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Short Article

Belonging begins with us

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Abstract

This reflective article considers how residential child care organisations can create belonging both for children and for the adults who care for them. Drawing on practice and leadership experience at Phoenix Abbey, it argues that belonging is built through ordinary relationships, personalised homes, meaningful participation, and responses reflective of each child's identity and context. Relational care also places emotional demands on practitioners, such that staff require reflective supervision, psychological safety, reliable support, and accountability without blame. Organisational growth, regulation, and standardisation are necessary, but should protect children without displacing relational time or turning homes into institutions. Leaders should judge quality by children's lived experience, as well as by audits and inspection evidence, and ensure that feedback from children and staff leads to visible action. The article concludes that supporting workforce belonging is part of child-centred practice because the conditions created for caregivers shape the consistency, warmth, and quality of the care children receive.

Introduction

In Scotland, *The Promise* is the name given to the conclusions of the Independent Care Review. It calls for children to grow up loved, safe, and

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respected, with relationships placed at the centre of care (Independent Care Review, 2020). Scotland's national practice framework, Getting it Right for Every Child, similarly places the child and family at the heart of decisions, emphasising rights, participation, and coordinated support (Scottish Government, 2022). For international readers, these are distinct Scottish frameworks, but their underlying challenge is universal: services must organise themselves around children, rather than requiring children to fit the needs of services.

That challenge has consequences for the workforce. We ask caregivers to create belonging for children, yet employment systems can sometimes leave those same adults feeling interchangeable, unheard, or valued only when they cope without complaint. This contradiction sits at the heart of this reflection.

Phoenix Abbey is an independent residential child care provider supporting children and young people in small homes across Scotland. Some of the children we care for have experienced trauma; some have disabilities or complex support needs; each has an individual history, identity, and future. Our guiding ambition is simple to say and difficult to live by consistently: to create homes, not placements.

Belonging is ordinary practice

Home is not created by changing the sign on a building or replacing institutional language with warmer words. It is experienced through ordinary life: who chooses the colour of a bedroom wall, whose photographs are displayed, whether a birthday is remembered, how adults respond after an argument, and whether a child can influence what happens next. Dallas-Childs and Henderson (2020) connect home and belonging with security, positive identity, and relationships grounded in everyday exchanges. This is recognisable in practice. Belonging is rarely delivered through a scheduled intervention, rather accumulating through repeated experiences of being noticed, included, and kept in mind.

At Phoenix Abbey, attachment-informed and trauma-informed approaches, including PACE—playfulness, acceptance, curiosity and empathy—help us think about how adults use themselves in relationships. However, no model can substitute for genuine interest in a child. A framework is useful when it deepens human connection but can become counterproductive when staff feel they are performing from a script.

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Growth provides a particular test. As an organisation develops, consistency matters, but sameness can quietly become institutional. The task is to standardise protection, accountability, and minimum expectations, while personalising childhood. Two homes should share strong safeguarding and values without looking, sounding, or feeling identical. A child's routines, culture, interests, relationships, and preferences should shape the home in which they live.

Caregiving changes the caregiver

Residential child care asks a great deal of the self. Practitioners must remain emotionally available when warmth is rejected, set limits without withdrawing care, hold anxiety without passing it back, and support appropriate risk while ensuring safety. Steckley (2020) describes the self of the practitioner as central to relational practice, highlighting how complex professional boundaries can be. This matters because care cannot be reduced to tasks. The person doing the work is part of the work.

After more than two decades in residential child care and specialist education, much of it in leadership roles, I have become less convinced by the language of individual resilience when it is used as a substitute for organisational responsibility. I once understood resilience mainly as the capacity to keep going. I now see it more relationally: people are better able to sustain difficult work when they can make meaning of it with others, acknowledge its impact, and trust that asking for support will not diminish their professional standing.

The role can bring pride, purpose, humour, and deep connection. It can also create tension between personal and professional identities. A practitioner may think about a child after a shift, feel grief when a relationship ends, or experience uncertainty about how much of themselves to bring to the work. These responses should not automatically be treated as failures of boundaries. They require thoughtful supervision so that care remains ethical, safe, and centred on the child. Recent UK research with practitioners in children's homes found that supportive relationships, supervision, and opportunities to process emotional demands are important for wellbeing and the quality and stability of care (Parry et al., 2025).

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Belonging for adults is child-centred practice

If relationships are the main medium of residential care, caring for the conditions around those relationships is not an optional staff benefit. It is child-centred practice. The revised *Codes of Practice* published by the Scottish Social Services Council (2024) set expectations not only for workers, but also for employers. That balance is significant: professional responsibility is shared by the individual and the organisation that recruits, supports, and leads them.

At Phoenix Abbey, our values are compassionate, courageous, ambitious, accountable, and child-centred. Values only matter when people can recognise them in ordinary organisational behaviour. Compassion includes how a manager responds when a colleague is struggling. Courage includes raising a concern about established practice. Ambition means improving children's experiences, rather than chasing appearances. Accountability requires honesty and learning, not blame. Being child-centred means remembering that workforce decisions eventually impact the child.

This has practical implications. Supervision needs space for reflection as well as support. Debriefing after a difficult event should attend to meaning and emotion, rather than just reconstructing a timeline. Leaders need to be visible enough to understand life in the homes, while resisting the temptation to take over. Staff feedback needs a closed loop: people should know what was heard, what will change, who is responsible and, equally, what cannot change, and why.

Wellbeing activity can help people feel appreciated, but it cannot compensate for avoidable organisational strain. A thoughtful event, a shared meal, or a moment of recognition has value because small rituals help form community. However, these must sit alongside fair expectations, reliable support, reflective supervision, development opportunities, and psychological safety. Belonging is weakened when care is spoken about warmly but managed coldly.

The clearest test of culture is often what happens when something goes wrong. If staff expect humiliation or blame, recordings become defensive, and learning narrows. If candour is met with curiosity, proportionate accountability, and support, people are more likely to disclose uncertainty at an early stage. A learning culture is not one in which standards are

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relaxed, but one in which the truth can be spoken soon enough to improve practice.

Accountability without institutionalising care

Residential child care must be well regulated, carefully recorded, and alert to risk. As a managing director, my instinct is often to seek assurance through audits, data, policies, and inspection evidence. These are necessary as they can identify drift, protect children, and make leadership accountable, but evidence of care is not the same as care itself.

One of my most important leadership reflections is that a strong inspection grade is a useful signal, but it cannot be the destination. The question is not simply, 'What grade did we receive?' It is, 'What did the child experience, and what have we still not understood?' Excellence in care is not a fixed status conferred by a regulator, but continuing willingness to recognise the distance between our intentions and a child's lived experience.

The same principle applies to risk. Children need protection, but they also need an ordinary childhood with exploration, friendships, manageable uncertainty, and chances to grow. A home cannot feel like home if every opportunity is organised primarily around adult or organisational anxiety. Risk-positive practice does not mean being casual about harm. It means weighing potential benefit as carefully as potential danger, involving the child, and avoiding restrictions that exist mainly to make systems feel safer.

What I am learning to unlearn

Ownership and leadership bring dual responsibility. I must help build a sustainable organisation, and I must remain connected to what organisational decisions feel like in a child's kitchen, car journey, or difficult evening. Growth can create investment, specialist knowledge, and career pathways, and it can also create distance. If leaders become more familiar with dashboards than with daily life, the organisation may become efficient in the wrong things.

I am learning to unlearn the idea that leadership means having the answer. In relational care, leadership is often about creating enough safety for someone else—including a child—to change the answer. I am also unlearning the idea that consistency means giving everyone the

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same response. What should remain consistent are our values, rights, and safeguards; the response itself should reflect the person, relationship, and context.

Most of all, I have learned that care should affect us. The aim is not to build a workforce that feels less, but to build an organisation capable of helping people to think about what they feel and act responsibly with respect to this. This is demanding for managers, who must hold both warmth and authority, understand behaviour without excusing harm, and support colleagues while remaining accountable to children. Leadership development in residential care therefore needs to attend to emotional use of self, not only operational competence.

Questions for wider practice

The details of law, regulation, and commissioning differ between countries, but the organisational questions travel well. Leaders and teams might ask:

• Do children experience continuity in the adults around them, and do those adults have time to know them beyond plans and incidents?

• Can staff be honest about emotional impact, uncertainties, and mistakes without fearing either blame or the removal of appropriate accountability?

• Which systems genuinely protect children, and which have become rituals that displace relational time?

• Does feedback from children and staff lead to visible action, with reasons given when change is not possible?

• Are success measures broad enough to include belonging, participation, continuity, and ordinary joy?

These questions do not require that an organisation adopts Phoenix Abbey's language or practice models. They require leaders to examine whether the conditions they create are congruent with the care they ask others to provide.

Conclusion

Belonging is not a soft addition to residential child care, but is part of the infrastructure of safety, identity, and healing. Children should not have to earn it, and the adults caring for them should not have to perform invulnerability to remain part of their professional community.

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At Phoenix Abbey, 'creating homes, not placements' is not a claim that the work is complete. It is a daily test of what we standardise, what we personalise, whose voice changes decisions, how we respond under pressure, and whether our workforce experiences the compassion we expect them to offer. Caregiving shapes caregivers. Our responsibility as leaders is to ensure that the organisations around them are worthy of that commitment.

Statement of note

ChatGPT has been used to help the author use suitable language and keep the article within the wordcount for a shorter article.

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