance during challenging moments. Her emphasis on relationships may reflect her awareness of the psychological and emotional dimensions involved in caregiving.

Not only does the relationship aid RCWs in managing BTC, but it also serves as one of the more rewarding aspects of the job for all participants, as evidenced by Sadie:

“I remember the first time one of the kids said that they loved me or came to me when they were upset about their boyfriend... Knowing that I'm building trust and that I'm getting somewhere wipes out the bad days. I think it's just so rewarding, and it's almost like addictive because you're like chasing that next feeling” – Sadie

In this statement, Sadie reflects on the highs and lows of her experience as an RCW. She described how a single moment of connection with a child can make the difficult days worthwhile. For Sadie, the rewarding moments become ‘almost addictive’, creating a sense of fulfilment and motivation in her role. This sense of satisfaction in the relationship was echoed by all participants. It is possible that these rewarding moments serve as a source of validation, purpose, and affirmation of their efficacy as a caregiver.

Participants understanding of BTC appeared to be intrinsically tied to the dynamics of their relationship with children. This suggests that the personalisation of behaviour may be influenced by the nature and quality of the caregiver-child relationships. For example, Jenny discussed feeling scared in response to a child's behaviour. When asked to delve deeper into the factors that contributed to her fear, she expressed:

“It was because I didn't think I had any sort of relationship with them (...) I can't read them, and therefore it scares me”.

For Jenny, the inability to read the child's thoughts, feelings, and intentions exacerbates her fear, as it creates a sense of unpredictability and a potential loss of

control (as highlighted in Theme One, Subtheme Three). RCWs' own relational style may result in sensitivity or fear in situations where an interpersonal relationship is lacking.

When considering the process of building positive relationships, all participants advocated for being their authentic selves. To shed light on this, Joshua was asked about his approach to establishing relationships in his role:

“Being honest with yourself and not pulling any punches. They don't respect anybody that's too nice to them. I know that's a natural reaction for most people, ‘these poor kids’. But it's like any relationship. If you're a doormat, people will wipe your feet. And I find that kids like me *more* when I cuss them out. So yeah. But not like cussing them out like ‘who are you talking to’ or anything like that. But challenging them on their behaviour and feeling no way about it.” – Joshua

Joshua emphasised the importance of addressing behaviour assertively and without hesitation, although he clarifies his approach does not involve offensive language. His use of the term ‘cuss out’<sup>29</sup> reflects his willingness to engage in open and direct communication with the young people to hold them accountable for misbehaviour. It also reflects Joshua’s value for honest communication, emphasising the need to avoid being overly permissive. This creates a sense of authenticity by establishing clear boundaries within the relationship,

---

<sup>29</sup> ‘Cuss out’ is colloquial language that has subjective and culturally informed meanings, ranging from using offensive language to expressing frustration or disapproval towards someone.

which arguably creates a sense of safety and stability for the young people. This reflection is noteworthy, as it resonates with the perspective shared earlier by Hayley, who highlighted a potential disconnect between therapeutic approaches to care and more authentic responses to BTC. However, it is important to note that Joshua's approach may not be universally effective or suitable for all young people in care:

"I had some kids where I reminded them of their dad. He was an abuser, and that trauma stops them from building a professional relationship with me, or even following through with an instruction from me" – Joshua

Joshua acknowledged that this resemblance could trigger traumatic memories for young people, hindering the development of a professional relationship. This highlights the profound impact trauma can have on the caregiver-child relationship. RCWs' communication and relational style may unintentionally trigger responses in young people based on their pre-care experiences of being parented.

However, BTC presented as a barrier to forming secure and meaningful relationships with young people in care:

"You know, she doesn't know a lot about our personal lives. And she's very, very clever. So, she does pick up on things and she can be quite vile with some of the things that she says to staff (...). One of the lads at work, his mum killed herself and [the young person] got wind of this. She said, 'why don't you kill yourself like your mum - She didn't

love you, that's why she killed herself'. She can be quite disgusting really. And what do you do with that? I'd rather she was aggressive than said things like that to people because it is really quite nasty." – Hayley

This statement further explains why participants described non-physical forms of BTC as more difficult to work with, but it also highlights the emotional and personal barrier that such behaviours can create in forming meaningful connections with young people. The use of emotive language such as 'vile' and 'disgusting' may actually reflect how Hayley was left feeling in response to these comments. Not only do RCWs have to effectively manage BTC, but they also have to manage their own emotional response to such behaviours. The emotional impact of BTC can result in ruptures in the relationship that would need to be appropriately repaired.

### Subtheme Two: Bureaucratic Power and Barriers to Forming Relationships

While participants emphasised the importance of relationships with children and young people, it became evident that these relationships were not without conditions and limitations. In addition to grappling with personal barriers in forming connections, the bureaucratic nature of residential homes, characterised by professional boundaries and organisational policies, exerted influence on the dynamics of the interpersonal relationships formed.

"I'm very wary not to overshare with the girls and just to be mindful of things like that (...) You're wary not to overstep boundaries and whatnot. And obviously, these girls

have attachment issues, and they can make allegations. So it's just being really mindful of that side of it because I love my job and I don't want to lose it." – Liz

Liz actively reminds herself of the professional boundaries and perceived risks associated with developing such close bonds with the children in her care. The fear of losing her job highlights the significance of her professional identity and the importance she places on her role as an RCW. Notably, the majority of participants expressed similar concerns about overstepping professional boundaries. The implementation of policies dictating these boundaries exemplifies how power operates in the residential care setting. This issue was highlighted through Abby's discussion of a 'no-touch' policy:

"Someone I know who works for the Council in residential has a no-touch policy, like they can't touch the kids...ever. So we're quite lucky in that we can -- If they need a hug, then we can give them a hug. And by the sounds of things, I don't think the whole 'no touch' policy thing works at all. I think my work are really good at creating a sort of family kind of atmosphere." – Abby

The existence of such policies stresses the significance of the organisational culture on the formation of relationships with young people. Abby's workplace appears to have a more flexible approach to touch, which indicates a level of trust and agency given to RCWs to make judgement calls based on the needs and emotional well-being of children. Even with the freedom to hug the children, anxiety still persists for some participants:

“I think it's very important that if the girls want hugs and stuff, we do. But again, we're very wary of it. And professional. One of them might try sitting on your lap, but we're like - no. We don't do that kind of thing because we're very wary that we don't want things like that to come out.” – Emily

In this statement, Emily demonstrates a willingness to respond to the emotional needs of the children, particularly when it comes to physical affection. However, her primary concern appears to be the potential repercussions of crossing professional boundaries. While Emily may not see physical affection as inherently unprofessional, the statement ‘we don't want things like that to come out’ leads one to question exactly *what* will come out, and to *whom*. This suggests a worry about how such actions would be perceived within the institutional framework. She later goes on to say:

“I think that's the one thing that is definitely the hardest part, the nurturing side of it...because we have to make sure we do it in a way that doesn't lead to anything else.” – Emily

It is striking that the most challenging aspect of the job for Emily is professionally navigating the nurturing side of the role. Her language reflects a sense of worry or fear.

The paperwork-intensive nature of the job was also a recurring topic throughout the interviews. It was evident that the administrative tasks and documentation of incidents (i.e., incident reports) placed a significant burden on RCWs:

“Those are the times that I would say it affects me the most when I do come out of a hold because it's very -- when I come out of a hold, I am then instantly thinking right, I've gotta remember everything that's just happened because I have to write it up.” –

Sadie

This statement highlights the immediate prioritisation of paperwork after an incident or crisis situation, which arguably detracts from the young person at the centre of the intervention. This in turn may impact the emotional attunement and sensitivity of RCWs, leading to a potential disconnection between them and the child. This may also impede on RCWs' ability to reflect on their own emotions during these stressful situations, which is a missed opportunity for personal development and repair with the young person.

All participants described feeling monitored and assessed through incident reports and other forms of paperwork. This pervasive sense of scrutiny appears to create a punitive atmosphere within the home setting:

“I'm always saying to [staff] that this incident report isn't good enough. Where were you standing? I mean, like literally to the inch of where that happened, you know? (...) But the most important thing I feel -- that's what I say to the staff -- you're protecting yourself by writing that incident report.” – Jenny

The need to meticulously document every intricate detail of an incident in order to 'protect' oneself implies a sense of being on trial, where RCWs find themselves in a position of defending their actions by presenting the evidence of an incident. The language used by participants reflected defensive narratives, as participants spoke about being "guilty" or "taking the blame" if something goes wrong. The emphasis on the use of reports as a means of self-protection reflects a power dynamic against a system that appears oppressive. This reflects a broader system that operates to the disadvantage of both the children in care and the professionals within the system. Ultimately, this can contribute to an environment where the needs of the young people are not always prioritised, and the focus on organisational practices and bureaucratic processes overshadow the development of genuine connections.

Joshua reaffirmed this, as he raised doubts about the true function of the paperwork, suggesting it is not used as a tool to effectively manage behaviour or improve practice but to "justify to social services what you are doing":

"[social services] don't take the time to know who's actually looking after the kids, which is actually kind of the opposite of what real-world parents have to do. So they use paperwork to get to know what the staff and their organisation are like (...) If you don't use the right words, you can make yourself look like a monster. And really and truly, you're just doing an everyday thing (...) There's a politically correct way of saying things." – Joshua

The “politically correct way of saying things” was reflected throughout the interviews, where participants made a conscious effort to reframe their language, often correcting the terminology they used:

“If we need to re -- not restrain them -- but if we need to safe-hold them, then we can do that.” – Abby

The conscious use of language may indicate a genuine effort to foster a more sensitive, therapeutic, and mindful approach to care. However, it is evident that the participants are cognisant of how their language may be perceived by others. For example, Jenny enquired as to whether there is indeed any difference in a ‘hold’ versus a restraint (as she believes any restriction to a child’s movement is a restraint), which may suggest that RCWs would be more inclined to use ‘politically correct’ language to describe the same action, which again is another form of defensive practice. The impact of this is complex; on the one hand, sensitive and mindful language can contribute to a more supportive and therapeutic environment. On the other hand, it may reflect a power dynamic within a system that prioritises conformity and self-protection over genuine emotional expression. Striking the right balance is necessary to allow for the formation of authentic relationships.

### Subtheme Three: Nurturing Professional Relationships in Challenging Work Environments

Participants also emphasised the significance of forming strong relationships with their colleagues in order to manage the complexities of their work and effectively respond to BTC. They spoke with a collective language, often referring to ‘us’ rather than ‘I’,

emphasising a group identity and shared experiences. When questioned about the biggest protective factor in reducing BTC, Emily stated:

“I think for me it would be my team and knowing my team well. I feel like we know each other so well that we can bounce off each other and notice when one of us is in a difficult situation, or when we can't manage and need to swap out. We also know each other's strengths and say, ‘Oh you're good with this child, why don't you jump in?’” – Emily

Emily captured how her colleagues empower each other's strengths and recognise each other's needs. This mutual dependence creates a foundation for collaboration and effective problem-solving when responding to BTC. Rather than functioning in isolation, the collective strength of the team allows them to adapt to meet the needs of the children in their care. As a result, Emily's work environment promotes individual growth and motivation. This sense of support, loyalty and camaraderie resonated across all of the other interviews. For example, Sadie expressed “It feels like you're putting fires out all day; it only happens as well as it does because of the people I work with (...) I don't get overwhelmed anymore because the team I have are so, so supportive”.

When participants felt this loyalty was undermined, it affected the dynamics of the team. For example, Hayley recalled an incident with a young person that lasted over a two-hour period. She described how the young person threw objects at her and grabbed her by the hair, “dragging” her around the kitchen. Remarkably, for Hayley the ‘challenge’ in this

situation was not being physically hurt, it was the lack of support from her colleague, who had “locked herself in the office”:

“I was really annoyed, you know, not only have you left me open to accusations, but you’re not helping me either. It was purely in fear that she was going to turn on you, which she was never gonna do. Just to protect yourself, and you're not helping your colleague when it's needed. We have all this training. What *are* you doing? It's... She left in the end.” – Hayley

This statement highlights there is an expectation for RCWs to provide mutual support to one another, not only as a precaution against potential harm but to also safeguard one another against misconduct allegations. Hayley’s tone conveys a sense of disbelief at her colleague’s response. The assertion that the colleague “left in the end” could be interpreted to mean that the colleague voluntarily left because she was unwilling or unable to fulfil the demands of the role. However, it could also imply that she was not integrated into the team following this incident, as Hayley followed with:

“We have a *good* team now. It's not that we don't leave each other's sides, but we're always in the eye-line of the other person that's on shift... [The young person] will always want to lie on the couch with her head on my knee while I stroke her arm. Quite like a motherly-daughter type of relationship really. But that can lead to all sorts of allegations if you haven't got another person around to say ‘well actually no, I could see

and hear what was being said' or whatever. But we do have a good team in that sense now, we always do look out for each other." – Hayley

Hayley expressed anxiety at being in situations with the young person that involves physical contact or close emotional interactions, due to the risk of allegations. As such, a 'good' team is characterised by solidarity and unity, particularly in situations where unfounded allegations are made. For Hayley, this seems to take precedence over team cohesion in meeting the needs of the children in their care. This observed emphasis on solidarity and unity points to the presence of a potentially uncertain and threatening environment for RCWs. The need for constant vigilance and concern for self-preservation demonstrates the pressures faced by RCWs and the need for a supportive team dynamic to present as united against potential challenges. However, it is in these moments of adversity that bonds between colleagues naturally form, as illustrated by Liz:

"When you're living and working with someone for seven days, that just naturally builds... you do all the nitty gritty, you do the challenging stuff. You're up till stupid o'clock in the morning sort of managing behaviours, you're writing incidents and stuff. You just get to know each other. You get to know each other well enough to know like, do you need five minutes? What's going on? You share your personal lives." – Liz

The intense nature of the work has enabled Liz to develop a unique level of familiarity and trust, resulting in a shared understanding that allows the team to support each other.

One benefit of having such strong bonds is that RCWs can be transparent about how they are feeling.

Liz, Hayley, Sadie, Emily, and Abby spoke about being transparent with other colleagues and naming some of the more undesirable emotions that come up in response to the children they care for:

“We've got no qualms to saying ‘God she's been a turd’ or ‘I've found her a bit more difficult or challenging today than I did last week’ or whatever (...) Because you're just gonna end up resenting her. Or if the members of staff are not singing from the same page, that that can be quite difficult. And I think that's why we've now got a really good team and we are all on the same page. It makes your life so much easier than having conflict and stuff.” - Hayley

This statement reflects the importance of open communication and team cohesion, which allows RCWs to offload potential sources of resentment or frustration towards young people in care.

Due to the strong bonds formed, there was a sense throughout all of the interviews that participants were hesitant to allow outsiders or new staff members to enter their closely knit circle, as they valued the trust and understanding that had been established among themselves:

“Our team has been together a long, long time as well, so this isn't a fractured team. We don't have agency staff coming in. I think we've had three new people in the last three years, but that was highly unusual.” – Jenny

In this statement, Jenny perceives agency staff as outsiders who fracture the team. The exclusion of outsiders may stem from a lack of trust and a belief that they do not possess the same connection and understanding of the team's culture. This inadvertently creates barriers for outsiders who may find it difficult to fully integrate into the team.

Furthermore, participants reported that it was not always “plain sailing” in the team, namely due to members of staff not “pulling their weight”. However, all participants acknowledged how the intense working environment contributed to heightened levels of stress, which sometimes resulted in disagreements among RCWs. These conflicts were particularly evident when it came to differing approaches to care:

“Sometimes we get snappy with each other. And that's why our daily debrief at the end of the day is really important to us because I know I'm always like ‘I'm sorry, I didn't mean to snap at you earlier’.” – Liz

Liz emphasised the importance of daily debriefing sessions as a means of addressing tensions within the team. This highlights the significance of open communication and mutual understanding among team members in maintaining a harmonious work

environment. Sadie also acknowledged the benefit of challenging each other's practice in order to embrace differing perspectives and engage in critical reflection:

"I think you *have* to disagree with the adults sometimes because I think it's... It can't all just be black and white, because there's no copy and paste way to manage challenging behaviour, and I think it's also reminding ourselves that we're being fair." –

Sadie

#### Subtheme Four: Representations of 'Family'

Participants constructed different ideas of 'family', exploring how it is understood, portrayed, and experienced within the context of a children's home. Some participants referred to themselves as "professional parents", which reflects the recognition that RCWs fulfil a parental role within an institutional setting. These alternative notions of family highlight the complex dynamics and evolving roles of RCWs, with efforts to create a nurturing and supportive environment for young people in care.

"We're aware that we're this weird little family that sees each other getting out of bed in the morning and you know, you might be downstairs with your curlers in, and then the other side of it is you'll watch your kids spit at somebody else in the face and how humiliating that is and how -- you know. So, we know each other pretty well." –

Jenny

Jenny described seeing her colleagues in personal moments. This glimpse into each other's personal lives creates a sense of intimacy that contributes to a deeper understanding of each other, extending beyond typical workplace relationships to create a family-like dynamic. However, this familial connection is sometimes challenged when she witnesses the young people behave inappropriately towards her colleagues. This contradiction between the idealised notion of a family and the harsh reality of behaviours in residential care can be "humiliating". Jenny's language (e.g., "your kid") reflects a familial tone and suggests a personal investment in the young people she cares for. This indicates a deep level of attachment and responsibility, similar to that of a parent towards their own child. Later in the interview, Jenny reiterated:

"We do feel we're this really weird family that all live together... Because we're in such a bubble, it's so weird working with other people who have never worked in [a residential home]. They will just never understand how weird that bubble of working in a residential home is. It's like the outside world doesn't exist sometimes." – Jenny

The repetition of the phrase "weird family" signifies an unconventional and distinctive relationship among staff members. The reference to the "outside world" speaks to the intensity and all-consuming nature of the work. While the outside world may feel distant at times, RCWs find solace and belonging within their own family system.

Interestingly, each participant associated themselves with a specific role within the family system, often drawing parallels to their own experiences of being part of a family. For instance, Jenny and Hayley positioned themselves in a motherly role, likely due to their own experience of being mothers. Joshua identified as being both a “parent and professional”. Some of the younger participants (Liz, Sadie, Priya, and Abby) assumed a sisterly or cousinly role, which seemed to be influenced by their relative age and the positions they hold within their own families. For example, Liz stated:

“I see myself in more of a big sister role than a parent role, just because I’m not a parent. I don’t have children and the [young people] know that.” - Liz

By identifying as the “big sister” Liz may be seeking to establish a relatable and approachable connection with the young people in her care. It is also possible that the young people themselves have positioned Liz as a sibling-like figure within the household, guided by their preconceived notions of typical family roles.

There was a prevailing agreement among participants that personal experience plays a crucial role in effectively fulfilling specific roles within the family system:

“I always wonder where [my colleagues] get their advice from, if they've not had kids of their own. How - where do you get that advice from, or how do you have those conversations that I've had with my own kids? And sometimes I find it a bit, you know -- I might have a different answer or different advice that I'd give as a mum.” – Hayley

Here Hayley expressed her thoughts with a degree of hesitancy. She perceives her parental experience as a source of valuable insight and wisdom, stating that it informs her approach to care. There are however a number of false starts, which may reflect a recognition of personal bias. It may also be an acknowledgement that it is not easy to translate direct parental experience to the role of an RCW, due to the complexities of being both a 'parent' and a 'professional'. Joshua reflected on how this parental relationship differs in the care system:

"It's very different because of the level of impact that I have. For instance, with my daughter, I was there from day one, going for three-hour walks with her in my arms. She knows my smell. She knows my voice. My personality. So, it's easier for me to have more input as she is now, in comparison to just meeting a kid last week and trying to build that relationship from the ground up, who may already have a preconception of me." – Joshua

This statement highlights the dissonance experienced by participants as they strive towards cultivating a family environment, whilst also acknowledging the difficulties in developing the same depth of relationships with the young people they support.

Furthermore, all participants discussed the importance of preventing a child from becoming "overly attached" to one specific adult:

“You don't want the young people to get particularly attached to one person, because then what happens if they leave or, you know, they're not on shift for a while? So, I would say it's better [for the child] to have different relationships, like a few people giving them the motherly or fatherly kind of care, because then the young person is not going to get unhealthily attached to one person.” – Abby

The idea of a young person becoming ‘particularly attached’ was consistently labelled as “unhealthy” or “negative” by participants. The use of such language reflects the shared perceptions and beliefs regarding attachment relationships in this context. It was generally understood to be detrimental for the child to be attached to one person, particularly in the event that a carer would leave. However, this could also have negative implications for RCWs themselves, as it could affect their emotional well-being too. Sadie, for instance, spoke about becoming emotionally distressed when children in her care leave. She suggested that you “have to *care*” but you also “have to be able to switch it off”. She goes on to explain:

“The longer you're doing the job, the easier it is to find that professional barrier and create boundaries so that you don't get *so* attached. Because you can't, because you know it's -- they're not your kids and you know, you're just the person that cares for them. And I think it helps because the conversations I have to have with the children remind me that it's professional.” – Sadie

The use of the phrase 'you're just the person that cares for them' implies that the role of an RCW is limited to providing care, rather than assuming the full responsibilities of a parent. Sadie appeared to reframe her responsibilities with a more detached perspective, which possibly helps her manage the emotional challenges that arise in her role as an RCW. There may also be a recognition that often the children already have parental figures in their lives, with whom they want continued relationships with.

Jenny and Hayley also shared how the young people will often remind them that they are not their mothers. This was conveyed with a sense of sadness:

"She does throw that at me in an argument, 'You're not my mum'. I know I'm not your mum but... You know that you can talk to me as though I was your mum." – Hayley

Hayley's statement reflects a desire to cultivate a nurturing bond akin to a mother-child relationship. The metaphorical use of the phrase 'throw that at me' conveys the idea of a verbal weapon being used by the young person as a point of contention. The young person themselves could be attempting to establish their own boundaries within the caregiver-child relationship and Hayley may not have considered whether they were actively seeking a maternal relationship.

Jenny also reported personal challenges in establishing relationships with children from different demographic backgrounds:

“In general, I struggle more with relating to Black girls. The kids, not the staff. For some reason. I just think like, I can't get them to relate to me. I can't be their Mum figure. I can't, you know, I can't do that. I'm White.”– Jenny

Jenny candidly shares her personal struggle in encouraging Black girls to relate to her, specifically in her envisioned role as a motherly figure. She later states that she does not experience these barriers with Black boys. Being unable to foster a motherly bond with Black girls specifically may speak to internalised social and cultural norms around motherhood. It suggests there may also be gendered differences in the perceived needs and expectations that girls have of their mothers, which Jenny believes poses an obstacle to forming meaningful connections. It is possible that Jenny's encounters with Black girls involve navigating cultural nuances that she may not fully understand or be familiar with, which results in her feeling unable to nurture those connections. These cultural expectations are not fixed or universal, but rather constructed.

These instances serve as poignant reminders of the inherent complexities within caregiver-child relationships. It reinforces the understanding that the relationships formed between RCWs and young people in care will be 'different' to traditional family relationships. It highlights the importance of understanding, respecting, and embracing the diverse nature of relationships in this setting.

Furthermore, when considering the organisational culture, Joshua described each residential home as its own family microcosm:

“Every team that I've ever been a part of is a product of the culture of the company. Because each company I know is like a different household. Every household has policies, rules, and protocols in regard to interaction with each other. In culture, race comes into it too, because -- So I used to work in [local authority area], which is majority White. Now coming to a company that's majority Black and there's a big difference in between due to the cultures involved.” – Joshua

Joshua suggested the culture of a residential home operates similarly to the culture within a family household, each with its own unique characteristics. He described the manager as “the head of the household” who brings their culture and values with them. He also acknowledged factors such as race play a significant role in shaping the culture. This emphasises the need to recognise and appreciate the diversity of backgrounds within a team and how this can intersect with the young people in care and influence interactions within the residential home.

Overall, Theme Two captures the significance of relationships in shaping RCWs' experiences of BTC. It highlights the complexities and barriers that exist within these relationships, including individual and systemic influences. It emphasises the importance of understanding and embracing the diverse nature of relationships in this context.

## Chapter Five: Discussion

### 5.1. Chapter Overview

This chapter provides a comprehensive analysis of the research findings, drawing connections to established theory and relevant literature. The discussion explores the strengths and limitations of the study, implications for practice, and recommendations for future research.

Through IPA, two Group Experiential Themes (GETS) were constructed from interviews with eight RCWs across England and Scotland. These themes are (i) Behaviours that Challenge in Residential Childcare: Diverse Perspectives and Approaches to Care, and (ii) From Strangers to Family: Building Relationships and Promoting a Nurturing Home Environment.

### 5.2. Revisiting the Research Aims

The present study utilised IPA methodology to explore RCWs' experiences of BTC, uncovering their individual perspectives, interpretations, and responses to such behaviours.

A number of questions underpinned the scope of the research aims:

1. How do RCWs perceive and interpret BTC exhibited by children and young people in residential care?
2. What are the emotional and psychological responses of RCWs to BTC and how do these responses influence their approach to care?

3. What coping mechanisms and strategies do RCWs employ to effectively respond to BTC?
4. What are the barriers and challenges faced by RCWs in their efforts to support children and young people with BTC?

### **5.3. Connections Between Themes**

The two GETs shed light on the individual, relational, and organisational factors influencing RCW experiences of BTC. These experiences are multifaceted and interconnected, with a degree of overlap between the presented themes.

In examining these connections, the concepts of power and control are a thread intricately woven into every theme, both directly and indirectly. Although the two concepts are distinct, they are often used interchangeably due to their interdependent relationship (Manz & Gioia, 1983). Power can be understood as the capacity for individuals, groups or institutions or exert influence over others. Control refers to the regulation or restraint exercised by individuals or institutions over certain behaviours, situations, or environments (Manz et al., 1983).

At the individual level, the power dynamics between RCWs and children in care are evident in how BTC is navigated and responded to. At the relational level, power is demonstrated in the formation of caregiver-child relationships. Organisational influences reveal the influence of power through policies, procedures, and professional boundaries. This sets limits and constraints on how RCWs interact with children, which impacts on the

quality of relationships formed. Interestingly, parallels can be drawn between the experiences of RCWs and the children in care, as both are subject to the same system of power and control. The organisation exerts control over the behaviours of RCWs, who exert control over the behaviours of the child. The concept of power will be explored in further detail below.

#### **5.4. Summary of Findings**

The themes will be summarised in relation to the research aims. The inductive nature of IPA allows for the inclusion of additional literature in the discussion section not covered in the introduction, allowing for a broader scope of analysis by drawing upon relevant research (Smith et al., 2022). Recommendations for practice are made at the end of this chapter.

#### ***How do RCWs perceive and interpret BTC exhibited by children and young people in residential care?***

##### *Individual perceptions of behaviours that challenge:*

The findings revealed considerable variability in how participants perceived and interpreted BTC exhibited by young people in residential care. The absence of a shared definition among RCWs underscores the subjectivity of its meaning. This variability can be understood through the lens of attribution theory, which refers to the cognitive processes employed by individuals to understand and explain the behaviours they encounter (Heider, 1958). In the context of BTC, this framework highlights how RCWs make sense of BTC by

assigning causal explanations to them. Heider's theory of causal attributions (1958) proposes that individuals tend to attribute behaviour to either internal factors (e.g., personality traits) or external factors (e.g., the environment) (Stanley & Standen, 2000). This was evident in participants' rationalisation of behaviour, where they often attributed 'reasonable' BTC to external factors such as family contact. Participants were more likely to experience a behaviour as 'challenging' if they attributed the cause to internal factors. Heider (1958) asserts that the perception of causality is inevitably distorted by cognitive biases, such as cultural norms, individual beliefs, and personal experiences. This supports the notion that RCWs' understanding of BTC is not solely dependent on the behaviour itself but influenced by their own cognitive processes and personal biases (Emerson et al., 2011). Acknowledging these biases in their sense-making process can aid in developing more tailored and effective approaches to caregiving.

*The personalisation of behaviours that challenge:*

The depth of personal significance that informed participants' understanding of behaviour was noteworthy. Verbal behaviours (e.g., hateful language) and acts of silence were seen as deliberate and purposeful in nature. These behaviours were often attributed to internal factors, such as the intentions and motivations of the child. As a result, participants personalised these behaviours, perceiving them as a direct attack on their own identity and boundaries. Conversely, physical behaviours (e.g., hitting and scratching) were less frequently reported as difficult to manage. Participants were more inclined to attribute physical behaviours to external factors, citing the child's lack of impulse control caused by situational factors, rather than viewing these behaviours as deliberate attempts to

intentionally harm RCWs. Complementary to attribution theory, mentalization theory (Fonagy & Campbell, 2016) provides insight into how RCWs attach meaning to the child's behaviour. Participants' ability to mentalise the child's behaviour may have played a role in their tendency to personalise BTC. Mentalizing goes beyond the observable behaviour to delve into the underlying mental states, thoughts, and emotions that influence a person's behaviour. The incorporation of mentalization theory into RCW practice has been a recent advancement, however there is a growing body of literature exploring its application in foster care settings (see Midgley et al., 2021). Caregivers with strong mentalization skills are better equipped to understand the underlying intentions and emotions driving the child's behaviour, whilst also recognising how their emotional and behavioural responses interact with the child's. This empathetic understanding allows caregivers to view BTC with a more nuanced perspective, considering the child's unique experiences and internal world. In contrast, when faced with difficulties in mentalizing, which is more likely in a state of high emotional arousal, caregivers may find it more difficult to empathise with the child's perspective fully (Redfern et al., 2018). In instances where mentalization is limited, RCWs may inadvertently personalise BTC by projecting their own emotional experiences and beliefs onto the child's behaviour. This can lead to misconceptions about the function of the behaviour, potentially hindering the development of a more therapeutic and supportive relationship. Here, attribution theory explains the cognitive processes through which individuals attribute causes to behaviour, while mentalization theory emphasises the emotional and interpersonal aspects of understanding other's mental states.

*The role of relationships in behavioural perceptions:*

What is more, the perceived *quality* of the caregiver-child relationships introduced an additional layer of influence over how participants made sense of the behaviours they encountered. The analysis of data demonstrated that the tendency to personalise BTC was not solely dependent on the causal attributions participants made, but was also influenced by the nature of their relationships with the children. Specifically, participants who reported limited familiarity with the children in their care experienced a lack of predictability in the relationship, which consequently heightened their fear surrounding certain BTC. From an attachment perspective, predictability in relationships often equates to a sense of safety (Julian et al., 2017). Other participants were observed to internalise BTC more readily when they professed to have a more positive relationship with the children involved, seemingly due to their emotional investment in the child. The caregiver's capacity to mentalize is believed to be associated with their attachment style (Fonagy et al., 2016). Attachment theory posits that a caregiver's own internal working model of relationships, shaped by their own early attachment experiences, affects the interpretations and attributions they make of their child. Their own attachment insecurities have been found to be triggered by the child's behaviour (Morison et al., 2020). Thus, the caregiver's attachment style can act as a lens through which they perceive and respond to the child's actions, influencing the extent to which they personalise BTC.

***What are the emotional and psychological responses of RCWs to BTC and how do these responses influence their approach to care?***

*Threats to self-efficacy:*

Participants described a range of emotional responses to BTC, evidenced by their use of descriptive terms such as “terrifying” and “overwhelming”. Interestingly, participants did not explicitly delve into the direct impact these emotional responses had on their caregiving approach. Rather, it appeared these emotional states were connected to a perceived inability to effectively manage BTC. This was noted as an apparent threat to self-efficacy for over half of the participants. Caregiver self-efficacy is closely linked to child development outcomes and psychosocial adjustment (Coleman & Karrakerm 2003). Of the limited research that has explored self-efficacy in residential childcare, Brouwers & Tomnic (2016) found that perceived success in the caregiving role was associated with increased self-efficacy. Further research with foster carers has demonstrated that heightened levels of self-efficacy among foster carers can buffer against the emotional impact of BTC, reducing feelings of stress, anxiety, and depression (Morgan & Baron, 2011). Conversely, the presence of low self-efficacy has been found to lead to more punitive parenting practices, which cyclically may exacerbate behavioural challenges in young people (Morgan et al., 2011). This underscores the importance of enhancing RCWs' self-efficacy beliefs in order to positively influence their caregiving approach.

*Sense of self and individual perceptions of behaviours that challenge:*

The threat to self-efficacy was not positioned in the behaviour itself, but rather in the participants' perception of their *capacity* to manage or “control” the behaviour (as phrased in some interviews). The notion of control, or the lack thereof, appears to be associated with participants' self-efficacy beliefs. When participants perceived behaviours as being internally attributed (meaning the behaviour was seen as a deliberate attempt to undermine their authority), participants described a sense of powerlessness. In these instances, RCWs may lack a standardised protocol or intervention to manage such power struggles, as the dynamics involved in non-physical behaviours are less tangible and more deeply rooted in the child's emotions and motivations. On the other hand, physical behaviours are experienced as easier to ‘control’ in residential settings because the use of physical restraints is permissible for ‘riskier’ behaviours. This provides a clear and immediate intervention to manage the behaviour.

The perception of losing control may actually reflect the internal state of participants (i.e., their ‘emotional control’). When emotionally “overwhelmed” RCWs may struggle to remain composed and therefore lose a *sense* of control over the situation. Layder (2004) argues that the concept of power is closely intertwined with emotions. In interpersonal interactions, emotions can influence how individuals assert control over others or respond to attempts of control from others, affecting how individuals exercise authority and influence over one another. This becomes particularly relevant as RCWs not only have to manage BTC but also their own emotional responses that threaten their sense of self. These findings underscore the interconnectedness between RCWs' sense of self, and their

perceptions and emotional responses to BTC. Maintaining self-efficacy in the face of BTC involves acknowledging that RCWs may encounter behaviours that cannot be easily controlled or managed. It is crucial to shift this prevailing narrative in order to recognise that there will be instances where behaviours cannot be controlled, and this does not equate to inadequacy, is crucial. In these moments, the focus of RCWs should move towards internal regulation and emotional control.

*Power dynamics and the perception of control:*

The perception of needing control among RCWs may be influenced by societal expectations and cultural narratives surrounding traditional (authoritarian) parenting and children's behaviour. Foucault's concept of disciplinary power (1997) provides a useful framework for understanding how power operates within institutional settings to manage behaviour. According to Foucault, disciplinary power operates through discourses and practices that regulate the behaviour and conduct of individuals within institutions (Lilja & Vinthagen 2014). In the context of residential care, RCWs assess children's behaviour based on established norms around obedience and conformity. Hierarchical observation, another aspect of Foucault's framework, highlights the power dynamic enacted when those in a position of authority have the ability to observe, pass judgements, and exert control over individuals subordinate to them. Participants engaged in a process of hierarchical observation in an attempt to better understand the child and their behaviour, making observations about the causes of BTC. This examination process contributes to the perception of power, as RCWs position themselves as the ones who possess 'knowledge' and 'understanding' over the child. This knowledge gives them a sense of control over the

situation, as they believe they can identify the factors influencing the behaviour and thus develop appropriate interventions. However, it is crucial to consider the motivation behind enacting interventions, as it is not always possible to understand the complex and multifaceted nature of behaviours. While it is important for RCWs to develop a comprehensive understanding of the child and their needs, it is equally important this is balanced with a reflection on the underlying intentions and dynamics of power at play. The perception of powerlessness may also stem from inadequate structural support (Shaw, 2012). Therefore, creating space for RCWs to recognise when power and control are appropriately utilised for the benefit of the child, versus when they are employed to maintain hierarchical norms, is essential, particularly when supporting children who have experienced possible trauma. By encouraging RCWs to critically examine their actions and motivations through the lens of power, they can consciously ensure that their interventions are driven by mutual respect for the child's needs and autonomy. This form of reflection may also help to mitigate possible threats to self-efficacy in recognising the limitations of individual control and understanding that certain behaviours will inevitably be beyond their immediate control due to the complex nature of human behaviour.

***What coping mechanisms and strategies do RCWs employ to effectively respond to BTC?***

*Relational strategies for behaviour management:*

Caregiver-child relationships were cited by all participants as the primary strategy for effectively managing BTC, which is supported in the existing literature (McLean, 2015;

Brown et al., 2018; Kenned et al.,2020; Kor et al., 2021). Specifically, the function of these relationships was seen as a means of minimising the escalation of behaviours by enabling RCWs to be attuned to the unique needs of each child. These strong relationships establish a foundation for effective communication, fostering more positive and constructive interactions with the children in their care. The ability of RCWs to be attuned to individual needs aligns with the principles of attachment theory. Responsive and sensitive caregiving can repair attachment difficulties over time (Bowlby, 1969/1982). By forming secure attachments with RCWs, children in residential care are more likely to feel emotionally supported, which may reduce the likelihood of BTC.

The majority of participants also spoke of nurturing connections with young people through shared experiences of trauma. The implicit understanding that RCWs had of the children, rooted in their own experiences of adversity, was highly valued. Several participants elaborated on how the process of exchanging these experiences with the young people in care fostered a sense of familiarity and trust within the relationship. One participant specifically mentioned how this bond encouraged a child to be more receptive to directions and guidance. This observation illuminates how RCWs draw upon their own personal experiences to shape their caregiving practices, serving as a catalyst for building rapport with the young people in their care. Previous research supports the notion that individuals with experiences of adversity in their own childhood may possess a more empathic understanding of the needs of children in care (Caltabiano & Thorpe, 2007). However, no research has specifically explored lived experience or self-disclosure in residential childcare practice. Nonetheless, Sinclair et al. (2023) argue that engaging with

lived experience can enhance social care practice. They propose a (re)imagining of professional boundaries to enable social care workers to share the 'personal'. Despite this, some participants expressed concerns about the potential impact of RCWs' own unresolved traumas on their ability to effectively fulfil the demands of the job. These concerns highlight the importance of providing support and resources for RCWs to consider their own early experiences and engage in reflective practices to ensure their well-being and professional effectiveness. By addressing these concerns, the potential benefits of engaging with lived experiences in caregiving practice can be harnessed while minimising potential negative effects.

Camaraderie as a coping mechanism:

The importance of professional relationships and social support was also emphasised by participants. Camaraderie, characterised by a sense of mutual trust and friendship among colleagues, appeared to manifest as a coping mechanism utilised by RCWs to navigate workplace stress in response to BTC. Participants described being able to connect emotionally, vent to one another, and learn from more experienced RCWs. This observation aligns with existing literature, where positive peer relationships were found to result in greater job satisfaction, reduced burnout, and stress (Modlin et al., 2021; Brend et al., 2022; Parry et al., 2022). However, it became evident that these relationships served a deeper purpose, acting as a form of protection against potential challenges posed by the institutional context itself. Team cohesion is advantageous in handling BTC (McLean, 2015). However, it is important to be mindful of the potential consequences of strong bonds formed by RCWs, which may inadvertently give rise to 'groupthink'. This refers to a

phenomenon wherein the desire for harmony and conformity within a group result in a lack of opposing viewpoints and therefore critical thinking (Russell et al., 2015). Groupthink tends to arise when a group possesses a strong shared identity or experiences considerable pressure to arrive at a perceived 'correct' decision. This shared identity was evident in participants' descriptions of being "in a bubble", feeling disconnected from the "outside world" due to the all-consuming nature of their work.

*Promoting family narratives:*

There was a strong emphasis on promoting family narratives in residential care. Participants positioned their relationships with young people in the context of family dynamics, assuming the role of a family figure in their interactions with the young people. Trying to enact a family system in residential care may stem from a desire for normalcy for the children, which can be seen to build trust and attachment, potentially mitigating BTC (McLean, 2015). This idea of normalcy is informed by Western ideals of 'family' (De Finney et al., 2011). However, the parameters of these familial relationships seemed to be determined by the participants themselves, as opposed to the young people. While research has indicated potential benefits of carers in residential care treating children as though they were their own (Bettmann et al., 2015), it is crucial to consider that children may not always desire or respond favourably to such relationships, especially if they have experienced relational trauma. Their template for parental relationships may be different to the expectations of RCWs. This was particularly relevant in discussions surrounding race and relationships, where some participants expressed challenges in relating to children from differing racial backgrounds. Additionally, there were concerns among participants about

children becoming 'overly attached', which is not a narrative commonly found in typical family settings. This highlights the conflict between trying to enact Western family structures within an institutional framework. De Finney et al. (2011) argue that the promotion of Western narratives of 'family' in residential care can perpetuate a power imbalance through the further marginalisation of children who do not fit into these normative standards. Collectivist models of family challenge the notion of the nuclear family as the primary caregiver model. The proverb 'it takes a village to raise a child' highlights the belief that children can benefit from having multiple caregivers and that the involvement of various individuals contributes to their holistic development. Children are not limited to forming attachments to just one or two individuals but are encouraged to build connections with multiple caregivers.

***What are the barriers and challenges faced by RCWs in their efforts to support children and young people with BTC?***

*(i) Individual barriers and challenges*

***Barriers in maintaining a therapeutic stance:***

When confronted with behaviours considered to be 'unreasonable', participants spoke of the barriers they faced in maintaining their therapeutic core, demonstrating the cognitive and emotional bias that informs their practice in response to BTC. This has been supported in research in the field of intellectual disabilities. Dagnan and Cairns (2005) found that carers' sympathy and inclination to provide help and support were significantly diminished when they attributed BTC to internal factors. In other words, when carers believed that the

behaviour stemmed from the inherent traits or characteristics of the individual, they were less likely to demonstrate sympathy and engage in helping behaviours. Although dated, the implications of these findings have relevance in children's residential care settings today. It can be argued that the therapeutic commitment of RCWs (or arguably the *capacity* to remain therapeutic) will vary according to their personal attributions of the behaviours they observe (Stanley et al., 2000).

Mentalization theory (Fonagy et al., 2013) also complements this argument by emphasising the importance of understanding and interpreting behaviours within the context of internal mental states, thoughts, and emotions. Participants demonstrated a commitment to understanding the child and their behaviours, but bias inevitably informed this understanding. Mentalization can be framed as seeing yourself from the outside, and others from the inside. If RCWs are hyper-focused on understanding the child's internal state, they may overlook how they are experienced by the child, and how their behavioural and emotional may be interacting with the child. Given that impairments in mentalizing have been shown to be a barrier to sensitive and therapeutic caregiving in foster carers (Staines et al., 2019), future research could explore the unique barriers to effectively mentalizing in residential childcare settings.

(i) *Systemic barriers and challenges*

*Therapeutic dissonance:*

Discussions surrounding therapeutic approaches to care revealed a dissonance among participants regarding its efficacy and suitability in children's residential homes. Some

participants acknowledged the value of therapeutic practice as it offered a sense of containment and validated their professional expertise. However, other participants perceived therapeutic practice as strictly adhering to evidence-based approaches, without recognising the broader scope of what therapeutic care entails. Some participants felt restricted by this, as it seemingly limited their autonomy to utilise their own intuitive skills and knowledge in response to the child's needs. Consequently, the imposition of pre-defined models was experienced as inauthentic by some. Interestingly, these participants reported that the children also recognised they were being disingenuous in their practice while employing therapeutic techniques. This is significant, given that the caregiver-child relationship is fundamental for effective caregiving. The study findings demonstrate RCWs' distinct emotional responses to BTC. Adhering to a formulaic way of responding may hinder RCWs' ability to authentically engage with (mentalize) their genuine emotional reactions in situ. Consequently, the child may experience their care as disingenuous, resulting in a lack of trust in the caregiver-child relationship. This is particularly true for children in care who may be more hypervigilant relationally due to their disrupted attachments and trauma history (Luyton et al., 2017). A potential avenue for future research could explore whether the perception of inauthenticity in the caregiver-relationship is an antagonist for BTC in the child, in an attempt to elicit an authentic response from the caregiver (Leathers, 2002).

The operationalisation of therapeutic care has consistently been highlighted as difficult in practice (Kor et al., 2021). It is important to emphasise that therapeutic care is not intended to be a restrictive or passive approach, but rather a values-based 'way of being' (Hughes et al., 2012). Participants who expressed a preference for utilising their own

intuitive approach did not necessarily recognise that some of their strategies align with therapeutic principles. This may be because they are not accustomed to using professionalised language to describe their everyday practice (Morison et al., 2020). While some participants appeared to oppose the concept of therapeutic practice, the resistance actually stemmed from a sense of disempowerment in their role. One possible explanation for this distinction is rooted in the prevailing emphasis on evidence-based practices as the authoritative and 'correct' way of providing care. This emphasis may be experienced by RCWs as undervaluing the unique skills and knowledge that they bring to their role. The need to adhere to prescribed techniques may diminish their capacity to 'sense' what is actually needed for that young person in a given moment. These findings underscore the importance of a cohesive team that aligns with the philosophy and values of therapeutic care, as its effectiveness may be compromised if implemented without full commitment (Kor et al., 2021). It can be concluded that therapeutic care has become a somewhat diluted term for those directly responsible for its implementation, highlighting the necessity for a critical reframing of its operationalisation to empower RCWs to ensure its meaningful application. There is a pressing need for the entire system to adopt therapeutic values.

#### *Organisational culture:*

The negative impact of the organisational culture has been well documented in the literature, where RCWs are more focused on adherence to policies and procedures at the expense of responding to the individual needs of each child (Shaw, 2012; McLean, 2015; Kennedy et al., 2020; Roache et al., 2021; Brend et al., 2022; Parry et al., 2022). The findings from this study further emphasise the impact of the bureaucratic influence on RCW practice

and the subsequent impact this has on the formational of relationships in this context. The paperwork-intensive nature of the job places a significant burden on RCWs, shifting the focus away from the young person and towards the administrative tasks. The extensive use and reliance on incident reports and documentation creates a sense of scrutiny and defensive practice among RCWs, perpetuating a punitive atmosphere within these settings. A 'culture of fear' has been found to hinder the development of caregiver-child relationships (Brown et al., 2018), as RCWs try and balancing the need for boundaries with the desire to form meaningful connections with children and young people (Shaw, 2012; Parry et al, 2022). While the importance of safeguarding both young people in care and the professionals supporting them, these findings important questions about the system's accountability. Research by Brazil (2021) found that these issues are not unique to residential care, as this culture is insidious across the child protection system in the UK. There is a fundamental need to consider why bureaucratic processes are prioritised over meaningful support.

## **5.5. Quality Assessment**

### **5.5.1. Strengths**

The present study was quality assessed using the CASP (2022) qualitative checklist (see Table 7, Chapter 3). This study is the first of its kind in the UK to explore the first-person accounts of RCWs regarding their experiences of BTC. The study highlighted novel findings regarding the influence of RCWs lived experience and its influence on their caregiving practice. The study also supports the existing literature regarding the impact of relationships in child protection services, as well as threats to self-efficacy in caregiving roles. This is an

important contribution to social care literature, as RCWs play a fundamental role in the lives of children and young people in care. By elevating their insights and knowledge, this study holds the potential to inform care practices and policies.

Another strength of the present study is the use of an EbE to inform the research process, bridging the gap between researchers and the community being studied. The voices of marginalised individuals have often been disregarded or tokenised in academia. Decolonial research also aims to incorporate diverse perspectives from historically marginalised groups (Thambinathan et al., 2021). In doing so, the research becomes more authentic, relevant, and capable of generating insights that reflect the diverse realities of RCWs and children in care. However, the sample predominantly consisted of White and female participants, potentially overlooking the nuanced experiences of diverse RCWs. Future research endeavours should proactively strive to recruit participants from a range of racial, ethnic and gender backgrounds to consider differences in experiences of individuals with different social identities.

Finally, the study has demonstrated rigour through reflexivity and transparency around positionality, biases, and assumptions throughout the interpretation of data. By openly acknowledging and critically examining these influences, the research demonstrates integrity and credibility.

### 5.5.2. Limitations

Interviews were conducted online, which allowed for a broader range of participants to take part. However, it is important to note that three participants chose to keep the cameras off during the interviews. The lack of visual cues presented a challenge in picking up on non-verbal communication. Despite this limitation, verbal check-ins were used to gauge participants' emotional state throughout. It was also noted to improve rapport as participants were able to feel safe and comfortable in their own environments.

Moreover, the inclusion of a varied sample, individuals with diverse roles within residential childcare, such as team managers and senior RCWs, introduces a potential layer of complexity in data interpretation. These participants may have different responsibilities and experiences, which, in the context of an IPA study, compose challenges in discerning common themes and shared experiences. Despite this inherent variability, it is important to note that during the analysis, no significant differences emerged in participants' accounts of their experiences. Nonetheless, it remains crucial to maintain transparency in reporting the distinct roles and experiences of each participant. By doing so, the study acknowledges the potential impact of this variability on the outcomes and conclusions. This transparency underscores the commitment to presenting a comprehensive and accurate portrait of participants' perspectives, enhancing the study's validity in trustworthiness.

Another limitation of this study is the cross-sectional design, which provides a snapshot of participants' experiences and perspectives at a specific moment in time. The lack of longitudinal data limits our understanding of how these experiences evolve. Additionally, a

cross-sectional design increases the risk of recall bias. Particularly in the context of mentalizing, participants may recall their experiences of BTC differently when they are not emotionally heightened. To mitigate this risk, interview questions were carefully crafted to encourage participants to get as close to their experiences as possible, whilst also being mindful of distress. Finally, the voices of young people in care are absent from this research, although this could be a potential avenue for future exploration.

### **5.6. Implications for Practice**

A number of recommendations for practice have been suggested, informed by the direct findings from this study (Table 9). It is acknowledged that prevailing economic and political constraints may hinder change implementation within UK residential care. Nevertheless, these suggested actions are intended to serve as a framework for future planning, professional development, and local-level policy changes. The recommendations demonstrate the commitment to facilitating meaningful change within the field of residential childcare. These recommendations are a mixture of organisational and individual-level practice changes.

**Table 9.**

*Recommendations for Practice*

<b>Findings:</b>	<b>Recommendations:</b>	<b>Actions:</b>
Threats to self-efficacy	Foster self-efficacy in Residential Childcare Workers	<p>Fostering self-efficacy can be achieved through a comprehensive approach addressing RCWs' emotional well-being, professional development, and recognition of strengths:</p> <ul style="list-style-type: none"><li>• The findings revealed that there was a threat to participants' self-efficacy when they perceived a loss of control. Therefore, potential interventions could focus on providing RCWs support with emotional regulation through the use of psychoeducation, mindfulness practices, and relaxation strategies. If RCWs feel better equipped to manage their own emotional state in response to BTC, this may increase feelings of self-efficacy.</li><li>• Training has been shown to increase foster carers' ability to understand and cope with BTC, thereby reducing the risk of placement breakdown (Gibbons et al., 2019). Another recommendation is to provide attachment theory and mentalization training to RCWs to increase theory-practice links to support with learning and development. It may also be advantageous to provide continuing educational opportunities to allow RCWs to access to higher education programmes, which has been evidenced to have positive outcomes in other European countries (Hart et al., 2015).</li><li>• A final recommendation to increase self-efficacy is to ensure debrief sessions are mandatory after every shift, to give space for RCWs to explore the emotional demands of the role and reflect on difficult incidents of behaviour.</li></ul>

		This will help with building resilience, strengthen team cohesion, and reduce the risk of burnout.
<p>The role of relationships in behavioural perceptions</p> <p>Camaraderie as a coping mechanism</p> <p>Shared experiences of trauma</p>	Establish peer support networks	<p>Set up a mentorship scheme, pairing experienced RCWs with less-experienced colleagues to provide ongoing peer support:</p> <ul style="list-style-type: none"> <li>Experienced RCWs are crucial in providing guidance and support to their less-experienced colleagues. Their knowledge and expertise offer invaluable opportunities for skill development, knowledge sharing, and fostering a sense of camaraderie within the workforce. By engaging in mentorship relationships, RCWs can benefit from a supportive community where they can seek advice, celebrate successes, and learn from one another's experiences (thereby increasing self-efficacy). A peer support network enhances the professional growth of individual RCWs and contributes to a more cohesive and resilient work environment.</li> </ul>
Individual perceptions and the personalisation of BTC	Group reflective practice	<p>To strengthen caregiver-child relationship, foster self-efficacy and improve mentalization skills, group reflective practice should be offered on a monthly basis. This could be facilitated by a clinical psychologist:</p> <ul style="list-style-type: none"> <li>This could involve complex case discussions, where RCWs can engage in a thoughtful examination of the young people they support, or difficult scenarios they have encountered in their caregiving roles. This will allow for the recognition of diverse perspectives and encourage RCWs to consider multiple factors contributing towards BTC.</li> <li>This practice could be informed by the Reflective Fostering Programme (see Midgley et al., 2021) to improve skills in mentalization.</li> </ul>

		<ul style="list-style-type: none"> <li>• AMBIT (Adaptive Mentalization Based Integrative Treatment) is a mentalization based approach for teams and systems working with people who have complex needs. This model places strong emphasis on reflective practice to improve mentalizing capacity, promotes a supportive environment and enhance team cohesion (see Fuggle et al., 2016). This model could be incorporated into practice and overseen by a clinical psychologist.</li> </ul>
<p>Power dynamics and the perception of control</p> <p>The influence of the organisational culture</p> <p>Promoting family narratives</p>	<p>Shifting from a defensive to a relational system</p>	<p>Brazil (2021) recommends that child protection in the UK requires a relational restructuring in order to re-humanise the system:</p> <ul style="list-style-type: none"> <li>• One way in which this can be achieved in residential childcare is through acknowledging the lived experience of adversity in order to recognise the human at the centre of the role, and enhance practice (Sinclair et al., 2023). Given the prevalence of lived experience in RCWs, supervision can offer a non-judgemental space to consider how these experiences might influence their understanding and approach to caregiving. It is important that leadership within organisations is supportive of RCWs sharing their lived experience.</li> <li>• It is also important to recognise that each RCW has a different experience of BTC, in the way that they make sense of and respond to behaviours, as well as their emotional reactions to different behaviours. Adopting a “uniformed response to a tailored profession” is unrealistic and fails to consider the individuality of RCWs. To address this, RCWs should receive ongoing support through supervision to explore their personal perspectives on BTC and identify any biases that might influence their caregiving practices. By</li> </ul>

		<p>recognising and understanding these individual perceptions, RCWs can refine their approach, ensuring they are attuned to their own individual influence.</p> <ul style="list-style-type: none"> <li>• A final recommendation is to develop policies regarding caregiver-child relationships in line with current research demonstrating the importance of such relationships. At a micro level, individual homes could encourage collaborative decision making, incorporating the perspectives of RCWs, children in care and key stakeholders regarding policies around safe relationships. This approach enables children to express their preferences regarding the boundaries of these relationships, while reducing RCWs anxieties around unintentionally crossing boundaries. This may result in a more empowering and humanised system, where those at the centre of their care make the decisions about their care.</li> </ul>
<p>Barriers in maintaining a therapeutic stance</p> <p>Dissonance and therapeutic approaches to care</p>	<p>Reframing the operationalisation of therapeutic care</p>	<p>Therapeutic care is categorised into two types: the milieu-based approach and the evidence-based approach:</p> <ul style="list-style-type: none"> <li>• Children's residential homes need to consider socialising RCWs into the milieu-based approach of residential care. This involves creating an environment that promotes the overall well-being and development of individuals. As such emphasis is placed on establishing a supportive and structured environment that facilitates healing, growth, and positive change, recognising the influence of interpersonal interactions on individual well-being (Kor et al., 2021). Consequently, the whole system needs to enact therapeutic principles at every level.</li> </ul>

## **5.7. Dissemination**

To ensure meaningful dissemination of the research findings and honour the participants' contributions, consideration has been given to how this research can reach RCWs. Firstly, the intention is to publish the research in a reputable peer-reviewed journal, providing a platform for the research to reach a wider academic audience and contribute to the existing body of knowledge. Additionally, in line with ethical approval, the possibility of presenting the findings in webinars and online workshops has been considered alongside the EbE. Efforts will also be made to share the research in community settings such as residential care facilities and local support groups, where direct engagement with RCWs and care staff can allow for meaningful dialogue and application of the insights gained. By disseminating the research in multiple settings, the goal is to ensure that the findings have a tangible impact not only on the academic community but on the day-to-day practice of RCWs and care providers, ultimately enhancing the care and support provided to vulnerable children and young people.

## **5.8. Recommendations for Future Research**

In light of the valuable insights gained from the present study, there are several avenues for further investigation that can enrich the understanding of this complex phenomenon. One potential area of future research involves exploring the perspectives of young people themselves, delving into how they perceive and experience RCWs' responses to BTC. Such an investigation could provide valuable perspectives on the effectiveness of their caregiving approaches and shed light on how this impacts the emotional well-being and behaviour of the young people in care. It may also be helpful to investigate the perspectives of other key

stakeholders, such as supervisors, managers, and other professionals involved in residential care settings. Other interesting avenues for future research could explore the unique barriers to effectively mentalizing in residential childcare settings. Finally, it may also be advantageous to further explore caregiver-child attachment relationships and the possible correlations between attachment security and the manifestation of BTC.

### **5.9. Ending Comments**

In conclusion, this study has highlighted deeply personal and relational aspects of RCWs' experiences of BTC. While children's residential homes continue to have a place in society, we must continue to offer ongoing support and consider the experiences of those on the front line who dedicate their lives to supporting children and young people in care.

“I’ve never heard of it happening before, where people actually care about our opinion. It’s a nice change, to be fair” - Joshua

## References

- Ahmed, N., James, D., Tayabali, A., & Watson, M. (2022). *Ethnicity and children's social care*.
- Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American psychologist*, *46*(4), 333.
- Anis, L., Perez, G., Benzies, K. M., Ewashen, C., Hart, M., & Letourneau, N. (2020). Convergent validity of three measures of reflective function: Parent development interview, parental reflective function questionnaire, and reflective function questionnaire. *Frontiers in Psychology*, *11*, 574719.
- Audin, K., Burke, J., & Ivtzan, I. (2018). Compassion fatigue, compassion satisfaction and work engagement in residential child care. *Scottish Journal of Residential Child Care*, *17*(3), 1-25.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological review*, *84*(2), 191.
- Bandura, A., & Wessels, S. (1994). *Self-efficacy* (Vol. 4, pp. 71-81). na.
- Bennett, D. L., Schlüter, D. K., Melis, G., Bywaters, P., Alexiou, A., Barr, B., ... & Taylor-Robinson, D. (2022). Child poverty and children entering care in England, 2015–20: a longitudinal ecological study at the local area level. *The Lancet Public Health*, *7*(6), e496-e503.

Berens, A. E., & Nelson, C. A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children?. *The Lancet*, 386(9991), 388-398.

Bettmann, J. E., Freeman, P. C., & Parry, K. J. (2015). Differences between adopted and nonadopted adolescents in wilderness and residential treatment. *Journal of Experiential Education*, 38(3), 245-261.

Bhaskar, R. (2013). *A realist theory of science*. Routledge.

Blakemoore, E., Narey, S. M., Tomlinson, P., & Whitwell, J. (2023). What is institutionalising for 'looked after' children and young people?. *Journal of Social Work Practice*, 37(1), 17-28.

Bowlby, J. (1988). *A secure base: Parent child attachment and healthy human development*. New York: Basic Books.

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment*. Toronto: Penguin Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Brazil, C. (2021). *Social Workers' Experiences of Working in Children's Services: a Grounded Theory Study*.

- Brend, D. M., & Collin-Vézina, D. (2022). Stronger together: Workplace social support among residential child welfare professionals. *Child Abuse & Neglect*, 130, 105302.
- Bretherton, I. (2013). The origins of attachment theory: John Bowlby and Mary Ainsworth. In *Attachment theory* (pp. 45-84). Routledge.
- Brouwers, A., & Tomic, W. (2016). Job-demands, job control, social support, self-efficacy, and burnout of staff of residential children's homes. *Educational Practice and Theory*, 38(1), 89-107.
- Brown, T., Winter, K., & Carr, N. (2018). Residential childcare workers: Relationship based practice in a culture of fear. *Child & Family Social Work*, 23(4), 657-665.
- Bukamal, H. (2022). Deconstructing insider–outsider researcher positionality. *British Journal of Special Education*, 49(3), 327-349.
- Caltabiano, M. L., & Thorpe, R. (2007). Attachment style of foster carers and caregiving role performance. *Child Care in Practice*, 13(2), 137-148.
- Cameron-Mathiasen, J., Leiper, J., Simpson, J., & McDermott, E. (2022). What was care like for me? A systematic review of the experiences of young people living in residential care. *Children and Youth Services Review*, 138, 106524.

Chartier, S., & Blavier, A. (2023). Are children in foster care in better psychological health than children in institutions? What factors influence the outcome?. *Child & Family Social Work, 28*(1), 25-36.

Children Act. (1989). <https://www.legislation.gov.uk/ukpga/1989/41/part/III>

Children Act (2004) <http://www.legislation.gov.uk/ukpga/2004/31/contents>

Cole, T. (2002). Understanding challenging behaviour: Prerequisites to inclusion. In *Promoting inclusive practice* (pp. 113-127). Routledge.

Coleman, P. K., & Karraker, K. H. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 24*(2), 126-148.

Colton, M., & Roberts, S. (2007). Factors that contribute to high turnover among residential child care staff. *Child & Family Social Work, 12*(2), 133-142.

Competition & Markets Authority. (2022). Children's social care market study: Final report. <https://www.gov.uk/government/publications/childrens-social-care-market-study-final-report/final-report#overview-of-the-sector>

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: the SPIDER tool for qualitative evidence synthesis. *Qualitative health research, 22*(10), 1435-1443.

Cordell, K., & Snowden, L. (2015). Emotional distress dispositions and crisis intervention for children treated for mental illness. *Journal of Child and Family Studies*, 24, 2699-2709.

County Councils Network. (2021). The future of children's social care. [https://uploads-ssl.webflow.com/620f78aed11d2e920cb9ec03/62274b47028fe00a5cf1bfb1\\_The%20Future%20of%20Children%27s%20Social%20Care%20Report.pdf](https://uploads-ssl.webflow.com/620f78aed11d2e920cb9ec03/62274b47028fe00a5cf1bfb1_The%20Future%20of%20Children%27s%20Social%20Care%20Report.pdf)

Critical Appraisal Skills Programme (2022). *CASP Qualitative Checklist*. [online] Available at: <https://casp-uk.net/casp-tools-checklists/>

Dagnan, D., & Cairns, M. (2005). Staff judgements of responsibility for the challenging behaviour of adults with intellectual disabilities. *Journal of Intellectual Disability Research*, 49(1), 95-101.

Data Protection Act 2018, c. 12. <https://www.legislation.gov.uk/ukpga/2018/12/contents>

De Finney, S., Dean, M., Loiselle, E., & Saraceno, J. (2011). All children are equal, but some are more equal than others: Minoritization, structural inequities, and social justice praxis in residential care

Demmer, D. H., Hooley, M., Sheen, J., McGillivray, J. A., & Lum, J. A. (2017). Sex differences in the prevalence of oppositional defiant disorder during middle childhood: a meta-analysis. *Journal of abnormal child psychology*, 45, 313-325.

Dempsey, L., Dowling, M., Larkin, P., & Murphy, K. (2016). Sensitive interviewing in qualitative research. *Research in Nursing & Health*, 39(6), 480-490.

De Villiers, C., Farooq, M. B., & Molinari, M. (2022). Qualitative research interviews using online video technology—challenges and opportunities. *Meditari Accountancy Research*, 30(6), 1764-1782.

Digby, A., & Wright, D. (2002). *From idiocy to mental deficiency: Historical perspectives on people with learning disabilities*. Routledge.

Eisenberg N, Spinrad TL, & Eggum ND (2010). Emotion-related self-regulation and its relation to children's maladjustment. *Annual Review of Clinical Psychology*, 6, 495–525.  
10.1146/annurev.clinpsy.121208.131208

Emerson, E., & Einfeld, S. L. (2011). *Challenging behaviour*. Cambridge University Press.

Emerson, P., & Frosh, S. (2009). *Critical narrative analysis: A guide to practice*.

Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition and dietetic research: a practical guide. *Proceedings of the nutrition society*, 63(4), 647-653.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258.

- Fernández, V., Gauseide-Corral, M., Valiente, C., & Sánchez-Iglesias, I. (2023). Effectiveness of trauma-informed care interventions at the organizational level: A systematic review. *Psychological Services*.
- Fonagy, P., & Campbell, C. (2016). Attachment theory and mentalization. *The Routledge handbook of psychoanalysis in the social sciences and humanities*, 115-131.
- Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *The British Journal of Psychiatry*, 190(4), 319-325.
- Fuggle, P., Bevington, D., Duffy, F., & Cracknell, L. (2016). The AMBIT approach: working with hard to reach youth. *Mental Health Review Journal*, 21(1), 61-72.
- Gale, J. (2010). Discursive analysis: A research approach for studying the moment-to-moment construction of meaning in systemic practice. *Human Systems: The Journal of Therapy, Consultation & Training*, 21(2), 7-37.
- Gibbons, N., Bacon, A. M., & Lloyd, L. (2019). Is Nurturing Attachments training effective in improving self-efficacy in foster carers and reducing manifestations of Reactive Attachment Disorder in looked after children?. *Adoption & Fostering*, 43(4), 413-428.
- Hämäläinen, J. (2003). The concept of social pedagogy in the field of social work. *Journal of social work*, 3(1), 69-80.

Hannah, B., & Woolgar, M. (2018). Secondary trauma and compassion fatigue in foster carers. *Clinical child psychology and psychiatry*, 23(4), 629-643.

Hart, D., La Valle, I., & Holmes, L. (2015). *The place of residential care in the English child welfare system*. Department for Education.

Heider, F. (1958). *The psychology of interpersonal relations*. John Wiley & Sons Inc.

Heidegger, M. (1962). *Being and Time*. (JM Robinson, Trans.) Oxford. UK: Blackwell Publishers Ltd.

Hernández, P., & McDowell, T. (2010). Intersectionality, power, and relational safety in context: Key concepts in clinical supervision. *Training and Education in Professional Psychology*, 4(1), 29–35.

Higginbotham, P. (2017). *Children's homes: a history of institutional care for Britain's young*. Casemate Publishers.

Hillman, S., Cross, R., & Anderson, K. (2020). Exploring attachment and internal representations in looked-after children. *Frontiers in psychology*, 11, 464.

Home for Good. (2022, January 18). *Tackling racial disparity: The journey so far*. Home for Good.

<https://homeforgood.org.uk/tackling-racial-disparity-journey>

Home for Good. (2023, April 27). Statistics. Home for Good. <https://homeforgood.org.uk/statistics>

Home Office. (2018). Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/863323/HOCountyLinesGuidance\\_-\\_Sept2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf)

House of Commons Education Committee. (2022). Educational poverty: how children in residential care have been let down and what to do about it (HC 57).

<https://committees.parliament.uk/publications/23006/documents/168514/default/>

Hughes, D., & Golding, K. S. (2012). *Creating loving attachments: Parenting with PACE to nurture confidence and security in the troubled child*. Jessica Kingsley Publishers.

Husserl, E. (1989). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: Second book studies in the phenomenology of constitution* (Vol. 3). Springer Science & Business Media.

James, S. (2015). Evidence-based practice in therapeutic residential care. *Therapeutic residential care for children and youth developing evidence-based international practice*, 142-55.

Julian, M. M., Lawler, J. M., & Rosenblum, K. L. (2017). Caregiver-child relationships in early childhood: Interventions to promote well-being and reduce risk for psychopathology. *Current Behavioral Neuroscience Reports*, 4, 87-98.

- Kennedy, H., & Holt, S. (2020). Working with young people living in residential care with pre-care experience of domestic violence: Social care workers perspectives. *Journal of Social Care, 3*(1), 2.
- Khan, K. S., Kunz, R., Kleijnen, J., & Antes, G. (2003). Five steps to conducting a systematic review. *Journal of the Royal Society of Medicine, 96*(3), 118–121.
- Kor, K., Fernandez, E., & Spangaro, J. (2021). Practitioners' experience of implementing therapeutic residential care: A multi-perspective study. *Children and Youth Services Review, 131*, 106301.
- Lahousen, T., Unterrainer, H. F., & Kapfhammer, H. P. (2019). Psychobiology of attachment and trauma—some general remarks from a clinical perspective. *Frontiers in Psychiatry, 10*, 914.
- Layder, D. (2004). *Social and personal identity: Understanding yourself*. Sage.
- Leathers, S. J. (2002). Foster children's behavioral disturbance and detachment from caregivers and community institutions. *Children and Youth Services Review, 24*(4), 239-268.
- Lilja, M., & Vinthagen, S. (2014). Sovereign power, disciplinary power and biopower: resisting what power with what resistance?. *Journal of political power, 7*(1), 107-126.
- Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative data collection in an era of social distancing. *International journal of qualitative methods, 19*, 1609406920937875.

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, 1(1), 31-42.

Luyten, P., Mayes, L. C., Nijssens, L., & Fonagy, P. (2017). The parental reflective functioning questionnaire: Development and preliminary validation. *PloS one*, 12(5), e0176218.

MacAlister, J. (2022). The independent review of children's social care. *The independent review of children's social care*.

Manz, C. C., & Gioia, D. A. (1983). The interrelationship of power and control. *Human Relations*, 36(5), 459-475.

McLean, S. (2015). Managing behaviour in child residential group care: Unique tensions. *Child & Family social work*, 20(3), 344-353.

Midgley, N., Alayza, A., Lawrence, H., & Bellew, R. (2018). Adopting Minds—a mentalization-based therapy for families in a post-adoption support service: preliminary evaluation and service user experience. *Adoption & Fostering*, 42(1), 22-37.

Midgley, N., Sprecher, E. A., & Slead, M. (2021). Mentalization-based interventions for children aged 6-12 and their carers: A narrative systematic review. *Journal of Infant, Child, and Adolescent Psychotherapy*, 20(2), 169-189.

Modlin, H., & Magnuson, D. (2021). A Constructive-Developmental Analysis of Satisfaction, Challenge and Coping in Residential Child and Youth Care. *Child & Youth Services, 42*(2), 179-199.

Money, R. (2020). *Theraplay for Attachment-Related Challenging Behaviour: A Case Series Approach* (Doctoral dissertation, University of Lincoln).

Morgan, K., & Baron, R. (2011). Challenging behaviour in looked after young people, feelings of parental self-efficacy and psychological well-being in foster carers. *Adoption & Fostering, 35*(1), 18-32.

Morison, A., Taylor, E., & Gervais, M. (2020). How a sample of residential childcare staff conceptualize and use attachment theory in practice. *Child & Youth Services, 41*(1), 3-27.

Narey, M. (2016). *Residential care in England: report of Sir Martin Narey's independent review of children's residential care*. Department for Education.

National Institute for Health and Care Excellence. (2021). Looked-after children and young people [NICE Guideline No. 205]. <https://www.nice.org.uk/guidance/ng205>

Newgate Research. (2021). Local government association. Children's home research.

<https://www.local.gov.uk/sites/default/files/documents/Childrens%20Homes%20Research%20-%20Newgate.pdf>

NHS. (2021). How to deal with challenging behaviour in children.

<https://www.nhs.uk/conditions/social-care-and-support-guide/caring-for-children-and-young-people/how-to-deal-with-challenging-behaviour-in-children/>

NSPCC. (2021, April 27). Statistics about looked after children [statistics briefing].

<https://learning.nspcc.org.uk/media/1622/statistics-briefing-looked-after-children.pdf>

Ofsted. (2020, April 27). Main findings: Children's social care in England 2020.

<https://www.gov.uk/government/statistics/childrens-social-care-data-in-england-2020/main-findings-childrens-social-care-in-england-2020>

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., & Moher, D. (2021). Updating guidance for reporting systematic reviews: Development of the PRISMA 2020 statement. *Journal of Clinical Epidemiology*, *134*, 103-112.

Parry, S., Williams, T., & Oldfield, J. (2022). Reflections from the forgotten frontline: 'The reality for children and staff in residential care' during COVID-19. *Health & social care in the community*, *30*(1), 212-224.

Quiroga, M. G., & Hamilton-Giachritsis, C. (2015). Attachment styles in children living in alternative care: A systematic review of the literature. *Child & youth care forum*, *45* (4) 625-653.

Springer US.

- Quiroga, M. G., Hamilton-Giachritsis, C., & Fanés, M. I. (2017). Attachment representations and socio-emotional difficulties in alternative care: A comparison between residential, foster and family based children in Chile. *Child abuse & neglect, 70*, 180-189.
- Redfern, S., Wood, S., Lassri, D., Cirasola, A., West, G., Austerberry, C., ... & Midgley, N. (2018). The Reflective Fostering Programme: background and development of a new approach. *Adoption & Fostering, 42*(3), 234-248.
- Roache, M., & McSherry, D. (2021). Understanding and addressing child sexual exploitation (CSE) in residential care in Northern Ireland using a qualitative case study design: the residential social care worker perspective. *Child Abuse & Neglect, 122*, 105329.
- Roberts, P. (2023). Are residential care homes really bad for children? Voices of alumni of residential child and youth care in Trinidad and Tobago. *International Social Work, 66*(3), 685-696.
- Russell, J. S., Hawthorne, J., & Buchak, L. (2015). Groupthink. *Philosophical studies, 172*, 1287-1309.
- Rutherford, H. J., Goldberg, B., Luyten, P., Bridgett, D. J., & Mayes, L. C. (2013). Parental reflective functioning is associated with tolerance of infant distress but not general distress: Evidence for a specific relationship using a simulated baby paradigm. *Infant Behavior and Development, 36*(4), 635-641.
- Saidin, K. (2016). Insider researchers: Challenges & opportunities. *Proceedings of the ICECRS, 1*(1), vi11-563.

Schein, E. H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.

Shaw, J. (2012). Professionals' perceptions of offending in children's residential care. *Child & Family Social Work, 17*(3), 359-367.

Shaw, J. (2014). *Residential children's homes and the youth justice system: Identity, power and perceptions*. Springer.

Sinclair, A., Mahboub, L., Gillieatt, S., & Fernandes, C. (2023). 'You Just Treat me like a Human Being': Using Lived Experience to (Re) imagine Boundary Practices in mental health settings. *The British Journal of Social Work, 53*(3), 1408-1425.

Simkiss, D. (2019). The needs of looked after children from an adverse childhood experience perspective. *Paediatrics and child health, 29*(1), 25-33.

Skinner, B. F. (1965). *Science and human behavior* (No. 92904). Simon and Schuster.

Smith, Y., Colletta, L., & Bender, A. E. (2019). Moral people or moral projects? Worker altruism in youth residential treatment. *Culture, Medicine, and Psychiatry, 43*, 25-55.

Smith, J. A., & Nizza, I. E. (2022). *Essentials of interpretative phenomenological analysis*. American Psychological Association.

- Staines, J., Golding, K., & Selwyn, J. (2019). Nurturing attachments parenting program: The relationship between adopters' parental reflective functioning and perception of their children's difficulties. *Developmental Child Welfare, 1*(2), 143-158.
- Stanley, B. and Standen, P.J. (2000), Carers' attributions for challenging behaviour. *British Journal of Clinical Psychology, 39*: 157-168.
- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research, 17*(10), 1372-1380.
- Thambinathan, V., & Kinsella, E. A. (2021). Decolonizing methodologies in qualitative research: Creating spaces for transformative praxis. *International Journal of Qualitative Methods, 20*, 16094069211014766.
- The Challenging Behaviour Foundation. (2021). Formal definitions of challenging behaviour. <https://www.challengingbehaviour.org.uk/wp-content/uploads/2021/02/Formal-definitions.pdf>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology, 8*(1), 1-10.
- Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of healthcare communications, 2*(4), 52.

Turner, A. (2022). Staffing pressures limiting children's homes' ability to respond to rising council demand, finds study. *Community Care*.

<https://www.communitycare.co.uk/2022/07/01/small-childrens-homes-vulnerable-cost-pressures-as-sector-staffing-problems-mount/#:~:text=Employee%20churn%20was%20a%20particular,previous%20poll%2C%20in%20November%202020>

Visser, J. (2003). A study of children and young people who present challenging behaviour.

Willig, C. (2013). *Introducing qualitative research in psychology (3<sup>rd</sup> ed.)*. Maidenhead, England: Open University Press.

White, K. (2003). The ideology of residential care and fostering. *Reframing children's services*. London: NCVCCO.

Yucel, R. (2018). Scientists' ontological and epistemological views about science from the perspective of critical realism. *Science & Education*, 27(5), 407-433.

Zelig, M. A. (1961). The psychology of silence: Its role in transference, countertransference and the psychoanalytic process. *Journal of the American Psychoanalytic Association*, 9(1), 7-43.

Zilanawala, A., Sacker, A., & Kelly, Y. (2019). Internalising and externalising behaviour profiles across childhood: The consequences of changes in the family environment. *Social Science & Medicine*, 226, 207-216.

Zimmermann, P. (1999). Structure and functions of internal working models of attachment and their role for emotion regulation. *Attachment & Human Development*, 1(3), 291-306.

## **Appendix A: Reflexive Account**

Reflexivity is an essential component of qualitative research, allowing the researcher to acknowledge and address their own perspectives, biases and experiences that may influence the research process and findings. In the context of this thesis, it is important to take a moment for reflexivity. Throughout this research journey, my own experiences and perspectives as a researcher have undoubtedly shaped the way I approach every aspect of this study, from designing the interview guide to analysing the data. These influences have been considered below.

### *Reflections on my identity:*

Throughout the interviews I had a sense that some participants were holding back, perhaps not fully disclosing the depth of their thoughts and emotions. Engaging in self-reflection, I became aware of how my identity as a 'researcher' and 'psychologist' might have played a role in creating hesitations among participants to be completely transparent. Participants may have been cautious in sharing certain aspects of their experiences in order to maintain professionalism and be viewed equally in a professional capacity.

I was also mindful of how my cultural background and identity might not fully align with those of the participants, which could influence my interpretations of their responses. For example, communication styles varied among different participants and so it was important that I did not make snap assumptions about their implicit meanings. I consulted with my supervisory team to reflect on certain aspects of the interviews and analysis.

*Reflections on my assumptions (bracketing):*

During the course of the interviews, I made a note of the emotional responses I had in response to participants' accounts. I reflected on my own experience as an RCW and how difficult I found some aspects of the role. I held certain expectations that participants would relay similar experiences, yet I found myself somewhat taken aback when they did not. This made me reflect on why my own experience was so negative, and I drew parallels which are outlined below. I began to question whether my motivation and interest in this project were to help me make sense of my own experiences and why I personally found the role so difficult.

*Exploring parallels with participants:*

I made a conscious effort to phrase interview questions neutrally to avoid leading the participants in any particular direction. Despite this, I found myself connecting deeply with all the experiences that the participants shared. One theme that particularly struck me was the significance of team cohesion. I really experienced the 'bubble' of residential care, but as I listened to participants discuss their strong bonds with their teams, I couldn't help but reflect on my own experience feeling somewhat excluded from my team as an RCW. This was in part influenced by my age and gender, as I was the only young female working in the home. However, I was also aware of the expectation to fully 'commit' to the role, which was not something I was able to do due to competing academic commitments. I had to pass up on team events outside of work, and I was unable to pick up extra shifts. This, I believe, maybe communicated a lack of dedication to the team and the young people in care. Not feeling a part of the team was more challenging for me than the behaviours I encountered,

as I felt isolated and lonely at times. This experience allowed me to think more critically about the possible risks associated with team cohesion and how difficult it must be for 'outsiders' to join closely-knit teams, but also how important these close relationships are for surviving in the job.

*Reflections on how my perspectives influenced the study:*

Due to the double hermeneutic nature of IPA, the interview process and formation of the themes were undoubtedly informed by my prior experiences and perspectives on behaviours that challenge in residential childcare. This proved to be advantageous in many ways, as it enabled me to understand and recognise some of the intricate subtleties inherent in the interviews with participants. For example, I was able to empathise with participants who did not always speak in favourable terms about the young people they cared for. Instead of accepting their words at face value, I understood, from my own experiences, that this came from a place of exhaustion and frustration, rather than a genuine disaffection towards the children. Empathising with this position allowed me to pull out the implicit meanings in participants' narratives, transcending surface-level expressions. However, it is essential to acknowledge a limitation here, as it assumes a degree of commonality between the participants' experiences and mine, which may not always hold true.

As for the thematic development, themes around power (i.e., 'Power and Threats to Self-Efficacy' and 'Bureaucratic Power and Barriers to Forming Relationships') were also informed by my evolving understanding of how power operates in systems. It is clear to me

that my clinical training as a psychologist has encouraged me to consider the function of power on an individual and systemic level. I do not think I would have necessarily considered this prior to training. Nevertheless, to mitigate bias as much as possible, I always ensured themes remained grounded in the participants' own accounts and experiences throughout the analysis process in order to uphold the integrity and authenticity of the findings.

*Reflections on my learning and development:*

Upon analysing the interviews, I noticed that participants had shared some interesting points that I had not always thoroughly probed or followed up on during these discussions, which led to missed opportunities for deeper exploration. In the flow of the conversation, it was not always easy to return to earlier points of discussion and I was sometimes redirected by other interesting points. This learning experience has emphasised the importance of being more intentional and attentive during interviews to ensure comprehensive exploration of perspectives.

**Appendix B: Search Planning Form**

**Question:** *What are the experiences and challenges faced by residential childcare workers in the UK?*

**Identify the main concepts of the question (use as many as you need)**

Concept 1	Concept 2	Concept 3	Concept 4
Childcare Worker	Experiences	Residential Care	Children

**List alternatives keywords, terms and phrases below**

Concept 1	Concept 2	Concept 3	Concept 4
"Residential Child* Worker*"	Experienc*	Behaviours that Challenge	Child*
OR "Residential child-care worker*"	OR Challeng*	OR "Challenging Behaviour"	Youth
OR "Child* support worker*"	OR Belief*	OR Challeng* ADJ2 Behaviour	"Young people"
OR "Youth care worker*"	OR View*	OR Behaviour* ADJ2 Concern	"Looked after child*"
OR "Care worker*"	OR Attitude*	OR Aggression	"Child* looked after"
OR Professional	OR Perspect*	OR Disruptive*	"Adolescen*"
OR Staff	OR Support*	OR Risk* Behaviour	
	OR Help*		
	OR Perception		
	Or Satisfaction		

**Step 1:** Use OR to combine ALTERNATIVE search terms together. **Step 2:** Use AND to combine different concepts together.

### Appendix C: CASP quality checklist

	<i>Shaw (2012)</i>	<i>McLean (2015)</i>	<i>Brown et al. (2018)</i>	<i>Kennedy &amp; Holt (2020)</i>	<i>Roache &amp; McSherry (2021)</i>	<i>Kor et al. (2021)</i>	<i>Modlin &amp; Magnuson, (2021)</i>	<i>Parry et al.(2022)</i>	<i>Brend &amp; Collin-Vézina (2022)</i>
Was there a clear statement of the aims of the research?	Y	Y	Y	N	Y	Y	Y	Y	Y
Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the recruitment strategy appropriate to the aims of the research?	Y	Y	Y	Y	?	Y	?	Y	Y
Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y
Has the relationship between researcher & participants been adequately considered?	?	?	?	Y	Y	N	N	Y	?
Have ethical issues been taken into consideration?	Y	Y (briefly)	Y	Y	Y	Y (briefly)	Y	N	Y (briefly)

Was the data analysis sufficiently rigorous?	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y	Y	Y	Y
How valuable is the research?	Valuable								

<sup>1</sup> Notes: Y = yes, the criteria has been met; N = no, the criteria has not been met; ? = it is unclear if the criteria has been met

## Participant Information Sheet

**Title of Study:** How residential childcare workers make sense of behaviours that challenge

**Research Investigator:** Laurie Preston

**University of Hertfordshire Protocol Number:** LMS/PGT/UH/05194

### 1. Introduction

We are inviting you to take part in an interview to discuss your views and experiences of working with children who display behaviours that challenge. Before you decide to take part, it is important for you to understand what your participation will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Please feel free to ask us to explain anything that is not clear, and take your time to decide whether or not you wish to take part.

### 2. What is the purpose of this study?

The study aims to investigate the views of care staff towards behaviours that challenge in children's residential homes. Behaviours can be defined as challenging if they are considered to put the individual or those around them at risk of harm, including physical and verbal aggression, self-harm, and destructiveness. You will be asked to share openly about your experiences of caring for children who are looked after. This may include discussions around the possible impact challenging behaviour has on your working life, as well as your emotional and physical wellbeing. This research is being undertaken as part of a Doctoral qualification in Clinical Psychology at the University of Hertfordshire

### 3 Who can take part in this study?

We are inviting residential childcare workers and support workers in England to take part in the study. A minimum of 6 months experience in this role is required to participate. Unfortunately we cannot recruit anybody who works in specialist homes for children who have learning disabilities, residential special schools or secure children's homes.

### 4 Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part, you will be given this information sheet to keep and you will be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. If you decide to withdraw after completing the interview, you will have up to 4 weeks from the date of the interview to request for your data to be withdrawn from the study.

### 5 What would I be asked to do if I took part?

You will be invited to an interview that is expected to last between 60 – 90 minutes long. This will either take place at the University of Hertfordshire College Lane Campus, or at a place that is more convenient for you. There is also an option for the interview to take place online via a secure video platform (such as Zoom or MS Teams). If you wish, you can request to read through the interview questions before you decide to participate.

## **6 Audio–visual material**

With your permission, the interview will be audio recorded using a Dictaphone, or visually recorded if interviews take place online. Your interview will be transcribed into a Word document before being analysed by the research team.

## **7 What will happen to the data collected in this study?**

Your data is being used as part of a research study for a Doctoral qualification in Clinical Psychology. This means that data from your interview will be used in an academic piece of work, submitted to the University of Hertfordshire. Direct quotes may be used in the study; however, these will be anonymised using a fake name. You will have an opportunity to read these quotations and consent to them being included. Your data may also be used beyond the current project in future research reports and other publication outputs.

All audio and visual recordings, along with identifiable personal data (such as your telephone number), will be deleted upon completion of the doctoral qualification. Anonymised interview transcripts, demographic information and consent forms may be retained for publication purposes for up to five years after completion of the current study.

## **8 How will my information be kept confidential?**

You will be assigned a participant ID instead of your real name. There will be no way of linking your participant ID back to your data in the study. No direct quotes that could easily identify you, or anybody that you talk about, will be used. All data will be stored electronically in a password protected environment, and only the research team will have access to this.

*If it is revealed that you or someone else is at risk of serious harm, we have a duty of care to tell somebody about it. This decision will be made with you.*

## **9 What are the possible disadvantages, risks, or side effects of taking part?**

It is not anticipated that involvement in this study will result in harm to yourself. However, the interview may expand on some of the sensitive issues raised, which could be difficult or upsetting for you to talk about. You do not have to answer any questions that you do not feel comfortable with, and you can stop the interview at any time. The research team will be on hand to offer support if needed, and you will be provided with contact information for relevant support services at the end of the interview.

**10 What are the possible benefits of taking part?**

You will receive a £20 payment for your involvement in the study, which will be provided upon completion of the interview. We also hope that the findings from this study will provide valuable insights into the experiences of residential childcare workers.

**11 Who has reviewed this study?**

The University of Hertfordshire Social Sciences, Arts and Humanities Ethics Committee with Delegated Authority. The UH protocol number is <enter>

**12 Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with the research team:

Research lead  
Laurie Preston  
[l.j.preston@herts.ac.uk](mailto:l.j.preston@herts.ac.uk)

Research supervisor  
Dr Barbara Rishworth  
[b.rishworth@herts.ac.uk](mailto:b.rishworth@herts.ac.uk)

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar  
University of Hertfordshire  
College Lane  
Hatfield  
Herts  
AL10 9AB

**Thank you very much for reading this information and giving consideration to taking part in this study.**

## Appendix E: Consent Form



### INFORMED CONSENT FORM

**Study Title:** How residential childcare workers make sense of behaviours that challenge

**Research Investigator:** Laurie Preston

**University of Hertfordshire Protocol Number:** LMS/PGT/UH/05194

- I ..... voluntarily agree to participate in the above-named project
- I have read the Participant Information Sheet and I understand what the research involves. This includes the aims of the research, the methods used, the risks and potential benefits. I am aware of how the information collected will be stored and for how long. I am aware that if there are any significant changes to the study, I will be informed and will be asked for my consent to take part. I have the names and contact numbers of the key people involved in this research project
- In giving my consent to participate in this study, I understand that voice or video recording will take place and I have been informed of how this recording will be used and stored
- I understand that my involvement in this study and my personal data will remain strictly confidential, unless there are concerns about the immediate safety of myself, or any other individual

- I understand and agree that direct quotations from my interview will be used as data. All quotations will be anonymised using a false name. **Any quotations that easily identify me or anyone I discuss will not be used.** I will have an opportunity to read these quotations and consent to them being included if I wish.
- I understand and agree that my anonymised data will be submitted as a thesis for the University of Hertfordshire Doctoral Programme in Clinical Psychology, only if they agree to preserve the confidentiality of the information as requested in this form
- I understand and agree that my anonymised data may be used in further research, reports, web pages, and other publication outputs, only if they agree to preserve the confidentiality of the information as requested in this form
- I have been given opportunity to ask questions about the study and my participation. If I have asked questions, these have been answered satisfactorily
- I understand that my taking part is voluntary and that I can withdraw my data from the study **up to four weeks after participation**; I do not have to give any reasons for why I no longer want to take part and I will not be penalised if I choose to withdraw

**Name of participant (please print)**

.....

**Signature**.....**Date**.....

**Name of the researcher (please print)**

.....

**Signature**.....**Date**.....

## Appendix F: Demographics Questionnaire

### Demographic Questionnaire

Initials:

#### Please select your age group:

- |         |                          |         |                          |
|---------|--------------------------|---------|--------------------------|
| 18 – 24 | <input type="checkbox"/> | 50 - 64 | <input type="checkbox"/> |
| 25 – 34 | <input type="checkbox"/> | 65 – 70 | <input type="checkbox"/> |
| 35 – 49 | <input type="checkbox"/> | 71+     | <input type="checkbox"/> |

#### Please select your gender identity

- |        |                          |                        |                                |
|--------|--------------------------|------------------------|--------------------------------|
| Male   | <input type="checkbox"/> | non-Binary             | <input type="checkbox"/>       |
| Female | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> _____ |

#### Please select your ethnicity:

##### White

- |   |                                |
|---|--------------------------------|
| English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/>       |
| Irish   | <input type="checkbox"/>       |
| Gypsy or Irish Traveller                              | <input type="checkbox"/>       |
| Any other White background (please describe)          | <input type="checkbox"/> _____ |

##### Black or Black British / African / Caribbean

- |  |                                |
|--|--------------------------------|
| Black African                                | <input type="checkbox"/>       |
| Black Caribbean                              | <input type="checkbox"/>       |
| Any other Black background (please describe) | <input type="checkbox"/> _____ |

##### Asian / Asian British

- |  |                                |
|--|--------------------------------|
| Indian                                       | <input type="checkbox"/>       |
| Pakistani                                    | <input type="checkbox"/>       |
| Bangladeshi                                  | <input type="checkbox"/>       |
| Chinese                                      | <input type="checkbox"/>       |
| Any other Asian background (please describe) | <input type="checkbox"/> _____ |

##### Mixed ethnic groups

- |   |                                |
|---|--------------------------------|
| White and Black African                     | <input type="checkbox"/>       |
| White and Black Caribbean                   | <input type="checkbox"/>       |
| White and Asian                             | <input type="checkbox"/>       |
| Any other mixed ethnicity (please describe) | <input type="checkbox"/> _____ |



Years of experience in residential care:	
Qualification level (e.g., GCSE or equivalent):	
Other qualifications / training attended:	

**Current workplace setting**

<b>Region of residential home (e.g., South West):</b>	
<b>Category of residential home (e.g., emotional &amp; behavioural difficulties):</b>	
<b>Size of residential home (e.g., solo house):</b>	
<b>Provider:</b>	Local Authority <input type="checkbox"/> Private <input type="checkbox"/>

## Appendix G: Interview Schedule

Note: questions highlighted in green are additional questions added by the EbE

### 1. Questions about current role

- Can you tell me about your current role as an RCW? What are your responsibilities?
- How long have you been in this role? Past experiences of child / residential care?
- What motivated you to pursue a career in residential care?
- How satisfied are you in your role? Can you see yourself in your current role in five years time?
- What are some aspects of your job that you enjoy?

### 2. Questions on individual perceptions of behaviour that challenges

- How would you describe behaviour that challenges? What does it look like?
- Are there specific behaviours you find particularly challenging? Why?

### 3. Questions on professional experiences of challenging behaviour

- Can you tell me about a recent incident of a child who presented with behaviours that you considered to be challenging?
- What was that experience like for you? What was it about their behaviour that was particularly challenging?
- How did you respond / handle the situation? What was going on in your mind at the time?
- Looking back, would you have responded to the behaviour in a different way? What made it difficult to respond in a way you would have liked?
- Why do you think the child acted in this way? What do you think was going on in their mind at the time?
- What support did you receive from your team? What support did you receive from your manager / service?

- What support did you need in that moment?
- What was / is the long-term care plan for that child?
- Any other incidents that come to mind?
- What are your thoughts/experiences regarding self-harming behaviours?

#### 4. Questions on organisational influences

- What are your organisational policies / guidelines for managing behaviours that are challenging?
- Do you think this is always the best way to respond?
- Do you get supervision following incidents? Debriefs? Is there anything that you couldn't / wouldn't bring to supervision? (i.e., can they be honest and reflective when struggling?)
- What makes it easier as a professional to manage behaviours that challenge (e.g., are they able to recognise the importance of positive relationships as a tool for managing behaviours)?
- What makes it harder?
- Training? What strategies have you learnt? Is this training implemented in practice / across the team?
- How do you feel when you complete incident reports / log books / PPS / family contact files?
- What do you think about the paperwork?

#### 5. Questions on team / home dynamics (group values)

- Can you describe the different approaches to care that you see in your team?
- Are there any conflicts in the way you each respond to behaviours that challenge?
- Any difficult team dynamics?

**6. Questions about individual values**

- How do you view your role as an RCW?
- Personal and professional values?

## Appendix H: Ethical Approval



## HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

## ETHICS APPROVAL NOTIFICATION

**TO** Laurie Preston  
**CC** Dr Barbara Rishworth  
**FROM** Dr Rebecca Knight, health, Science, Engineering & Technology  
**DATE** 17/01/2023

---

Protocol number: **LMS/PGT/UH/05194**

Title of study: Residential childcare workers' experiences of behaviours that challenge

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

**Dr Charlie Brazil (Clinical Psychologist);  
Dr Julie Shaw (Criminologist), Liverpool John Moores University**

**General conditions of approval:**

Ethics approval has been granted subject to the standard conditions below:

**Permissions:** Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

**External communications:** Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

**Invasive procedures:** If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

**Submission:** Students must include this Approval Notification with their submission.

**Validity:**

This approval is valid:

From: 17/01/2023

To: 28/05/2023

## Appendix I: Debrief Sheet



### Debrief Sheet

tial childcare workers make sense of behaviours that challenge

**Research Investigator:** Laurie Preston

**University of Hertfordshire Protocol Number:** TBC

Thank you for participating in a study investigating residential childcare workers' experiences of behaviours that challenge. We would like to thank you for your participation and we value the contribution you made to this project. If you have any questions, or have found any part of this experience to be distressing and you wish to speak to one of the researchers, please contact:

Research lead  
Laurie Preston  
[l.j.preston@herts.ac.uk](mailto:l.j.preston@herts.ac.uk)

Research supervisor  
Dr Barbara Rishworth  
[b.rishworth@herts.ac.uk](mailto:b.rishworth@herts.ac.uk)

There are also a number of support organisations listed below that you can contact:

Organisation:	Contact details:
Samaritans	116 123 <a href="http://www.samaritans.org">www.samaritans.org</a>
Mind	0300 123 3393 <a href="http://www.mind.org.uk">www.mind.org.uk</a>
You can also contact your GP or speak to your employer if you are experiencing workplace stress	

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar  
University of Hertfordshire  
College Lane  
Hatfield  
Herts  
AL10 9AB

Appendix J: Analysed Transcript Excerpt

how is this language being used to convey meaning - figurative language helps us convey meaning in a simple way

121 And I'm wondering how you would describe or define challenging behaviours? What does it look like to you?

123 Ppt1: [pause] I suppose there's all sorts. So obviously the one that I think people go through <sup>distancing language</sup>

124 to most is like the violence, the anger. But actually, what I find the hardest to work with is

125 silence when the kid just won't talk. I really, really struggle with that. Because it feels like

126 almost a bit of a kick in my, my actual teeth. Like it's quite personal to me. There's being angry I can get that it's about you. But when they're silent, it feels more about me. So yeah, I

128 struggle. I struggle with that. <sup>- hesitancy</sup>

129 Ppt1: [long pause] I don't, yeah, I mean, obviously there's, there's lots of different ones, isn't

130 there, I suppose? But... I suppose I find.... challenging behaviour can be anything from <sup>checking</sup> <sup>significant range of behaviours</sup>

131 refusing to go to school, to being missing, to...you know, being sexually exploited, all those things are challenging behaviour. <sup>making it hard to define</sup>

133 LP: Do your colleagues all struggle with the same behaviours?

134 Ppt1: No, I think that all staff struggle with different things. <sup>→ individualised language</sup>

135 LP: yeah. not broken? <sup>agency staff fracture</sup> <sup>He team</sup>

136 Ppt1: So we are... I think, our team has been together a long, long time as well. So this isn't a

137 fractured team. We don't have agency staff coming in. I think we've had three new people

138 in the last three years, but that was highly unusual. I mean it's been the same staff team for

139 at least 15 years and before that it's a long, long time because it's nice place to work. <sup>- how would it feel to be agency staff coming into this team?</sup>

140 LP: Umm. <sup>- valued</sup>

141 Ppt1: And we're paid well as well, which makes a huge difference. And so I think everybody

142 struggles with their different things...like one of the ladies struggles with the fact that

143 actually, she can't get too personal with them. She doesn't know. She *does* know, but she

144 struggled with where the line is. But you can't go over, you know, you know, urm I know you

who imposes this? 'can't get close = not allowed'

boundaries are difficult for some staff?

not allowed? Does the system treat staff like children? Paravels

145 want to, you know, wrap all our kids up in cotton wool, but actually, you know, you're not

146 allowed to do that. You know, I mean, especially when they've moved on a little bit,

147 sometimes you do have to step back from the kids, cause they need a chance to move

why? to protect self or protect the children

148 somewhere else and manage that and the new relationships there. But I think we all

149 struggle with different things, but were fairly open about it, you know.

- relational safety?

150 LP: Yeah.

151 Ppt1: Urm I think we've got a culture of. Umm. Ohh, because it it's weird little culture

- false start?

152 actually, because none of them are my friends. And yet I've known some of them for 20

153 years. I wouldn't say any of them are my friends and that's quite -

Those in senior positions don't connect with RCW's - hierarchy?

154 LP: Right.

155 Ppt1: - That's purposeful from my sense. We don't encourage we they can be friends, that's

what makes them a family?

156 fine. But far as I'm concerned, I might have to discipline them, take them down, disciplinary,

157 blah, blah, blah. So I don't become, I don't ever go drinking with them. Maybe a Christmas

158 dinner or something, but I don't. You know, I'm not a friend of theirs sort of thing. I wouldn't

159 phone any of them up for a chat.

160 LP: Yeah.

repetition of how open staff are

161 Ppt1: Umm but yeah, we all, I suppose we all just struggle in different ways and we are quite

162 open with each other and we're all... I think we're all aware that we're this weird little family

163 that sees each other getting out of bed in the morning and you know, you might be

164 downstairs with your curlers in, and then the other side of it is you'll watch your kids spit at

165 somebody else in the face and how humiliating that is and how, you know. So we know each

166 other pretty well.

why? Does she feel a sense of responsibility for the child's behaviour towards other staff

167 LP: Yeah, yeah.

## Appendix K: Formulating Experiential Statements

Participant: Jenny

No.	Experiential Statement	Line no.	Example quotes	Analysis
1.	Transparency and honesty in the interview	16	"I will be as honest as I can"	<ul style="list-style-type: none"> <li>Is there a limit to how honest and open the participant can be in this interaction?</li> <li>The participant recognises that being completely honest may not always be comfortable or easy, but they will try</li> </ul>
2.	Positive experience of working in residential care	31,, 42, 90	<p>"Its really interesting"</p> <p>"I love it that much"</p> <p>"I like it when I can advocate on their behalf"</p>	<ul style="list-style-type: none"> <li>Emotive language to describe positive experiences</li> <li>Living by personal values</li> </ul>
3.	Relating to the children due to own personal background	61  86	<p>"I was a really naughty kid. So... But I had a very, very good upbringing. So, I always kind of thought that it was really unfair that other kids didn't have the chance in life that I did, even though I was sort of naughty"</p> <p>"I'm just cut out for it. I think I get it cause I was, I mean, I never did drugs or anything when I was younger. It was, it was like [being] naughty. But I've just, I've always, like, fought for the underdog and these kids are the most underdog kids that you can possibly get, and I just want them to have their rights."</p>	<ul style="list-style-type: none"> <li>The participant values fairness and justice</li> <li>It is possible she chose this role because it allows her to live by her personal values</li> <li>Is there a sense of guilt, is she trying to make reparations for her own behaviour?</li> <li>Relating own personal experiences to the child's experience = humanising the child. Seeing beyond the behaviours. Seeing self in the behaviours?</li> </ul>
4.	Personal suitability for the role	84, 88	<p>"And I, I just think, this sounds really a bit bolshy, but I think I'm really cut out for it"</p> <p>"I've always, like, fought for the underdog and these kids are the most underdog kids that you can possibly get, and I just want them to have their rights"</p>	<ul style="list-style-type: none"> <li>This statement suggests that the participant believes they are naturally suited to the role, or have an innate ability to do the job</li> <li>It could also suggest a sense of purpose, fulfilment, values based</li> <li>Personal characteristics and strengths align with the role</li> </ul>
5.	A sense of inadequacy and self-doubt in the role	72  188	<p>"I didn't think I was qualified enough to do it"</p> <p>"My most challenging thing I ever had in residential work is thinking... who the hell do I think I am? How can I talk to these kids? I'm not a counsellor. How do I know? By talking to these kids, I'm not gonna mess them up even more"</p>	<ul style="list-style-type: none"> <li>Perceives the role as highly skilled</li> <li>Acknowledges shes not a counsellor, therefore acknowledging shes 'not skilled' enough to have those conversations?</li> </ul>

		206	"But I found that definitely the hardest for a good few years of thinking... I don't know what...am I damaging these kids even more by what I might say to them. And so I found <i>that</i> really difficult."	
6.	The value of continued relationships with the children	76	"I think the young people coming back is really important for us. Well for me, certainly. We all keep in touch with a lot of the kids who want to be kept in touch with - we don't force it on them"	<ul style="list-style-type: none"> <li>• Best aspect of the job?</li> </ul>
7.	Participant reassures herself that she is competent	194 198	"And that was around for a good few years at the beginning, just to know actually....You do know what you're saying to these kids" "Although you might not have a role as a counsellor or be on training as a counsellor, you can manage those sorts of conversations"	<ul style="list-style-type: none"> <li>• Repetition of not being a counsellor (shared that mum was a counsellor growing up)</li> <li>• Consider my own role here</li> <li>• Idea of therapeutic work with children</li> </ul>
8.	Underlying / subconscious perceptions of the children	89 189 207 225 293 350	"These kids are the <b>most underdog kids</b> " "How do I know by talking to these kids I'm not gonna <b>mess them up even more</b> " "Am I <b>damaging</b> these kids <b>even more</b> by what I might say to them?" "The kid <b>blew up</b> , running around the house and screaming" "The kid is <b>losing it</b> " "It's like it's like working with, I don't know, an aggressive dog. Say, unless you make those proper steps and then they trust you and you continuously do it and you and it's really continuous that you're doing it, then the dog's gonna be yapping all afternoon"	<ul style="list-style-type: none"> <li>• Stigmatising language. Does this speak to societal perceptions of these children?</li> <li>• If staff view LAC as 'messed up', how does that shape their response to the child?</li> <li>• The descriptions elicit an image of an uncontrollable, feral child</li> <li>• Dehumanising the child to understand behaviours?</li> </ul>
9.	The participant describes having autonomy in role	97 116	"we haven't got a manager down our throats all the time" "it's down to us what we choose to spend it on...we're not micromanaged"	<ul style="list-style-type: none"> <li>• Sense of trust and empowerment is valued</li> </ul>
10.	The participant experiences silence as a form of challenging behaviour	124	"what I find the hardest to work with is silence when the kid just won't talk, I really, really struggle with that"	
11.	Experiences silence as personal	126 127	"it feels like almost a bit of a kick in my, my actual teeth"	<ul style="list-style-type: none"> <li>• The personalisation of the behaviour is experienced quite viscerally.</li> <li>• visceral reaction to the behaviours</li> </ul>

		212	<p>"like it's, it's quite personal to me. There's being angry I can get that It's about you. But when they're silent, it feels more about me. So yeah, I struggle. I struggle with that."</p> <p>"I think again, it's the silence thing for me. We had a boy for a good couple of years, and I knew him really well actually. I was his link worker and erm, him giving me the silent treatment was just so personal to me.</p> <p>"I just found it so personal, and disrespectful and rude. Now I don't find getting called a c*** disrespectful and rude because I know I'm not. But, for them to then ignore me... Yeah, I just found it really disrespectful... and you know, I've done so much. And you've got the audacity to ignore me, you know? It just. Yeah. Just find that really hard."</p>	<ul style="list-style-type: none"> <li>• changes to second person narrative (you've got the audacity to ignore me). The participant may have been unconsciously redirecting their feelings towards me, speaking to the boy directly.</li> </ul>
12.	The participant has a range of emotional responses to challenging behaviour	167	<p>"you'll watch your kids spit at somebody else in the face and how humiliating that is and how, you know. So we know each other pretty well."</p>	<ul style="list-style-type: none"> <li>• The word 'your' suggests a sense of felt responsibility over the child's behaviour and shame / guilt towards staff. Does this create a barrier to forming relationships?</li> <li>• Experience of anger?</li> <li>• Unprocessed emotions, another physical, visceral reaction</li> <li>• Metaphor of putting down tools = going on strike</li> <li>• Surprised = shows the saw it as a real possibility that staff could quit</li> </ul>
		212	<p>"I've done so much. And you've got the audacity to ignore me, you know? It just. Yeah. Just find that really hard."</p>	
		271	<p>"This was a long time ago, but I just still have, do you know what I can actually feel the, the knot in my stomach even talking about it. And I'm talking 10 years ago and yeah, it's still really riles me up a little bit, you know [laughs]. I can actually feel the knot in my stomach now, it still riles me up."</p>	
		381	<p>"We have recently had to restrain a boy who's there just before Christmas and it was horrific. I mean, it almost broke us as a team."</p> <p>... I'm surprised staff didn't all put down their tools and walk off. I mean, it was so stressful</p> <p>"I've never had anything like that with this kid... and we just all felt so utterly helpless</p>	

		394		
		386		
13.	Experiences embarrassment as a result of challenging behaviour	312	<p>"I don't ever feel really angry. I suppose I used to feel a bit embarrassed"</p> <p>"It looks like you can't handle something in front of the other staff or other children. And so yeah, probably a bit of embarrassment going on. Because it is embarrassing, isn't it?"</p>	<ul style="list-style-type: none"> <li>• Taps into insecurities about being able to do job</li> <li>• Shame in front of other colleagues</li> <li>• Participant has felt anger in response to challenging behaviour</li> <li>• Seeking reassurance (isn't it?)</li> <li>• Staff see each other in the most shameful and embarrassing / humiliating situations, so get to know each other pretty well</li> </ul>
14.	Challenging behaviour hinders one's capacity to do the job	281	<p>"I think I found that so difficult because I was powerless almost. Completely taken my power away. I wasn't able to do my job in that moment because of the choice you've made...and I can still do my job If you're shouting and swearing, or even throwing paints at me. I can still do my job...however annoying it might be... but my job is there to then help them deal with that, and when you can't help somebody deal with something because it's just silent, that that was really frustrating for me."</p>	<ul style="list-style-type: none"> <li>• The silence means that she cannot do her job effectively. She feels powerless. Does this feed into doubts around her capacity to do her job?</li> <li>• Also, the participant emphasises the importance of helping the children deal with challenging behaviour. This could suggest that the participant places a high value on having a sense of purpose in the job</li> <li>• When a child is silent, she cannot enact her personal values in the way she would like.</li> </ul>
15.	The participant acknowledges the individualised experience of challenging behaviour	136 163	<p>"we all struggle with different things"</p> <p>"I suppose we all just struggle with different ways and we are quite open with each other"</p>	<ul style="list-style-type: none"> <li>• What implications does this have for practice?</li> </ul>
16.	Participant discusses the team connection and how well they know one another	139 168 426	<p>"this isn't a fractured team. We don't have agency staff coming in"</p> <p>"we know eachother pretty well"</p> <p>"we fully support eachother"... "I have to trust them that they made the right decision"</p>	<ul style="list-style-type: none"> <li>• I read this as "we don't have <b>outsiders</b> coming in"</li> <li>•</li> </ul>
17.	Participant also describes conflicts within the team	170	<p>"its not that plain sailing you know, as a staff team. I can't pretend it's not because people will be hurt by somebody else's actions"</p>	<ul style="list-style-type: none"> <li>• The hard part of the job is the team?</li> </ul>

18.	Conflicts arise due to unique approaches to care	175  401	<p>“One of the new staff there, there's a guy who didn't act in a way she thought he should of. An incident like didn't sort of work out the way she would have done it”</p> <p>“we actually we have this argument quite a lot because I think that still restraint, if you're restricting somebody's movement as far as I'm concerned, that's the restraint and you to treat it as such. Even if your hands just on their shoulder, to me, that's sort of restraint because they can't come forward and therefore you're restraining them. Other people see it as a hold. You know, one of the holds that we get taught. So we do actually argue about and it comes up occasionally”</p>	<ul style="list-style-type: none"> <li>•</li> </ul>
19.	Open and honest communication as a tool to resolve team conflict	176  181	<p>“you have to understand you're two different people, you know, you need to communicate”</p> <p>“Were good at being open and at least trying to sort that stuff out”</p>	<ul style="list-style-type: none"> <li>•</li> </ul>
20.	Participant describes the organisational culture as weird	153	<p>“ it it's weird little culture actually, because I've none of them are my friends. And yet I've known some of them for 20 years. I wouldn't say any of them are my friends...”</p>	<ul style="list-style-type: none"> <li>• What is being communicated through this language?</li> </ul>

## Appendix L: Personal Experiential Themes and Corresponding Statements

### Participant: Jenny

Personal Experiential Themes	Personal Experiential Statements
Caregiver-child relationships	<ul style="list-style-type: none"> <li>• Participant emphasises the importance of a relationship with the child to manage behaviours</li> <li>• The value of continued relationships with the children</li> <li>• Boundaries in relationships with child</li> <li>• Fear of child without a relationship</li> <li>• Efforts are made to relate to the children from different cultures</li> <li>• Difficulties in parenting children from a different racial and cultural background</li> <li>• The need to trust a child in order to care for them</li> <li>• A sense of rejection from the child when they display BTC</li> <li>• Recognising individual emotional triggers to BTC</li> </ul>
Personal attributes	<ul style="list-style-type: none"> <li>• Personal suitability for the role</li> <li>• A sense of inadequacy and self-doubt in the role</li> <li>• Participant reassures herself that she is competent</li> <li>• Training being important for competencies and ability to do the job</li> <li>• Demonstrating skills and competence</li> <li>• A capacity to self-reflect</li> <li>• Relating to the children due to own personal background</li> <li>• The importance of authenticity in caring</li> <li>• Distinction between personal and professional lives</li> <li>• Struggle connecting with own personal emotions</li> <li>• A conscious effort to be considerate</li> <li>• Modelling respect to the children</li> <li>• Transparency and honesty in the interview</li> <li>• Underlying / subconscious perceptions of the children</li> </ul>
Family dynamics	<ul style="list-style-type: none"> <li>• The care home feels like a family unit</li> <li>• Relating the experience to the family unit</li> <li>• Giving the children a difference experience of being parented</li> <li>• Participant seeking the parental role</li> <li>• Reinforcing the idea of a nuclear family</li> <li>• <u>Creating a homely environment through staff appearance and clothing</u></li> </ul>
Relationships with staff	<ul style="list-style-type: none"> <li>• Barriers to forming relationships with staff</li> <li>• Participant discusses the team connection and how well they know one another</li> <li>• Participant also describes conflicts within the team</li> <li>• Conflicts arise due to unique approaches to care</li> <li>• Open and honest communication as a tool to resolve team conflict</li> <li>• Support is extended to staff outside of working hours</li> <li>• Emotional safety (with staff)</li> <li>• Prioritising colleagues' emotional wellbeing</li> <li>• The emotional burden of shared stress</li> <li>• A sense of a collective, shared experience</li> <li>• <u>Disagreeing with colleagues' decision, but supporting them anyway (community)</u></li> </ul>
Challenges and tensions in caregiving	<ul style="list-style-type: none"> <li>• The participant emphasises the importance of paperwork to protect oneself</li> <li>• The participant experiences the organisation/system as punitive</li> <li>• The participant emphasises the importance of a non-judgmental environment to unpick emotions</li> <li>• There is a perceived culture of blame around calling the police / filing a police report</li> <li>• Participant describes the organisational culture as weird</li> <li>• Being bound by organisational policies</li> <li>• The need for professionalism</li> <li>• Touch must be initiated by child in order to avoid accusations</li> <li>• Outsiders judge</li> <li>• The outside world doesn't exist</li> <li>• The value of carers is reflected in the pay</li> <li>• Striving for authentic therapeutic approaches</li> <li>• Transference of risk and responsibility</li> <li>• Taking to outsiders is a challenge</li> <li>• The need for flexibility in care</li> <li>• The perceived importance of training</li> <li>• Outsiders struggle to fit in</li> <li>• Different approaches to control and leadership</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff feel cared for</li> <li>• Residential work is like living in a bubble</li> <li>• Distrust of private homes</li> <li>• Re-enactment of parent-child dynamic between the carers and the system</li> <li>• The participant describes having autonomy in role</li> <li>• Autonomy makes the job easier</li> </ul>
Individual perceptions of behaviour that challenges	<ul style="list-style-type: none"> <li>• The participant uses communication with the child as a tool to manage challenging behaviours</li> <li>• Challenging behaviours are managed when kids are appropriately matched</li> <li>• Revisiting the most difficult experience as a carer</li> <li>• Experiences silence as a form of challenging behaviour</li> <li>• The participant experiences silence as personal</li> <li>• The participant has a range of emotional responses to challenging behaviour</li> <li>• The participant experiences embarrassment as a result of challenging behaviour</li> <li>• Challenging behaviour hinders the participants capacity to do her job</li> <li>• The participant acknowledges the individualised experience of challenging behaviour</li> <li>• The challenge for carers to balance their safety vs the criminalisation of children</li> <li>• The participant minimises challenging behaviours as an everyday experience</li> <li>• The participant feels powerless in response to challenging behaviours</li> <li>• The participant uses humour and kindness to manage challenging behaviours</li> </ul>

### Appendix M: Personal Experiential Themes for Each Participant

Participant	Personal Experiential Themes	
<b>Jenny</b>	<ul style="list-style-type: none"> <li>- Caregiver-child relationships</li> <li>- Personal attributes</li> <li>- Family dynamics</li> </ul>	<ul style="list-style-type: none"> <li>- Relationship with staff</li> <li>- Challenges and tensions in caregiving</li> <li>- Individual perceptions of behaviours that challenge</li> </ul>
<b>Liz</b>	<ul style="list-style-type: none"> <li>- Professional relationships</li> <li>- Self-doubt / uncertainty</li> <li>- Reasonable vs unreasonable behaviours</li> </ul>	<ul style="list-style-type: none"> <li>- Fear of the system</li> <li>- Love and compassion</li> </ul>
<b>Hayley</b>	<ul style="list-style-type: none"> <li>- Relating through lived experience</li> <li>- Mother – child relationships</li> <li>- Power and control</li> </ul>	<ul style="list-style-type: none"> <li>- Individualised approaches to care</li> <li>- Team conflicts</li> </ul>
<b>Sadie</b>	<ul style="list-style-type: none"> <li>- The importance of professional relationships</li> <li>- Understanding through shared experiences</li> <li>- Family dynamics</li> </ul>	<ul style="list-style-type: none"> <li>- Threats to self-efficacy</li> </ul>
<b>Joshua</b>	<ul style="list-style-type: none"> <li>- Personal experiences of adversity</li> <li>- Authentic relationships with child</li> <li>- Oppressive systems (pushing back against)</li> </ul>	<ul style="list-style-type: none"> <li>- Individual perceptions of behaviours that challenge</li> <li>- Individual responses to behaviours that challenge</li> <li>- Family like culture</li> </ul>
<b>Priya</b>	<ul style="list-style-type: none"> <li>- Individual perceptions of behaviours that challenge</li> <li>- Relationships for behaviour management</li> </ul>	<ul style="list-style-type: none"> <li>- Hierarchies / self-efficacy</li> <li>- Family dynamics</li> </ul>
<b>Emily</b>	<ul style="list-style-type: none"> <li>- The importance of team support</li> <li>- Individual perceptions of behaviours that challenge</li> <li>- Family dynamics</li> </ul>	<ul style="list-style-type: none"> <li>- Relating through lived experience</li> <li>-</li> <li>-</li> </ul>
<b>Abby</b>	<ul style="list-style-type: none"> <li>- Individual perceptions of behaviours that challenge</li> <li>- Conflicting approaches to care</li> <li>- Oppressive systems</li> </ul>	<ul style="list-style-type: none"> <li>- Family dynamics</li> <li>- The importance of relationships</li> <li>- Threats to self-efficacy</li> </ul>

