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Original Research Article

Exploring the impact of work-related stress and professional wellbeing with practitioners in homes for children

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Abstract:

This study examines experiences of staff wellbeing in homes for cared-for children and theoretically considers how staff wellbeing influences the care children receive. Staff in these settings often experience high levels of stress and burnout, due to the demanding nature of their roles and the lack of professional support. Personal accounts and approaches to coping were collected through an anonymous online platform, then explored through descriptive statistics, a correlation matrix, three separate multiple regression analyses, a multiple linear regression, and thematic analysis. Staff wellbeing is significantly influenced by coping strategies, self-compassion, and support systems. Participants who reported higher levels of compassion satisfaction exhibited lower levels of burnout. Conversely, avoidant coping strategies and unprocessed secondary traumatic stress were associated with increased burnout. The study also underscores the importance of a supportive work environment, including regular supervision, professional development, and access to mental health resources, in enhancing staff resilience and reducing turnover. Recommendations for the homes for children sector include implementing comprehensive support systems to enhance staff wellbeing, and integrating trauma-informed care training and principles. By addressing these areas, the sector can improve care quality and better support the developmental needs of vulnerable children through enhanced placement stability and therapeutic value.

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Introduction

According to the Children's Social Care in England 2024 report[1], there are currently 10,200 children living in homes for cared-for children in England. Children entering the care system in the UK are among the most vulnerable members of society. These young people frequently encounter multiple traumas, losses, and challenging interactions with caregivers (Santos, do Rosário Pinheiro, & Rijo, 2023). To recover from these early relational traumas, emotional warmth and safety within therapeutic relationships is crucial (Magalhães & Calheiros, 2017), which is one of the reasons why the wellbeing and emotional availability of their practitioners must constantly be attended to in research and practice.

Frontline staff in homes for cared-for children, often deemed 'placements of last resort' (Nixon & Henderson, 2022), lack a designated professional body to represent their specific needs, despite the increasingly therapeutic nature of their roles. Indeed, residential children's homes can be challenging environments for both carers and young people (Parry & Jay, 2022). The COVID-19 pandemic exacerbated many of the existing challenges faced by children's social workers (McFadden et al., 2024), and the cared-for children's workforce specifically (Parry, Williams & Oldfield, 2022), such as heightened safeguarding concerns, reduced opportunities for face-to-face contact with fellow professionals and families, and increased emotional strain. This essential workforce still faces significant hurdles in delivering tailored and trauma-informed care while also safeguarding their own wellbeing at work.

Organisations that provide trauma-informed care must create a safe environment, promote service user involvement, identify trauma-related needs on both individual and systemic levels, and foster a culture of wellbeing and resilience for both individuals and the organisation. This involves a 'whole systems' approach that supports cross-agency collaboration and integrates communication (Dermody et al., 2018; Robinson & Brown, 2016; Wilson et al., 2013). Children's home providers often encounter obstacles in delivering trauma-informed care due to difficulties in coordinating care among a broad range of health, social care, and educational organisations (Hummer et al., 2010), each with their own standards and quality appraisal processes. The challenges posed by competing demands, complex needs, and a lack of national guidance can overwhelm available resources, leading to suboptimal care standards in homes for cared-for children. An intersectoral, coordinated approach to care for cared-for children is crucial to supporting a holistic, continuous, and safe provision, through integrating health, education, social services, and family involvement. This avoids fragmented services and

[1] https://www.gov.uk/government/statistics/childrens-social-care-in-england-2024/main-findings-childrens-social-care-in-england-2024

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addresses the child's full developmental, emotional, and physical needs within their home environment (Saunders et al., 2023; Thomson et al., 2023).

Furthermore, the demands on residential children's workers are exceptionally high, encompassing responsibilities for children's safety, emotional support, discipline, boundaries, and crisis management (Parry, Williams & Oldfield, 2022; Seti, 2007). Additional stressors include unsociable working hours, inconsistent access to psychologically informed supportive supervision, and financial hardship resulting from low remuneration across most of the sector. Recent research (e.g., Brend et al., 2024) has identified that care workers supporting children and families report higher levels of exhaustion, moral distress frequency, and overall emotional distress. The frequency of moral distress and the intensity of emotional distress were significant predictors of burnout in this group, suggesting that social workers who work with children and families are particularly vulnerable to these challenges. These factors collectively contribute to high levels of work-related stress and burnout within this crucial yet often undervalued occupational group (Heron & Chakrabarti, 2002; Seti, 2007; Zerach, 2013). Burnout, a prolonged stress reaction not uncommon among those in frontline helping professions (Schaufeli & Buunk, 1996; Schaufeli & Peeters, 2000), can impair emotional availability and negatively impact therapeutic outcomes (Kokkonen et al., 2014; Parry, 2017).

The stability of out-of-home placements is closely linked to the mental and emotional health of staff. As such, research indicates that high staff turnover and burnout are correlated with placement instability, which adversely affects children's outcomes (McFadden et al., 2022). Staff who are well supported, through adequate supervision and management, and manageable caseloads, are more likely to remain in their roles long-term, contributing to consistent care and a stable environment. Conversely, staff who experience stress, burnout, or lack of support may struggle to manage the emotional and behavioural challenges presented by children in care, potentially leading to placement breakdowns (Longshaw, 2023). Additionally, staff wellbeing affects the quality of care through its influence on staff's ability to engage in therapeutic interventions, day-to-day nurturing relationships, and the implementation of care strategies tailored to individual needs (Farmer & Lutman, 2022). Reduced wellbeing amongst frontline practitioners can therefore impact vulnerable children who have already experienced disrupted attachments and relational losses.

In summary, supported staff, with access to supervision, adequate training, and mental health resources, are better positioned to build meaningful and stable relationships with children, which is crucial for their emotional and psychological wellbeing (Ogilvie et al., 2023). Children in stable placements with engaged caregivers able to attune to the child's needs are more likely to experience positive outcomes, including improved mental health, better educational

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performance, and enhanced social skills (McFadden et al., 2022). Staff wellbeing also impacts broader developmental outcomes for children and young people in care. When staff maintain positive mental health, they are better able to create environments that foster resilience and emotional regulation in children (Jennings & Greenberg, 2009), which is particularly important for those who have experienced trauma, abuse, or neglect prior to entering the care system.

Therefore, creating a workplace culture that values and prioritises staff wellbeing can ultimately improve the consistency and quality of care provided to children. Trauma-informed care training can be particularly beneficial, equipping staff with skills to manage challenging behaviours and support both their own psychological needs and those of the children in their care (McPherson et al., 2022). A recent scoping review by Saunders et al. (2023) on trauma-informed approaches in various care settings raised the question: 'If trauma is not well defined, can a trauma-informed care framework suitably wrap around people and needs?' This question is pertinent to care-experienced young people in homes for children, who often face multiple documented traumas and implicit relational stresses. Further, frontline staff may experience work-related stress and secondary traumatic stress from witnessing the impact of trauma on the children they support. This workforce, relatively unsupported in terms of specialist training and psychological supervision compared to other social and therapeutic care disciplines, often has fewer opportunities to process their challenges. Thus, it is important to understand what support would be beneficial, and what this resourceful workforce is already achieving to promote staff wellbeing and positive outcomes for children and young people in homes for children.

Consequently, this study sought to understand the relationships between certain measurable risks and protective factors facing practitioners working in homes for care experienced children. With greater understanding of the needs of this practitioner group working in the unique environments of children's homes, supportive interventions to care for them in their work can be better tailored and more effective, leading to improved outcomes for young people, as well as enhanced staff wellbeing and retention.

Method

Design

The design of this study was informed by a series of online webinars held with stakeholders from across the homes for children sector between 2020 and 2022. Through stakeholder consultation and discussion, the need for the project was identified and anonymous online participation was deemed most practical for a busy workforce largely working on a shift basis. To enhance methodological transparency, we chose a multi-methods approach to capture both the

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quantitative and qualitative dimensions of staff wellbeing, aligning our measurement tools with theoretical foundations rooted in previous research on professional quality of life, secondary traumatic stress, and resilience, as well as stakeholder consultations that emphasised the need for a comprehensive exploration of coping strategies and restorative factors.

The study was hosted via Qualtrics, a secure online platform that uses Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data. Personal data was stored separately from research data, and information about how the data would be stored, used, and shared through publications was included in the information sheet, alongside signposting information to self-care guides for people working in health and social care (e.g., Self-care Tools). Participants were able to access the survey once they completed the consent form within Qualtrics, where demographics information was also recorded. The study was approved by the research ethics committee of Manchester Metropolitan University.

Measures

A selection of five widely used measures were implemented to explore secondary traumatic stress, professional quality of life, self-compassion, a history of adverse childhood experiences, and coping strategies. Participants were also invited to answer four qualitative free-text open-ended questions relating to their professional experiences, exploring both restorative and challenging factors. The selection of these measures to assess coping and wellbeing within the cared-for children's workforce was informed by previous research by the authors and stakeholder consultations. The Professional Quality of Life Scale and Secondary Traumatic Stress Scale were used to assess the emotional toll and rewards of caregiving, based on previous qualitative accounts of caring in this unique environment (Parry & Weatherhead, 2014; Parry et al., 2021). The Self-Compassion Scale is included as a protective factor against burnout, recognising its relevance in fostering resilience, as seen in Parry’s work on restorative and trauma-informed approaches (Parry et al., 2021; Parry et al., 2023). Finally, the COPE Inventory was chosen for its ability to evaluate diverse coping strategies, crucial for staff wellbeing in high-stress environments, as informed by consultations with stakeholders in the field. These tools collectively offer a comprehensive approach, aligning with Parry’s research on fostering resilience and wellbeing in both care staff and children.

- Professional Quality of Life Scale (brief-ProQOL)
- Secondary Traumatic Stress Scale: 17 items, offering an overall secondary trauma score (subscales: intrusion, avoidance and arousal)
- Self-compassion Scale: 12 items, a protective factor against burnout (Neff, 2003)

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- Adverse Childhood Experiences Scale (brief 12 item self-report survey, increasingly used with social workers and those in social care to connect overcoming adversity with resiliency factors in research [Felitti et al., 1998])
- COPE Inventory (Carver, 2013)

Participants

Of 144 participants (F=113, M=30), recruited through social media (e.g., LinkedIn, Twitter, Facebook) and professional networks, participants had a mean age of 40.11 years (SD 11.11) and had worked in children's homes for an average of 10.9 years (SD 9.64 years). Demographic information for the children's home workforce is not available, so we have used demographic information from children's social workers as the closest available comparison group to contextualise our participant cohort. Of the participant group, 70.1% identified as White British, which is roughly in line with the 2022 average of 76.6% for the 34,680 social workers supporting children and families in the UK (Department for Education, 2022). Participants self-identified as being a residential childcare worker, support worker, or therapeutic parent (62), a senior support worker (8), team lead (8), deputy or assistant manager (7), registered home manager (32), educator (9), operations manager (7), assistant psychologist (1), registered nurse (1), or director (9). We understood all participants to be UK-based.

Analytic approaches

Multiple regression was used to analyse the data. This type of analysis is useful to explore the relationship between the dependent variables (the three subscales of the Professional Quality of Life Scale, i.e. compassion satisfaction, burnout, and secondary traumatic stress) and the predictor variables (ACE score, avoidant coping, approach coping, self-compassion score, secondary traumatic stress, years of experience, age, gender). Multiple regression can reveal the strength and direction of the relationship between the outcome and predictor variables whilst acknowledging the relative importance of the predictors in influencing the outcome (Tabachnick & Fidell, 2013).

Thematic analysis offers a nuanced, interpretative, and in-depth approach to the analysis of heterogenous qualitative data, with ever-increasing use across applied health and social care research (Braun & Clarke, 2012, 2013). Drawing upon Braun and Clarke's robust, systematic framework for thematic analysis, data was inductively coded following anonymisation, tabulation, and familiarisation. Emerging themes gradually coalesced into stronger themes, until a draft of the analysis was discussed within the team, prior to finalising the three analytic themes presented (Braun et al., 2014). Participants completed the open questions after the measures, so the authors would like to draw attention to the likelihood that qualitative answers were influenced by the topics of the measures.

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Results

Statistical analysis

The descriptive statistics relating to the three dependent variables from the PROQOL metric (compassion-satisfaction, burnout, secondary traumatic stress), alongside the predictor variables (ACE score, avoidant coping, approach coping, self-compassion score, secondary traumatic stress, years of experience, age, and gender) are shown in Table 1.

Table 1: Descriptive statistics

	N	*M*	*SD*	*Min*	*Max*
PROQOL: Compassion Satisfaction	141	40.18	6.12	23	50
PROQOL: Burnout	141	23.70	5.57	12	39
PROQOL: Secondary traumatic stress	141	21.90	6.76	11	44
ACE score	137	2.28	2.29	0	10
Brief coping: Avoidant	131	22.51	6.15	12	40
Brief coping: Approach	131	30.02	7.80	12	46
Self-compassion	136	35.90	7.91	17	59
Secondary traumatic stress	144	37.45	12.41	17	76
Years of experience	144	10.09	9.64	0	44
Age	144	40.11	11.11	20	64
Gender	144		-	-	-

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A correlation matrix was computed to show the relationships between the variables within the study (see Table 2). PROQOL compassion-satisfaction was significantly negatively correlated with avoidant coping and secondary traumatic stress, and positively correlated with self-compassion. PROQOL burnout was significantly positively correlated with ACE score, avoidant coping, and secondary traumatic stress, and negatively correlated with self-compassion. PROQOL secondary traumatic stress was significantly positively correlated with ACE score and avoidant coping, and negatively correlated with self-compassion. The PROQOL Secondary Traumatic Stress scale unsurprisingly correlated with the Secondary Traumatic Stress Scale.

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Table 2: Bivariate correlation between variables

	1	2	3	4	5	6	7	8	9	10	11
PROQOL: Compassion Satisfaction	-	-.680**	-.224**	-.071	-.242**	.146	.322**	-.316**	.055	.019	.035
PROQOL: Burnout	-	-	.529**	.174*	.406**	-.111	-.514**	.598**	-.075	-.059	.017
PROQOL: Secondary Traumatic Stress	-	-	-	.264**	.490**	.142	-.475**	.713**	-.087	-.139	-.007
ACE score	-	-	-	-	.270**	.094	-.213*	.289**	-.124	-.027	.004
Brief Coping: Avoidant	-	-	-	-	-	.371**	-.475**	.428**	-.021	-.048	.006
Brief Coping: Approach	-	-	-	-	-	-	.033	.089	.044	-.147	.033
Self-Compassion	-	-	-	-	-	-	-	-.503**	.123	.187*	-.205*
Secondary Traumatic Stress	-	-	-	-	-	-	-	-	-.071	-.064	-.031
Years of Experience	-	-	-	-	-	-	-	-	-	.618**	-.184*
Age	-	-	-	-	-	-	-	-	-	-	-.154
Gender (Male = 1 Female = 0)	-	-	-	-	-	-	-	-	-	-	-

Note: *p < .05; **p < .01

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Three separate multiple regression analyses were carried out to investigate the amount of variance within the dependent variables (the three PROQOL measures) that could be accounted for by the eight predictor variables (ACE score, avoidant coping, approach coping, self-compassion score, secondary traumatic stress, years of experience, age, and gender). The predictor of secondary traumatic stress was not added within the Secondary Traumatic Stress model due to high levels of multicollinearity. Within all three models, the assumptions for testing using multiple regression were met (i.e., multicollinearity, normality, linearity, homoscedasticity, independence of residuals, and outliers within the data).

Table 3: Predictors of PROQOL: Compassion satisfaction

	Unstandardised coefficients		**Standardised coefficients**		
	B	**Std. error**	**Beta (*β*)**	**t**	**Sig.**
(Constant)	35.65	5.44	-	6.55	.000
ACE score	.110	.233	.042	.474	.637
Brief coping: Avoidant	-.174	.107	-.176	-1.62	.107
Brief coping: Approach	.164	.075	.210	2.19	.030*
Self-compassion	.142	.085	.184	1.67	.097
Secondary traumatic stress	-.079	.049	-.162	-1.61	.111
Years of experience	.016	.067	.027	.242	.809
Age	.002	.061	.005	.041	.968
Gender	1.062	1.305	.071	.814	.417

Dependent variable: PROQOL: Compassion satisfaction

Note: *p < .05; **p < .01

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A multiple linear regression was calculated to predict compassion satisfaction based on participants' ACE scores, brief coping: avoidant score, brief coping: approach score, self-compassion score, secondary traumatic stress score, years of experience, age, and gender. Using the enter method, a significant model emerged (*F(8,120) = 3.42, p = .001*), with an R^2 value of *.186,* which indicates the predictors in the model could account for approximately 13% ($R^2adj = .131$) of the variance in compassion satisfaction. The only significant variable in this model was brief coping: approach (β = .21, p = .030), which indicates that participants' compassion satisfaction increased as brief coping approach scores increased.

Table 4: Predictors of PROQOL: Burnout

	Unstandardised coefficients		**Standardised coefficients**		
	B	**Std. error**	**Beta (*β*)**	**t**	**Sig.**
(Constant)	22.47	3.99	-	5.63	.000
ACE score	-.046	.171	-.019	-.271	.787
Brief coping: Avoidant	.190	.078	.213	2.42	.017*
Brief coping: Approach	-.154	.055	-.218	-2.81	.006**
Self-compassion	-.150	.062	-.215	-2.41	.018*
Secondary traumatic stress	.183	.036	.415	5.08	<.001**
Years of experience	-.004	.049	-.007	-.079	.937
Age	.002	.044	.004	.046	.963
Gender	.060	.958	.004	.063	.950

Dependent variable: PROQOL: Burnout

Note: *p < .05; **p < .01

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A multiple linear regression was calculated to predict burnout based on participants' ACE scores, brief coping: avoidant score, brief coping: approach score, self-compassion score, secondary traumatic stress score, years of experience, age, and gender. Using the enter method, a significant model emerged (*F(8,120) = 13.03, p < .001*), with an R^2 value of *.465*, indicating that the predictors in the model could account for approximately 43% ($R^2adj = .429$) of the variance in burnout. There were four significant predictors in this model: secondary traumatic stress (β = .42, p < .001), brief coping: approach (β = -.22, p = .006), brief coping: avoidant (β = .21, p = .017), and self-compassion (β = -.22, p = .018). Participants' burnout scores increased as their coping avoidant and secondary traumatic stress scores increased, but decreased when their scores on self-compassion and coping approach increased.

Table 5: Predictors of PROQOL: Secondary traumatic stress

	Unstandardised coefficients		**Standardised coefficients**		
	B	**Std. error**	**Beta (*β*)**	**t**	**Sig.**
(Constant)	24.075	4.89	-	4.92	.000
ACE score	.373	.232	.126	1.61	.111
Brief coping: Avoidant	.355	.107	.321	3.33	.001**
Brief coping: Approach	.011	.076	.012	.145	.885
Self-compassion	-.245	.080	-.283	-3.06	.003**
Years of experience	-.001	.068	-.001	-.010	.992
Age	-.038	.061	-.062	-.617	.538
Gender	-1.41	1.31	-.084	-1.079	.283

Dependent variable: PROQOL: Secondary traumatic stress

Note: *p < .05; **p < .01

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Finally, a multiple linear regression was calculated to predict secondary traumatic stress, based on participants' ACE scores, brief coping: avoidant score, brief coping: approach score, self-compassion score, years of experience, age, and gender. Using the enter method, a significant model emerged ($F(7,121) = 8.66, p < .001$), with an R^2 value of $.334$, indicating that the predictors in the model could account for approximately 30% ($R^2adj = .295$) of the variance in PROQOL: Secondary traumatic stress. The only significant variables in this model were brief coping: avoidant ($\beta = .32, p < .001$), and self-compassion ($\beta = .28, p = .003$), which indicates that secondary traumatic stress increased as brief coping avoidant scores increased, but decreased as self-compassion scores increased.

Thematic analysis

Due to the nature of remote data collection, there was variety in the qualitative responses from participants, with some responses very brief and others more in-depth. Overall, the thematic analysis offers a collective insight into common themes of experience. Firstly, while personal experiences can enhance empathy and support, emotional strain and the risk of over-identification with children's situations was also a feature of some accounts. Secondly, although self-care is recognised as crucial, many participants struggled to prioritise self-care due to the demands of their roles. Relationally, supportive collegial working helped to manage stress and enhance job satisfaction. Finally, systemic pressures and constraints, such as regulatory demands and organisational policies, were reported to adversely impact care quality and job satisfaction. Each theme provides an interpretation of the original data, with quotes included verbatim.

Theme One: Experiencing but not knowing how to manage the role

A prominent theme throughout the qualitative data related to how participants drew upon their own experiences of being parented and cared for to aid them in their role supporting the children. However, a key differentiation was made between experiencing being cared for, providing care to others, and not presuming to know what a young person's experiences had been. For example, '[my] experience of a loving stable home as a child helps in the separation process of child and behaviour during difficult times'. Similarly, experiences of hardship could inform participants' approaches to empathy: 'experiences of adversity help me empathise and balance needs for positive risk taking and independence'. Whilst memories of difficulties in their own past could be powerful with respect to insight and empathy, some participants highlighted the workplace support they needed to help them professionally navigate their way through powerful memories and emotions, identifying a need for support around how to manage the emotional toll of their role.

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> It is difficult to keep a boundaries and easy to cross a line between professional and personal life. The majority of the days I take my work to home and it makes an impact on my personal life, relationships and my own well-being. It is an area which I still need to learn.

Perhaps akin to reports of vicarious resilience, hope and strength were important codes within this theme. For example, 'I feel hopeful for the children I work with because of what I have already overcome'; 'I know from personal experience the difference a positive role model can make, which gives me strength in my work'; 'they're safe now and we're making a difference'. However, codes of sorrow and sadness were also clear, as participants reflected on what they could see the children did not have in comparison to their own experiences of love and care: 'I feel sad as I know what the children are missing not having their own happy families'; 'separating home and work can be hard, especially after a challenging shift'; 'accept that you are not a robot and that this can have an impact'.

Overall, past experiences, both positive and challenging, provided participants with insight, patience, and the ability to empathise, although they could also stir challenging emotions that could be hard to leave at work. Participants' accounts suggested an appreciation that everyone is different and that it was important not to assume knowledge of someone else's inner world, although containing their emotional reaction to the suffering they witnessed could cause direct distress. In conclusion, the theme of experiencing but not knowing how to manage the role highlights the complexity of balancing personal history with professional responsibilities. Participants drew on their own experiences, both positive and challenging, to inform their approach to supporting the children in their care. However, they also recognised the limitations of presuming to understand another person's experiences, emphasising the importance of empathy without overstepping boundaries. While personal experiences could provide valuable insights and strength, they also evoked difficult emotions that required careful management. Participants acknowledged the emotional toll of their role, underscoring the need for professional support in navigating these complex feelings, and the ongoing challenge of maintaining a balance between personal and professional life.

Theme Two: Navigating feelings and professional roles whilst caring

Most of the participants discussed their awareness of secondary traumatic stress, most commonly using the term 'vicarious trauma'. Many participants described an ability to talk openly with managers, supervisors and colleagues: 'I have cried about young people but been able to manage those emotions safely', which was supported as a process by feeling safe enough professionally to be vulnerable. Additionally, a minority of participants seemed to describe vicarious resilience through witnessing the strength of the young people they worked

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with: 'At times holding in tears because they [the child/children] are showing such strength, it has empowered me further'.

Participants also discussed navigating their wishes with a recognition of the limits of their role, and managing their expectations: 'I have a strong empathy for them and feel protective but understand sometimes I can't help as much as I would of wanted'; 'It's important to remember to take small baby steps and not expect miracles from the young people I am supporting'.

In terms of how participants navigated taking care of themselves, codes were typically centred around: 'Knowing that I am doing my best'; self-care, 'self-care is something that is greatly missing in my own life. When I reflect on my own coping strategies I realise that there is much missing'; their professional role, 'My ambition to progress helps me realise that this is all experience and will help me grow as a practitioner'; and team work, 'being part of a team and it's a team effort'. Participants identified particular strategies they found helpful, such as compassionate self-talk, 'use self talk a lot in relation to planning difficult conversations', and processing challenges with colleagues, 'I always make sure I debrief with colleagues after a difficult session with a young person'. However, self-care was not always easy to prioritise alongside their role of caring for others: 'I am aware that the lack of the care for myself might lead me to burning out'; 'I do not look after myself much I centre myself around my work and others'.

Theme Three: Relationships with colleagues and systems

The impact and importance of relationships was central to many participant accounts, specifically in relation to feeling connected and encouraged, and with respect to communication: 'Having a good team around me can help as I know who to talk to and I encourage others to speak with me'. However, staff relationships could also be challenging and add to work-related stress: 'Another thing I find difficult is staff who have less commitment and aren't interested in the young people and I do get stressed about that at times'. Additionally, participants reflected on how communication between staff could influence their perceptions and expectations: 'How one person perceives and tells the events of an evening or weekend during a handover can hugely impact on how others react'. Finally, the restorative nature of relationships was reflected upon:

> I have good relationships with the children I work with which makes my job often pleasurable. Also being able to talk with my colleagues and a supportive manager. We also have access to psychology support if needed and have on occasion talked my feelings through with the psychologist.

Participants' accounts also highlighted the relationships within the systems in which they operated. For instance, external pressures from regulatory bodies

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like OFSTED were reported to impact the nature of care, sometimes diverging from what was in the child's best interests or from care plans. One participant noted, 'Managers almost micromanage us nowadays and that makes me feel a little less human in my delivery of care (if that makes sense) and more robotic. It's a service that aims to meet OFSTED targets.' Additionally, the role of working in children's social care could be ambiguous within the broader health and social care system, a situation worsened by COVID-19. As one participant described, 'Going to work every day and not being eligible for testing initially had a massive impact on stress levels and the worry about what could happen to the home and kids if the virus came to us.' However, systems could also offer protection, as reflected in another participant's experience: 'My appreciation for young people and our healthcare system helps me at work, and the gratitude I feel shapes me personally too.' These accounts illustrate how various perspectives shape perceptions of systems and the personal resources participants felt they had to navigate them.

Overall, relationships with colleagues and the broader systems in which practitioners operate play a pivotal role in shaping their work experience. Positive relationships with colleagues and supportive systems can offer restorative benefits, fostering connection and providing emotional support. However, challenges such as communication issues and external pressures from regulatory bodies can contribute to stress and feelings of disconnection. The balance between personal commitment and the demands of institutional systems, particularly in children's social care, highlights the complexity of navigating professional environments. Based on the qualitative data collected throughout the study, recommendations from the workforce contributed to the development of Figure 1.

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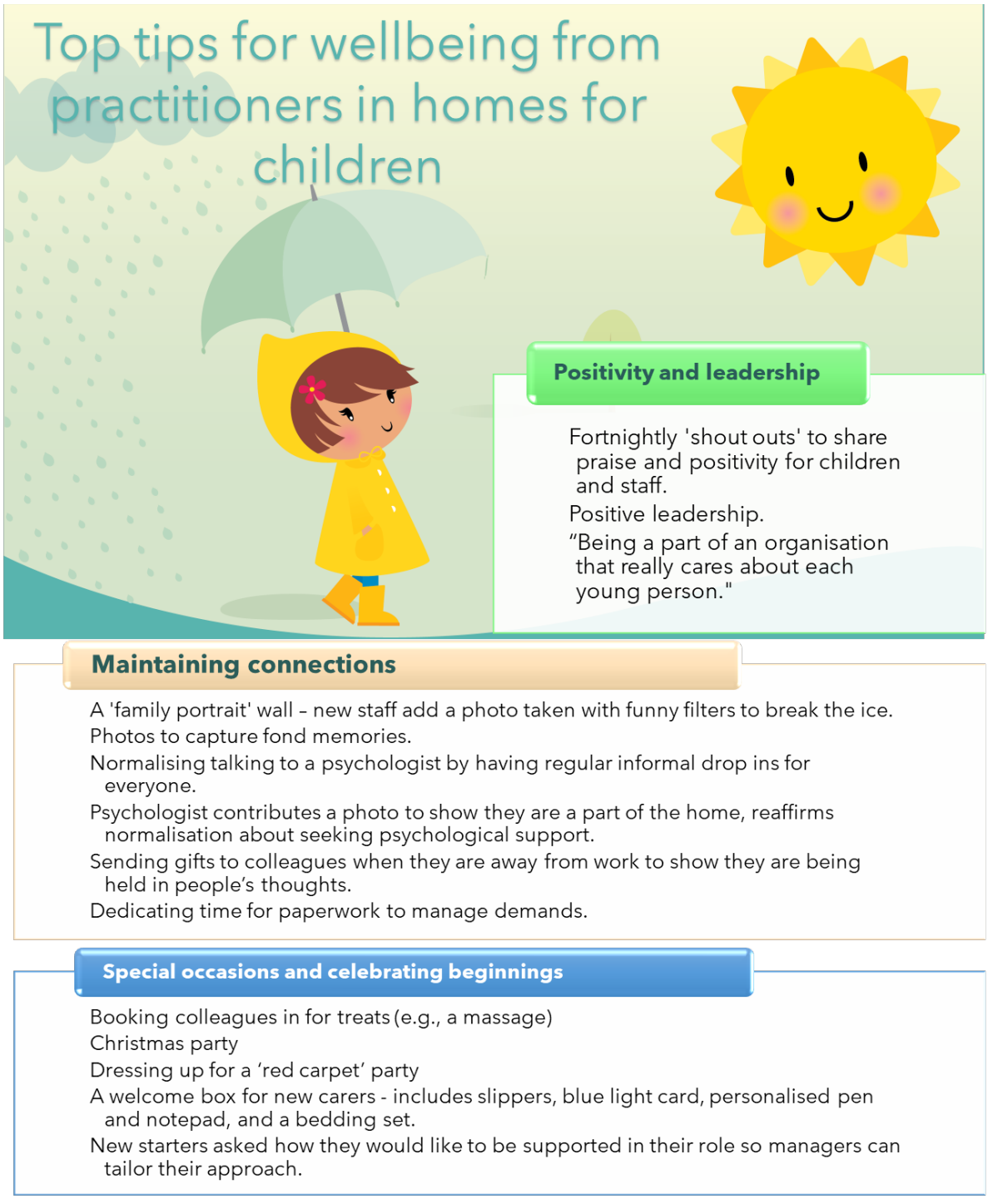
Figure 1: Top tips for wellbeing from practitioners in homes for children



Discussion

Overall, the findings from this study highlight the emotional and psychological challenges faced by the cared-for children's workforce. Findings hightlight the importance of developing effective coping strategies and self-compassion. Additionally, the emotional toll of the role, shaped by personal experiences and empathetic connections with the children, emphasises the need for ongoing

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support for staff, both professionally and emotionally. The study also highlights the value of strong, supportive team relationships and open communication, which can help alleviate stress and improve job satisfaction. However, the workforce is also impacted by organisational pressures, such as regulatory demands, which can place strain on the quality of care provided and increase stress levels. Therefore, ensuring that staff have access to adequate professional support and are able to prioritise self-care is essential to maintaining their wellbeing and ensuring high-quality care for children. In summary, the findings suggest that a balance between personal resilience, workplace support, and a manageable workload is crucial for sustaining the emotional health of the children's workforce (Table 1).

The findings of this study provide valuable insights into the individual factors that influence burnout among professionals working in residential care settings, particularly in relation to adverse childhood experiences (ACEs), coping strategies, and compassion satisfaction. The data suggest that age, gender, years of experience, and time working in the field do not significantly affect an individual's likelihood of experiencing burnout. However, participants who reported higher exposure to adversity in their own lives showed a slightly increased likelihood of burnout, which is consistent with existing literature on ACEs. Previous research has highlighted that increased exposure to ACEs is associated with heightened workplace stress and a tendency to adopt less helpful coping mechanisms (Steen et al., 2021). Our study found a mean ACE score of 2.28 (SD = 2.29) among the participants, aligning with earlier studies that identified higher ACE scores among social workers compared to the general population (Steen et al., 2021).

The most prominent protective factor against burnout identified in this study was the development of helpful coping strategies to manage workplace stress. Specifically, participants who reported high levels of compassion satisfaction, defined as the joy and satisfaction derived from helping others, were less likely to engage in avoidant coping strategies. This is important, as if people in helping roles feel as though they are being prevented from delivering high quality care, i.e., from undertaking their roles effectively, this could lead to an additional risk factor. As may have been predicted, avoidant coping and unprocessed secondary traumatic stress were identified as the two main risk factors for burnout in our sample. Those who were able to cultivate helpful coping mechanisms and self-compassion were better equipped to maintain their emotional wellbeing, thereby reducing the risk of burnout. As a result, interventions focused on enhancing self-compassion and promoting healthy coping strategies could be beneficial for staff in homes for cared-for children's settings.

The findings also shed light on the potential influence of attachment styles on burnout. Attachment theory suggests that individuals develop internal working models of relationships based on their early caregiving experiences, which can

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shape how people cope with stress (Bowlby, 1973; Calkins & Leerkes, 2011). Previous research has identified a link between insecure attachment styles and burnout (Kokkonen et al., 2012; Pines, 2004; Ronen & Mikulincer, 2009). In the context of residential care for children, the interactions and behaviours of traumatised children can activate attachment-related coping mechanisms in caregivers, which may exacerbate stress and burnout, particularly for those with insecure attachment styles. Recent research suggests insecure attachment styles, such as anxious or avoidant attachment, can exacerbate stress and contribute to higher levels of burnout. For example, McConnell, Wong and Ferrey (2025) conducted a narrative review exploring the relationship between attachment and mental health at work, noting that individuals with insecure attachment styles are more likely to experience higher emotional demands, which in turn increases burnout. Navas-Jiménez et al. (2025) further emphasise the role of leadership in buffering the impact of emotional demands. Their study on secure base leadership found that leaders who offer a secure base can help reduce exhaustion among employees by providing emotional support, and thereby demonstrating the importance of secure attachment dynamics in the workplace. Additionally, Mostafa et al. (2025) highlight the role of perceived abusive supervision, suggesting that such negative leadership dynamics can trigger insecure attachment responses in employees, leading to burnout. Furthermore, Marmarosh, Liu and Du (2025) discuss how attachment and trauma intersect in therapeutic contexts, providing insights into the challenges faced by social workers in emotionally demanding environments. These findings underscore the need for strategies that enhance attachment security, such as supportive leadership and reflective supervision, to mitigate burnout among carers and social workers.Therefore, further research could address the importance of considering attachment theory in efforts to mitigate caregiver burnout in the unique environments of homes for cared-for children.

The concept of a ‘culture of fear’ within the residential children’s workforce, as discussed by Brown, Winter and Carr (2018), may also be relevant to understanding the high levels of burnout in this profession. This culture, compounded by frequent experiences of aggression and emotional exhaustion (Winstanley & Hales, 2014), creates a challenging work environment that can significantly impact staff wellbeing. Recent literature suggests that professionals in residential care settings, similar to those in other high-stress fields such as healthcare and forensic settings, face comparable risk factors for burnout (Brouwers & Tomic, 2016). Understanding these risk factors is crucial for developing targeted interventions to improve staff retention, reduce burnout, and ensure the delivery of consistent, high-quality care to vulnerable children and young people.

Lastly, it is important to consider the impact of trauma-informed care (TIC) on staff wellbeing. While the introduction of TIC can initially be met with resistance and anxiety by staff, as noted in Saunders’ scoping review (Saunders, 2021).,

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TIC ultimately led to increased empathy, compassion, and job satisfaction. TIC may therefore have potential implications for staff with personal histories of trauma, emphasising the need for adequate support and supervision to help them process these experiences. Future research should explore how TIC influences staff wellbeing, relationships, and turnover, an ongoing concern in both inpatient and residential care settings, where consistency in care is critical (Saunders, 2021).

Recent research further underscores the complex interplay between staff wellbeing and quality of care in residential settings. For instance, studies highlight that factors such as job stress, burnout, and resilience are significantly impacted by organisational support structures and personal coping mechanisms (McFadden et al., 2023). A systematic review by Longshaw (2023) indicates that fostering a supportive work environment, through practices like regular supervision, professional development, and mental health resources, can mitigate the adverse effects of stress and burnout. This aligns with findings from research by Ogilvie et al. (2023), which suggests that incorporating TIC and providing staff with skills to manage stress and trauma can enhance job satisfaction and reduce burnout.

Furthermore, McPherson, Andrews and O'Brien (2022) highlight that staff who receive targeted training in trauma-informed approaches experience improved emotional resilience and job satisfaction, which, in turn, positively impacts their interactions with children. This body of research suggests that comprehensive support systems and professional development opportunities are crucial to maintaining staff wellbeing, ultimately leading to better placement stability and quality of care for children. Such measures not only address the immediate stressors faced by staff but also contribute to the creation of a more resilient and effective caregiving environment. Therefore, developing a tailored TIC framework for the unique environments of homes for cared-for children seems a helpful priority to explore for staff, care providers, and the young people in their care.

Conclusion

Our findings suggest that promoting healthy coping strategies, self-compassion, and compassion satisfaction, while addressing attachment-related coping mechanisms and providing support for staff with high ACE scores, could reduce the risk of burnout in residential care settings. Considering the needs of the cared-for children's workforce, it may be that a tailored TIC framework could provide a structure within which to develop specific workforce support and training. See Appendix 1.

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Appendix 1

Category	Facilitators	Barriers
Individual	High self-compassion and effective coping strategies (e.g., compassionate self-talk)	Difficulty managing emotions tied to personal history and professional role
	Empathy and personal experiences offering strength and resilience	
	Awareness of the emotional toll and the need for professional support	Avoidant coping strategies contributing to stress and burnout
Employment	Supportive team dynamics and open communication with managers and colleagues	Lack of prioritisation of self-care due to role demands
	Opportunities for professional growth and debriefing after difficult cases	Strain from managing high emotional demands of the job
	Compassion satisfaction and mutual support within the team	Job ambiguity and role stress, leading to burnout
Organisational	Access to psychological support and regular supervision	Organisational constraints, such as targets, reducing job satisfaction and care quality
	Clear organisational support systems and trauma-informed care training	Micromanagement and lack of autonomy in delivering care
	Work culture that fosters vulnerability and emotional expression	Systemic pressures conflicting with care priorities (e.g., regulatory demands, safety concerns)

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Category	Facilitators	Barriers
Social	Positive, empathetic relationships with colleagues and children	Challenging interpersonal dynamics with colleagues perceived as less committed
	Support networks within the workplace (e.g., team collaboration, debriefing)	Communication breakdowns leading to misaligned expectations and perceptions among staff
	Systemic support through professional development and training	External pressures from regulatory bodies affecting care delivery and job satisfaction

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