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Original Research Article

Caring for the carers: A qualitative insight into the wellbeing of residential child care workers

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Abstract

The wellbeing of young people living in residential child care is largely dependent on the wellbeing of those caring for them. The present study sought to address a substantial research gap by exploring how residential child care workers experience their wellbeing, the meaning and purpose they attribute to their roles, and what supports their wellbeing.

Semi-structured interviews were undertaken with seven residential child care workers, who were employed at two different private residential child care organisations in Scotland. Analysis found three superordinate themes: navigating wellbeing in an intense, unpredictable environment; the relational paradox of residential child care; and feeling held at work: relational support for wellbeing. Overall, the findings provide an in-depth insight into what may hinder and support the wellbeing of residential child care workers.

Introduction

Residential child care provides a home for children and young people, typically aged 8-18, who cannot live with their families or primary caregivers (Scottish Government, 2022). In Scotland, children and young people are placed in these settings when this is deemed most appropriate

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to meet their needs. Placements may be made through a compulsory supervision order from a Children's Hearing, or through a non-compulsory arrangement, where parents either agree or do not object to the local authority providing care (Scottish Government, 2026). The reasons for children and young people being placed in residential care are multifaceted, including maltreatment, parental incapacity or family breakdown (Scottish Government, 2024). Many young people living in these settings have consequently experienced complex trauma, including abuse and neglect within caregiving relationships (Brend & Sprang, 2020; Santos et al., 2023). Early exposure to trauma is associated with a range of psychological difficulties and risk-related behaviours (Norman et al., 2012). Within residential child care, this can include mental health difficulties, substance use, suicidal behaviours and violence (Leloux-Opmeer et al., 2016; Smith et al., 2021).

Residential child care can therefore be an emotionally strenuous environment for both the young people and the adults who care for them. While there is ample research on the experiences of young people in these settings, considerably less attention has been paid to those supporting them. In the present study, these individuals are referred to as residential child care workers (RCCWs), whose role is to care for and supervise young people living in residential child care (Smith et al., 2021). Within a Scottish context, RCCWs are regulated by the Scottish Social Services Council (SSSC) and are typically expected to hold a Scottish Vocational Qualification (SVQ) in Social Services (Scottish Government, 2023).

Increased awareness of the impact of trauma has contributed to the emergence of trauma-informed models of care (Fallot & Harris, 2008, 2009; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014), which are increasingly promoted within residential child care settings (Brend & Sprang, 2020). Such models emphasise the importance of developing secure attachments with caregivers, placing significant responsibility on those working in these settings. Milne et al. (2024) thus propose that the wellbeing of young people living in residential child care is largely dependent on the wellbeing of those caring for them. Similarly, The Promise, the outcome of Scotland's Independent Care Review, highlights the importance of supporting the workforce to develop and maintain relationships with young people, stating that 'Scotland must hold the hands of those who hold the hand of the child'

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(Independent Care Review, 2020, p. 20). This reflects a whole-systems approach that identifies trauma-related needs, creates a safe environment for both young people and carers, and supports a culture of sustaining wellbeing throughout the organisation (Parry et al., 2025).

Wellbeing is a complex, multifaceted concept, which can be challenging to define (Ryan & Deci, 2001). Dodge et al. (2012, p. 230) define wellbeing as 'the balance point between an individual's resource pool and challenges faced'. To illustrate their definition, Dodge et al. (2012) refer to the analogy of a see-saw. The centre of the see-saw represents a state of equilibrium, in which the challenges that an individual is faced with are balanced by the available resources to cope with adversity. As the individual encounters multiple psychological, social, and/or physical challenges, this can disrupt a sense of equilibrium, causing the see-saw to tip. Within this conceptualisation, wellbeing is not static, but instead, contingent upon ever-changing circumstances. A dynamic view of wellbeing is particularly relevant to residential child care, where the role often entails navigating a demanding environment that poses several challenges (Abraham et al., 2022; Smith et al., 2021). In support of this, recent research suggests that the imbalance between challenges and coping resources is associated with adverse wellbeing outcomes among RCCWs (Milne et al., 2024; Parry et al., 2025).

A growing body of research has identified that RCCWs often encounter multiple psychological, social, and physical challenges that threaten their wellbeing (Abraham et al., 2022; Kilby et al., 2026). Young people living in residential child care can present with attachment and trauma-related behaviours (Brend, 2020), which at times pose risks to their own safety and that of others. RCCWs therefore carry significant responsibility for safeguarding vulnerable young people, while also facing the risk of violence (Smith et al., 2021).

Given the challenging nature of the role, quantitative research has explored adverse wellbeing outcomes in this population (Parry et al., 2025; Seti, 2008). For instance, Audin et al. (2018) found that 32% of residential child care staff in their sample reported high levels of burnout. In their scoping review of stress among RCCWs, Kilby et al. (2026) found burnout to be the most comprehensively studied wellbeing outcome among 18 studies. Within an occupational context, burnout can be understood as a psychological response to chronic interpersonal stressors,

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characterised by emotional and physical exhaustion, depersonalisation, and a reduced sense of personal accomplishment (Maslach & Leiter, 2016; Seti, 2008).

Qualitative research has identified lack of sleep as a significant contributor to burnout among a sample of RCCWs in England and Wales (Abraham et al., 2022). Through conducting focus groups, Abraham et al. (2022) found participants under persistent strain from supporting young people with histories of complex trauma, while simultaneously navigating difficulties within their own lives. In turn, this compromised their capacity to remain emotionally available to those in their care. However, the concept of emotional availability is not clearly operationalised within the study. Thus, there remains a limited understanding of how poor wellbeing may affect the capacity to provide therapeutic care.

Limited research findings have suggested RCCWs also experience an emotional toll while directly caring for young people with histories of trauma (Kilby et al., 2026). Such experiences are often conceptualised as compassion fatigue, referring to the emotional impact of hearing distressing information from others (Ledoux, 2015), and the closely intertwined construct of secondary traumatic stress, an acute reaction resembling post-traumatic stress (Rauvola et al., 2019). In contrast, vicarious traumatisation reflects a longer-lasting shift in beliefs about oneself, relationships and the world (Rauvola et al., 2019). Despite their differences, Rauvola et al. (2019) propose these may be better understood collectively as empathy-based stress.

An emerging body of quantitative research suggests that care staff's own adverse histories may influence their vulnerability to empathy-based stressors. In a survey of 226 RCCWs in Canada, Milne et al. (2024) found higher rates of adverse childhood experiences (ACEs) than in general population samples, with over a quarter reporting four or more. A higher number of ACEs was associated with lower resilience. Resilience, in turn, was associated with lower burnout and secondary traumatic stress, and greater compassion satisfaction. Similarly, Mercer et al. (2023) found that 30% of staff supporting people with intellectual disabilities in England reported four or more ACEs, and that ACEs were associated with higher burnout and secondary traumatic stress. These stressors may in turn affect the care provided to young people. In a qualitative study, Abraham et al. (2022) found that residential workers described burnout and the

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emotional demands of the role as hindering their ability to be emotionally available to the young people in their care. However, neither quantitative study captures how staff experience these processes in practice. Both thus recommend future qualitative research to support a deeper understanding of staff wellbeing and the support available to them, with Milne et al. (2024) highlighting the importance of building resilience within staff's professional contexts.

Given these risks to staff wellbeing, recent research has sought to identify sources of support for RCCWs. Through thematic analysis of online survey responses, Parry et al. (2025) found that while RCCWs recognise the significance of self-care for their wellbeing, they often find it difficult to implement this due to workload demands. Instead, support was found in positive relationships with colleagues and managers, which served as an important resource for managing stress and enhancing job satisfaction. Similarly, Brend and Collin-Vézina (2022) found interpersonal relationships to be the most meaningful support for RCCWs. This took shape in the form of both formal and informal support from colleagues, managers, and interdisciplinary team members such as social workers and psychologists.

The wider team environment may also support staff wellbeing, with cohesive teams marked by supportive relationships and open communication identified as a key resource (Abraham et al., 2022; Brend et al., 2025). Parry et al. (2025) further found that RCCWs value safe spaces to speak openly about the difficult nature of the role. Across the literature, debriefs following distressing incidents, informal conversations with colleagues, and reflective spaces have been found to be effective environments for meeting this need (Abraham et al., 2022; Parry et al., 2025).

Despite its strenuous nature, the role can also be deeply meaningful and fulfilling. In their thematic analysis of responses to the Secure Base Interview Protocol, Brend et al. (2024) found that RCCWs from Canada often cited positive experiences within their caregiving relationships, including witnessing young people progress and sharing their achievements, which in turn provided a sense of pride and accomplishment. Within Dodge et al.'s (2012) conceptualisation of wellbeing, meaning and purpose deriving from caregiving relationships may serve as a psychological resource that supports stable wellbeing.

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However, research in this area is limited, with further exploration required.

While quantitative research has identified significant trends relating to poor wellbeing among RCCWs, it does not fully capture how they experience it. Qualitative research remains relatively sparse, particularly within a Scottish context. To address this gap, the present study aims to provide an in-depth insight into the wellbeing of RCCWs. In addition, it sets out to explore how RCCWs attribute meaning and purpose to their roles, and to identify what may hinder or support their wellbeing. Dodge et al.'s (2012) conceptualisation of wellbeing as a balance between the challenges faced and coping resources serves as a lens through which RCCWs' wellbeing may be understood. The following research questions are addressed:

- How do residential child care workers experience their wellbeing within their roles?
- What meaning and purpose do residential child care workers attribute to their roles?
- What does support look like for residential child care workers?

Methodology

Design

This qualitative study used semi-structured interviews to explore participants' experiences of wellbeing. Given the sensitivity of this topic, this format provided flexibility while ensuring the conversation did not deviate into areas that could evoke psychological distress (Kallio et al., 2016). Interviews and analysis were conducted by the first author, with the second author providing supervisory oversight. The data were analysed using Braun and Clarke's (2006, 2019, 2021) reflexive thematic analysis. This provided an in-depth exploration of patterns of shared meaning reflected in the experiences of the participants. From a philosophical standpoint, this study is grounded in a constructivist ontology and interpretivist epistemology. Experiences of wellbeing were therefore understood as subjective, influenced by individual and social contexts (Bleiker et al., 2019).

The first author was employed by one of the two participating residential child care organisations. Consequently, the researcher carried an insider

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position, bringing a sense of lived familiarity to the group being studied (Holmes, 2020). While this can support rapport building, the researcher may also bring inherent biases and be overly empathic in their interpretation of the data (Holmes, 2020). Reflexive journaling was therefore utilised from the beginning to reflect on how this likely shaped underlying assumptions and biases in the construction of themes.

Sample

Purposive sampling was selected, as the study required participants with experience of working in residential child care in Scotland. An email was shared with several local authority, private and third sector providers in Scotland to request permission to recruit within their organisation. Upon approval, an email was circulated, and participants emailed the researcher to register their interest in participating.

The inclusion criteria ensured that those interested were currently working directly with young people in a residential child care organisation in Scotland. Any individual on leave due to concerns regarding their mental health was not eligible. The exclusion criteria also ensured that anyone who identified as having experienced a traumatic incident at work within four weeks prior to the interview did not take part due to the risk of retraumatisation (Du et al., 2022). No individuals who expressed interest were excluded. Had anyone been ineligible due to concerns regarding their mental health or a recent traumatic incident at work, they would have been signposted to appropriate support services, including NHS 24, Breathing Space and Samaritans.

The final sample included seven RCCWs from two different private organisations in Scotland. Despite its size, the sample reflected a variety in both experience and gender. It consisted of four females and three males employed across several residential child care homes. Each participant had at least six months' experience in their role, with experience ranging from 1.5 to 10 years. Basic information regarding participants is presented in Table 1.

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Pseudonym	Gender	Experience in residential child care
Robbie	Male	8 years
Lucy	Female	5 years
Emma	Female	5 years
James	Male	6 years
Jessica	Female	1.5 years
Scarlett	Female	2 years
Scott	Male	10 years

Table 1 Participant information

Materials

Semi-structured interviews were conducted online using Microsoft Teams. An interview topic guide was developed, informed by contemporary literature on trauma-informed care and the experiences of staff working in residential child care. This entailed open-ended questions and additional follow-up prompts, for example, 'Overall, how would you describe your wellbeing at work?'.

Further materials included a participant information sheet, electronic consent form, and a debrief form outlining contact details for mental health support services. A safeguarding protocol was in place to guide the researcher's response if the participant showed signs of distress during the interview.

Procedure

Once consent was obtained, interviews were scheduled at a time convenient for participants. On the day, there was an opportunity to ask questions, and participants were reminded of their right to withdraw, pause, or skip any question. Interviews were recorded for transcription and began with less sensitive questions to build rapport before exploring participants' experiences of their wellbeing in greater depth. Interviews varied in length, ranging from 30 to 60 minutes, after which a debrief sheet was provided. Transcripts were automatically generated by Microsoft Teams and subsequently edited in line with the audio recording. The empirical data were then analysed using Braun and Clarke's (2006, 2019, 2021) reflexive thematic analysis.

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Ethical considerations

Ethical approval was granted by the Psychology Dissertation Ethical Review Panel at Robert Gordon University. The study was carried out in accordance with the British Psychological Society's Code of Human Research Ethics (BPS, 2021).

As the first author was employed by one of the two participating organisations, careful consideration was given to the recruitment process. The researcher did not manage or supervise any staff and was not in a position of authority. Participants were not directly approached, but were instead encouraged to email the researcher, ensuring that participation was entirely voluntary. No incentives were offered for participation. Participants received a participant information sheet which outlined details of the study, and informed consent was obtained prior to the interview. On the day of the interview, participants were reminded of their right to withdraw at any point during the interview and for up to 14 days afterwards. As prior relationships existed between the researcher and some participants, reassurance was provided that there would be no negative repercussions associated with any views shared during the interview. Confidentiality was maintained throughout; however, participants were informed of its limits in the event of a disclosure or safeguarding concern.

The interview process involved discussion of participants' wellbeing, and consequently, had the potential to cause psychological distress. Participants were encouraged to reflect on their mental health and wellbeing before deciding to take part, and the exclusion criteria ensured that anyone on leave due to concerns regarding their health did not participate. To minimise the risk of retraumatisation, the interview did not involve any questions that prompted discussion of secondary traumatic stress or vicarious trauma (Du et al., 2022). Contact details for mental health support services were provided in the debrief sheet.

All information shared by participants was kept confidential and stored on a password-protected computer, accessible only to the researcher. When transcribing, all identifying details of organisations, residential child care homes, colleagues, and young people were anonymised. No identifying information is shared in this article, and participants were allocated pseudonyms to protect their identities.

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Data analysis

As the present study aimed to explore the subjective experiences of RCCWs, the data were analysed using an inductive approach, guided by Braun and Clarke's (2006) six-step procedure. The researcher began by deeply immersing themselves in the data through repeated reading of the transcripts and listening to the recordings. Codes were then generated, capturing segments of data interpreted as meaningful or relevant to the research questions. While both semantic and latent coding were used, the analysis was predominantly latent, extending beyond participants' accounts to identify underlying assumptions and patterns of meaning. Codes were subsequently organised into potential themes using tables in Microsoft Word. These were then reviewed, defined and named. Three superordinate themes were constructed, consisting of specific subthemes.

Findings

As depicted in Figure 1, three superordinate themes were constructed: navigating wellbeing in an intense, unpredictable environment; the relational paradox of residential child care; and feeling held at work: Relational support for wellbeing. Collectively, these themes conveyed the challenges of maintaining wellbeing, the emotional complexity of relational care, and the significance of support within the residential team.

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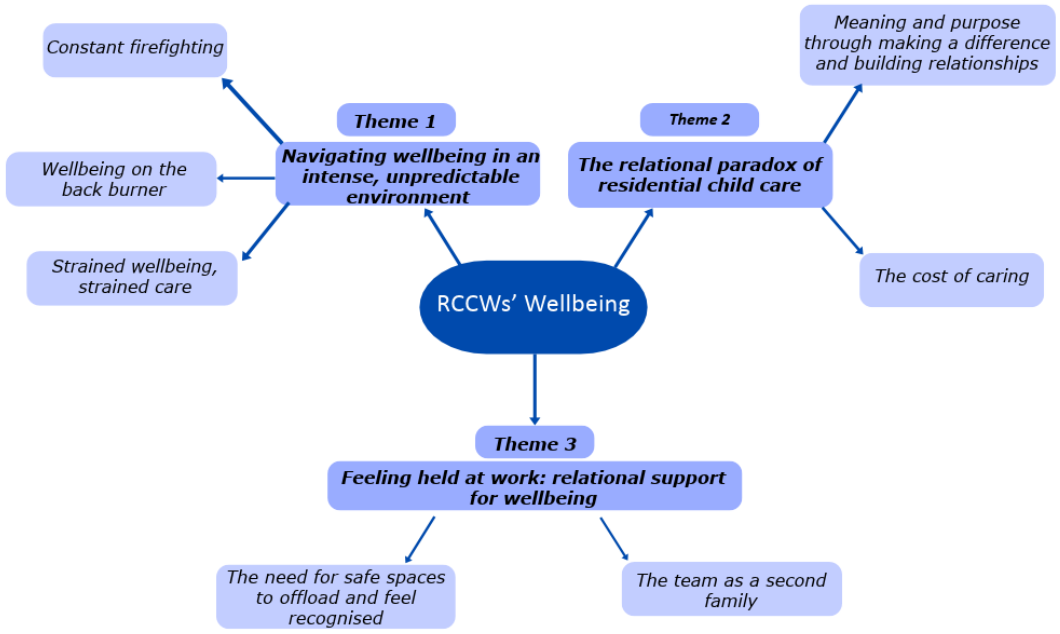

Figure 1 Thematic map showing three themes and associated subthemes

Theme 1: Navigating wellbeing in an intense unpredictable environment

The first theme explores how participants navigated their wellbeing in an intense, unpredictable environment. Wellbeing was experienced as ever-changing, with persistent strain impacting participants' capacity to provide therapeutic care.

Subtheme 1.1: Constant firefighting

An evident pattern throughout conversations was the absence of a 'typical day'. Instead, participants' days were shaped by the changing needs of the young people, making each shift highly unpredictable. As Emma noted, 'there is no typical day because no two days can be the same. You just never know what you are coming into'.

Many participants characterised their shifts as 'constant firefighting'. This conveyed the intensity of the work, with participants frequently responding to unpredictable situations involving incidents of violence, self-harm, and suicidal behaviours. This was illustrated in Robbie's experience of supporting a young person during a time of crisis:

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> It got to the point that they were lying on the floor on their mattress, the door was open, and we had to watch them sleep to make sure they never took their own life. It was constant, just always being on alert.

This appeared to result in a state of hypervigilance, marked by feeling constantly on edge and anticipating what might happen next. This was not confined to working hours, as illustrated in Scott's experience of anticipatory anxiety about his return to work, 'I would be anxious the night before I come back on shift. I would be planning how to handle it in my head, imagining the worst possible scenarios'.

Subtheme 1.2: Wellbeing on the back burner

Participants characterised their wellbeing as ever-changing, with periods of both highs and lows. As Scarlett put it, 'sometimes you feel really good in yourself, but when you're facing an escalation of behaviours, then it can take a really big dip'. The needs of the young people thus played a role in shaping participants' wellbeing.

As challenges increased, participants often pushed their own wellbeing aside, with sleep deprivation being the most salient contributor. When asked what was most challenging to his wellbeing, Scott responded, 'it's the lack of sleep, because it impacts my home life. I still have caring responsibilities at home, so my carer hat stays on'. This suggested that the effects of the role extended beyond working hours, reducing participants' capacity to prioritise their own wellbeing.

Organisational factors also contributed, particularly the absence of full sick pay, with participants in both organisations receiving only basic statutory sick pay rather than their usual wages when off work. As Robbie explained, 'the fact that I don't get paid when I'm off means you need to keep going, and you do burnout'. Conversely, participants who described more positive experiences of wellbeing highlighted the importance of time off and self-care routines. As Emma said, 'in general, my wellbeing is good, because I do the things I enjoy, I still participate in hobbies and recognised that I was doing too much'. This implied that when resources were available, wellbeing was more stable.

Subtheme 1.3: Strained wellbeing, strained care

As their wellbeing became increasingly strained, some participants described reaching a breaking point, marked by feeling 'numb', 'flat', and

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'withdrawn'. As Lucy described, 'I just wanted to be in my house with the curtains shut. My social battery was at zero, I couldn't even entertain conversations with people'. This affected some participants' capacity to respond empathically to the young people, as Emma recalled:

> I came in, I'd heard the staff had been up all night and I just went into meltdown. I've phoned my manager and said I can't do this today. I've got nothing to pour into his cup. My cup's empty, I can't give someone something I don't have.

Conversely, when reflecting on times of stable wellbeing, participants were able to be more present for the young people and emotionally regulated. This was illustrated in Scarlett's reflection, 'I'm patient, I'm tolerant, I'm adaptable, it comes across in a way that I'm calm'.

Theme 2: The relational paradox of residential child care

The second theme explores how participants experienced meaning and purpose through making a difference in young people's lives and building relationships. However, this emotional closeness also appeared to come at a cost, with relationships experienced paradoxically as both a source of meaning and a challenge to wellbeing.

Subtheme 2.1: Meaning and purpose through making a difference and building relationships

A sense of purpose derived from participants perceiving that they were making a positive difference in the lives of the young people they cared for. For some, this was experienced through preparing them for the future and achieving positive outcomes. For others such as Lucy, it was creating positive memories, 'taking him on his first holiday felt really meaningful. Experiences where I see his smile and laugh, and he's not seen as a kid in care'.

For many, building relationships with the young people was the most rewarding aspect of the role. As Scarlett shared, 'I get a lot from seeing the kids smile. Telling them they're loved, and you can see they feel it. That's the bit I take away from the job'.

Participants' answers demonstrated that despite its strenuous nature, the role could also be experienced as deeply meaningful and purposeful. For Robbie, this is what made the difficult times worthwhile, 'this has got

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purpose. I mean, all right, there's lots of bad times, but there's plenty of good times that make it worth it'.

Subtheme 2.2: The cost of caring

While the relational aspects of the role provided meaning and purpose, they also appeared to come at an emotional cost. Participants described being emotionally exposed to the complex circumstances and trauma of the young people they deeply cared for. As Scarlett noted, 'if the kids are going through difficult times, it's hard not to feel that with them'. This was made particularly difficult by the nature of what the young people had experienced, as shown in Robbie's account, 'I lived a very sheltered life until I done this job. It's not for the faint-hearted, the stuff you deal with is horrific'. Consequently, many participants appeared to carry that emotional weight as their own. In James's experience, this was difficult to compartmentalise, 'it's not like you've done your parts and you're off the weekends. You're dealing with people, relationships and issues, and you can carry that'.

This phenomenon was particularly salient for participants who had their own adverse childhood experiences. Some participants reflected on how these experiences had shaped their motivation to enter the profession through a desire to provide young people with the care they themselves lacked. However, this appeared to carry extra emotional weight, as certain incidents were described as retraumatising. Reflecting on what had contributed to reaching a breaking point, one participant[1] explained how repeatedly responding to a young person using ligatures to self-harm had evoked their own past experiences, 'being retriggered throughout the months with constant ligatures, I found it more and more difficult to keep a lid on my emotional state'. It is, however, important to note that this was not the case for all participants, as some described entering the profession more incidentally rather than through their own adverse experiences.

Theme 3: Feeling held at work: Relational support for wellbeing

The final theme explores how support for participants' wellbeing was often found in safe, trusting relationships with colleagues and the wider

[1] A pseudonym is not attributed to this quote to protect the participant's anonymity, given the sensitive nature of the experience described.

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residential team. In addition, participants valued safe spaces in which they could speak openly and feel recognised beyond their roles as carers.

Subtheme 3.1: The team as a second family

Participants identified a range of resources for their wellbeing, including peer relationships, supportive leadership, debriefs, supervision, external counselling services and training. However, support was experienced primarily as relational, with the residential team as the most meaningful.

Central to this was the closeness of relationships, rooted in a sense of psychological safety. For this reason, unfamiliar external support services, such as counselling, felt daunting for participants. As Jessica explained, 'consistency is key, and this goes for the young people and for us as adults, where if you're seeing a familiar face, that's a safe person, and you're then able to open up'.

Participants also highlighted barriers in confiding in their friends and families, as they lacked a shared understanding of residential child care. Conversely, having the team go through a similar experience was particularly meaningful. This was illustrated in Scott's reflection on what supported him through a difficult time:

> It's a shared experience; they feel the same way that I feel. So actually, it's not just me going through this, we're all in this together. So that sense of belonging and unity of the team really helps when things are difficult.

Given the amount of time spent together and the depth of these relationships, some described their team as a second family. This sense of closeness was particularly salient during challenging moments on shifts, therefore serving as a key resource for wellbeing.

Subtheme 3.2: The need for safe spaces to offload and feel recognised

Participants valued having a safe space where they could offload and talk honestly about their experiences. While not all participants had access to such spaces, those who did described them as a significant resource for their wellbeing. This took shape through reflective spaces, which were described as a structured session for the team to come together and speak openly about their experiences, thoughts and feelings. These

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spaces also appeared to convey to participants that their wellbeing was recognised beyond their professional role, as Lucy described:

> Because we've got that close-knit team, you're able to just let everything out. You're able to say, look, I'm feeling terrible, this is why. It's not just about Lucy the care worker, it's Lucy the person, like what's going on for you.

This suggested that support was most meaningful when participants felt safe within the team to speak openly about their distress and have their needs acknowledged, particularly at times when their wellbeing was under strain.

Discussion

The findings identified that wellbeing was experienced as an ever-changing state, often contingent upon the needs of the young people who participants cared for. This finding was consistent with Dodge et al.'s (2012) characterisation of wellbeing as a fluctuating rather than stable state, with participants' wellbeing under persistent strain largely due to the intense, unpredictable nature of the role.

As depicted in Figure 2, the findings suggest that staff within residential child care settings face several psychological, relational and physical challenges, including disrupted sleep, exposure to violence, self-harm, suicidal behaviours and the responsibilities associated with safeguarding vulnerable young people. These challenges align with Abraham et al.'s (2022) finding that the role places staff under significant strain, while adding further insight into how this was experienced as unpredictable and ever-changing in day-to-day practice. The unpredictability of the role was reflected in experiences of hypervigilance, anticipatory anxiety and difficulties switching off. Barriers to prioritising wellbeing existed at both an organisational and personal level. Disrupted sleep was the most salient of these, which was also found in Abraham et al.'s (2022) research involving 22 RCCWs across England and Wales.

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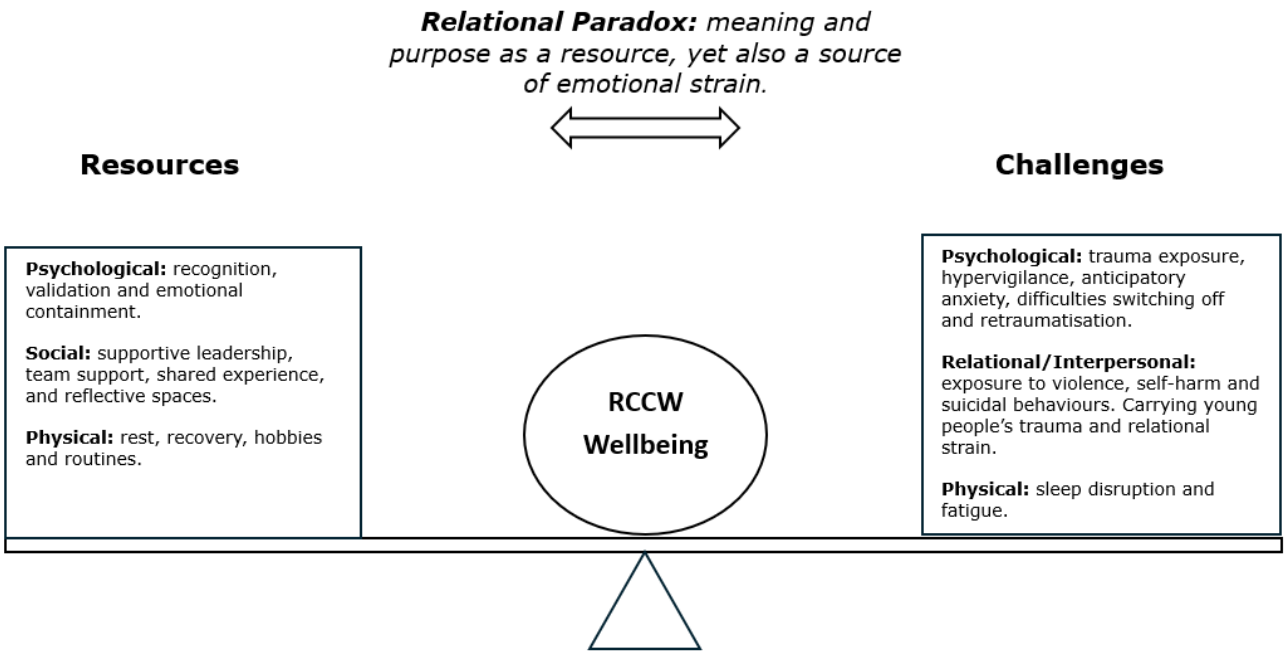

Note. Adapted from Dodge et al. (2012).

Figure 2 Conceptual representation of RCCWs' wellbeing as a balance between challenges and resources

Burnout appeared to follow from persistent challenges combined with participants pushing their own wellbeing aside. Similarly, Parry et al. (2025) found burnout to be positively associated with avoidant coping in a sample of staff in residential child care. While elevated rates of burnout have been found in this population (Audin et al., 2018; Kind et al., 2020), the present study offers insight into how it was experienced among a sample of RCCWs. Specifically, burnout was described by the participants in this study as a state of physical and emotional exhaustion, marked by feeling flat, numb, and withdrawn over time.

In line with Abraham et al. (2022), the findings revealed that poor wellbeing affected participants' capacity to remain emotionally available to the young people in their care. The present study provides further insight into how reduced emotional availability was experienced in practice: difficulties responding empathically, a reduced capacity for emotional regulation, and less motivation to go the extra mile in caring for the young people. This is particularly concerning, as attuned and consistent caregiving is paramount to the development of secure attachments

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(Magalhães & Calheiros, 2017; Waters & Cummings, 2000). The findings thus further consolidate Milne et al.'s (2024) argument that the wellbeing of young people living in residential child care is largely contingent on the wellbeing of those caring for them.

Participants derived a strong sense of purpose from making a positive difference in the lives of young people they cared for, describing a sense of accomplishment in connecting with those they experienced as hard to reach. Similarly, Brend et al. (2024) found that RCCWs in Canada often experienced pride and achievement through trusting relationships with young people and achieving positive outcomes. The wellbeing of RCCWs therefore cannot be solely understood in relation to adverse outcomes but must also take into consideration the rewards of the role.

For some participants, their own adverse childhood experiences influenced the meaning they attributed to their roles. Some described being drawn to this area of work through a desire to provide young people with the care that they themselves lacked growing up. Although research in this area is sparse, Parry et al. (2025) found that RCCWs' own experiences of being parented influenced how they supported young people, with experiences of adversity supporting empathy and understanding.

Recent quantitative research suggests that adverse experiences may be common among those in caring roles. High rates of ACEs have been reported among staff supporting people with intellectual disabilities (Mercer et al., 2023), while Milne et al. (2024) found higher rates among RCCWs than in normative samples. When exploring the possible reasons for this, Milne et al. (2024) refer to the notion of the 'wounded healer', suggesting that caring professions may be particularly meaningful for individuals whose own adverse experiences resonate with those they support. This interpretation should, however, be met with caution, as participants' own lived experiences were not a primary focus of the study, and no quantifiable measure of this was obtained.

According to Brend et al. (2024), such meaning and purpose may serve as a protective factor for the wellbeing of RCCWs. However, the present study adds important nuance by highlighting that the same relational closeness from which meaning is derived may also come at an emotional cost. Given the closeness of participants' relationships with the young people, they frequently described carrying the emotional weight of the young people's trauma. Such experiences are often conceptualised as



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compassion fatigue, secondary traumatic stress, and vicarious traumatisation (Rauvola et al., 2019). Despite their conceptual differences, they may be better understood as empathy-based stress. As noted by Rauvola et al. (2019, p. 298), the term encompasses 'a process of trauma exposure (i.e., a stressor) combined with the experience of empathy (i.e., an individually and contextually driven affective reaction) that results in empathy-based strain, adverse occupational health reactions, and other work-relevant outcomes'.

Empathy-based strain was reflected in participants' experiences of struggling to switch off from work and emotional numbing. These experiences echo those reported by Parry et al. (2025), who found that a sample of RCCWs experienced difficulties in separating the emotional demands of the role from their personal lives. For those with their own adverse experiences, the emotional weight of the role appeared to cause further distress through what they described as retraumatisation in response to certain incidents. Paradoxically, relational work in residential child care may serve as both a resource for wellbeing and a significant challenge, as depicted in Figure 2.

While previous research has found limited organisational support for wellbeing (Brend et al., 2025), a range of support was identified in the current study. Relational support with the residential team was highlighted in discussions to be the most salient source. This is consistent with Brend and Collin-Vézina's (2022) study involving RCCWs in Canada, where support was predominantly interpersonal, with colleagues in the residential team serving as the most frequently cited and valued resource. Parry et al. (2025) similarly found relationships with colleagues to be critical for staff wellbeing. Additionally, Molakeng et al.'s (2021) scoping review of resilience among child protection social workers identified supportive workplace relationships in over half of the 13 studies reviewed. The findings therefore add to a growing body of literature highlighting the significance of relational support for staff wellbeing in residential child care and wider social care contexts. This evidence suggests that organisations hold responsibility for fostering the conditions in which relational support can flourish. This should include leadership that recognises the emotional demands of the role and a culture in which the emotional and social needs of the team are met (see Quin, 2019, for an account of one such framework in a Scottish residential setting).

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The findings also suggest that RCCWs may value opportunities to speak openly about the difficult nature of the role. Participants' capacity to do so was contingent upon feeling psychologically safe and sharing a mutual understanding of the role. For this reason, external counselling services felt less accessible to participants. For many, this need was instead met through reflective spaces within the residential team. Such spaces are understood as structured group settings that provide carers and practitioners with opportunities to reflect on practice-related issues through the guidance of a trained facilitator (Dawber, 2013). Reflective spaces also offered recognition beyond participants' professional roles, alongside a sense of emotional containment. As noted by Williams et al. (2022), containment involves the capacity to process overwhelming or unprocessed emotional experiences in ways that make them feel more manageable for the individual. In the current study, reflective spaces provided this containment, allowing participants to have their adverse experiences held and processed within a supportive team. In line with an existing body of research which recognises these spaces as valuable for staff wellbeing in social care settings (Abraham et al., 2022; Bostock & Grant, 2025; Quin, 2019), the findings further consolidate the idea that reflective spaces warrant protection as a key part of practice.

Limitations

While generalisability is not the overarching aim of qualitative research, the small sample size limits the application of these findings to wider residential child care settings. Both providers were private organisations, and so participants' experiences may not be reflective of those working in local authority or third sector providers. Furthermore, as the exclusion criteria ensured that individuals experiencing significant mental health difficulties did not take part, these findings may not reflect the experiences of those in acute distress.

The researcher's insider position presents a further limitation. As an employee within one of the participating residential child care organisations, the first author had prior relationships with some participants. Although these relationships may have supported rapport, participants may have been motivated to assist the research process (Taylor, 2011) or, conversely, may not have discussed the full extent of their experiences. Despite adhering to a reflexive approach, the

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researcher's insider position will have inevitably influenced the analysis and interpretation of the data.

Conclusions

This study adds to a burgeoning body of literature raising awareness of the strenuous nature of residential child care work. Participants' wellbeing was experienced as an ever-changing balance between challenges and resources, with relational care both deeply meaningful and emotionally complex. In providing insight into how a sample of RCCWs experienced their wellbeing within a Scottish context, the study emphasises the significance of prioritising staff wellbeing through relational support. This matters not only for staff, but for the quality of care provided to young people living in residential child care.

Implications for practice

The present findings carry several recommendations for practice. Firstly, the wellbeing of RCCWs is closely intertwined with the care young people receive. Residential child care organisations may therefore benefit from embedding trauma-informed models of care that promote a culture of wellbeing throughout the organisation. Given the challenges of defining wellbeing, Dodge et al.'s (2012) conceptualisation may offer a helpful framework for understanding RCCWs' wellbeing as a balance between challenges and resources, supporting the identification of both within reflective practice and supervision. Secondly, the findings highlight various resources for wellbeing, which often took shape through relational support. It is thus recommended that regular reflective spaces, facilitated by skilled practitioners, are embedded, alongside supportive leadership, supervision, and debriefs following distressing incidents. Lastly, organisations should consider how employment conditions, such as access to full sick pay, may affect RCCWs' capacity to prioritise their own wellbeing.

Recommendations for future research

Although staff trauma was not a primary focus of the present study, some participants derived significant meaning from the role where it resonated with their own adverse experiences, which also appeared to create vulnerability to retraumatisation. While contemporary research has explored the relationships between staff ACEs and wellbeing outcomes in

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residential and social care settings (Mercer et al., 2023; Milne et al., 2024), qualitative research is sparse. In line with trauma-informed frameworks, which advocate for the recognition of staff trauma (Fallot & Harris, 2008, 2009; SAMHSA, 2014), further qualitative research is recommended to explore the experiences of staff with their own trauma histories.

Future research would also benefit from exploring the wellbeing of RCCWs across a larger and more diverse sample. This should include staff from a wider range of residential child care organisations, such as local authority and third sector providers. A broader sample would offer a more comprehensive overview of how organisational factors may impact experiences of wellbeing and support.

References

Abraham, L., Elgie, S., Soares, V., Beale, C., & Hiller, R. (2022). A qualitative study of the views and experiences of those working in residential children's homes. *Scottish Journal of Residential Child Care, 21*(2), 1-22. https://doi.org/10.17868/strath.00084160

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. https://doi.org/10.17868/strath.00084658

Bleiker, J., Morgan-Trimmer, S., Knapp, K., & Hopkins, S. (2019). Navigating the maze: Qualitative research methodologies and their philosophical foundations. *Radiography, 25*, S4–S8. https://doi.org/10.1016/j.radi.2019.06.008

Bostock, L., & Grant, L. (2025). 'It's a tough gig': Can reflective practice groups support senior leaders in child welfare manage anxiety and provide containment for others? *The British Journal of Social Work, 55*(8), 3995–4014. https://doi.org/10.1093/bjsw/bcaf179

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology, 18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Brend, D. M. (2020). Residential childcare workers in child welfare and moral distress. *Children and Youth Services Review, 119*, 105621. https://doi.org/10.1016/j.childyouth.2020.105621

Brend, D. M., & Collin-Vézina, D. (2022). Stronger together: Workplace social support among residential child welfare professionals. *Child Abuse & Neglect, 130*, 105302. https://doi.org/10.1016/j.chiabu.2021.105302

Brend, D. M., Collin-Vézina, D., & Daignault, I. V. (2025). Claiming the edge as central: What residential childcare workers need to better serve children and families. *Residential Treatment for Children & Youth, 42*(3), 459–484. https://doi.org/10.1080/0886571X.2025.2467106

Brend, D. M., Olaniyan, O. S., & Collin-Vézina, D. (2024). Residential childcare worker perceptions of work-related achievement and pride. *Frontiers in Child and Adolescent Psychiatry, 3*, 1360365. https://doi.org/10.3389/frcha.2024.1360365

Brend, D. M., & Sprang, G. (2020). Trauma-informed care in child welfare: An imperative for residential childcare workers. *International Journal of Child and Adolescent Resilience, 7*(1), 154-165. https://doi.org/10.7202/1072595ar

British Psychological Society. (2021). *Code of human research ethics* (3rd ed.). British Psychological Society. https://www.bps.org.uk/guideline/bps-code-human-research-ethics

Dawber, C. (2013). Reflective practice groups for nurses: A consultation liaison psychiatry nursing initiative: Part 1 - the model. *International Journal of Mental Health Nursing, 22*(2), 135–144. https://doi.org/10.1111/j.1447-0349.2012.00839.x

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing, 2*(3), 222–235. https://doi.org/10.5502/ijw.v2i3.4

Du, J., Diao, H., Zhou, X., Zhang, C., Chen, Y., Gao, Y., & Wang, Y. (2022). Post-traumatic stress disorder: A psychiatric disorder requiring urgent attention. *Medical Review, 2*(3), 219–243. https://doi.org/10.1515/mr-2022-0012

Fallot, R. D., & Harris, M. (2008). Trauma-informed approaches to systems of care. *Trauma Psychology Newsletter*, *3*, 6-7. https://traumapsychnews.com/wp-content/uploads/2016/01/newsletter_2008_winter.pdf

Fallot, R. D., & Harris, M. (2009). *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*. Community Connections. https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf

Holmes, A. G. D. (2020). Researcher positionality: A consideration of its influence and place in qualitative research – A new researcher guide. *Shanlax International Journal of Education, 8*(4), 1-10. https://doi.org/10.34293/education.v8i4.3232

Independent Care Review. (2020). *The Promise.* https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

Kallio, H., Pietilä, A., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954–2965. https://doi.org/10.1111/jan.13031

Kilby, C. J., Horrobin, E. L., Wurth, C., & Watt-McMahon, K. (2026). A scoping review of stress in residential childcare workers. *Journal of Health Psychology, 31*(1), 3-24. https://doi.org/10.1177/13591053251336915

Kind, N., Bürgin, D., Fegert, J. M., & Schmid, M. (2020). What protects youth residential caregivers from burning out? A longitudinal analysis of individual resilience. *International Journal of Environmental Research and Public Health*, *17*(7), 2212. https://doi.org/10.3390/ijerph17072212

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Ledoux, K. (2015). Understanding compassion fatigue: Understanding compassion. *Journal of Advanced Nursing, 71*(9), 2041–2050. https://doi.org/10.1111/jan.12686

Leloux-Opmeer, H., Kuiper, C., Swaab, H., & Scholte, E. (2016). Characteristics of children in foster care, family-style group care, and residential care: A scoping review. *Journal of Child and Family Studies, 25*(8), 2357–2371. https://doi.org/10.1007/s10826-016-0418-5

Magalhães, E., & Calheiros, M. M. (2017). A dual-factor model of mental health and social support: Evidence with adolescents in residential care. *Children and Youth Services Review, 79*, 442–449. https://doi.org/10.1016/j.childyouth.2017.06.041

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103–111. https://doi.org/10.1002/wps.20311

Mercer, L., Cookson, A., Müller-Myhsok, B., & van Vuuren, J. (2023). Burnout and secondary traumatic stress in staff working with people with intellectual disabilities: The role of adverse childhood experiences, resilience and trauma-informed organisational climate. *Journal of Applied Research in Intellectual Disabilities, 36*(6), 1297–1307. https://doi.org/10.1111/jar.13148

Milne, L., Ratushniak, A., & Nguyen, H. (2024). How adverse childhood experiences impact the professional quality of life of residential care workers: Resilience as a mediator for burnout, secondary traumatic stress, and compassion satisfaction. *Frontiers in Child and Adolescent Psychiatry, 3*, 1423451. https://doi.org/10.3389/frcha.2024.1423451

Molakeng, M. H., Truter, E., & Fouché, A. (2021). Resilience of child protection social workers: A scoping review. *European Journal of Social Work, 24*(6), 1028–1050. https://doi.org/10.1080/13691457.2021.1901660

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Medicine, 9*(11), e1001349. https://doi.org/10.1371/journal.pmed.1001349

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Parry, S., Oldfield, J., & Williams, T. (2025). Exploring the impact of work-related stress and professional wellbeing with practitioners in homes for children. *Scottish Journal of Residential Child Care, 24*(1), 28-53. https://doi.org/10.17868/strath.00092779

Quin, S. (2019). Layers of healing care. *Scottish Journal of Residential Child Care, 18*(1), 67-76. https://doi.org/10.17868/strath.00084409

Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science, 3*(3), 297–336. https://doi.org/10.1007/s41542-019-00045-1

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*(1), 141–166. https://doi.org/10.1146/annurev.psych.52.1.141

Santos, L., Pinheiro, M. d. R., & Rijo, D. (2023). Fostering an affiliative environment in residential youth care: A cluster randomized trial of a compassionate mind training program for caregivers enrolling youth and their caregivers. *Child Abuse & Neglect, 139*, 106122. https://doi.org/10.1016/j.chiabu.2023.106122

Scottish Government. (2022). *National care service – children's social services: Overview*. https://www.gov.scot/publications/national-care-service-childrens-social-services-scotland/

Scottish Government. (2023). *Children and families workforce: Mapping of professional qualification routes*. https://www.gov.scot/publications/mapping-professional-qualification-routes-continuous-professional-learning-opportunities-relating-psychological-trauma-children-families-workforce

Scottish Government. (2024). *Children's social work statistics 2022-23: Looked after children.* https://www.gov.scot/publications/childrens-social-work-statistics-2022-23-looked-after-children/pages/looked-after-children

Scottish Government. (2026). *Children in residential care statistics.* https://www.gov.scot/publications/children-in-residential-care-statistics/

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Seti, C. L. (2008). Causes and treatment of burnout in residential child care workers: A review of the research. *Residential Treatment for Children & Youth, 24*(3), 197–229. https://doi.org/10.1080/08865710802111972

Smith, Y., Colletta, L., & Bender, A. E. (2021). Client violence against youth care workers: Findings of an exploratory study of workforce issues in residential treatment. *Journal of Interpersonal Violence, 36*(5-6), 1983–2007. https://doi.org/10.1177/0886260517743551

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* https://www.nctsn.org/resources/samhsas-concept-of-trauma-and-guidance-for-a-trauma-informed-approach

Taylor, J. (2011). The intimate insider: Negotiating the ethics of friendship when doing insider research. *Qualitative Research*, *11*(1), 3-22. https://doi.org/10.1177/1468794110384447

Waters, E., & Cummings, E. M. (2000). A secure base from which to explore close relationships. *Child Development, 71*(1), 164–172. https://doi.org/10.1111/1467-8624.00130

Williams, J., Ruch, G., & Jennings, S. (2022). Creating the conditions for collective curiosity and containment: Insights from developing and delivering reflective groups with social work supervisors. *Journal of Social Work Practice, 36*(2), 195–207. https://doi.org/10.1080/02650533.2022.2058922

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