"I've made that little bit of difference to this child": Therapeutic Parent's Experiences of Trials and Triumphs in Therapeutic Children's Homes

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Children who are placed into the care of their local authority for more than 24 hours are referred to as children in care or looked-after children (LAC; Winter, 2006). There are currently 75,420 children in care in England, a 4% increase from 2017, with 63% of children entering the care system due to abuse and neglect at home (GOV UK, 2018). In cases of severe maltreatment, the recommendation for children with more specialised needs is to be placed in a therapeutic children's home (TCH; Bullock, 2009). The main aim of TCHs is to provide particularly traumatised and vulnerable children with safety, nurture and multisystemic therapeutic support. This study explores the experiences and perspectives of frontline practitioners tasked with delivering such a service within four such TCHs.

The TCHs in this study specialise in trauma-informed care and provide each child with a therapeutic parent (TP; Gallagher and Green, 2012) during their two-year residence within the programme. With the support of the wider staff team, alongside clinical psychology support and a comprehensive in-house training programme, TPs adopt the role of 'reparenting' their designated child (Robinson & Philpot, 2015). TPs are defined as specialised practitioners who aim to provide the children with a therapeutic environment, as close to a supportive typical family setting as possible (Pughe and Philpot, 2007). The working ethos and practices of this group of frontline practitioners is the foundation upon which such a service can operate, yet little attention has been given to this crucial workforce in research or practice (Haymes, 2013). If vulnerable young people are to be afforded the optimum level of care provided by a stable and skilled workforce, the needs and experiences of that workforce must be understood and addressed (Garcia Quiroga and Hamilton-Giachritsis, 2017).

Further, the therapeutic relationships developed between TPs and children are a crucial element of the therapeutic process and the future prospect of developing safe and secure relationships with future family systems and peers. However, a child's personal

history of interpersonal abuse often makes relationships between children in TCHs and staff laden with challenges. As attachment theory suggests, children incorporate their early experiences into 'internal working models' (Bowlby, 1973) and use their internal mental representations as a template for their future relationships (Bowlby, 1988). The staff in TCHs place a great deal of importance on the relationships they build with the children (Garcia Quiroga and Hamilton-Giachritsis, 2017) and perceive their attachments with the children as central to their work (Neimetz, 2011; Vashchenco et al., 2010) and social and emotional outcomes for the children (Bakermans-Kranenburg et al., 2011; Lecannelier et al., 2014). Within children's homes, caregivers often become therapeutic agents of change, providing essential support and stability (Garcia Quiroga and Hamilton-Giachritsis, 2016), with the 'reparenting' approach within a residential family setting found to be particularly effective, as having one significant adult providing unconditional love can make a positive change in a child's development (Lecannelier et al., 2014). These findings are supported by the wider literature relating to attachment theory and the importance of stable and positive attachment figures for children's development (McCall et al., 2010). Additionally, while these therapeutic relationships are highly important for the children, they are often also experienced by caregivers as restorative, rewarding and fulfilling (Garcia Quiroga & Hamilton-Giachritsis, 2017; Moses, 2000), which further encourage emotional availability and commitment from the TPs.

Collegial relationships within the staff teams are of high importance in terms of wellbeing for staff (Grant and Parker, 2009). Across the literature base, the significance of supportive relationships in the workplace is a recurring theme, particularly for practitioners working in emotive and high-risk settings, such as children's homes (Garcia Quiroga & Hamilton-Giachritsis 2017; Parry, 2017; Wood et al. 2011). Collegial relationships are often a restorative factor within the socio-physical residential context, creating a sense of social

support (Gulwadi, 2009). Conversely, when practitioners experience a low frequency of involvement and weak ties with others, such as colleagues, their overall wellbeing can become exacerbated (Fingerman, 2009). Furthermore, practitioner wellbeing and overall quality of service delivered can be lowered when practitioners feel unsupported and undervalued by colleagues (Chiaburu & Harrison, 2008).

Further risk factors for staff relate to the emotional toll of their work, such as their responsibility for the children's safety, emotional support, discipline and boundaries, and managing crises (Seti, 2007). Further demands of the job include unsociable working hours, typically irregular supervision, and low pay. Collectively, these factors contribute towards this valuable but overlooked occupational group experiencing high levels of stress at work and subsequent burnout (Heron & Chakrabarti, 2002; Seti, 2007; Zerach, 2013). Burnout is considered a long-term stress reaction, particularly salient among individuals working with people in frontline helping professions (Schaufeli & Buunk, 1996; Schaufeli & Peeters, 2000), which can affect emotional availability and therefore therapeutic outcomes (Kokkonen et al., 2014; Parry, 2017). Additionally, burnout and work-related stress account for a great deal of the frequent staff turnover in residential children's care (Moses, 2000), which directly affect vulnerable children who have already experienced a number of broken attachments and relational losses. Such risk factors to practice as well as practitioner wellbeing are complex and subjective in nature (Dodge et al, 2012), and not well understood within this population. Additionally, research exploring the effectiveness of TCHs is underdeveloped and limited (Butler et al., 2009; Gallagher and Green, 2013). However, from the scarce literature available, the effectiveness of TCHs for young people is mixed, with some studies highlighting the efficacy of TCHs (e.g. Rogers, 2003; Lieberman and Bellonci, 2007). For example, one meta-analysis of TCH studies found a medium to large effect size for children's

development in terms of psychosocial functioning, in the short-term as measured (Knorth, et al. 2008).

The current study aims to inform and improve the working practices of four trauma-informed residential children's homes by exploring practitioner perspectives and experiences of working in the homes. A further aim is to bring to light the experiences of this understudied and important population within children's residential care literature. Importantly, this study also aims to explore the risk and protective factors that impact practitioner wellbeing and consequently, service outcomes for staff and children. The construct of 'wellbeing' contains many conceptual elements and is recognised as a dynamic and multifactorial process within this study (Lowes, et al., 2015). It is crucial the processes underlying factors contributing to practitioner wellbeing are understood to improve service delivery and outcomes for the staff and children.

Method

Design

Qualitative semi-structured interviews were employed to gather rich, in-depth, ideographic accounts for appropriate exploration of this topic (Gilmore and Carson, 1996). Offering participants the opportunity for reflexivity upon their experiences added value to the interview process (Campbell et al., 2010; Clark, 2010) by identifying different positions held by the participants during the research process (Alvesson, 2003b). This study has a critical realist epistemological position as it examines deeper causal processes and relationships without needing to control variables (Roberts, 2014). This positioning facilitated an interpretative analytical approach to data collection and analysis, accepting of the subjective perspectives of participants reflecting upon their experiences of organisational and systemic influences upon their work-based phenomena (Scotland, 2012) and personal meaning-making processes (Crotty, 1989). Therefore, the ontological claim is relativism, focusing on subjective realities that exist between participants (Guba and Lincoln, 1994), leading thematic analysis to be the most appropriate analytic approach to accommodate and explore existing variances within the data.

Participants

The four TCHs are part of one larger organisation and were selected due to their specialised nature as trauma-informed residential children's homes. Each home had between twelve and sixteen members of staff, with roles consisting of Therapeutic Parents, Senior Therapeutic Parents, Deputy Manager, Lead Deputy Manager and Registered Manager. The practitioners in the homes looked after children aged between five and fourteen years old. These homes have similar practices to other TCHs; however, they also differ from other TCHs by following their own restorative parenting model. This model has an integrated

approach that meets traumatised children's current needs; that seeks, through therapeutic parenting, a therapeutic environment and foster care, to restore their experiences of parenting (Robinson & Philpot, 2015). A selective sampling method was appropriate due to a design-based sample being selected prior to the collection of data, aiding the fulfilment of the specific aims of the study (Roy et al., 2015). From this sample, three TPs were selected from each home based on willingness and availability. The sample size was based on the subjective judgement of the researcher, aided by experience of qualitative research methods and guided by the aims of the study (Fugard and Potts, 2015). Previous research also found that twelve participants could provide a new and richer understanding of experience (Sandelowski, 1995). Consequently, data saturation was not an aim here, rather the aim was to explore idiographic accounts of TPs, based on the Information Power Model of Analysis (see Malterud et al., 2016), which holds more value in the information from the three TP's from each home, that is relevant to the study, rather than the number of participants. The idiographic accounts also act as a platform to develop research and inform the service of which the study is based (Parry et al., 2018).

Three participants from each of the four homes took part in the individual semi-structured interviews. It was a requirement of the study that participants had been working at the homes for a minimum of three months to ensure sufficient lived experience of the working practices, the challenges and the support provided to reflect on in the interviews. However, most participants had 6 – 12 months experience in their current role. The majority of the participants were aged between 18 and 40 and two-thirds of the participants were female. This seemed to be representative of the demographics across the four TCHs. A summary of the demographic data for all participants can be found in Table 1.

Table 1.

Demographic Variables Among Therapeutic Parents

Baseline Characteristics	N	%
Sex		
Male	4	33.33%
Female	8	66.67%
Age (years old)		
18 - 25	4	33.33%
25 - 40	6	50.00%
40 - 55	2	16.67%
55 - 65	0	0.00%
>65	0	0.00%
Total number of months working in residential care		
0-6	4	33.33%
6-12	1	8.33%
12-18	1	8.33%
18-24	4	33.33%
24-30	0	0.00%
30-36	1	8.33%
36-42	0	0.00%
42-48	0	0.00%
48-54	0	0.00%
54-60	0	0.00%
>60	1	8.33%
Total number of months working in current role		
0-6	4	33.33%
6-12	5	41.67%
12-18	1	8.33%
18-24	2	16.67%
24-30	0	0.00%
30-36	0	0.00%
36-42	0	0.00%
42-48	0	0.00%
48-54	0	0.00%
54-60	0	0.00%
>60	0	0.00%

Data Collection

Information about the study was disseminated to TPs via a gatekeeper, requesting that prospective participants contact the first author directly. A comprehensive information sheet,

consent form and demographics questionnaire were sent to the prospective participants once contact had been made. An interview time was arranged with the participant and the interviews took place in the staff offices of each TCH while the children were at school.

The semi-structured interviews (ranging from 9 minutes 25 seconds to 1 hour 59 seconds) were recorded and then transcribed verbatim and anonymised. The questions followed a fluid guide which gave the researcher freedom to explore one of the questions in greater depth and offered the opportunity to use prompts, ask follow up questions and reflect on previous answers (Sternberg et al., 2001; Almeida et al., 2017). A fluid guide also allows for a natural conversation to flow (Patton, 2002; Wooffitt and Widdicombe, 2006), facilitating a 'social interaction', which allowed for open expression, rather than adopted norms (Alvesson, 2003a). The natural conversations and social interactions differed between participants hence the wide range of interview lengths. The questions were developed as topic areas for exploring practitioner perspectives of working in TCHs, which included what they thought worked well, any areas they thought improvement or attention was needed, how they managed challenges at work and any support they thought would be helpful to them in the future. These questions were developed to explore practitioners' perspectives of working in TCHs and any possible factors that impact practitioner wellbeing and service delivery, which links to the aims of the study. Lastly, the participant was asked if they wanted to talk about anything else, which reduced the risk of information being missed. Once all of the questions had been asked, a debrief form was then given to each participant, informing them of the withdrawal period and details for further support, if needed.

Analytic Approach

As the main researcher, I was responsible for collecting and analysing the data. I thematically analysed the gathered data manually, which identified patterns following a six-

step framework, supplying rich and detailed accounts (Braun and Clarke, 2006), this is summarised in Table 2. By using this analytic approach, I was able to interpret various aspects of the research topic (Boyatzis, 1998).

Table 2.

Step-By-Step Process of Thematic Analysis of Data

Step	Example
Familiarising self with data	I repeatedly listened to audio files and re-read the transcripts.
Initial codes	Involved looking for emerging patterns (Rubin and Rubin, 1995), e.g. positive experiences, feelings of support.
Codes reviewed and grouped into themes	Themes started to emerge e.g. participants forming relationships, receiving support and the impact of the role on participants (professionally and personally).
Themes reviewed	The final five sub-themes were refined under practitioner relationships and the impact of the role on staff.
Themes defined and named	Theme 1: Reciprocal Restorative Relationships Theme 2: The Self within the System

Interpretation and reporting	The most appropriate quotes were selected and reported to best represent the themes.

Positionality

The nature of qualitative research involves the researcher ultimately being the data collection instrument. Therefore, it was reasonable to expect that my background, values and beliefs, experiences and expectations were variables that may have affected the research process (Bourke, 2014). Prior to this study, I had no experience of working in children's residential homes and I was aware that this may have affected my understanding of participants' values, beliefs and backgrounds. Consequently, this helped to shape my interview questions ("why did you choose to work in residential care?" and "what do you enjoy about your job?") which were broader in nature compared to the questions that followed. This helped to build a shared sense of understanding, as the interview is a shared journey between researcher and participant (Donalek, 2005). During the literature review, it became apparent that this crucial workforce was often overlooked in research (Garcia Quiroga and Hamilton-Giachritsis, 2017). As a researcher, my expectations were to effectively communicate practitioners' perspectives and experiences of working within these homes and to highlight the risk and protective factors that affect their wellbeing. However, to be able to communicate their perspectives and experiences authentically, I had to build a sense of trust with the participants. However, I was aware of my professional identity of being an outsider who does not belong in the group under study (Breen, 2017). Therefore, I took on the role of an 'involved outsider', similar to Shaw et al. (2019), ensuring the participants that I was an academic and not an employee of the organisation they worked for.

I also ensured them that the conversation we had would be completely anonymised. Although this may not have developed a full sense of trust, this was crucial to the interviewing process.

Before the interviewing process began, I was aware of the sensitive nature of working with children who had experienced trauma however, I had not anticipated my own emotions that surfaced both during and after the interviews. This shaped my method of reflexivity as I started a reflexive journal, where I could write down my thoughts and emotions during the interviewing process. Mauther and Doucet (2003) recommend qualitative researchers to develop a visible process of reflexivity, where the researcher is able to understand the self in relation to the research, therefore a reflexive journal enabled such a process. Additionally, I had ongoing supervision which was a source of support that researchers who undertake emotionally taxing research often need (Shaw et al., 2019). The anticipation of sensitive information also shaped my ethical considerations as a researcher, to ensure participants were offered a confidential support line in case of any distress or upset caused during the interviewing process.

Ethical Considerations

This study complied with the British Psychological Society's conduct and ethics guidelines (BPS, 2009). Ethical approval was gained from the Manchester Metropolitan University Psychology Research Ethics Committee and participants were informed of the complaint procedure. Pseudonyms were given to the participants and any identifiable information was omitted from transcripts.

Findings and Discussion

The inductive qualitative analysis of the participants' interviews resulted in two overarching themes, encompassing five subthemes. Theme One, 'Reciprocal Restorative Relationships', explores the process of developing and experiencing therapeutic relationships

with the children and a supportive collegiate network. To support this theme, the quote *"I think the relationships between the staff and the children are fantastic"* (Emma) provides a participant's perspective of the relationships within the TCH and highlights a potential protective factor for practitioner wellbeing. Theme Two, 'The Self within the System', considers the roles of the personal and professional selves of the TPs in light of the emotional and practical duties they undertake. The overarching quote *"I can be more effective, 'cause I don't think I'm as effective as I could be at the moment"* (Jill) highlights a practitioner's perspective of their perceived effectiveness within the system and introduces the subthemes which highlight both risk and protective factors for practitioner wellbeing, linking to the aims of the study.

Theme 1: Reciprocal Restorative Relationships - "*I think the relationships between the staff and the children are fantastic*" (Emma).

1.1 Experiencing therapeutic relationships – *"they do trust you finally… that's nice, that's rewarding"* (Josh). This sub-theme explores participants' perspectives of the relationships they build with the children and highlights the restorative and rewarding nature of these relationships, as quoted by Josh above. Throughout the accounts, participants emphasised the importance of the close relationships they developed with the children to facilitate their children's developmental progress. For example, Jack said, "*I think the biggest thing for me is… the staff and child relationship*", where they can "*talk to you and they feel comfortable with you and they feel safe*". Within such accounts, participants focussed upon the emotional impact of developing safe and therapeutic relationships, for the children as well as the staff: *"They really do respond well to us" (Emma).* Participants discussed their positive experiences of spending time with the children, "*I love sitting with them, talking with them, playing games with them*" (Anna); and how they enjoyed seeing them develop.

> "*you see they're happy… it's a good kick that I get out of it… I do enjoy seeing the kids move on to new placements…it's a nice feeling… seeing them progress when they have had a difficult beginning*" (Emma).

Positive terms such as love, trust, respect, fantastic and rewarding illustrated the emotionally restorative experiences of relational connection with the children, which adds to the research by Moses (2000) by highlighting restorative factors for the wellbeing of care workers. The accounts highlight how participants place importance on establishing affectional bonds with the children and experience these relationships as reciprocal in nature. This supports similar findings by Garcia Quiroga and Hamilton-Giachritsis (2017), where caregivers reported feeling loved by the children, which enhanced their work-related satisfaction and wellbeing.

Relationships between the staff and children were also referred to in familial terms. For instance, Phil described TP's relationships with the children as "*an extension of our own family… we go the extra mile for them*". Further, Anna described her role within the house as "*just being a parent, being a mum to them, treating them the same as I would my own*", and further described her role as "*like living in two lives, when I'm here I'm like a parent to these children… and when I go home I'm a parent to my son*". The comparisons continued as Jack suggests "*you kind of do what you would do with your own children, you give them hugs… I do think it really helps*". Mike commented on how the staff "*try to re-create... a more family orientated environment*" for the children because "*they've not had a safe environment where they can trust people".* Participants' experiences involved internalising work-based parental roles as they spoke about their daily responsibilities and commitments. These accounts support the concept of TCHs with TPs assuming functions associated with the role of a parent, whether a personal parental identity is adopted or not (Neimetz, 2011). Caregivers can often place importance on establishing a family-like environment to attend to the emotional needs of LAC (St. Petersburg-USA Research Team, 2005). Practitioners also place

importance on the supportive relationships they have with their colleagues to create such environments, which are explored within the next sub-theme.

1.2 Collegial support and safety - *"it's like you're in two different companies, you've got the home and head office"* (Mike). This sub-theme explores the collegial support from those who work in the TCHs and those who work in the main organisational office, referred to as head office. The quote attached to the sub-theme highlights the difference between the two working environments. The participants reflected on the collegial support within the home positively, which often acted as a protective factor for their wellbeing, despite some disagreements at times. While the collegial support from head office seems to be absent and acts as a risk factor towards practitioners' wellbeing.

Participants generally spoke positively of the restorative nature and experiences with their staff teams: "*I love the staff team, I think we're really… close knit… we always try to be on the same page… we're able to be open with each other*" (Bella). Similarly, Emma said, "*I think we've got a really close team and… there's a good balance*". The development of these close relationships was based on participants feeling understood by their staff team through shared experiences, beliefs, interests and opinions, which aided team dynamics, "*everyone works well together… respects each other and listens to each other*" (Phil). Rose summarised that "*everyone's opinion is listened to, there's nobody here who doesn't get on*". Consequently, participants felt supported, appreciated, understood and respected by the staff team. This may have had a positive impact on participants' wellbeing, similar to the research by Heron and Chakrabarti (2003) which also highlights relational factors, such as support from colleagues and a sense of reward and achievement within the workplace. Practitioners described staff relationships as close and honest, helping them find additional resources and strength from their co-workers to help them cope with complex situations faced at work (Garcia Quiroga and Hamilton-Giachritsis, 2017).

Specifically, safe and mutually trusting relationships were of key importance. Eric described, "*we all support each other and… if somebody needs help then you help them, if you need a bit of support then you can get it*". Additionally, Rose said "*I love the staff team they're just the best… everybody there supports you*". Participants also described the extent of the support given to them, "*I have a lot of people who I can just talk to… that's the great thing about it*" (Jack), while Jill described the service as being "*one of the most supportive companies I've ever worked for*". As a result, this support may have been beneficial to their psychological and emotional wellbeing and without it, the impact could be detrimental,

> "*there is someone here I feel like I can go to and that is majorly important… if you didn't… you wouldn't be very happy, and I think for people's mental health and emotional state it's not great*" (Emma).

Participants' experiences of support had a positive impact, where they felt secure and confident in their own abilities, "*I'm in a lucky position here because I do feel like the staff are behind me… and I feel confident in my ability to move forward*" (Phil).

The staff team also felt supported by the managers and the senior therapeutic parents within the home. Eric spoke about the provisions of support from management, "*supervisions are really good… you can just approach them… it's really… supportive*". While Josh said "*managers… always have our back, seniors as well*", showing that support is readily available. Similarly, Jack said "*I will just go to my senior[s] and… they're really helpful".* Additionally, Adam said "*I think I'm well supported… the clinical team as well, they do a very good job*".

Seemingly, experiencing multiple sources of support gave the participants security. Any problems deemed to be too problematic to be discussed with the staff team could be resolved with the supervision of managers and seniors. Therefore, this led to participants

feeling understood and accepted by management, which is found to be crucial to shaping practitioner wellbeing (Yucel and Minnotte, 2017). This supports findings by Wood et al. (2011) on the importance of support in the workplace, as well as Garcia Quiroga and Hamilton-Giachritsis (2017) who also linked practitioner support to improved wellbeing. Having a sense of confidence in the positive relationships established with co-workers, practitioners develop a secure attachment, which promotes effective workplace behaviour and wellbeing (Johnstone and Feeney, 2015).

However, there could also be tensions and difficulties between members of the teams. For example, as Jill discussed, "*there are always going to be some people in a team that you… don't get on with and aren't…so lovely*". Relational challenges appeared to arise most commonly when there was an absence of shared experience and understanding amongst people with different roles, "*there's been disagreements… or issues with staff*" (Mike), specifically referring to issues with the staff team and management. The stressors of working in a residential setting could also feature for many TPs, such as working over the Christmas period and bank holidays, which other members of the organisation are not required to do: "*management and then the normal staff team are getting all set up [upset]… there's a bit of it [the relationship] going offish [standoffish]"*(Emma). Despite the strong and stable relationships, the staff perceived to have with in-house management, practitioners sometimes felt disconnected. This adds to findings from Heron and Chakrabarti (2003), suggesting that it is common for conflicts to arise due to demands within such a service. The homes need to be constantly staffed, although disparities in terms of how this is fairly shared amongst employees holding different roles caused tensions.

In addition, the relationships between house staff and those in the main organisational office were poor for many participants, with some highlighting that the organisation felt relationally fractured: "*we've got people at head office that are separate, so a separate*

person to us" (Jack). The absence of shared experiences and understanding negatively affected staff morale:

> *"feeling that value… I think that would make me want to stay longer than I probably am going to, not that I don't feel valued by this house that's a difference there… it's the value coming from head office"* (Bella).

Participants reported experiencing a lack of appreciation for their commitment and sometimes sacrifices (e.g. work-life balance, sleep as a result of long hours) from head office: "*I don't think that the head office fully understands what the homes are doing… they've never been to the homes and worked with the children*" (Mike). The lack of perceived understanding and contact time in the homes from staff in Head Office led to a relationship of indifference with participants, as previously found by Fingerman (2009). This led to staff feeling unsupported and undervalued from the overarching organisation they worked within, resulting in staff seeking comfort by becoming increasingly reliant on one another within their home and therefore increasingly distant from the staff that are based at Head Office.

Theme 2: The Self within the System – "*I can be more effective, 'cause I don't think I'm as effective as I could be at the moment*" (Jill).

2.1 The perceived efficacy and value of the professional-self – *"We do make a good quality impact"* (Jill). This sub-theme is based on participants' perspectives of the quality of their work and perceptions of their own capabilities. The above quote from Jill effectively summarises the perspectives of the participants however, this sub-theme also highlights risk factors for perceived efficacy and value, that could impact practitioner wellbeing. Overall, participants had mixed experiences of working within the service. Of the positive experiences, participants commented that it was "*absolutely amazing*" (Anna), "*it does help*" (Jack), and in terms of service delivery that the children "*do learn from it… and it*

does help them to relax and to calm down… to be more settled" (Jack). However, an interesting phenomenon that emerged through the data was how practitioners experienced themselves within the service and their working relationships. For example, some TPs liked how the service was structured, both practically as "*cohesive in the way that things work*" (Jill), and within its ethos "*how it's… structured and… it's got purpose*" (Adam). Additionally, the importance of child-centred care was also discussed:

> "*I can't really fault it at all it's the best service I could think of because all the professionals work together to provide the best care and the kids get a say in their care, it's very child-centred*" (Phil).

Across these accounts, participants attributed the effectiveness of the service to individuals working together and understanding the role: "*they know what's expected from them, everyone sings from the same hymn sheet… it [the service] works well*" (Lucy). Holding a secure sense of professional expectations, personal standards and values, alongside witnessing colleagues with the same, facilitated participants to assess the importance and quality of their work. This is supported by the similar findings reported by Farr and Cressey (2015) who found that staff values, professional and personal standards were essential in understanding the quality of a service. When organisational expectations were met, this positively impacted practitioners' perceptions of their own capabilities within the system, "*we as a staff team deliver it, I think it's spot on*" (Emma).

However, when resources were lacking and limited, participants' experiences of being able to deliver an effective service seemed to be compromised: "*I just think it's difficult when the resources aren't there… and the money*" (Emma). When financial constraints became more apparent, practitioners felt as though their ability to perform to the standards they wished to were directly affected, "*we shouldn't feel like we're scrimping on food in the*

house" (Bella). Participants reported these organisational and financial restrictions strained their capacity to deliver the high-quality therapeutic environment they saw as integral to their role within the organisation. This reduced their work-related satisfaction and sense of value upon themselves as practitioners, which adds to the similar finding by Farr and Cressey (2015) who also found that financial constraints could impact the workforce's capacity to deliver the quality of care they valued. Therefore, participants felt limited to the quality of care they could provide, a theme that appears elsewhere in the literature, which suggests that a lack of resources hinders practitioners' growth and achievement (Fletcher et al, 2008), and thus overall wellbeing.

In response to limited resources, an apparent coping strategy for TPs within the service was to focus on their impact upon the processes in the long-term, rather than individual instances or events. For example, more than half of the participants discussed how they perceived their efforts to work with what they were given and their own contributions to the effectiveness of the service delivered to the children: "*I think we do a pretty good job… I think all the staff here are pretty good at what they do*" (Adam). When participants perceived that the service benefits the children, an element of self-praise was present, "*it's just the satisfaction in thinking I've made that little bit of difference to this child and they're… going to benefit from it*" (Jack). Similarly, the feeling of reward was common among participants, Jill described, "*a really significant fuzzy, happy feeling from seeing the children happy and seeing them achieve things in their lives… that's always been… quite fulfilling about work*". These positive feelings of satisfaction, happiness, reward and fulfilment from the participants shows that the perceived effectiveness of the service can impact the wellbeing of practitioners. This adds to the findings of Garcia Quiroga and Hamilton-Giachritsis (2017) who also found caregivers to feel a sense of happiness and reward through emotionally engaging with the children.

However, a couple of the participants perceived the service to be ineffective long-term, "*our children have gone into fostering families but then a couple of our children… the placements have broken down*" (Eric). Similarly, Bella also stated, "*the last… five kids that have left us haven't been successful moves, they haven't gone into foster care or if they have it's broken down…*". These experiences may have had a lasting impact on the wellbeing of staff as they doubted their own abilities and that of the service delivered, "*clearly something's not working, whether we're not delivering the programme properly… or the programme isn't right for the kids… or the programme just doesn't work*" (Bella). Despite the number of factors involved in placement breakdowns, participants expressed an element of self-blame, perhaps highlighting how accountable and responsible they felt for the children, even after the children had left their care. This had a negative impact on practitioners' self-perception as they reported feeling as though they had let the children down despite their best efforts. Therefore, TPs could see themselves as part of 'the problem' within the service and processes surrounding it, despite having little to no influence over factors surrounding later placements. Related research (e.g. McAdams, 2002) has also highlighted this trend, identifying wider system failures as a key stress factor for individual practitioners. When reflecting on themselves within the system, the participants also spoke about the practical strains on their role as a TP, which are discussed within the next sub-theme.

2.2 Practical strains upon professional practice and personal lives - *"I think sometimes they can forget that we do have our own lives and our own families"* (Anna).

This sub-theme explores the practical strains experienced by the participants, such as long hours, demanding shift patterns and low staffing levels, which could impact practitioner wellbeing. Participants, such as Anna, spoke about the seemingly unnoticed, demanding nature of their job role that left little time for personal lives. Practitioners spoke about the

long hours and varied shifts they worked in the houses, which resulted in tiredness, stress and work-related fatigue. Jill explained, "*a lot of the staff were working sixty, seventy hours a week… which is bonkers*". Additionally, Bella discussed the lasting impact of such long hours:

> "*when you look at two hundred and fifty hours it's a ridiculous number of hours to be working… it means you're drained so my days off are spent… just sleeping… I don't get time to spend with my family*" (Bella).

Similarly, Lucy said "*it can be emotionally draining especially when you're on long… three days shifts*". TPs recognised that tiredness affected their performance, "*long hours, long days and maybe you don't get the best out of the staff then*" (Adam). In response to these difficulties, Bella stated that she had to detach herself on her days off, so she could re-charge, "*otherwise you feel like you're on call twenty-four seven and… that's draining in itself"*. These accounts highlight the emotional labour of the work, with accompanying emotional and mental strains, where TPs perceived productivity and effectiveness as frustratingly low, particularly when staffing levels could be improved. Participant accounts also illustrated the discrepancy between their commitment to their work, long unsociable working hours, and financial remunerations: "*from staffs' opinions, our wages don't reflect… what we do"* (Emma), as has been cited elsewhere (e.g. Heron & Chakrabarti, 2003). An additional stressor in terms of life and work balance was that shifts often appeared unpredictable: "*just random shifts, you don't know what days you're in, you don't know what times you're in… you don't know how many hours you're going to do*" (Anna) which mean participants reported, "*you can't really plan your own life*" (Adam). Working patterns became increasingly problematic when TPs needed compassionate leave or time to recover from injuries sustained at work:

> *"people get overworked… some of the staff get hurt sometimes and instead of taking time off, they can't afford to, so they come in any way and wear themselves down, to a point where they need to find something, like a public-sector job*" (Rose).

Barriers to personal and professional wellbeing such as not having time to emotionally and physically recover from difficulties at work, a lack of financial security, suitable emotional support and organisational unpredictability have all been associated with increased rates of compassion fatigue and burnout (Hall et al., 2016; Parry, 2017). As emotional availability is such a key requirement for TPs in their role, the organisations that recruit them must support their emotional wellbeing in order to support the children in their care. A common outcome of burnout in residential childcare settings is frequent staff turnover (Moses, 2000), which creates further problems with staffing, "*we're trying to staff the home and when you've not got staff it's hard… we can't manage and we're not safeguarding the children*" (Mike). Overall, TPs in some homes felt as though they were making important individual contributions to the service within their house teams, but felt unsupported by the overarching organisation, which reduced practitioner wellbeing, as suggested by Colton and Roberts (2007). Regardless of the lack of support, TP's felt like they were still able to develop their professional selves, particularly through training, which is explored in greater detail within the next sub-theme.

2.3 The developing self – *"I've learnt a lot, just from being here"* (Jack). Finally, participants reflected upon how they themselves were developing as a result of the multifaceted work they undertook and as part of their job role itself, as referred to by Jack in the above quote. Aspects of the job involved managing children's behaviour, which Rose felt "*adequately trained*" to do. Many participants spoke positively about training, Jack said, "*we get a lot of training... which is really good and it's really helpful*". Additionally, Emma commented on the content, "*I think the training that we get for positive behaviour*

management is really good… it does help you to understand… I think every training session I've been in, I've learnt somet'[something]." (Emma). Participants found each training session to be useful, where they were able to transfer the skills gained in training to their own practice, "*you put it in place and you go 'ahh it works'… it's good… learning and knowing you've got that information if you need it*" (Jack). As a result, participants felt more satisfied when delivering the service. This is often associated with improved wellbeing and less burnout, allowing for professional development (Johnson et al., 2018).

Naturally, TPs compared the in-house training programme provided with their experiences in other organisations: "*I've been here just over three months and I've learnt more… done more training than I did in nine years*" (Rose). As a result, participants felt more capable to deliver the service, which supports previous research from Heron and Chakrabarti (2002) suggesting that training can impact the quality of care provided. Participants also felt prepared and confident to deliver the service from the training provided, which appeared to reduce stress and vulnerability. Overall, the literature base highlights the importance of training, suggesting that staff who are trained to cope with workplace demands have enhanced overall wellbeing (Sood et al, 2011).

Concluding discussion

The interpretative analysis undertaken highlighted the role and restorative nature of the therapeutic relationship for TPs as well as the children, as a protective factor for staff wellbeing and positive influence upon perceived outcomes for the children. Important facilitators to developing a positive therapeutic relationship within a well-resourced therapeutic environment were suitable training focussing on practitioner knowledge and transferable skills, feeling valued and appreciated, supportive collegial relationships, and seeing the children positively develop and progress. In summary, when practitioners felt

supported, safe, confident and valued, they were able to invest their emotional and practical skills and resources optimistically into their work. Conversely, risk factors identified that interrupted these positive processes were low contact time and perceived emotional distance from the managerial staff at Head Office, which was often described as a separate entity to the organisational running of the TCHs. Further, relationships of indifference with Head Office could lead staff to feeling undervalued and without appropriate channels for communication. The long working hours, inconsistent shift patterns, and lack of paid compassionate or sick leave were identified as risk factors affecting practitioner wellbeing. Additionally, perceptions of professional failure or self-blame when later placements for the children were unsuccessful, often contributed to practitioner burnout. These findings highlight the risk and protective factors for practitioner wellbeing based on the exploration of idiographic accounts of practitioners' perspectives and experiences of working in TCHs, which meets the aim of this study. These findings can be used to inform and improve the working practices of the TCHs, as well as bring to light the experiences of this understudied and important population.

A strength of these findings is that they support and expand upon the limited literature base relating to residential children's homes and TCHs in particular, specifically relating to practitioner wellbeing and performance, as well as service effectiveness. However, there are limitations of this being a small-scale study with a sample that is difficult to generalise to all TP's or practitioners that work in TCHs. Future research could be conducted on a larger scale, particularly relating to further mixed-methods investigation of practitioner perspectives and the risk and protective factors relating to the wellbeing of this overlooked workforce. A mixed-methods approach could also collect information from many domains at one time (Almeida et al., 2017) and offer richer insights into the perspectives and experiences of TPs due to being able to handle a wider range of research questions (Caruth, 2013). It would also

be worthy of further study as to the correlation between practitioner perceptions of the efficacy of TCHs and the measurable outcomes for the children, such as overall wellbeing, recovery and successful transitions to foster care, as these outcomes are of great importance (Hicks et al., 2008).

To conclude, the key recommendations for policy and practice based upon this research study are for management within LAC organisations with TCHs to provide their practitioners with external support from outside of the homes. Practitioners can experience trauma or emotional upset within the home. They have uniquely personal relationships with the children in TCHs, therefore allowing them to grieve for their lost hopes and find solace in the commitment they made to the child and the hard work undertaken is important. This external support for practitioner wellbeing could be provided by having a professional counsellor who is accessible to TP's. McLeod (2001) looked at studies which associated counselling in the workplace with a reduction in sickness absence, improvement in service outcomes, more positive work attitudes and enhanced work performance. This reflexive process may also need to include an acceptance of the many organisational and systemic factors that influence the success and viability of placements, often outside of the individual TPs control. Another recommendation would be to have more regular and effective lines of communication between in-house teams to ensure consistency throughout the homes. Effective communication also maintains working relationships, which is significant to practitioner wellbeing, as well as improving job satisfaction and a sense of value among the team (Adu-Oppong & Agyin-Birikorang, 2014). Additionally, TPs warrant more effective personalised care for LAC, which they believe they could deliver if additional input from head office and the clinical team was provided. Lastly, a recommendation would be to increase TP numbers within the homes, to avoid practitioners feeling overwhelmed, overworked and undervalued. As a result, staff turnover may lessen due to TPs feeling more

supported (Heron & Chakrabarti, 2002). This could provide more stability and care for the children.

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