School of Psychology
Ysgol Seicoleg

A Systematic Review of the Potential Risk and Protective Factors for Burnout in Residential Care Workers in Looked After Children Settings

A Novel Conceptualisation of what a Sense of Belonging Means to Children and Young People Living in Residential Children's Homes: A Qualitative Exploration

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Rachael Hitchiner

Supervised by: Dr James Stroud & Dr Aimee Pudduck

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Preface

Paper 1: A Systematic Review of the Potential risk and Protective Factors for Burnout in Residential Care Workers in Looked After Children Settings.

Burnout is described as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (p. 99). It is characterised by three key aspects: emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment (Maslach & Jackson, 1981).

Residential Care Workers [RCWs] are individuals who provide around the clock care to children and young people [CYP] who are living in residential children’s homes, which are group homes for CYP who are under the care of the local authority.

Burnout in RCW is a continuing issue contributing to poor quality of care for CYP in their care, poorer outcomes for those CYP, poor health in RCWs, high turnover and absenteeism, and costs to organisations as well as local authorities.

A systematic review was conducted in order to understand associations with and protective factors against burnout. Searches using six bibliographic databases found 1113 articles from search criteria, of which ten articles met inclusion criteria. A broad variety of forty-two individual and organisational factors were identified as potential risk and protective factors against burnout. Whilst there were some mixed findings, the following were found to be potential risk factors to burnout:

- Less training
- Work pressure
- Low collective efficacy

- More experience
- RCW's perceived higher PTSD symptoms in CYP as RCW neuroticism increases
- RCW's perceived higher psychotic symptoms in CYP as RCW neuroticism increases
- CYP behavioural problems
- CYP having an avoidant attachment as a moderator of CYP behaviour
- RCWs being younger
- RCWs from minority ethnic groups
- Neurotic personality traits
- Lower extraversion
- Staff having an avoidant attachment style
- Feeling stressed or overwhelmed and compassion fatigue.

Factors found to be potential protective factors against burnout were:

- Clarity of role
- Increased work engagement and participation
- Having an indefinite contract
- Supervision and managerial support
- Higher job satisfaction
- Increased communication and transparency
- Work enjoyment
- More experience
- RCWs being younger
- Higher educational level

- Being single
- Higher empathic concern
- Higher agreeableness
- Sense of self-efficacy
- Sense of coherence
- Self-care
- Perception of self-care success
- Social support
- Compassion satisfaction.

This systematic review provides preliminary evidence for target factors for early prevention and intervention for treatment of burnout in RCWs. Limitations of the included studies, considerations for future research and implications of the results are discussed.

Paper 2: A Novel Conceptualisation of what a Sense of Belonging Means to Children and Young People Living in Residential Children's Homes: A Qualitative Exploration

Strayhorn (2012) provided a concept of belonging in an educational context as a child or young person's perceived social support, a sense of connectedness, mattering and feeling cared about, accepted, valued and respected by the group.

Having a sense of belonging is associated with a number of quality of life and general life outcomes in children and young people [CYP]. However, due to frequent placement moves and transient staff, a sense of belonging is dwindling in the looked after population. Whilst there is limited research into what belonging means and

factors that increase or decrease belonging in the foster care population, even less is known about what constitutes a sense of belonging in residential children's homes [RCHs] specifically, in the UK.

This research sought to gain a conceptualisation of belonging in RCHs from the perspective of CYP living there. Ten CYP were interviewed from various RCHs across Wales and England, from which a theoretical conceptualisation of belonging was developed.

This research presents a novel conceptualisation of belonging to mean having an 'Empowered Sense of Self' through 'Power and Control' and feeling 'Wanted, and Mattering'; and experiencing 'Reciprocal Unconditional Emotional Connection' through 'Attachment Needs' being met and 'Safety'. An 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection' impact on each other strongly. These are only experienced if adults 'Hear' the CYP, reflecting the pivotal role of RCWs in CYP's sense of belonging.

These categories are overarched by the 'Transient Nature of Care', the extent to which it impacts on belonging is dependent on the extent to which someone feels an 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection'.

This is a unique population with complex backgrounds that make this sense of belonging even more complex and novel.

This understanding of belonging informs clinical practice, staff training and organisational policies and procedures, and paves the way towards a better quality of life and life outcomes for CYP living with residential families.

Results from both papers are being presented to the Local Authorities, psychology services for CYP and RCH Managers and Directors involved in the

research. CYP have been offered the opportunity to request the findings from paper 2.

Systematic Review Title

A Systematic Review of the Potential Risk and Protective Factors for Burnout in Residential Care Workers in Looked After Children Settings.

Journal:

Children and Youth Services Review

Rachael Hitchiner

School of Psychology, Cardiff University

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Abstract

Burnout in Residential Care Workers [RCWs] is a continuing issue contributing to poor quality of care for children and young people [CYP], poorer outcomes for those CYP, poor health in RCWs, high turnover and absenteeism and high costs to organisations as well as local authorities.

This systematic review was conducted in order to understand associations with and protective factors against burnout. MEDLINE, PsychoINFO, CINAHL, Web of Sciences, Scopus and ASSIA were searched for relevant articles. Two raters independently quality assessed the included articles.

Ten articles met inclusion criteria out of 1113, including seven cross-sectional studies and three longitudinal studies. A broad variety of forty-two individual and organisational factors were identified as potential risk and protective factors against burnout.

This systematic review provides preliminary evidence for target factors for early prevention and intervention for treatment of burnout in RCWs. Limitations of the included studies, considerations for future research and implications of the results are discussed.

Key words: Burnout, residential care workers, residential children's homes, systematic review

Abbreviations: Attention-Deficit Hyperactivity Disorder, ADHD; Behaviours that Challenge, BtC; Burnout Screening Scales, BOSS, Children and Young People,

CYP; Depersonalisation, DP; Emotional Exhaustion, EE; Local Authorities, LA; Looked After Children, LAC; Maslach's Burnout Inventory, MBI; Personal Accomplishment, PA; Post Traumatic Stress Disorder, PTSD; Professional Quality of Life, ProQoL; Residential Children's Homes, RCHs; Residential Care Workers, RCWs; Quality Assessment Tool, QATSDD;

Practice Implications[1]

1. Risk and protective factors for burnout are at both an individual and organisational level.
2. Organisations should regularly monitor burnout in RCWs.
3. Training for organisations should include awareness of burnout and measures to take to prevent it.
4. Organisations need to adapt working environments to reduce the risk of burnout and increase factors related to protection against burnout.
5. Individuals need to be more aware of risk and protective factors against burnout and implement strategies accordingly.
6. More resources to improve the working conditions in which RCWs are exposed to is imperative in order to prevent burnout and its association with high turnover of staff.

[1] Practice implications included at this point in line with Journal guidelines.

1 Introduction

On March 31st 2020 there were 80,080 children and young people [CYP] in the care of Local Authorities [LA] (Department of Education [DoE], 2020), an increase of 2% from 2019, 10,790 of whom were living in Residential Children's Homes [RCHs] (DoE, 2020).

RCHs are homes for CYP who are under the care of the LA. Residential Care Workers [RCWs] are frontline staff responsible for meeting the daily emotional and functional needs of CYP residing there.

RCWs are exposed to extremely high levels of stress and challenges due to the unusual and complex environments they work in. RCWs care for CYP with complex backgrounds (Tarren-Sweeney, 2008) who often experience severe mental health problems (Meltzer et al., 2003); present with behaviours that challenge [BtC] including verbal and physical aggression (Gonzalez-Garcia et al., 2017) and risky behaviours including self-harm (Dilley, Weiner, Lyons, & Martinovich, 2007); and act in ways that challenge the attachment process (Hughes, 2006). RCWs are exposed to the effects of secondary trauma (Bridger, Binder, & Kellezi, 2020) due to exposure to information about childhood trauma, and disclosures from CYP (Zerach, 2013). RCWs are also involved in managing the relationships with birth families (Wilson, Sinclair, & Gibbs, 2000).

Despite these responsibilities, RCWs are often underpaid, work long shifts, and often under-valued in organisations, feel underappreciated and are expected to

work to a high level without qualifications and often with limited training (Mattingly, 2006).

1.1 Prevalence and definition of burnout in RCWs

Maslach and Jackson (1981) define burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (p. 99). It is characterised by three key aspects: emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment (Maslach & Jackson, 1981).

The prevalence of burnout in the helping professionals is believed to be higher than that of the general population (Bender & Farvolden, 2008; Cieslack et al., 2014; Morse et al., 2012), and some research suggests that burnout is higher still in those looking after CYP in care due to challenging and complex environments they work in (Hannah & Woolgar, 2018). Some studies suggest as many as fifty percent experience burn out (Decker, Bailey & Westergaard, 2002; Lakin, Leon & Miller, 2008).

1.2 Factors associated with burnout in helping professionals

A number of systematic reviews have been conducted into burnout within a range of helping professionals (e.g. social workers, Aronsson et al., 2017; emergency nurses, Adriaenssens, De Gucht, & Maes, 2014; Community Mental Health Professionals, O’Connor, Neff, & Pitman, 2018; and residential care staff for

the elderly, Costello, Walsh, Cooper, & Livingston, 2019). Results are outlined in Table 1.

Professionals working in homelessness sectors and with refugees are also relevant to consider as they too work with people who present with mental health difficulties and traumatic histories (Baggett et al., 2010). As a result, workers present with higher levels of burnout (Sundqvist et al., 2015; Waegemaker Schiff & Lane, 2019). Studies in these populations show that a heavy workload, secondary traumatic stress, diminished sense of achievement and unfavourable work conditions are associated with high levels of burnout (Kim, 2017). Organisational support and personal commitment were protective against burnout (Kim, 2017). Hajji (2018) found that in refugee facilities high noise level, concentrated workload, and few opportunities for relaxation and quiet resulted in higher burnout. Trait Emotional Intelligence has been found to be a protective factor against burnout within refugee settlement workers, while coping behaviours such as self-distraction, venting, self-blame, substance use, humour and behavioural disengagement were associated with higher burnout (Akinsulure-Smith, Espinosa, Chu, & Hallock, 2018). Seeing youth who were homeless return and ‘doing well and looking better’ (Kidd et al., 2007 p. 27) was reportedly protective against burnout in a qualitative study, as well self-care practice, part of which deems to be through compartmentalising so that they could separate work from home life.

Table 1.

Associated and protective factors against burnout in systematic reviews of helping professionals

Factors associated with burnout	Factors protective against burnout
• Low workplace support • Workplace injustice • Workplace demand • Low reward • Low supervisor support • High workload • Low co-worker support • Job insecurity • Exposure to traumatic events • Staff being a younger age • Staff being an older age • Lack of autonomy • Lower job satisfaction • Perceived inadequate staffing levels • Poor residential home environment • Feeling unsupported • Poor leadership • Experiencing behaviours that challenge	• High levels of job support • High levels of workplace justice • Social support • Team spirit • Good quality leadership • Active coping strategies • Positive work relationships • Clarity of role • Sense of professional autonomy • Sense of being treated fairly • Access to regular clinical supervision

1.3 Outcomes of burnout

Due to traumatisation, attachment issues and emotional regulation difficulties (Van Vugt et al., 2014; Collin-Vezine et al., 2011), CYP in RCHs are dependent on continuous, reliable relationships and healthy caregivers who offer warmth. However, due to the centrality of the child-RCW relationship, burnout may have a particular impact on the quality of care provided. Staff who were previously able and capable can be adversely affected by burnout and cease caring properly for CYP (Costello et al., 2019). Burnout can result in poorer treatment of CYP (Farmer, Lipscombe, & Moyers, 2005; Dall-Ora, Ball, Reinius, & Griffiths, 2020; Poghosyan, Clarke, Finlayson, & Aiken, 2010), and it affects a RCW's ability to engage with CYP (Holmqvist & Jeanneau, 2006; Richter & Berger, 2009).

Burnout leads to higher sick leave and higher turnover of staff (Acker, 2011; Boyas Wind, & Kang, 2013; Edmonds, 2019; Potter et al., 2010). Turnover of RCWs is as high as 50%- 60% annually (Boyas, Wind, & Kang, 2013; Salloum, Kondrat, Johnco, & Olson, 2015). This results in higher costs for organisations and LAs, and increased pressure on remaining staff, thus increasing their risk of burnout.

In an environment where CYP need consistent and reliable caregivers, higher turnover can have detrimental consequences. Research has shown that high turnover of RCWs results in poorer life outcomes for CYP (Baker, Fulmore, & Collins, 2008), as well as poorer therapeutic outcomes (Connor et al., 2003), which results in CYP requiring services for longer (Tremblay, Haines & Joly., 2016).

1.4 Summary

Burnout is associated with a range of individual, environmental, and organisational factors across different care professions. RCWs work in a unique and complex environment, significantly different from other helping professions, justifying further exploration of burnout in this group.

Understanding more about burnout, risk factors, as well as resilience is imperative to increase stability in RCH's, increase staff recruitment and retention, and improve the care of, and outcomes, of CYP. A systematic review will help to collate the associated factors so that potential preventative and early intervention strategies can be implemented.

The objective of this systematic review is to identify, appraise and summarise empirical evidence for risk and protective factors around burnout in RCWs. A review of the literature indicated that no systematic review has explored the relationship between risk and protective factors for burnout in this population to date[2]. Previous research of helping professionals suggests there will be a broad variety of both individual and organisation factors.

[2] Seti (2008) described their paper as a 'review of burnout in RCWs', however on further examination, the paper constitutes a provisional review of the general burnout literature, not RCWs specifically.

2 Method

This review followed guidance from the Cochrane review and from Boland, Cherry and Dickson (2017), and used the Preferred Reporting Items for Systematic Reviews and Meta-analyses [PRISMA] (Liberati et al., 2009). As such, the review and its protocol were registered on the international register for systematic reviews (www.crd.york.ac.uk/PROSPERO, ID 236601; Appendix B)

2.1 Information sources

Initial scoping searches for burnout and RCWs were used to define the search terms. The researcher collaborated with an information specialist as well as experts in the field to design the research terms (see Appendix C). No filters or specific terms were used which could limit results to specific studies or interventions.

Six bibliographic databases (PsycINFO, CINAHL, Scopus, ASSIA, MEDLINE and Web of Sciences) were searched from their inception to January 2020 for published and unpublished literature pertaining to the research question (see Appendix D for full syntaxes). Additional relevant literature was searched for via other databases such as Google Scholar. Reference lists from relevant articles and systematic reviews were examined along with citations of published papers, with no other papers found. Finally, researchers in the field as well as charities and services involved with CYP in care were contacted to enquire over studies in progress. Searches were repeated in May 2021 to ensure the data was up-to-date.

2.2 Eligibility Criteria

The inclusion and exclusion criteria (Table 2) were developed by the primary researcher using scoping searches of the literature and clinical experience in the field. Inclusion and exclusion criteria were verified by supervisors and experts in the field. Only published articles in full-text English were included due to budget and time restraints. No restrictions regarding journal or date of publication were applied.

Table 2

Population, Intervention, Comparison, Outcomes and Study [PICOS] approach for inclusion criteria

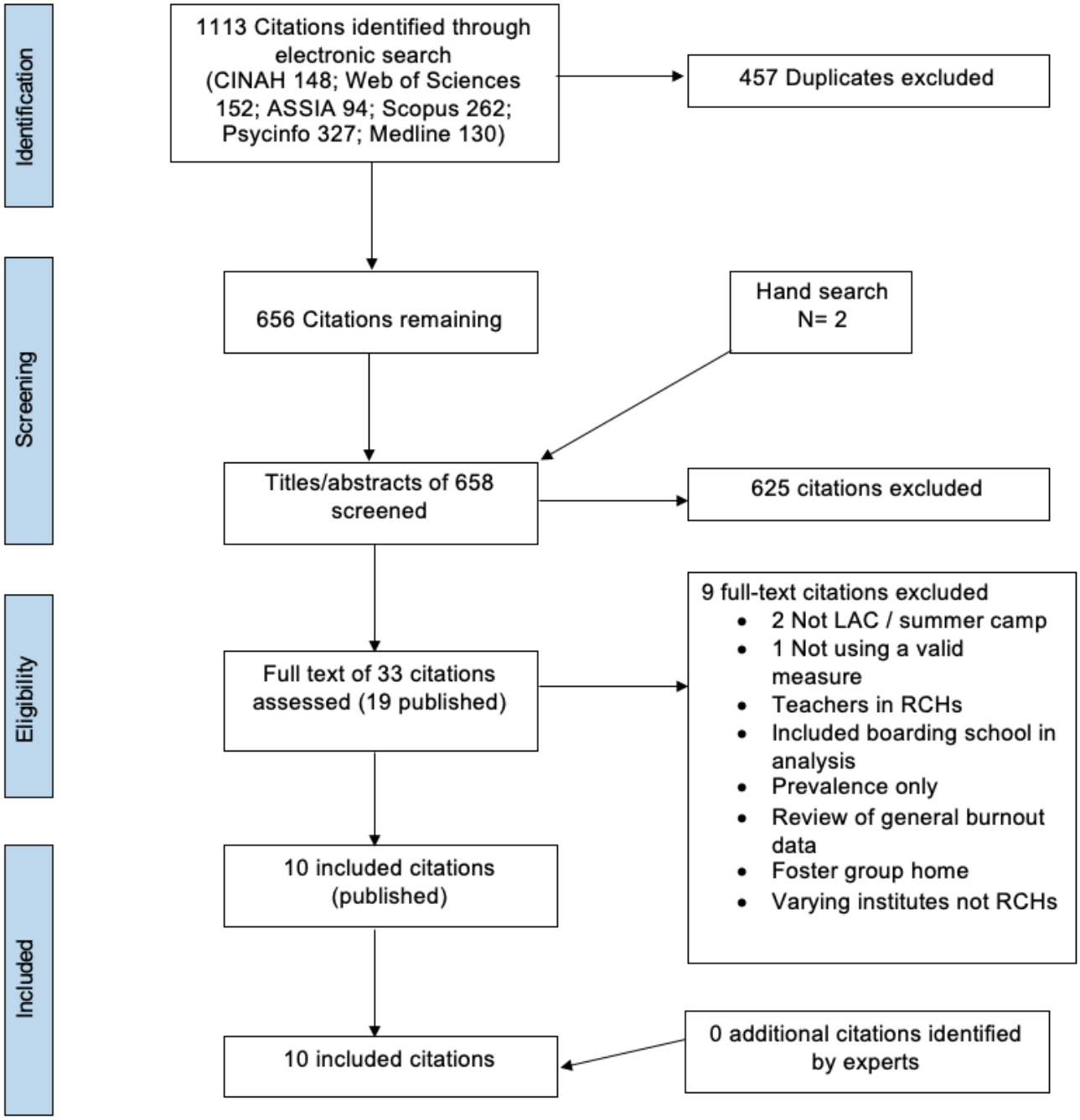
	Inclusion	Exclusion
Population	Residential care workers looking after children in care. Global. RCWs could be both full- or part-time workers.	Foster homes. Foster group homes. Hostels. Teachers in homes. Clinical staff (as the time spent with the CYP, their relationships with the CYP, their level of supervision, their work environment as well as their responsibilities differed from RCW). Those working in hostels or homes specifically for asylum seekers (due to their unique experiences associated with cultural and displacement separation).
Intervention(s)	Assessment of burnout. Risk factors. Protective factors. Organisational factors. Individual factors.	Specific interventions to target burnout. Prevalence only papers. Use of invalid measures of burnout.
Comparators	None. General population. Helping professionals.	
Outcomes	Any measure of burnout. Risk factors associated with increase in burnout. Protective factors associated with burnout. Both individual and organisational independent variables. Self-care was included as it was constituted as a coping strategy as it was not implemented as part of an intervention study, but an associative investigation to look at the relationship between current self-care and burnout.	Does not report burnout.
Study design	Quantitative. Cross-sectional cohort design. Longitudinal.	Qualitative.

2.3 Search strategy

Titles and abstracts were screened by one reviewer. Any uncertainties were clarified with the involvement of a second reviewer. Full-texts of papers identified as relevant based on their titles or abstracts were obtained where possible. Inclusion criteria was used to assess relevance of full-text articles (see Figure 1 for reasons for exclusions). The screening process identifying publications is shown in Figure 1 (Liberati et al., 2009).

Figure 1.

PRISMA



2.4 Data extraction

Characteristics of the study, participants information (Table 3), and study findings (Table 4) were extracted.

Table 3.

Study and participant information

Study and Country	Design	Response rate	Institute	Recruitment	Sample size and characteristics	Job role	Burnout Measures	Exclusion/inclusion criteria
Audin, Burke, & Ivtzan (2018) England, Scotland & Wales, UK	Cross-sectional	Unknown	Independent residential childcare organisations. No local authority run homes	Sample convenience – recruiting participants from members of an Independent Children's Homes association and The Consortium of Therapeutic Communities via an online survey. Also recruited from organisations known to the first author via online survey or paper questionnaire.	N=100 57% females 43% Males Average time in residential childcare = 10.7 years Ethnicity not recorded	51 = residential childcare workers, therapeutic care practitioners, senior care practitioners 31 = team leaders and senior managers	ProQoL-5	19 excluded for incomplete surveys (less than 90% complete), 7 excluded as they were administrative, teaching or clinical staff
Barford & Whelton (2010) Canada	Cross-sectional	37.6%	Majority of agencies were large, offering numerous programs; some were smaller specialised programs.	8 facilities that met criteria from list of government as well as non-profit child and youth facilities gathered from internet directories and phone books. The 8 facilities were contacted via email, phone and through presentations at monthly regional meeting of child and youth care facilities. All agreed to take part. 250 packages given to be distributed.	N=94 69.1% female 30.9 male Average age 32.8 Range 20-56 78.7% Caucasian 7.4% Aboriginal 3.2% African-Canadian 1.1% Middle Eastern 1.1% Asian 2.1% Hispanic 1.1% East Indian 4.3% other	Front-line child and youth care workers	MBI-HSS	Included: Those who had been in the home less than 6 months Had to be in direct contact with children for a minimum of 30 hours per week at time of study
Eastwood & Ecklund (2008) California, US	Cross-sectional	95%	One acute (up to 9 months) and one long term (up to 2 years) residential	60 participants were involved in an in-service training on working with severely emotionally disturbed	N=57 75% Females 25% Males Mean age=29	Residential childcare workers	ProQoL-R III (Stamm, 2002)	Non specified

Table 3.

Study and participant information

Study and Country	Design	Response rate	Institute	Recruitment	Sample size and characteristics	Job role	Burnout Measures	Exclusion/inclusion criteria
			facility for distressed, traumatised, and emotionally disturbed children (ages 2-17 and 6-12	children and staff self-care	47.1% Caucasian 19.6% African American 9.8% Latino 7.8% Asian/Pacific Islander 15.7% Mixed/other			
Kind et al. (2018) Switzerland	Longitudinal	79.2% Measures were taken over 3 years, 4 measurements at 10.5 months on average between intervals.	Residential youth welfare institutions that accommodate children, adolescents and young adults 7-25 years old. Over a third have criminal records or show severely disrupted behaviour.	14 residential youth welfare institutions. Conducted as part of a larger government funded model project examining efficacy of trauma-informed care	N=121 62% Females 38% Males Aged 23-61 8.3 years of professional experience 3.7 years average time in the institute Ethnicity not recorded	Caregivers who work in residential youth welfare institutions	Burnout screening scales (BOSS; Hagemann & Geuenich, 2009)	164 enrolled, 43 excluded due to missing data Some data was missing from the four time intervals due to some starting after the start of the study or missed collection due to absences (vacation or illness)
Kind, Burgin, Fegert & Schmid (2020) Switzerland	Cross-sectional and Longitudinal	Due to explorative nature of the analysis, no estimation of response rate was conducted Four annual sampling points between 2012 to 2015. 10.5 months average time between measurements.	Welfare institutions Children placed in out-of-home car for civil reasons and juvenile justice reasons. 14 youth welfare institutions offering placements for almost 300 CYP 6 were sex specific 8 were co-educative	Conducted as part of a larger government funded model project examining efficacy of trauma-informed care	N = 159 For study entry cross-sectional study N=109 for longitudinal investigation 42% Males 58% Females Mean age = 35.85 Ranged 22-61	Professional caregivers i.e. social pedagogues or social pedagogues in training	Burnout Screening Scale (BOSS)	Inclusion: 14 youth welfare institutions in care for civil reasons, or juvenile justice reasons. 168 employees were enrolled. 9 excluded due to missing data in baseline variables Excluded in longitudinal analysis: 19 Ps who did not have data for at least two consecutive time-points. Some data was missing from the four time intervals

Table 3.

Study and participant information

Study and Country	Design	Response rate	Institute	Recruitment	Sample size and characteristics	Job role	Burnout Measures	Exclusion/inclusion criteria
					8.3 years average experience 3.9 in present institute Ethnicity not recorded			due to some starting after the start of the study or missed collection due to absences (vacation or illness)
Lakin, Leon & Miller (2008) Illinois, US	Cross-sectional	375/1200 31% response rate	21 Residential treatment centres	Information sent to directors of children's RTC Institutional support was obtained from interested RTC RTC directors were sent surveys to distribute to employees. Entered into 100 dollar raffle.	N=375 for prevalence N=251 in modelling due to missing data 62% Female 38% Male 61% white Caucasian 31% African American 1% Hispanic 1% Asian 2% Native American 1% Biracial 1% Other	Frontline staff defined as staff who work in the milieu with CYP throughout entire shift.	MBI	Full time staff included Excluded: Psychiatrists Therapists, , nurses, teachers, supervisors or other management.
Leon, Visscher, Sugimura & Lakin (2008) Illinois, US	Cross-sectional	31% responded 17% included after removals 1200 surveys sent	21 Residential treatment centres	Clinical directors of 21 facilities were contacted and asked to estimate the number of frontline staff. 15% was added to ensure there were enough surveys.	N=203 63.5% Female 36.5% Male Average age = 31.64 Average experience = 4.95 years Average time in current RCW = 3.3 years	Frontline staff who are working in milieu with CYP during shift	MBI 2nd edition (Maslach &. Jackson, 1986)	Excluded if worked less than full-time or had significant roles. Included: frontline staff Excluded: Psychiatrists Therapists, nurses, teachers, supervisors or other management. 45 removed as they worked less than full time or had roles besides frontline staff.

Table 3.

Study and participant information

Study and Country	Design	Response rate	Institute	Recruitment	Sample size and characteristics	Job role	Burnout Measures	Exclusion/inclusion criteria
					71% White 21.4% African American			60 removed due to missing data 67 removed due to erratic data
Sochos & Aljasas (2020) Riyadh, Jeddah & Dammam, Saudi Arabia	Longitudinal Interval of 1 year between time points.	Unknown	5 state-run institutions across 3 cities.	Not described	N=59 RCWs N=261 CYP at time 1; 214 at time 2. 84% Female 16% Male Ethnicity not recorded	Residential child care workers 77% full-time	MBI (Maslach &. Jackson, 1981)	No reference to inclusion/exclusion
Steinlin et al. (2016) Switzerland	Cross-sectional	45.6%	Residential child and youth welfare institutions. Children and adolescents between 7 and 25, over a third of whom have a criminal record or severely disrupted behaviour.	Conducted within a larger pilot project examining efficacy of trauma-sensitive care in RCWs 700 questionnaires were sent to youth welfare institutions approved by swiss Federal Office of Justice	N=265 N=265 for PTSD analysis N=220 for STS analysis Age average = 38.6 Range 23-65 61% Female 39% Males 10 years professional experience 5.1 years on average in current institute Ethnicity not recorded	Child welfare professionals	Burnout Screening Scales (BOSS; Hagemann & Geuenich, 2009) (German language questionnaire)	54 excluded from 319 returned due to no physical assault or threatening situation at work being reported

Table 3.

Study and participant information

Study and Country	Design	Response rate	Institute	Recruitment	Sample size and characteristics	Job role	Burnout Measures	Exclusion/inclusion criteria
Valle, Lopez & Bravo (2007) Spain	Cross-sectional	95%	72 Children's homes in different regions of Spain Homes serve 3-10 youths who live there for at least 1 month	Questionnaires were delivered by a researcher who visited the home. They could send then by post or give to the researcher in a sealed envelope on the 2nd visit.	N=257 67% Females 33% Male Age range 21-62 Mean = 32 Ethnicity not recorded	Residential care workers	Teacher's Burnout Questionnaire (adapted by authors) (Spanish language questionnaire)	Not recorded

Table 4.

Study findings.

Factor	Associated with burnout	Non-significant effect on burnout	Protective effect on burnout
Work environment			
Less training	Lakin et al. (2008) (DP**, EE*)		
Autonomy		Barford & Whelton (2010) (EE)	
Work pressure	Barford & Whelton (2010) (EE)**	Barford & Whelton (2010) (DP)	
Managerial role		Audin et al. (2018)	
Clarity			Barford & Whelton (2010) (EE**, DP)**
Increased work engagement and participation in work			Barford & Whelton (2010) (EE**, DP*) + increased PA Audin et al. (2018)*** Steinlin et al. (2016)***
Indefinite contract			Valle et al. (2007) (Burnout-DP)*
Supervision and managerial support		Barford & Whelton (2010) (EE)	Steinlin et al. (2016)*** Leon et al. (2008) (DP**, EE**, PA**) Lakin et al. (2008) (EE*, DP**)

Table 4.

Study findings.

Factor	Associated with burnout	Non-significant effect on burnout	Protective effect on burnout
Higher job satisfaction			Leon et al. (2008) (DP**, EE**, PA**) Steinlin et al. (2016) Lakin et al. (2008) (EE***, DP*** PA***)
Number of children in the home		Valle et al. (2007)	
Type of home		Valle et al. (2007)	
Increased communication and transparency			Lakin et al. (2008) (PA**) Steinlin et al. (2016)***
Low collective efficacy	Steinlin et al. (2016)***		
Work enjoyment			Steinlin et al. (2016)***
Co-worker support		Lakin et al. (2008)	
More experience	Kind et al. (2018) (p-value not provided)	Audin et al. (2018) Barford & Whelton (2010) (EE, DP) Steinlin et al. (2016) Lakin et al. (2008)	Valle et al. (2007) (Burnout-PA)*
Number of times changed institute		Valle et al. (2007)	
Children & Young People			
RCW's perceived symptoms of Psychosis, ADHD, antisocial		Leon et al. (2008)	

Table 4.

Study findings.

Factor	Associated with burnout	Non-significant effect on burnout	Protective effect on burnout
behaviour, depression, PTSD, danger from the CYP			
Perceived higher psychotic symptoms in the CYP, as RCW neuroticism increases	Leon et al., (2008)**		
Perceived PTSD symptoms in the CYP, as RCW neuroticism increased	Leon et al., (2008)**		
CYP behavioural problems	Sochos & Aljasas (2020)*** Kind et al. (2018) (p-value not provided) Leon et al. (2008) (PA only)*	Leon et al. (2008) (DP)	
CYP avoidant attachment (moderator of CYP behaviour)	Sochos & Aljasas (2020)**		
Socio-demographics			
Young age	Lakin et al. (2008) (EE***, DP**) Sochos & Aljasas (2020)** Kind et al. (2018) (p-value not provided)	Barford & Whelton (2010) PA, EE Audin et al. (2018) Steinlin et al. (2016)	Barford & Whelton (2010) (DP**) Leon et al. (2008) (DP**, EE**)
Gender		Valle et al. (2007) Audin et al. (2018) Steinlin et al. (2016)	
Having own children		Steinlin et al. (2016)	
Single		Valle et al. (2007) Steinlin et al. (2016) (correlation)	Steinlin et al. (2016) (predicts)***

Table 4.

Study findings.

Factor	Associated with burnout	Non-significant effect on burnout	Protective effect on burnout
RCW from Minority Ethnic Group	Lakin et al. (2008) (Native American, EE**, DP**) (Hispanic EE**, DP*) (African American PA*)		
Higher educational level	Valle et al. (2007) (Burnout-PA*) Sochos & Aljasas (2020)*	Lakin, Leon & Miller (2008)	Valle et al. (2007) (Burnout-DP*)
Personality			
Neuroticism	Barford & Whelton (2010) (EE*, DP*) Lakin et al. (2008) (EE**, DP*, PA*) Leon et al. (2008) (EE**, DP**, PA**)		
Lower extraversion	Lakin et al. (2008) (EE, PA) Leon et al. (2008) (EE**, DP* PA**)	Barford & Whelton (2010) (EE)	
Higher empathic concern		Lakin et al. (2008) (EE)	Lakin et al. (2008) (DP*** and PA**)
Higher agreeableness			Barford & Whelton (2010) (DP*)
Sense of self efficacy			Kind et al. (2020)**
Sense of coherence			Kind et al. (2020)*** Steinlin et al. (2016)***

Table 4.

Study findings.

Factor	Associated with burnout	Non-significant effect on burnout	Protective effect on burnout
Avoidant attachment style (moderator of child behaviour)	Sochos & Aljasas (2020)*		
Coping Strategies			
Perception of self-care success			Eastwood & Ecklund (2008)*
Self-care			Kind et al. (2020)*** Steinlin et al. (2016)***
Specific self-care practices: Having a hobby, Reading for pleasure, Pleasure trips/vacations, Eating nutritious food		Eastwood & Ecklund (2008)	
Social support		Barford & Whelton (2010) (DP) Eastwood & Ecklund (2008; significant other)	Barford & Whelton (2010) (EE)** Eastwood & Ecklund (2008) (family)*
Stress & Compassion Fatigue			
Stressed or overwhelmed	Eastwood & Ecklund (2008)***		
Compassion satisfaction			Eastwood & Ecklund (2008)***
Compassion fatigue	Eastwood & Ecklund (2008)***		

Note. *p<0.05, **p<0.01, ***p<0.001; **f**or Maslach Burnout Inventory (MBI): EE (Emotional Exhaustion), DP (depersonalisation), PA (Personal Accomplishment)). For Teacher's Burnout Questionnaire: Burnout-DP (Burnout-Depersonalisation), Burnout-PA (Burnout-Personal Accomplishment**).**

2.5 Evaluating the methodological quality of the studies

Systematic reviews on burnout in other populations often fail to quality assess papers (Awa, Plaumann, & Walker, 2010; Lloyd, King & Chenoweth, 2002), do not state what measure they used (McFadden, Campbell, & Taylor, 2014), or are developed specifically for the review (Hall et al., 2016).

A quality assessment tool was used in the current review that could assess both cross sectional and longitudinal studies. The Quality Assessment Tool [QATSDD] (Sirriyeh et al., 2011) is a validated and reliable tool, helpful for spurring dialogue and increasing in-depth understanding of papers which include the strengths and limitations (Fenton, Lauckner & Gilbert, 2015). It was also chosen as it covered all relevant areas of consideration for bias and quality (Boland, Cheery & Dickson, 2017). Quality assessment tools specific to cross-sectional (AXIS; Downes, Brennan, Williams, & Dean, 2016) and longitudinal designs (Critical Appraisal Skills Programme, 2018) were used on randomly selected papers for cross comparison to ensure reliability and validity of the QATSDD.

Scores on the quality assessment tool ranged from 67 to 81 percent (see Appendix E).

No studies justified the sample size they used, instead they used convenience sampling to acquire as many responses as possible. Sample sizes ranged from 57 to 375. Studies including smaller samples sizes may have resulted in underpowered relationships, leading to a greater risk of a Type 2 error.

Often response rates were not recorded due to not knowing how many were reached due to method of sampling. The sample population themselves varied, sometimes it was unclear whether samples included supervisors or management.

Overall the areas in which the studies scored consistently low on were: consideration of sample size in terms of analysis, however given it is a difficulty population to recruit from , it may be that recruiters did not consider how to reach statistical power, but simply accessing as many participants as possible. The reliability and validity of the measurement tools was not assessed by authors, but simply referenced past research. No studies had input from service users regarding their design. Five studies failed to critically discuss strengths and limitations, or barely did. Audin et al. (2018) did not use a representative sample of a reasonable size as they included 18 directors and managers and 31 team leaders and registered managers in a 100 participant sample. In addition, the average time working in the RCH was 10.7 years, considerably higher than other studies. Collectively, this makes the sample less representative of RCWs. They however did acknowledge the use of convenience sampling. Audin et al. (2018) also failed to provide good justification of the analytical method used. Eastwood and Ecklund (2007) lacked detailed description of the procedure for their data collection and detailed recruitment data. Kind et al. (2020) failed to provide a rationale for choice of data collection tools, while Valle et al. (2007) did not provide good justification for the analytic method chosen. Collectively these studies scored low in these areas, which were reflective of missing information in their papers. Aside from these points, all other scores were a 2 or 3 throughout the quality assessment demonstrating overall relatively good quality papers, although more robust and better quality is still needed.

The validity of measures used requires scrutiny. The MBI has come under scrutiny lately in relation to wording and scoring of items (Bouman, Brake, & Hoogstraten, 2002). The MBI has been criticised for being developed through factor analysis of a small set of “arbitrary” items attaining to the hypothesised three-factor definition from Maslach and Jackson themselves (Schaufeli, 2003). In addition, some authors argue that there is significant overlap between burnout scores in the MBI and depression symptoms (Aloha et al., 2005). In addition, PA items are all worded positively whereas EE and DP items are worded negatively (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) calling into question whether uni-directional language could have resulted in artificial clustering of factors (Bouman, te Brake, & Hoogstraten, 2002). The EE item also does not include cognitive and physical aspects, which other measures do (Halbesleben & Demerouti, 2007).

There are concerns regarding the construct validity of the ProQoL. Heritage, Rees and Hegney (2018) found that the burnout measure in the ProQoL does not show adequate support for construct validity. The author’s statement of validity and alpha coefficients are taken from the manual itself which is questionable evidence. Whilst Geiffrion et al. (2019) suggest that the ProQoL may be better suited to reflect general professional quality of life rather than separate constructs, they did not find that the burnout domain lacked construct validity as Heritage and colleagues found (2018). Given that these were from two population (nurses and child protection workers) it may be that burnout presents differently in different populations. To the same extent, the MBI and ProQoL do not seem to have been normed with black, Asian or ethnic minority populations, and this requires further investigation. It should

not be assumed that ethnically diverse populations present the same as white Caucasian people.

Whilst there have been studies including populations from ethnically diverse backgrounds and these have found the MBI to be a valid construct (Wickramasinghe, Dissanayake, & Abeywardena, 2018) there do not appear to be studies that have normed the measures to ethnically diverse populations, and very little research looking at differences in burnout in these populations emphasising the need for further research, especially given the culturally different interpretations to symptoms that white researchers have deemed to be reflective of burnout (Ozlu et al., 2016; Denton, Chaplin, & Wall, 2013).

All studies used self-report measures, it is unclear whether the Maslach Burnout Inventory [MBI] (Maslach et al., 1986) used in Saudi Arabia (Sochos & Aljasas, 2020) in which English is not the first language, was translated or not. The Burnout Screening Scales [BOSS] (Hagemann & Geuenich, 2009) and Teacher's Burnout Questionnaire (Moreno & Oliver, 1993) were in their original language (German and Spanish, respectively), however it is unclear as to whether the interpretation of language and meaning is the same in English. There was little in-depth rationale of measures used, especially for independent factors, which only six papers did in detail. All studies used validated and reliable measures to assess burnout, although one study adapted a measure specifically designed for teachers (Valle, Lopez & Bravo, 2007). None of the studies tested reliability or validity themselves.

A majority of studies used hierarchical and multiple regression analysis and gave rationale for their use. Two papers used just correlational analysis. Three of the studies were longitudinal in nature, giving more of an idea of the direction of causality. Time between Time 1 and Time 2 ranged from 12 to 31.5 months, and two studies measured at multiple time points (Kind et al., 2018; Kind et al., 2020).

3 Results

Over 40 different variables associated with risk or protection against burnout were identified. Variables were organised into 5 classifications based on discussions between lead researcher and supervisors: *Work Environment, Individual, Coping Strategies, CYP* and *Stress & Compassion Fatigue.* These were developed in order to conceptualise similar variables based on literature on burnout in other populations. Results are summarised in Table 4.

3.1 Study characteristics

Study characteristics are available in Table 3 along with p-values. Effect sizes were not calculated due to no control groups being used. Methodologically, all studies were quantitative, seven cross-sectional in design and three longitudinal. Article publications ranged from 2007-2020, with a majority (6) being 2015 or later, showing the recent growth in this area of research. The geographical expansion of the articles were Spain (1), Switzerland (2), Saudi Arabia (1), Canada (1), Israel (1), United States (3) and the United Kingdom (1). The number of RCWs recruited ranged from 57 to 375. Participants were recruited in a variety of ways with all but two papers recruiting from more than one organisation. Of those two papers, one gathered data from one home.

3.2 Measures used

Four papers used the MBI to measure burnout, three used the BOSS (Hagemann & Geuenich, 2009), two used the Professional Quality of Life [ProQoL] (Stamm, 2010) and one used the Teacher's Burnout Questionnaire (Moreno & Oliver, 1993). The MBI measures: emotional exhaustion [EE] levels, depersonalisation [DP], and personal accomplishment [PA]. Higher scores in DP and EE reflect higher rates of burnout whereas higher rates of PA are positive. There is no overall score for the MBI. The BOSS measures psychological, somatic and psychosocial symptoms in work-related, interpersonal and personal domains relating to burnout. A higher score reflects higher rates of burnout. The ProQoL measures burnout, compassion satisfaction, and compassion fatigue. A higher score in the burnout domain reflects higher burnout.

3.3 Participant details

Terminology for the role of the RCW varied, often without clarification of the job role. This may be explained by the variety of geographical areas studies were conducted in.

All studies recruited both male and female RCWs, percentages of females varied from 57 to 84%. Seven studies reported response rate which varied from 31% to 95%. Four studies did not report age of participants. Those that did, reported the mean age to be from 29-38.6, with a range of 21 to 65 years. Six studies reported the average time spent in the current job role which ranged from 3.3-5.1 years.

Only four studies reported ethnicity, those that did reported 47.1-78.7% of participants as Caucasian.

3.4 Reporting of results

Correlational analyses were conducted in all studies, five of the seven cross sectional design studies used linear regression as well as correlations. Longitudinal studies also used linear regressions. Some studies did not report non-significant results, and some only reported narrative results rather than giving statistical measures (Valle et al., 2007; Kind et al., 2018). P-values for significant factors are in Table 4 when given. Some studies only reported significant results for specific domains of burnout.

3.5 Work Environment

Associated with burnout was less training, and lower collective efficacy[3] (Barford, & Whelton, 2010; Lakin, Leon & Miller, 2008; Leon et al., 2008; Steinlin et al., 2016).

Protective factors against burnout were: clarity of role, increased work engagement and participation in work, having an indefinite contract, higher job satisfaction, increased communication and transparency and work enjoyment (Audin

[3] Collective efficacy is a group's shared perception of self-efficacy (Steinlin et al., 2016). It is the sum of individual perceptions of self-efficacy of members within the group, and depends on group leadership, demands the group faces, and group cohesion.

et al., 2018; Steinlin et al., 2016; Leon et al., 2008; Valle et al., 2007; Barford & Whelton, 2010).

Non-significant factors for burnout were: autonomy (Barford & Whelton, 2010), having a managerial role (Audin et al., 2018), number of CYP in the home, type of home (Valle, Lopez & Bravo, 2007), number of times RCW changed institute (Valle, Lopez & Bravo, 2007) and co-worker support (Steinlin et al., 2016).

There were a number of work environment factors that showed mixed results. Supervision and managerial support were found to be protective against burnout in some studies (Steinlin et al., 2016; Leon et al., 2008; Lakin et al., 2008) and non-significant in others (Barford & Whelton, 2010). Work pressure was associated with higher EE, but not DP in the same study (Barford & Whelton, 2010). More experience working in RCHs was a protective factor in one study (Valle, Lopez & Bravo, 2007), a risk in another (Kind et al., 2018) and non-significant in others (e.g. Audin et al., 2018; Barford & Whelton, 2010).

However, Barford and Whelton (2010) acknowledged that their population was too small given the high number of predictor variables entered into the hierarchical regression analysis. The reliability of the Work Environment Scale they used was also called into question and may have impacted the analysis as it does not suit the child and youth care sector.

All measure across studies were self-reports relying on the judgement and interpretation of participants when, for example, perception of need for training is

different when an individual is asked about their need for training versus when a colleague is asked about the training needs of others in the team (Lakin et al., 2008). Future research should consider enriching the data by using qualitative or observational methods.

Leon et al. (2008) and Lakin et al., (2008) both collected data through Clinical Directors disseminating surveys which may have resulted in selection bias, which is particularly impactful in regards to the work environment results.

Audin et al.'s (2018) study did not include local authority run homes which may have different working conditions compared to independent RCHs.

3.6 Children & Young People

RCW's perception of the CYP's symptoms of psychosis, Attention Deficit Hyperactivity Disorder [ADHD], antisocial behaviour, depression, Post Traumatic Stress Disorder [PTSD], and danger were non-significantly associated with burnout (Leon et al., 2008). However, as the RCW's score on neuroticism increased, burnout was associated with the RCW's perception of the CYP's symptoms of psychosis and PTSD (Leon et al., 2008). CYP's behavioural problems were associated with burnout in three studies (Kind et al., 2018; Leon et al., 2008 (PA only); Sochos & Aljasas, 2020) and non-significant in the DP domain only (Leon et al., 2008).

CYP's avoidant attachment style was a moderator of RCW's exposure to CYP behaviour increasing their risk of burnout (Sochos & Aljasas, 2020).

Sochos and Aljasias (2020) adjusted for confounding factors such as gender and age of participants in the analysis. However, all measures or presentation and behaviour were based on self-reports, relying on objectivity on the part of participants, which may have been skewed by burn out itself, or blocked care. Future research should consider the use of observations.

Sochos and Aljasias (2020) used language-based assessments which may not have captured the representation of such a complex construct as is attachment in this population. In addition, the measure they used did not assess attachment disorganisation, an attachment style highly prevalent in this population (Zegers et al., 2008).

3.7 Individual

3.7.1 Demographics

Within the demographic category, associations with burnout were highly variable. Lower RCW age was found to be a risk factor (Kind et al., 2018; Lakin, Leon & Miller, 2008 (EE, DP); Sochos & Aljass, 2020) and a protective factor (Barford & Whleton, 2010; Leon et al., 2008), as well as having a non-significant impact on other domains of burnout (Audin et al., 2018; Barford & Whelton, 2010 (PA, EE); Steinlin et al., 2016). Scores on the effect of older age should be interpreted with caution, especially when some research shows that whilst physically and mentally exhausted, older adults are engaged and have a high degree of accomplishment in their role (Barford & Whelton, 2010; O'Connor, Neff & Pitman, 2018).

There was no effect of gender on burnout (Audin et al., 2018; Steinlin et al., 2016; Valle et al., 2007) although sample sizes were small in Audin et al (2018) and Valle et al. (2007) studies.

There was no significant association between having their own children and burnout (Steinlin et al., 2016). Being single was seen as a protective factor in regression analysis for one study (Steinlin et al., 2016) but predominantly had a non-significant association with burnout in correlational analysis (Steinlin et al., 2016; Valle et al., 2007). However, symptoms were based on self-reports and therefore could not be clinically evaluated or objectified.

There was an association between race and burnout, specifically being of a minority ethnic group (Lakin et al., 2008) however, this was made up of just four people making the results unreliable.

Higher education was a risk factor for lower PA in one study (Valle et al., 2007) and burnout in another (Sochos & Aljasas, 2020). It was a protective factor for DP in one study (Valle et al., 2007), but non-significant in one study (Lakin et al., 2008). However, Leon et al. (2008) found that those who were excluded due to not filling out the survey fully were more likely to not have a degree.

3.8.2 Personality

Positively associated with burnout was RCW neuroticism (Barford & Whelton, 2010; Lakin et al., 2008; Leon et al., 2008). Lower extraversion was positively associated in one study (Lakin et al., 2008; Leon et al., 2008), but had a non-significant association in another (Barford & Whelton, 2010). The RCW having an avoidant attachment style was a moderator of the CYP's behaviour being a risk factor for burnout (Sochos & Aljasas, 2020). However, Sochos and Aljasas used the Coping Strategies Questionnaire (Finnegan, Hodges & Perry, 1996) to measure attachment the developers of which warn not to use as a direct measure of insecure attachment (Finnegan et al., 1996) and the Experiences in Close Relationships Questionnaire (Brennan, Clark & Shaver, 1998) was also used but measured attachment within couple relationships specifically.

Potentially protective personality traits against burnout were agreeableness, sense of self-efficacy and sense of coherence (Barford & Whelton, 2010; Kind et al., 2020; Steinlin et al., 2016). Empathic concern was protective against burnout domains DP and PA but not significantly associated with EE (Lakin et al., 2008).

These studies relied on self-report measures which may have resulted in inaccurate reports on personality. Lakin et al. (2008) and Leon et al. (2008) had participants from the same population group so the results are representative of one population rather than two.

3.9 Coping Strategies

Self-care and perception of self-care success were negatively associated with burnout (Eastwood & Ecklund, 2008; Kind et al., 2020; Steinlin et al., 2016). Specific self-care practices were not significant associated with burnout (Eastwood & Ecklund, 2008).

Social support was a protective factor (Barford & Whelton, 2010; Eastwood & Ecklund, 2008; Steinlin et al., 2016) as well as non-significantly associated with burnout (Barford & Whelton, 2010; Easwood & Ecklund, 2008).

However, Steinlin et al. (2016) used a self-developed questionnaire which had not been systematically validated. In addition, the burnout and self care measures referred to different time frames (e.g. over seven days, over three months). Eastwood and Ecklund (2008) also developed a self-care measure themselves based on old self-care research from as early as 1987 and included practices such as going to church, smoking, drinking alcohol and eating snacks.

3.10 Stress & Compassion Fatigue

Stress or feeling overwhelmed, and compassion fatigue were both associated with burnout (Eastwood & Ecklund, 2008) whilst compassion satisfaction (pleasure from doing work) was a protective factor against burnout (Eastwood & Ecklund, 2008).

Eastwood and Ecklund (2008) was the lowest quality scoring paper. It had a very small sample size (57), nor did it give detail about its recruitment data or how it

collected the data. In addition, they did not report exclusion or inclusion criteria. In addition, results were from one acute and one long term residential facility.

4 Discussion

The purpose of this systematic review was to summarise risk and protective factors for burnout in RCWs. Due to lacking research in this area, this study reviewed a broad range of factors associated with burnout. Consequently, discussion of individual findings is limited. This review is based on a systematic literature search and evaluation of ten published studies of factors associated with burnout.

4.1 Main findings

Thirty-three factors were found to be potential risk or protective variables for burnout (see Table 5) and nine non-significant factors were identified.

There were contradictory results for demographic variables only - age and experience.

Table 5

List of potential risk and protective factors for burnout

Group	Potential risk factors	Potential Protective Factors
Work environment	Less training. Work pressure. Low collective efficacy. More experience. Feeling stressed or overwhelmed.	Clarity in their role. Increased work engagement and participation. Having an indefinite contract. Supervision and managerial support. Higher job satisfaction.

		Increased communication and transparency. Work enjoyment. More experience.
Children & Young People	Perceived higher PTSD symptoms in CYP, as RCW neuroticism increases. Perceived higher psychotic symptoms in CYP, as RCW neuroticism increases. CYP behavioural problems. CYP having an avoidant attachment as a moderator of CYP behaviour.	
Individual		
Socio-demographics	RCWs being younger. RCWs from Minority Ethnic Group. Higher educational level.	RCWs being younger. Being single.
Personality	Neurotic personality traits. Lower extraversion. Staff having an avoidant attachment style.	Higher empathic concern. Higher agreeableness. Sense of self-efficacy. Sense of coherence.
Coping Strategies		Perception of self-care success. Self-care. Social support.

Stress & Compassion Fatigue	Stress or overwhelmed. Compassion fatigue.	Compassion satisfaction.

4.2 Work Environment

4.2.1 Training

There is consistent evidence across helping professions that initial and on-going training is imperative to reduce risk of burnout (Yeatts, Cready, Swan & Shen, 2010). One systematic review spanning 35 years showed that education and training were the most effective interventions at an organisation level to reduce risk of burnout (Dreison et al., 2018). Training may increase people's confidence, thus reducing fear, make RCWs feel more empowered, increase knowledge and understanding of the CYP, leading to increased empathy and lower emotional exhaustion. The Annie E. Casey Foundation (2003) emphasises that education and training of those working with CYP does not match the roles and demands they encounter in their jobs. Therefore, there should be an emphasis on high-quality evidence-based and relevant training (Annie E. Casey Foundation, 2003), as well as regular supervision that supports the implementation of skills learnt from training. On-going 'refreshers' or workshops would also support staff to feel more confident in implementing strategies and approaches, rather than just 'competent' (Fraser & Greenhalgh, 2001). Reflective practice would also offer space to reflect on good practice and develop as a team.

4.2.2 Work support

A majority of results showed that supervision and managerial support were protective against burnout, which fits other research (Aronsson et al., 2017; Dall-Ora, Ball, Reinius, & Griffiths, 2020; O'Connor, Neff & Pitman, 2018). The non-significant effect found in one study (Barford & Whelton, 2010) could emphasise the importance of the content of supervision, as supervision can be ineffective (Corner, Lofstrom, & Pyhalto, 2017) and perceived as simply an accountability review (Mattingly, 2006).

4.2.3 Work Strain

Work pressure being associated with EE fits with other research (O'Connor, Neff & Pitman, 2018), although longitudinal research is required in order to understand the direction of this effect as it may be that EE changes perception of workload, or workload causes EE. The non-significant effect between work pressure and DP may be that those high in DP refuse to take on additional work pressures, and so have reduced workload, or are detached from the work pressure itself. It may be that whilst work pressures are exhausting, as it does not involve a relational aspect, depersonalisation might not develop.

Increased involvement, work engagement and participation were associated with less burnout across three studies. This fits with the understanding that engagement is the opposite of burnout (Maslach & Leiter, 2005; Halnesleben & Demerouti, 2007) and is also used as an intervention for burnout. However, causal inferences cannot be determined from cross-sectional studies. It may be that burnout

reduces engagement; or less engagement causes burnout. Longitudinal studies are required in order to understand the potential causality of these relationships.

In support of other research, increased communication and transparency were associated with reduced burnout (Boyas & Wind, 2010; Lizano & Barak, 2012). Increased communication and transparency in leaders have been associated with increased engagement, the opposite of burnout, in staff members in a longitudinal study (Vogelgesang, Leroy & Avolio, 2013).

4.2.4 Work attributes

Job satisfaction and enjoyment were associated with reduced burnout in all three studies analysing this factor, as supported by past research with helping professionals (Costello et al., 2019; Hamaideh, 2011).

Work autonomy had a non-significant effect on burnout. This contradicts findings on autonomy in helping professions that find low autonomy to be associated with greater burnout (Dall-Ora et al., 2020; O'Connor, Neff, & Pitman, 2018). It may be that other factors mediate the relationship between autonomy and burnout, such as experience, supervision and training. It may also be that in general RCWs have less perceived autonomy than other caring professions, resulting in a non-significant finding.

Job role clarity was associated with reduced burnout fitting with past research (O'Connor, Neff, & Pitman, 2018). Having increased clarity of role may reflect having a sense of control, purpose, and predictability.

Job insecurity was associated with burnout in one study in the review, which fits with other research (Dall-Ora et al., 2020).

4.2.5 Experience

Mixed findings were found for experience and burnout. Research outside of this review is also mixed (Benedetto, & Swadling, 2013; Duli, 2016; Knani & Fournier, 2013). It may be that those who experience high levels of burnout leave the profession and/or it may be that those who remain in the field become resistant to burnout. Contrary to this hypothesis, Kind et al's (2018) longitudinal study included in this review found more experience to be a predictor of higher levels of burnout. It may be that those who have been working for longer are impacted most, but enjoy the job so stay. This is supported by evidence that whilst people are exhausted, their sense of personal accomplishment is high (O'Connor, Neff & Pitman, 2018).

4.3 Children & Young People

Burnout was associated with BtC in CYP with PTSD, psychosis symptoms, and avoidant behaviour across six analyses and a non-significant effect in two studies. Past research supports the association between BtC and burnout (Mills & Rose, 2011; Nistor, & Chilin, 2013). However, causality cannot be ascertained in cross-sectional studies. Winstanley & Hales (2015) suggest a cyclical relationship where aggression can contribute to the development of burnout and burnout leads to further incidents of aggression.

Research also shows the mediating role of factors between burnout and BtC, such as the perception of the BtC, and personality (Chung & Harding, 2009). Further research into mediating and moderating factors would increase understanding.

The number of CYP in the RCH was not significant associated with burnout (Valle et al., 2007). This may reflect that it is the behaviour of those CYP, the perception of those behaviours, as well as the individual relationships with those CYP that predicts burnout, not the number of CYP per se.

4.4 Individual Factors

4.4.1 Socio-demographics

Literature was inconsistent regarding the influence of demographic factors on burnout, which has been found in other research (Seti, 2008).

Lower age was a protective factor, a risk factor, as well as not significantly associated with burnout. Research on associations between burnout and age in other helping professionals is also mixed (Lizano & Barak, 2012; O'Connor, Neff & Pitman, 2018; Seti, 2008). The effect of older age should be interpreted with caution, especially when some research shows that whilst physically and mentally exhausted, older RCWs are engaged and have a high degree of accomplishment in their role (Barford & Whelton, 2010; O'Connor, Neff & Pitman, 2018).

Staff being from a minority ethnic group was associated with risk of burnout (Lakin, Leon & Miller, 2008). This is compared to another systematic review of helping professionals that showed no increased risk in minority ethnic groups (IsHak

et al., 2013). However, the finding from Lakin and colleagues only included four participants and therefore has very limited validity and reliability.

One study showed no significant association between having children and burnout. Being single predicted lower burnout but was also not significantly associated with burnout. It may be that being single reduced work-life pressures and conflict.

4.4.2 Personality type

Neuroticism, extraversion, and lower empathic concern were associated with burnout, whereas agreeableness, high sense of self-efficacy, and sense of coherence all negatively predicted burnout. In support of these findings, a meta-analysis found self-esteem, self-efficacy, locus of control, emotional stability (neuroticism), agreeableness, and extraversion were each significantly negatively related to burnout (Alarcon, Eschleman & Bowling, 2009).

4.4.2.1 Empathic Concern

Higher levels of empathy were associated with lower scores on DP and higher scores on PA (Lakin et al., 2008). This contrasts to other studies which report mixed associations (Mercer, & Reynolds, 2002). In regard to the current findings, it may be that empathy protects individuals from burnout, or it may be that lower levels of burnout allow someone to empathise more. However, this should be considered in terms of the Demands-Resources model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), whereby empathy resources are not exhaustive and deplete if not

replenished. Alternatively, it may be that burnout reduces an individual's ability to be empathic or that being empathic reduces personal resources, causing burnout (Zenasni, Boujut, Woerner & Sultan, 2012). Research is inconclusive on the direction and nature of the relationship between burnout and empathy (Picard et al., 2015), especially as DP and empathy as constructs overlap (Wilkinson et al., 2017). Longitudinal studies would help to confirm direction and causality.

Nevertheless, given the benefits of showing empathy to clientele (Wilkinson et al., 2017), increasing feelings of empathy in RCWs in order to reduce their vulnerability to burnout may be helpful for CYP. Ensuring that resources are replenished by encouraging the use of measures, such as self-care and increasing understanding of the link between empathy and burnout will be beneficial (Quinn et al., 2020).

4.4.2.2 Agreeableness

Lower agreeableness was associated with higher DP, fitting with other research (Alarcon et al., 2009; De la Fuente-Solana et al., 2017). This may be because those high in agreeableness are unlikely to experience negative responses towards people (i.e. depersonalisation).

4.4.2.3 Neuroticism

Of the 'Big Five' personality traits, neuroticism is the one that is most consistently related to burnout in health professionals (Azeem, 2013; Bakker et al.,

2006; Ghorpade, Lackritz, & Singh, 2007). This may be because individuals with higher levels of neuroticism are nervous, worry excessively, are emotional, insecure and experience feelings of inadequacy (Costa & McCrae, 1992) and tend to view circumstances negatively (Bono & Judge, 2004). The Conservation of Resources Model (Halbesleben, 2006) explains the association between neuroticism and burnout well.

4.4.2.4 Extraversion

The results showing the protective nature of extraversion for burnout is supported in a plethora of research (e.g. Bakker et al., 2006; De la Fuente-Solana et al., 2017). Results of the non-significant association with the EE domain of burnout in one study was also supported by other research involving helping professionals (Bakker et al., 2006). It may be that different domains of burnout are impacted by extraversion.

4.4.3 Self-Efficacy

Fitting with results from this systematic review, a sense of low self-efficacy has consistently been shown to be associated with burnout in other helping professionals (Duffy, Oyebode, & Allen, 2009; Kind et al., 2020; Shoji et al., 2015; Zhou et al., 2020). This fits given the tendency of RCWs to enter the field in order to offer their own resources to help CYP (Mattingly, 2006). However, there is a considerable stress-inducing conflict between the RCW's commitment to give, and the reality in which they frequently cannot give enough. Many of these CYP are

extremely traumatised, and whilst development or improvement are possible, CYP or RCW leave before being able to see change (Mattingly, 2006).

4.4.4 Attachment

A systematic review involving helping professionals found that there were consistent results showing a protective nature of a secure attachment style against burnout and risk factors associated with having an avoidant attachment style (West, 2015), as shown in the current study.

4.5 Coping Strategies

4.5.1 Self-Care

Self-care, both when on shift and outside the home, was associated with fewer burnout symptoms, as was perception of self-care success. The benefits of self-care are supported by other research (Salloum et al., 2015). Education on the importance of self-care and social support may encourage RCWs to implement it.

Causality of effect is unknown, and it may be that individuals with higher burnout are starting to implement more self-care measures. Measuring activities of self-care or how long the individual has engaged in self-care activities would have been more helpful.

Specific activities deemed by the authors as self-care activities were not significantly associated with burnout (Eastwood & Ecklund, 2008). However, self-care variables are specific to an individual. Therefore, advice around the benefits of specific forms of self-care should be given based on evidence on burnout, such as physical activity (Naczenski, & de Vries, 2017), yoga (Alexander et al., 2015) and mindfulness (Benedetto & Swadling, 2013). Wei et al. (2020) recommends six major self-care strategies to combat burnout. These are: finding meaning in work, connecting with an 'energy source', developing a positive attitude, access to nurturing interpersonal connections, emotional hygiene strategies.

4.5.2 Social Support

In support of past research, social support was a protective factor against burnout (Dall-Ora et al., 2020; Woodhead, Northrop & Edelstein, 2014). Two studies found a non-significant effect of social support when it was from a significant other, or in relation to DP. Some research suggests that the perception of the social support mediates the interaction with burnout rather than the use or access to social support itself (Wu et al., 2020).

4.6 Stress & Compassion Fatigue

Compassion fatigue, stress and feeling overwhelmed were associated with burnout, whilst compassion satisfaction was protective against burnout. These findings are supported by other research involving foster parents in which lower compassion satisfaction and higher scores in compassion fatigue were associated

with higher levels of burnout (Blanchette, 2011; Bridger, Binder, & Kellezi, 2020; Hannah & Woolgar, 2018). Feeling stressed is continuously associated with burnout in literature on helping professionals (Gray-Stanley, & Muramatsu, 2011; Smith & Clark, 2011), including foster carers (Goemans, van Geel, & Vedder, 2018).

4.7 Strengths and limitations of included studies

4.7.1 Sampling

Recruitment was through convenience sampling rather than random sampling. However, this allowed everyone the opportunity to participate.

Rate and characteristics of non-responders were unattainable due to some studies using adverts or over-estimating how many questionnaires to send out (e.g. Steinlin et al., 2016). Of those who did report non-responder rates, information regarding those individuals was not reported. Thus, response bias cannot be scrutinised. In studies in which there was reliance on directors and managers to disseminate questionnaires (Lakin et al., 2008), it is unclear whether this was actually done, and may have reflected selective sampling to particular homes and not to others.

Three studies excluded those who worked part-time, whilst others included full- and part-time workers. Given that some research suggests a positive correlation between working hours and symptoms of burnout (Ahola et al., 2005), this may have skewed the results of studies that included those who worked part-time.

One study (Eastwood & Ecklund, 2008) only included RCWs from one organisation across two homes which may result in more social desirability and constitute a service evaluation. Two studies used the same set of participants (Lakin et al., 2008; Leon et al., 2008). This would mean that participants were from eight pools of samples rather than ten.

4.7.1.1 Selection/recruitment bias

It is unclear whether those experiencing burnout are more or less likely to take part in research. It might be that taking part in a study would add to the RCW's workload, so individuals who were struggling with burnout may be under-represented. Although individuals may want to have their views represented, those who experience particularly high levels of burnout may have left the organisation or be on sick leave, or those who particularly like the organisation may be more likely to reply (Audin et al., 2018). A social desirability questionnaire could have helped to disentangle this, as would characteristics of non-responders.

One study included those in Team Leader or Senior Management posts (Audin et al., 2018). They may represent people who spend less time with CYP and experience different pressures, and thus may have different risk and protective factors from burnout.

4.7.1.2 Representational sample

There was broad heterogeneity of samples with a range of ages, experience, geographical areas, and sample sizes, as well as the environment they worked in. For example, some homes reported CYP presenting with severe behavioural and emotional difficulties, some were involved with judicial services (Kind et al., 2018; Steinline et al., 2016), others presented with clinically significant conditions, such as PTSD. Thus, RCWs are exposed to different environments across studies. A high percentage of CYP in RCHs present with BtC (Gonzalez-Garcia et al., 2017), therefore this heterogeneity is representative of the population, making results more generalisable.

There was a lack of ethnic diversity in the samples, with five of the six which reported ethnicity, showing a predominantly Caucasian sample. Given the change in meaning and experience of burnout in different cultures (e.g. Ozlu, Yayla, Gumus, & Khaghanyrad, 2017), this requires consideration. This is of particular importance given the high rate of black, Asian and minority ethnic group(s) of CYP in care (DoE, 2020) and the need for ethnically diverse individuals working as RCWs.

Two papers found that higher age was a protective factor against burnout, however, Leon et al. (2008) found that participants who were removed from the sample due to missing data were more likely to be older and not have a college degree. This needs to be considered in order to ensure inclusivity in future research. This is also why co-production and co-development of research with service users is important.

4.6.2 Design

4.6.2.1 Measures

Self-reports rely on individuals answering truthfully and leave them vulnerable to common-method variance. However, risk of social desirability is high (Richman, Kiesler, Weisband & Fritz, 1999) for all self-reports, especially when authors are known to the participants (Audin et al., 2018), or if anonymity cannot be guaranteed. Social desirability may impact on recruitment, and demand characteristics bias may have impacted on response, especially amongst staff, and within contexts of strict hierarchical organisations (Sochos & Aljasas, 2020).

All studies used reliable and valid measures when measuring burnout. The MBI, BOSS, Teacher's Burnout Questionnaire and ProQoL were used, making comparison difficult. In addition, the ProQoL and BOSS do not identify subscales for burnout components, which would provide more detailed information as found in the MBI with subscales.

Factors that were associated with burnout were not always collected using reliable or valid measures (e.g. Barford & Whelton, 2010). Additionally, they were not suited to the RCW environment as they did not include features specific to the RCW context. Self-reports also rely on staff recognising and reflecting on their behaviour. Interviewing RCWs or behavioural observations may have been an alternative means of measuring factors. They may have yielded different results for attachment,

social support in work, supervisor support, managerial support and more. Alternatively, using a weekly diary to measure variables such as use of self-care and other coping strategies rather than retrospective measures. Nevertheless, a participant should be the most reliable to report their own personality and perception of the environment.

Whilst the measures were self-reports on various factors, the perception of those factors by the RCW was not addressed. For example, it is the perception of the behaviours rather than the behaviour itself that is threat-inducing (Chung & Harding, 2009), and the perception of stress that moderates burnout, rather than the stress itself (Hammond, Gnika & Ravichandran, 2019).

4.6.2.2 Analysis

There was little to no consideration a priori of the sample size. As this is a difficult population to recruit from and response rate is often low, it may be that the researchers aimed to recruit as many as possible rather than a prescribed number to reach power. Due to small sample sizes in some studies the chances of a type 2 error occurring are increased with the increase in predictor variables entered into hierarchical regressions.

In longitudinal studies there was no control group, making comparison difficult. Future research should compare to the general population in helping and non-helping professions.

Some studies used correlations only to demonstrate association between burnout and other factors. Other studies used hierarchical regressions which were able to show predictions of factors for burnout, which has more interpretative value than correlations. Further, three studies were longitudinal and therefore were able to suggest the projection of burnout.

One study looked at the variance of factors on the prediction of burnout. They found that little variability was explained by the factors involved (Barford & Whelton, 2010), demonstrating that there are many factors at play that influence burnout, as discussed (Hamaideh, 2011).

4.6.3 Generalisability

Experience of risk and protective factors may vary across countries due to cultural and government legislations differing. Thus, generalisation of the results to one context or culture is questionable, whilst across contexts it is argued to be more generalisable.

LA-run homes and independent homes operate differently and can have different effects on burnout risk (Ottaway & Selwyn, 2016). Having a range of both helped to generalise the results as different provisions have to manage different pressures dependent on remit, statutory requirements and available resources - all of which impact on the experience of staff.

4.7 Summary

The results show that there are many factors on both individual and organisational levels that contribute to or reduce the experience of burnout. The mixed and sometimes contradictory findings suggest that there are a variety of interactions at play between different variables. Moderating and mediating factors have been found in other review studies on factors that interact with burnout (e.g. Chen et al., 2019; Gerich & Weber, 2020; Wu et al., 2020). Further research into the role of mediators and moderators in burnout in RCWs is required, using longitudinal methods to ensure methodological rigour.

The quality of studies varied as a result of the many barriers that are faced when researching this population and burnout (Mattingly, 2006), but give helpful guidance on how to develop future research. There were very few research papers on burnout, and in order to make the findings more generalisable, the current findings need replicating across organisations and countries. Adequate power, involving both current and RCWs who leave during the course of the research would address some methodological limitations. Longitudinal studies would help to understand the trajectory of variables associated with burnout.

4.8 Strengths and limitations of the review process

Research into associative factors with burnout often focus primarily on occupational and organisational predictors, underemphasising the role of the individual (Swider & Zimmerman, 2010). Only some workers experience burnout, suggesting a role of individual characteristics. The current systematic review focuses

on a broad range of factors associated with burnout and contributes to the body of knowledge concerning risk and protective factors.

This was a collaboratively executed systematic review. Terms used for referencing RCWs were checked with professionals in the field to ensure that appropriate terms were included. The quality of the papers was assessed by two independent reviewers.

Studies that were short-term residential establishments such as summer camps were excluded. These were excluded as the duration of contact with CYP does not reflect the longevity of RCWs in long-term homes.

Studies not in English were excluded. Given that five of the studies were conducted in countries in which English was not their first language, there may be other studies not translated to English in those countries. This review may therefore not have captured all of the research on factors associated with burnout. However, by including studies that English was not the first language, English-speaking biases have been avoided (Whittington et al., 2013).

4.9 Future Research

Given the lack of research into factors associated with burnout, a systematic review on treatments for burnout may highlight factors that impact on burnout. A meta-analysis of current findings is also needed in order to amalgamate data. This is

made difficult by the range of burnout measures used across studies, so future research should consider the use of a standardised measure of burnout.

There are many factors that may be associated with burnout that are specific to the environment RCWs work in that were not analysed. For example, exposure to hearing about traumatic events, relationships with the CYP, difficulties in funding, difficulties in accessing resources, and staffing issues; sense of belonging, and the homeliness of the environment, sense of safety in the home, managing family dynamics, pressure of having a parenting role and responsibility for the CYP, and managing interactions between CYP in the home. Developing a measure specifically for the working environment of RCWs could be advantageous in understanding burnout in this complex environment.

Using a narrative qualitative methodology could help to provide a deeper understanding of the factors associated with burnout and how they inter-relate. Using Maslach and Leiter's (2005) theoretical model of burnout to inform questions and concepts to explore would be a good foundation for future research.

There was no consideration of the role of societal and social conditions on RCW's vulnerability to burnout, which requires further investigation (Starrin, Larsson, Styrborn, 1990).

Research into the impact COVID-19 has had on the level of burnout in RCWs would be helpful so that further support is offered if required.

4.10 Theory conceptualisation

4.10.1 Maslach and Leiter (2005)

The current systematic review found a mix of both individual and organisational factors in the risk of and protection against burnout, suggesting an interaction between the two. Maslach and Leiter (2005) discuss the uneasy relationship between people and their work as conceptualising burnout, usually indicating a bad fit between job and person. Maslach and Leiter's theory of burnout categorises person-job mismatches into six categories (Table 6). This theory may help to understand burnout in RCWs in the context of this review.

Table 6.

Maslach and Leiter's theory of burnout categories

1	Workload (too much work, inadequate resources)
2	Control (micromanaged, lack of influence, accountability but lacking power)
3	Reward (poor pay, lacking acknowledgement or satisfaction)
4	Community (disrespect, conflict and isolation)
5	Fairness (favouritism, discrimination)
6	Values (meaningless tasks, ethical conflict)

Factors associated positively and negatively with burnout could be conceptualised into each category. However, there were also other factors that are unclear as to which category they fit into, for example gender. Interviews to understand more about factors that do not categorically fit and subsequently how they might fit into a category (or consideration of additional categories) would be

beneficial. Further qualitative exploration of Maslach and Leiter's model and its fit with burnout in RCWs would also be beneficial.

4.10.2 Effort-Reward Imbalance Model (Siegrist, 1996)

Another potentially relevant model is the effort-reward imbalance model which is hypothesised to explain burnout (Siegrist, 1996). Freudenberger (1974) described burnout as being brought about by an individual's dedication to a cause that fails to meet expectations. This may be relevant when the individual's expectations are not matched by job role; the influence they can have on a child or young person; but also expectations of the organisation on the individuals, and further, expectations of national standards on the organisation and individuals.

An inescapable stress-inducing conflict arises in the reality of caring for CYP in care whereby the worker has a commitment to give and expectations of what giving will result in, but the reality is that they often cannot give enough. Emotional resources are limited (Mattingly, 2006). Idealism and dedication that first characterised engagement in the profession are challenged by physical and psychological assaults on well-being and self-esteem.

This understanding fits with 'moral injury' described as 'perpetuating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations' (Litz et al., 2009, p. 697). It has also been described as a 'deep soul wound that pierces a person's identity, sense of morality and relationship to society' (Silver, 2015). Epstein and Delgado (2010) describe moral distress as occurring when a individual is constrained to take action to do what they view as the

correct moral action which compromises their moral integrity. Jameton (1984) emphasised the role of institutional constraints in moral injury. The latter emphasises the role of organisations in moral injury. In future there needs to be consideration of the difference between burnout and moral injury in research.

Further investigations of these theories and models through qualitative exploration may be helpful to determine whether there is a model of best fit for burnout in RCWs.

4.11 Implications and Considerations

Clinical and non-clinical professionals working with CYP in RCHs should be mindful of the potential high rate of burnout in staff, and to consider protective and risk factors that might inform part of any intervention. Given the pressures that organisations are under, consideration should be made that the systems themselves may also be burnt out. This should be held in mind by systems such as CYP's mental health services, social services, the police, and third sector organisations.

Maslach and Leiter's (2005) categorisation gives equal empowerment and responsibility to individuals and organisations to identify which categories are most troublesome in influencing burnout, and implement interventions targeting those specific categories (Leiter & Maslach, 2004). A framework for assessing each category has been developed for organisations (Leiter & Maslach, 2000) and individuals (Leiter & Maslach, 2005) and should be considered for use in RCHs in order to help prevent and treat burnout.

Organisations need to be pro-active in giving RCWs opportunity to influence and improve their working conditions: there being committees for RCWs, RCW representatives at board meetings to influence decision-making, RCW's being involved in co-production, and recognition for their work with higher pay, more respect and more appreciation.

Whilst some personal characteristics may result in individuals being more or less vulnerable to burnout, given the complex interactions between personal, social, and organisational factors, it is important that the data is not used as a means of discrimination, but an opportunity to support staff in a bespoke way to ensure equal opportunity. Creating bespoke support ensures a more diverse range of characteristics of staff, which is important in ensuring that staff team diversity is similarly representative of the CYP diversity.

Of particular clinical concern was Steinlin et al.'s (2016) finding that 4% of participants (N=220) reported suicidal thoughts after reading about or hearing about a traumatic event that a child had experienced. This reinforces the highly stressful and traumatic environments that RCWs are exposed to. It emphasises the need for additional support to frontline staff in the form of supervision, reflective practice, readily available counselling and peer supervision. Further research would benefit from a systematic review to understand more about the prevalence, risk factors and protective factors against secondary traumatic stress in RCWs.

Further recommendations from this paper are on individual and organisational levels and are outlined in Appendix F for each of the six categories of burnout

(Maslach & Leiter, 2005). Recommendations should be bespoke to each staff member, and need to be balanced with the impact on staff. For example, if someone needs more supervision or less workload due to neuroticism, this may result in staff conflict and therefore bespoke and sensitive management of such would be imperative.

Implications should be considered tentatively due to the lack of strong and robust evidence presented thus far. Replication of current research is needed for clarity.

4.11.1 Policies and Procedures

Under the Management of Health and Safety at Work Regulations (1999), employers have a duty to assess the nature and scale of health risks, of which stress is one. Whilst current policies make reference to stress in the workplace, burnout and stress are very different, and so both concepts need recognition. Future policies, regulating bodies, and service evaluations should consider monitoring of burnout and increasing recognition of it, reducing stigma.

Quality of care is cited in many policies for CYP in RCHs (DoE, 2015; National Institute for Health and Care Excellence, 2010). As burnout impacts on the care being received, prevention and early intervention should be included in policies and procedures to ensure optimum care of CYP in care.

5 Conclusions

It is difficult to draw a concrete conclusion due to the broad variety of factors found to be associated with burnout across individual and organisational categories, the complex interactions interplaying and the lack of strong, robust evidence.

Burnout has important consequences on RCWs, the CYP they care for, as well as the organisation they work in. Prevention and early intervention is therefore paramount. Interventions should be targeted at both the individual and organisational level with consideration of Maslach and Leiter's (2005) six categories. Further methodologically rigorous research is required in order to explore interactions and models further.

It is the responsibility of the organisation to inform and train its employees on the risk and protective factors against burnout, and the duty of the individuals to act.

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Empirical Paper Title

A Novel Conceptualisation of what a Sense of Belonging Means to Children and Young People Living in Residential Children's Homes: A Qualitative Exploration

Journal

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Rachael Hitchiner

School of Psychology, Cardiff University

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Abstract

A sense of belonging is associated with a range of positive quality of life and general outcomes in children and young people [CYP]. However, a sense of belonging within looked after populations can be affected by frequent placement moves and organisational barriers. There is limited research into what increases or decreases a sense of belonging in foster care, with even less known about what constitutes a sense of belonging in UK residential children's homes [RCHs] specifically.

Using qualitative grounded theory based on social constructivism, this research sought to conceptualise a sense of belonging in RCHs from the CYP's own perspective. Ten CYP were interviewed from various RCHs across Wales and England, to derive a theoretical conceptualisation of a sense of belonging.

This research presents a novel conceptualisation of a sense of belonging to mean having an 'Empowered Sense of Self' through 'Power and Control' and feeling 'Wanted and Mattering; whilst experiencing 'Reciprocal Unconditional Emotional Connection' through 'Attachment Needs' and 'Safety'. 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection' have a circular relationship. These are only experienced if adults 'Hear' the CYP, reflecting the pivotal role of RCWs in CYP's sense of belonging.

These categories are over-arched by the 'Transient Nature of Care' - the extent to which it impacts on a sense of belonging is dependent on the extent to which someone feels an 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection'.

In this unique population, with complex backgrounds that make a sense of belonging even more complex, this proposed theoretical understanding of a sense of belonging can inform clinical practice, staff training, organisational policies and procedures. It paves the way towards a better quality of life and life outcomes for CYP living with residential 'families'.

Abbreviations: Behaviours that Challenge, BtC; Children and Young People, CYP; Residential Children's Homes, RCHs; Residential Care Workers, RCWs.

Practical Implications

1. This paper presents a novel conceptualisation of belonging for CYP living in RCHs in the UK.
2. A sense of belonging means having an 'Empowered Sense of Self' through 'Power and Control' and feeling 'Wanted and Mattering'; whilst experiencing 'Reciprocal Unconditional Emotional Connection' through 'Attachment Needs' being met and 'Safety'.
3. 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection' have a circular relationship.
4. These are only experienced if adults 'Hear' the CYP.
5. These categories are over-arched by the 'Transient Nature of Care', the extent to which it impacts on a sense of belonging is dependent on the extent to which someone feels an 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection'.
6. This theoretical understanding of a sense of belonging can inform clinical practice, staff training, organisational policies and procedures.

1 Introduction

As of March 31st 2020 there were 80,080 children and young people [CYP] who are looked after by the Local Authority in the UK (Department to Education [DoE], 2020), 1,220 of whom are in residential children's homes [RCHs]. Research suggests outcomes are worse for CYP in RCHs compared to foster placements so they are often the 'last resort' (Gilligan, 2009). With more CYP going into care (DoE, 2020), and simultaneous shortage in foster placements, more CYP are living in RCHs (National Assembly for Wales, 2018). Residential care needs reforming to bridge the gap between outcomes of CYP in foster care and RCHs.

A sense of belonging is associated with more positive outcomes, therefore is an area of interest in improving care in RCHs. This paper looks to develop a conceptualisation of a sense of belonging and understand factors influencing it.

1.1 Definition and influences of sense of belonging

A sense of belonging is a complex multidimensional and multi-layered phenomenon (Cartmell & Bond, 2015), the meaning of which varies across different areas of society, age groups, cultures, and minority populations (Baumeister & Leary, 1995; Hagery et al., 1992; Somers, 1999). Strayhorn (2012) offers a concept of a sense of belonging in education as providing a CYP with perceived social support, a sense of connectedness, mattering and feeling cared about, accepted, valued and respected by the group. A meta-synthesis of CYP undergoing a move between schools generated four concepts of sense of belonging in school: intersubjectivity (understanding that you can influence another, and they can

influence you), knowledge, understanding and acceptance of individual identity; experience of in-group membership, and security (Craggs & Kelly, 2018).

Maslow (1954; 1970) argued that a sense of belonging is a basic psychological need, a lack of which is associated with increased suicidal risk (Fisher et al., 2015; Timmons et al., 2011), low self-esteem, increased stress, depression and anxiety, and a decrease in general well-being (Choenarom, Williams, & Hagerty, 2005; Levett-Jones, Lathlean, Higgins, & McMillan, 2009).

A sense of belonging in the care population is complicated by CYP's complex backgrounds, trauma, and multiple home moves. Research suggests that a lack of a sense of belonging increases high risk behaviours and behaviours that challenge [BtC] (e.g. substance misuse, and high-risk sexual behaviour; Baumeister & Leary, 1995; Clark, 1992; Williams, Hedberg, Cox & Deci, 2000). BtC result in high staff turnover in RCHs (Colton & Roberts, 2006), and in a greater risk of placement breakdowns (Brown & Bednar, 2006; Vanderfaeillie, et al., 2017). Placement breakdown is a robust indicator of poor long-term prognosis for CYP in care (Vinnerljung & Sallnas, 2008), and with aforementioned factors associated with lack of a sense of belonging, increasing a sense of belonging may be important in addressing these challenges.

There is limited research into a sense of belonging in CYP residing in foster and kinship families. Skoog, Khoo and Nygren (2015) highlighted the importance of relationships with social workers and carers; the stability of school and foster placement; having shared humour; and having common interests for a sense of

belonging (see also Schofield & Beek, 2005). Hedin (2011) found that a sense of belonging is developed by involving CYP in decision-making concerning their lives; being involved in family activities; and the family being inclusive of the CYP's biological family. They also emphasise the power of shared humour in developing a sense of belonging. Ellingsen, Stephens and Storksen (2011) found a sense of belonging with foster families was dependent on the CYP's relationship with their biological family and their sense of belonging with them. They also found a sense of belonging was dependent on attachment style towards their foster parents.

Despite this, many CYP in care report not having a sense of belonging anywhere, feeling as though they "*wander around the whole time*" (p. 1899) from place to place (Skoog et al., 2015). Spanberger Weitz (2011) found that a sense of belonging for CYP in care was constantly threatened by the imminent risk of placement breakdown. This led CYP to fear a sense of belonging due to the risk of emotional pain when they move (Skoog et al., 2015).

Collectively, within the care population, research indicates a lack of a sense of belonging ultimately leading to poorer outcomes in an already vulnerable population (Anderman, 2002). Yet, CYP in care crave a sense of belonging (Skoog et al., 2015). Thus, finding what a sense of belonging means is important in order to provide clinical recommendations for RCWs, policies and procedures.

1.2 Critique of the research

There are difficulties with how ‘belonging’ is defined (Andersson, 2009; Ellingsen, Stephens & Storksen, 2011; Wisso, Johansson, & Hojer, 2019); with terms being used inter-changeably and poorly conceptualised (Andersson, 2009; Biehal, 2014; Hedin, 2011; Spanberger Weitz, 2011; Wisso et al., 2019).

A majority of research on a sense of belonging in care has been conducted in Sweden or Norway, where foster systems are different and therefore not generalisable to the UK (Hedin, 2011; Poso, Skivenes, & Hestbaek, 2014).

Quantitative measures are based on perception of adults and driven by researchers’ conceptions of the phenomenon rather than CYP’s (Brophy, 2005; Ellingsen, Shemmings & Storksen, 2011). These measures are used in different cultural backgrounds assuming they hold the same attitudes and perspectives of sense of belonging as white CYP, which they might not.

1.3 Current research

There is no known conceptualisation of sense of belonging in CYP in RCHs in the UK. Given the different concepts of sense of belonging, and reported lack of sense of belonging in CYP in care, it is believed that what a sense of belonging means to CYP in RCH’s may differ from those living with their biological parents, in foster, kinship care or adoption.

The aim of the research was to develop a theoretical understanding of a sense of belonging for CYP in RCHs; to help understand how a sense of belonging can be increased in this setting, and what may reduce it. By determining what a sense of belonging means, and the factors that influence a sense of belonging; services can be informed of how to better develop a sense of belonging in CYP in RCH's. This can potentially improve care received, permanence and outcomes of this population.

2 Method

2.1 Design

Grounded theory, developed by Glaser and Strauss (1967), was the chosen qualitative methodology for this research. This methodology facilitates bottom-up coding, allowing theory to develop from data rather than from preconceptions (Urquhart, 2013), which is crucial given no known theory of a sense of belonging in this population exists.

Since its conceptualisation, various strands of grounded theory have developed. This research was anchored in Constructivist grounded theory (Charmaz, 2014) which emphasise co-production of concepts between researcher and participants. This importantly allowed the voices of CYP in care to be heard as opposed to the researcher searching for a truth within the data (Charmaz, 2014).

A Constructivist approach was also a good fit with the researcher's epistemological stance, an important aspect of grounded theory (Willing, 2008), and particularly important given the author's experience working with CYP in care, thus helping to protect against preconceptions. The reflexivity section 2.9 outlines the author's perspective.

2.2 Ethical Approval

Ethical approval was granted by Cardiff University for both face-to-face and remote interviews (Appendix G). This included approval to adapt questions in response to evolving data in line with grounded theory; gathering feedback on their experience of interviews; and drawing visual representations of the data[4].

2.3 Question Development

Questions for semi-structured interviews were developed with experts in clinical and research fields; they were reviewed by the Service User and Carers Committee at Cardiff University, as well as by CYP, including a young person in care, and finally a Speech and Language Therapist to ascertain appropriateness of language. This co-production ensured relevance, sensitivity and clarity of questions.

Semi-structured interviews ensured participants' perceptions were fully explored, in line with grounded theory. Questions were based around determining what a sense of belonging meant to the CYP and what factors might influence it (see Table 1 for questions and Appendix H for prompt questions).

[4] Ethical approval was not given until May 28, 2021 so feedback and visual representations will be sought following submission.

Table 1.

Overview of main questions asked.

1	Can you tell me about your experience of living here?
2	What is important to you in life / meaningful to you?
3	When you think about belonging - what do you think of?
4	Can you tell me about your experiences of belonging?
5	*(if not talked about current home) – Can you tell me about your experiences of belonging here?
6	What helps to give you a sense of belonging?
7	What do staff and your peers do or say that helps you feel a sense of belonging? What do they do that does not help?
8	What does not help? / What makes you feel like you don't belong?
9	Does a sense of belonging stay constant (is it always there) or does it change over time?
10	Can you tell me about your experience of not feeling a sense of belonging in the home?
11	How does having a sense of belonging impact upon you?
12	What do you think would help a young person belong if they were just moving into a residential home?

Note. *Additional questions were available depending on the answers or circumstances of the participant e.g. whether they have been in a RCH before. Additional prompt questions were asked if required (see Appendix H).

2.4 Recruitment

Participants were recruited from RCHs across England and Wales (Table 2).

Table 2.

Breakdown of recruitment

	Contacted	Responded	Agreed to take part	CYP shared an interest	CYP recruited
Local Authorities	6	5	4	2	2
Private organisations	9	2	1	1	1
Residential homes directly	8	6	6	9	7
Psychology services	2	2	2	2	0

N.B. 2 CYP agreed to take part at one stage of the research, but later were unable to take part due to a change in their mental health (1), not being able to be contacted/not responding (1), social services did not respond (1), did not want to talk but offered to write answers, however never transpired (1).

Three local authorities in England and Wales reported not receiving interest from CYP in care.

It is unknown how many homes were contacted by the Local Authorities.

The Social Worker/Keyworker was given information to share with the CYP to gauge interest (Appendix I and J). Consent was obtained from the CYP if over 16 and deemed Gillick Competent (Appendix K) and those with parental responsibility when the CYP was under 16 (Appendix L). Table 3 outlines inclusion and exclusion criteria.

Table 3.

Inclusion and exclusion criteria

Inclusion	Exclusion
Have been living in the home for a minimum of 1 month.	Those who have not been in the home for more than 1 month.
No overt/acute mental health difficulties at the time of interview that may be exacerbated by the interview questions, for example severe episode of depression or anxiety.	Those who are actively suicidal or have engaged in self-harm within the last week whereby this is not typical behaviour for the individual. If the individual is unable to give informed consent due to not having capacity as a result of intoxication, or not understanding the purpose of the study; or if the individual has a mental health condition that impacts on their capacity to give consent. The interviewer will be aware of the potential for individuals being unable to give informed consent to participate. The interviewer has received training in capacity and informed consent. If the researcher has completed direct therapeutic work with the individual in a clinical capacity, they will be excluded from participating. Where the CYP has met the researcher in a clinical but not therapeutic capacity (e.g. attending a group), the CYP will be asked whether they would like to take part in the interview.

2.5 Sampling

The number of interviews conducted was based on data saturation, consistent with grounded theory, meaning no new categories/themes were emerging (Charmaz, 2014). The initial analysis sample was four, followed by adding in sets of two until no new themes emerged (stopping criteria; Francis and colleagues, 2010).

2.5.1 Participants

There were 10 participants in total. The ages ranged from 13-17. The time the CYP had lived in the home ranged from 7 months to 3 years. Nine CYP were white, Caucasian and one young person was black, mixed race. Pseudonyms were agreed to ensure anonymity.

2.6 Interview Process

Face-to-face interviews began in August 2020 but were moved to a secure online platform due to restrictions related to the COVID-19 pandemic. When government and clinical guidance allowed, and online interviews were declined by prospective participants, interviews recommenced face-to-face in appropriate safe settings. Final interviews were completed in April 2021.

Participants were asked to read the consent form (Appendix K) and information sheets (Appendix J) prior to the interview. The interviewer went through both before interviewing to ensure informed consent was obtained.

Interviews took up to one hour, with breaks offered regularly. The interview was recorded on password protected devices and deleted within one month following transcription and anonymity of the individual.

At the end of the interview a de-brief (Appendix M) was provided and participants were given the opportunity to ask questions. Their mental state was assessed by the interviewer and the staff member if present. A £15 voucher was provided for each child and young person who took part in the research.

2.7 Data analysis

Table 4 outlines the process of analysis.

Table 4.

Process of analysis.

Data Collection	Interviews were audio recorded and transcribed verbatim by the author in order to immerse themselves in the data (see Appendix N for transcript extracts). Data was collected until theoretical saturation was complete.
Line-by-line coding	Transcripts were coded in accordance with constructivist grounded theory principles: initial followed by focused coding (Charmaz, 2014; see Appendix N for examples; see also Appendix O for focused codes used). A second coder was utilised for random sections of the data to ensure unbiased coding. This helped to ensure dependability and confirmability.

	Line by line coding was implemented as it minimises risk of missing categories (Holton, 2007), and helps to seek out new insights ensuring that the author is not biased by preconceptions or ideas (Urquhart, 2013).
Focused Coding	Focused coding was conducted through a process of constant comparison. These focused codes were then used to sift through data. This ensured that the theory was developed from the data itself.
Theoretical sampling	Any themes that emerged over the first four interviews were subsequently incorporated into following interviews by adapting questions to test out the emerging themes (Charmaz, 2014; see highlighted questions in Appendix H).
Memo writing	Theoretical memos (Charmaz, 2014; see Appendix P for extracts) were noted throughout the analysis process in order to capture live thoughts, reactions and relationships between categories (Bogdan & Biklen, 1998).
Category development	Constant comparison of initial codes and transcripts was used in reviewing the focused codes, during which some were collapsed together if appropriate (Charmaz, 2014). Focused codes found to hold the most accountability were put into conceptual categories and sub-categories. Focused codes that were less weighted were collapsed into these.
Theory Development	Through a process of theoretical memo writing and theoretical coding, relationships between these categories were conceptualised (Charmaz, 2014), resulting in

	developing a framework of a sense of belonging in RCHs (Figure 1).

2.8 Quality

Maintaining methodological rigour in qualitative data is important. Guidelines were developed by Elliot, Fischer and Rennie (1999) in order to monitor the quality of the approach and are outlined in Table 5.

Table 5.

Quality Assurance Process

Recommendation	Application
1. *Owning one's own perspective (see Appendix P and Q)*	The author used memos and a reflective diary throughout the process in order to be transparent about potential biases and use the space to reflect on these biases and potential assumptions (Charmaz, 2014). Regular research supervision, and peer supervision with an independent grounded theorist to identify if personal biases were being imposed onto the data.
2. *Situating the sample*	Whilst sufficient data is removed to ensure anonymity, characteristics of the sample are provided to situate the sample.
3. *Grounding in examples (see Appendix N)*	Direct examples of quotes from the interviews are provided to compare raw data to the interpretation of the researcher. Pseudonyms used to ensure anonymity with quotes and removing quotes that might identify an individual.

		Research supervision was utilised to explore what quotations best reflect the data over others. Memos, reflective diary and peer supervision also used to reflect on the use and excluding of quotes.
4.	*Credibility checks*	Memos and a reflective diary were kept throughout the process to offer transparency in developing the theory. Memos offered space to note creative processes to ensure the theory was grounded in the data. Cross sections of data were audited by an independent grounded theorist. There was discussion during times of disagreement until a unanimous agreement was reached. Once categories were identified the author went through the interview data again to ensure that themes grew from the data rather than being influenced by previous knowledge. This “actively constructing” the theory rather than capturing it ensures that the theory is grounded from the data (Willig, 2013, p.80). The author was part of a grounded theory working group.
5.	*Coherence*	Interpretation of data is presented clearly in narrative discussion as well as diagrammatically. The diagrammatic interpretation is being developed by CYP who were interviewed.

6.	*Accomplishing general vs specific research tasks*	The clinical implications section 4.6 outlines carefully considered generalisability of findings, conclusions and aims of the findings.
7.	*Resonance with readers*	The aim of this research is to develop an understanding of a sense of belonging for CYP in care, RCWs and other professionals in their lives; and to inform clinical practice and policies.

2.9 Reflexivity and Rigour

Applying a constructivist grounded theory approach brings to the forefront reflexivity around interactions between the researcher and the data; how it is interpreted and the narrative developed from the researcher's own preconceptions from experiences, influencers in their life and their epistemological stance (Charmaz, 2014).

The author abstained from completing the literature review until a theory had been conceptualised (Uguhart, 2013), in order to ensure that the author remained open minded and was not influenced or biased by preconceptions (Glaser, 1992).

A strategy used to ensure trustworthiness of qualitative research is to identify how positionality may influence aspects of the process (Jones, Torres & Arminio, 2013). It is therefore important to acknowledge that the lead author was a white woman trained in Dyadic Developmental Psychotherapy (Hughes, 2006), an approach developed for working with CYP in care. She also had interests in Compassion Focused Therapy (Lee, 2012) and Acceptance and Commitment

Therapy for CYP (Ciarrochi & Hayes, 2020). The author also has several years experience working in psychology services for CYP in care and was at the time studying a doctorate in clinical psychology. In addition, the author had experience being a residential care worker working with CYP living in RCHs.

This experience may have developed preconceptions of the importance of relationships with CYP in care, and therefore honing in on areas to do with relationships rather than remaining open to other areas of belonging. This was reflected upon in supervision and questions were continually asked in interviews that were not relationship-orientated. In addition, an independent coder without previous experience in the field also coded the importance of relationships in interviews.

Being indoctrinated into the use of Dyadic Developmental Psychotherapy for CYP in care and therefore being drawn to the use of playfulness, acceptance, curiosity and empathy or 'PACE' as part of this approach may also have driven preconceptions. This includes the importance of a nurturing relationships with CYP in care. This may have led the author to use certain words within the coding or being more sensitive to interpreting interviews to fit with that approach. Nevertheless, this was reflected upon with professionals in the field not aware of the PACE approach and within supervision to be open to different words and codes. One supervisor was not aware of the PACE approach and worked with adults, thus had a different perspective than the author. The author constantly compared codes to the transcript to ensure accurate interpretation, and used a number of different words for the focused coding and theory development until the words were found to fit best.

Working as a RCW in RCHs and working clinically with CYP in RCHs may have driven a preconception that RCHs were the last resort and therefore would not provide the care that CYP needed. This was reflected upon in supervision and the

author remained mindful of this bias within the reflective diary. Through this and throughout the interview process this bias became more neutral in nature whilst continuing to remain clinically vigilant of appropriate practices.

It is acknowledged that lived experiences of, social identities, and the author's understanding of the literature may have influenced the research process in a variety of different ways.

Dey (1993) stated that an 'open mind is not an empty mind' (p.237). The author worked diligently to identify themes independent of biases, through reflexive practice. This included regular supervision, having open conversations, debates and reflective space with supervisors and clinicians in the field. A reflective journal was also kept to monitor biases (Appendix Q for an example).

It should be noted that the epistemology of supervisors could have influenced the direction of interpretation of data. However, final interpretation and development of the theory was led by the researcher.

3 Results

This section presents the grounded theory of a sense of belonging in CYP living in RCHs. The theory is presented with four core-categories, and six categories with sub-categories (Table 6). Relationships are represented in Figure 1. All categories are discussed with quotes.

Table 6.

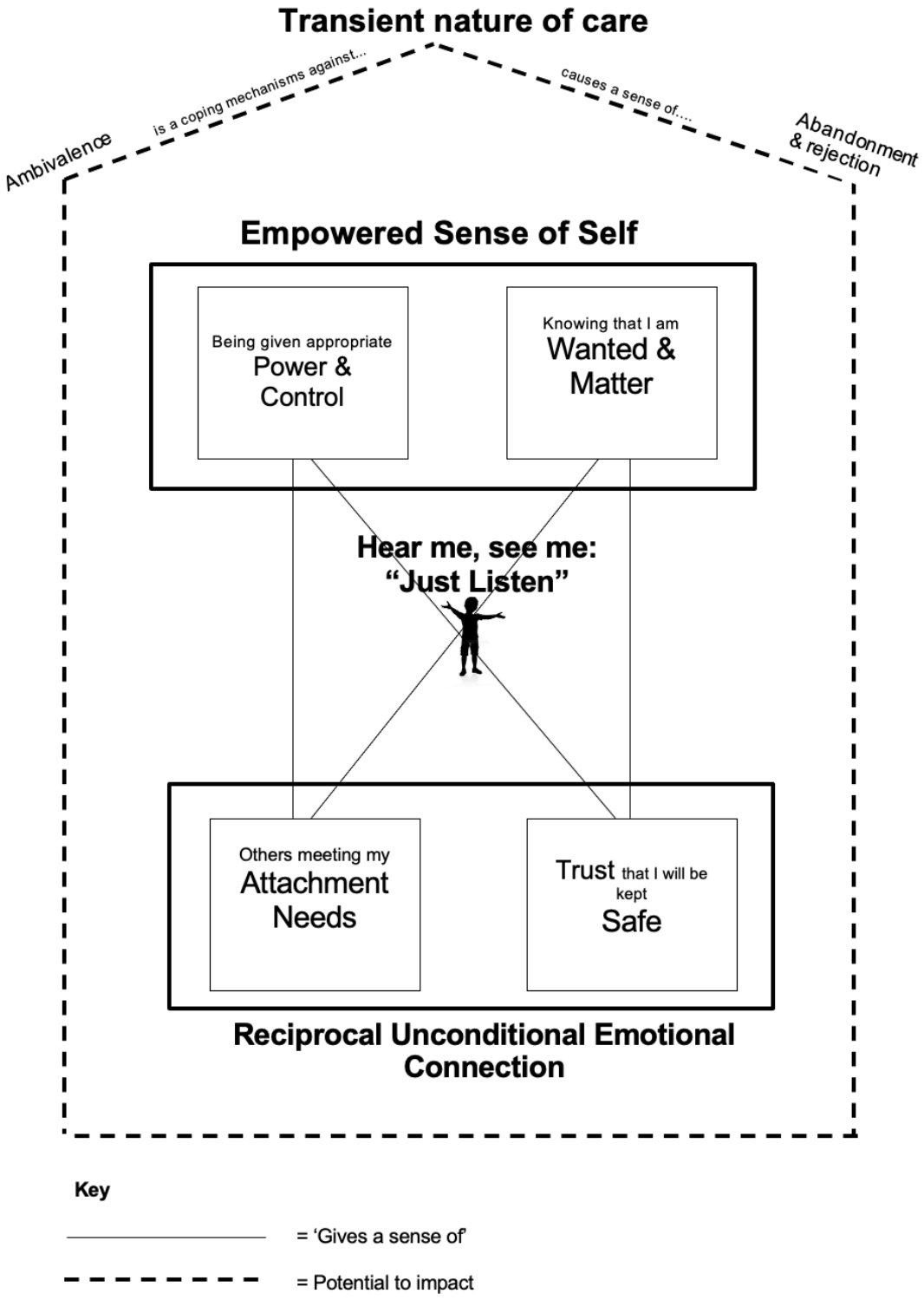
Overview of categories

Core-Category	Category	Sub-category
Transient nature of care.	Ambivalence. Rejection and Abandonment.	
Empowered sense of Self.	Knowing that I am Wanted & Matter.	- Cared for, worthy and valued. - Defective vs Accepted. - A narrative: 'A child or young person in care' and beyond.
	Being given appropriate Power & Control.	- Choice; Freedom. - Independence. - Consistency, Predictability and Reliability.
Unconditional Reciprocal Emotional Connection.	Others meeting Attachment Needs.	- Reciprocal relationships. - Safe Relationship. - Nurturing Parenting.

		- Isolation.
	Trust that I will be kept Safe	- Protected. - Past traumas triggered. - Trust vs Mistrust.
Hear me, see me: “Just Listen”.		

Figure 1.

Theoretical conceptualisation of a sense of belonging in RCHs



In order to have a sense of belonging, CYP needed an 'Empowered Sense of Self'. This is made up of being given appropriate power and control and knowing that they are wanted and matter. Power and control meant being given choice, freedom, independence and consistency, predictability and reliability. ‘Knowing that I am Wanted and Matter’ meant feeling cared about, worthy and valued; accepted; not made to feel defective but accepted for who they are; and having a narrative beyond being ‘a child in care’. This narrative included having purpose and a role within the home, it meant being in touch with their heritage, as well as having their individual stamp on the home aesthetics.

As well as an 'Empowered Sense of Self', 'Reciprocal Unconditional Emotional Connection' was also pivotal for a strong sense of belonging. This meant ‘Others Meeting Attachment Needs’ and ‘Trust that I will be kept Safe’. ‘Others Meeting Attachment Needs’ meant reciprocal relationships with RCWs, biological family and peers in the home; it meant having a safe relationship they could go to talk to; and it meant RCWs providing nurturing parenting. Nurturing parenting meant having boundaries, RCWs making sense of the world for them, having a sense of connection, playfulness and fun, understanding the child’s experience, being calm and accepting how the child feels.

If a child was not having their attachment needs met, they lacked a sense of belonging. This resulted in them withdrawing into isolation which fed more into their sense of not belonging.

‘Trust that I will be kept Safe’ meant feeling protected, and trusting others even when their past traumas were triggered.

An 'Empowered Sense of Self' and 'Reciprocal Unconditional Emotional Connection' and the factors within impacted on each other and caused a circular effect.

What was needed in order for an CYP to have a sense of an 'Empowered sense of self' and 'Reciprocal Uncontainable Emotional Connection' was the CYP being listened to.

There was an overarching sense of the ‘Transient Nature of Care, which caused a CYP to feel rejected and abandoned, as a result, CYP used ambivalence in order to cope. However, the extent to which the Transient Nature of Care impacted on a SOB was dependent on the extent to which a CYP felt an 'Empowered Sense of Self', 'Reciprocal Unconditional Emotional Connection' and pivotal to this was being heard.

3.1 Core-category: Transient Nature of Care

The transient nature of care was a core-category that over-arched all themes and had more of a presence in interviews with CYP who felt less of a sense of belonging:

You don’t want to settle because you know something can change. (Tamsin)

People keep going. It’s annoying when staff have to keep swapping every 5 minutes. Yeah. Just hope it stops one day. That would be good. (Jack)

The transient nature was pertinent as staff changed shift, and as staff left or joined the home. Its impact on a sense of belonging was dependent on the presence or absence of the four categories.

My social worker could just turn around and say she was going to move me. (Tamsin)

To protect themselves, children seemed to use ambivalence:

What's it like, staff leaving? (Author)
Pretty used to it to be honest. (Nick)

You have staff that come for like two weeks and then just left […] there was a staff member came that was here and I came and she left after about a year or something when I was here and it was hard because I'd built a relationships and it was just hard […] but you get kind of used to it going through care, you get people coming and going and stuff like that so. (Tamsin)

Would you prefer staff to stay? (Author)
This team, yeah. The team before Frank [staff], no, I didn't like any of them. (Nick)

This was also the case with social workers:

It's a bit rubbish [having so many social workers] to be honest, but I get through it. (Nick)

However, the extent to which the transient nature of care impacted on a child or young person's sense of belonging was dependant on the presence of absence of the other core categories.

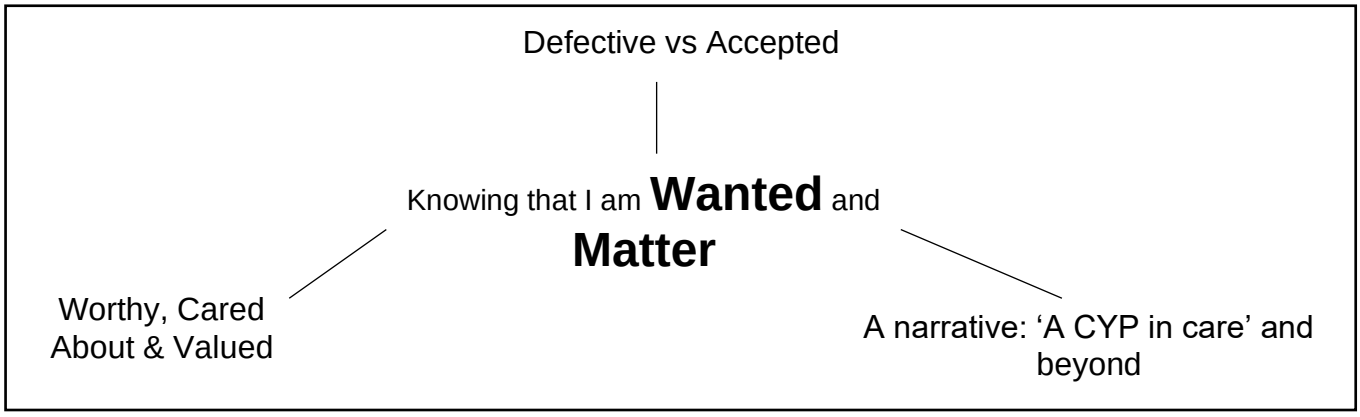
3.2 Core-category Empowered Sense of Self

3.2.1 Category: Knowing that I am Wanted and Matter

'Knowing that I am Wanted and Matter' was a theme that came up in all interviews and heavily influenced a sense of belonging through an 'Empowered Sense of Self'. Sub-categories fed into 'Knowing that I am Wanted and Matter' (Figure 2).

Figure 2.

Sub-categories *contributing to* 'Knowing that I am Wanted and Matter':



3.2.1.1 Worthy, Cared About & Valued

Being cared for, having a sense of worth and value was evident when they were being listened to, that someone was taking the time to meet their 'Attachment Needs':

My mental health might trick me and just go 'you're worthless' […] but then the staff will be there for me […] and that feeling of belonging somewhere will come back again. (Chase)

Feeling cared about and valued was linked to staff showing that they wanted a relationship and connection:

What's that like? That someone wants to hang out and care for you and love you and look after you? (Author)
Yeah, it's alright. Just a regular home isn't it […] Some staff miss you don't they […] they really care. […]. Everyone keeps saying, some of the carers keep saying, oh you're going to have to come live with us […] but Frank won't trade me in. (Nick)

In contrast, those who felt less of a sense of belonging, lacked this feeling of being wanted as they didn't feel cared about:

Some staff who like mess around and just don't care […] They just come to work for the fun of it. (Callum)

Being cared about and worthy was linked to being accepted unconditionally:

I think belonging just means where […] you feel like everyone wants you to be there. No matter what your disability or race is or sexuality (Jaylin)

I still don't understand why they're here though because you can get paid at McDonald's. […] I don't understand why they care. (Max)

This sense of being cared for even when they did not expect it was linked to feeling accepted unconditionally, of providing nurturing parenting.

3.2.1.2 Defective vs Accepted

CYP talked about feeling different and feeling they were being treated differently by staff because they were looked after, and this not being "*fair*" (Tamsin). This made them feel rejected, like there was something wrong with them, and ultimately made them feel unwanted, and therefore less of a sense of belonging:

You should be treated the same as a normal child is treated at home, shouldn't you? and it's not, it's not the case. (Tamsin)

Conversely, those who had a strong sense of belonging felt that they were accepted unconditionally, and this seemed to make them feel wanted.

They don't act like you're not part of the family or they don't act like you're anti-social or psychotic or anything like that. (Jaylin)

Being rejected from homes previously was strongly linked with not being cared for, of not being accepted, of a negative sense of self, and of disconnection from others. These factors were linked to a lack of a sense of belonging. Conversely in their current home, them not being given up on, and sense of permanence, was an important part of 'Unconditional Emotional Connection' and strongly linked to 'Reciprocal Unconditional Emotional Connection':

They give me my rights because other homes didn't do that […] they accept me for me: A violent, abusive child […] let's just say they haven't chucked me out yet […] I've bit them, made them bleed. They're just never giving up. (Malcolm)

Being welcomed and welcoming others into the home was an important part of being accepted in the home. It meant that their presence was celebrated. When they were not welcomed it made them feel rejected, unaccepted and wanted:

What happens when you leave for school, and come back from school, what are the staff members like? (Author)
They're very like, when I arrive, 'put your bag there, do this, do that'. Like very controlling. (Callum)
That's hard. Do they seem excited to see you?
No. (Callum)

This was compared to other homes where they were given high fives or hugs when leaving for school and returning. Peter pointed out he has never '*seen any staff members in [the home] with a frown on their face'.* This seemed to make them feel more of a part of the family unit rather than an outsider.

Are they really welcoming when you come back from school? (Author)
I've never seen one without a smile on their face. (Nick)
So they're excited to see you. (Author)
Yeah (Nick)

Feeling welcomed was also about other CYP welcoming new CYP. This increased a sense of belonging both for those arriving and for those welcoming as it signified that the CYP was welcoming them into their own home – that the home is theirs to show.

When the last new young person moved in you wrote on the board […] with some flowers on it. And you sat there proud as punch. (Staff).
That's cos my drawing was sick. (Nick).
You even had a squirt of my aftershave that day didn't you? (Staff)

The latter part of the extract shows again the sense of being a part of the home, the connection with staff members, of being accepted, doing the things a child would do with their own father in their own home. Doing these 'normal' child activities was part of having an identity being a child in care.

3.2.1.2 A Narrative: 'A child or young person in care' and beyond

Throughout interviews, supporting expression of individuality beyond their social identity as a child or young person in care was important. Seeing beyond the "*files of my background*" (Tamsin). This gave the CYP a sense of empowerment, and unconditional acceptance:

I wear nail varnish […] they'll let me go out and buy nail varnish […]. Let me be myself. (Chase)

Having a role or purpose within the home was also linked to a sense of power, and a sense of being wanted in the home. It gave them a sense of being a 'member'. This was on a practical level:

When I fit in with the staff […] I make up teas and stuff with them and always do the cooking. (Jack)

When they come out of the handover then I take the cups. (Jack)

As well as on a more 'role' level within the home, as the "*big brother*" (Peter), or the "*head of the table*" (Nick). This was strongly linked with a sense of power and feeling wanted. It also seemed to give a sense of permanence:

I mainly sit at the head of the table cos [sic], I've been here the longest, so that's my seat basically and I'm the most important (Nick)

Staff supporting connection with their culture, religion, heritage and their family roots was talked about by a few CYP, especially those out of county, and was an important part of their narrative, of feeling accepted and linked to a sense of belonging.

If I want to go to church and stuff they'll let me go. (Jaylin)

Part of being accepted, of being cared for and of having an identity was through the aesthetics of the house. All CYP talked about the physical side of a sense of belonging being in the "*home from home*" (Chase) feel of the house, of them putting their individual stamp on it. Putting an individual stamp on the home was linked to connections with others and their identity away from the home:

I've got everywhere in my room loads of photos of me and my Mum, my sisters and my brother and loads of my friends. (Tamsin)

It's quite personalised cos I remember little things from my childhood and I add them to my room when I go to the shops. (Jaylin)

The home being like a normal house meant not looking like an institute. For those who lacked a sense of belonging they felt that the house was institutionalised. It made them feel different, and less like a family home:

In a normal home you wouldn't have like 50 folders in a room would you with like a computer, cameras, [number] desk tops and chairs […]. On the board it has for example, like my initials, and it just says, 'school' […] And they just write what we're doing and for the other people it just says what they're doing. And in a normal home they wouldn't do that. (Callum)

It also may have represented the idea that they were there to stay, helping to protect from the 'Transient Nature of Care'.

3.2.2 Category: Being given appropriate Power and Control

'Knowing that I am wanted and matter' was strongly influenced by, and an influencer of, 'Being given appropriate power and control: A lack of power seemed to make them feel less wanted. A greater sense of mattering and feeling wanted provided a sense of power.

They make me feel really positive and they don't make you feel like a little person. […] they just make you feel like you're in charge of your own body, you're in charge of your own thoughts, you're in charge of your own feelings. (Jaylin)

Power and control meant being given choices and being given independence, it meant being able to influence others appropriately.

Ask the kids opinion. Because my opinion is going to be different […] and compromise with kids. (Max)

The strongest link between 'power and control' and 'being wanted and mattering' that developed a sense of 'empowered self', seemed to be being heard, which meant that they were valued:

They always ask how they can improve the house […] how can we basically change the house to make it better. (Nick).

Being given money was something that was brought up by almost all CYP. Having money gave them a sense of power, choice and freedom, and a sense of self-worth.

I'm the only child that has pocket money in hand […] I can keep it and watch what I buy and stuff like that. (Tamsin)

I get quite a bit of pocket money every week. (Chase)

Power and control also meant independence, which meant more agency and autonomy, and was preparation for their future.

Even though there's loads of fun […] and having a joke and having a laugh, we do also get taught a lot like how to save money and all that, how to cook, clean. (Chase)

Power and control was also given through consistency, predictability and reliability. Consistency, predictability and reliability meant that they were being heard and their needs were being met. This was particularly important given the unpredictability of care:

Because I've been brought up with the unknown of where I'm going to move to cos in foster care you can move whenever really, social services can turn around and move you to another can't they. And that's really what's happened in situations, so I just don't like the unknown. (Tamsin)

Consistency, predictability and reliability was important for a sense of safety and a sense of mattering. Lack of consistency, predictability and reliability was:

Quite hard because it's different staff every day so. […] Different rules every day. (Max).

If things get changed I like to know because I don't like change at all and there's a lot of stuff that gets changed a lot and that affects me […] and that causes ruptures. So that's hard. (Tamsin)

Lack of consistency, predictability and reliability and feeling heard resulted in feeling unsafe, and often led to self-isolation and lack of a sense of belonging:

I'm always in my room and I don't go out, and that can also be when I don't feel like I belong. (Tamsin)

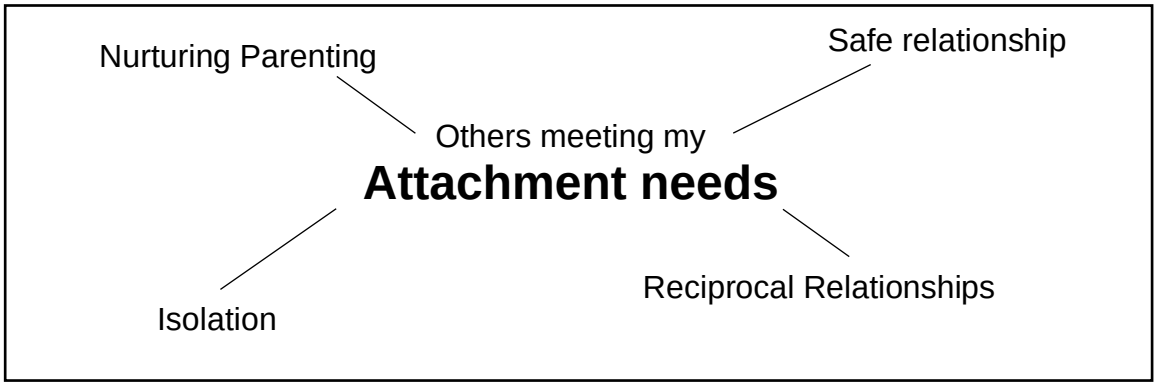
3.3 Core-category: Reciprocal Unconditional Emotional Connection

3.3.1 Category: Others meeting my Attachment Needs

Sub-categories: ‘Safe relationship’, Nurturing Parenting’ and ‘Reciprocal Relationships’ contributed to ‘Others meeting my Attachment Needs’ (Figure 3):

Figure 3.

Sub-categories contributing to Others meeting Attachment Needs



Getting attachment needs met meant they felt ‘wanted and mattered’. Not having their attachment needs met meant they felt uncared for and unwanted:

They’re here as carers and it’s almost as if they don’t care, they’re supposed to listen to your needs. (Tamsin)

Overall, getting needs met meant something specific for each individual:

If I was in foster care now, I would not have got into college like I have. And got any work. I was still getting kicked out of school and stuff. (Tamsin)

I thought that it was my second chance really to […] get myself together really, get my school back on track. (Chase)

3.3.1.1 Nurturing parenting

For all CYP getting needs met meant the staff being "*actual good parents that I never really had"* (Malcolm).

Nurturing parenting is broken down into different aspects, outlined in Table 7, with supporting quotes:

Table 7.

Overview of nurturing parenting

Aspect of Nurturing parenting	Linked to	Supporting quote
Listening to needs, whilst trusting adults to set fair boundaries.	Being heard. Consistency, predictability and reliability. Safety.	*Listen to what they want but don't listen to everything they want because it might be a bit too much and they might start like daydreaming and stuff and going into other things that they don't need but they just want it at the time. (Jaylin)*
Accepting CYP's emotions, being open to their opinions and empathising with them.	Feeling appreciated, wanted and cared about unconditionally.	*They're open minded about whatever I want to say about [my family] so if I want to go back there or something, they won't say 'yes' because I know I can't, but they won't say 'you can't' talk about this anymore because it's inappropriate. (Jaylin)*
The "*calm*" (Jaylin) or "*chill*" (Tamsin) of staff.	Safety.	*Their tone of voice is like relaxing and really calm. (Jaylin)* *They need to chill out and stop being so like worried about everything. (Tamsin)*
Feeling understood.	Being cared for and valued.	*They were all understanding about the fact that […] I've never been in care before. (Chase)* *If [sic] I need help with something and they don't really understand then I would help them and then they would help me*

		with what I am struggling with at the same time. (Peter) *When there's been those difficult conversations, you've been very good at helping me seeing things from your way of thinking. Because you're very good at explaining things, and not many people have that skill. (Nick's Staff)*
Being nurturing meant being playful and having fun, which many CYP talked about helping give them a sense of belonging.	Sense of connection to others; accepted; cared about, worthy; mattering; playfulness helped them to feel less alone.	*Messing around with me, joking […] taking an interest in me. It felt like […] I wasn't alone […]. Say you've been out all day you go back to your mum and she all like fussin [sic] around you, it was like going into that feel again. Like a mutual feeling […] they're caring people. Really caring people. (Chase).*
Make sense of the world, themselves, and others.	Wanted and mattering; unconditionally accepted; Safety.	*They'll help me understand why my mind is like this […] they'll show an interest. (Chase)*
Connection	Sense of power and control; mattering and wanted; feeling unconditionally accepted; feeling at ease in the homes.	*Supportive can be like when they're just checking up on you. Supportive can be allowing you to be you like if you want to dress a certain way. Like I love my music and that, so they're supportive with that. (Chase)*

Sounds like you're showered with love, is that right? (Author)
Yeah, pretty much […]
it's like when I was living at home (Nick)

Cos you can just walk downstairs and then like they're just like 'aw let's watch a movie' and stuff like that. (Callum)
So people want to hang out basically. (Author)
Yeah. (Callum)
Do you feel like people want to hang out with you there? (Author)
The kids, yeah, but the staff no. (Callum)

3.3.1.2 Safe Relationship

The importance of having a safe person to go to when needed was reported in every interview. In those who lacked a sense of belonging they lacked having someone to go to, in those with a strong sense of belonging they had people to go to.

I always have other people to talk to. (Jaylin)

Not having a safe base made some CYP feel unsafe, disconnected, unheard and powerless resulting in withdrawal from social interactions, adding to the sense of not belonging.

I don't talk to anyone. That's when it's hard. That's when I feel like I don't belong. And I just stay in my room on those days […] and don't do anything and tell everyone to leave me alone. (Tamsin)

Availability of staff, or preferred staff, had a big impact on a sense of belonging for all CYP. In order to feel their needs were being met they had to have a safe person to go to whom they felt emotionally connected to:

Sometimes it can change when there's less staff. Cos [sic] on the shifts there's not always enough staff to cover, that can change sometimes, and it depends on who's on shift. (Jaylin)

I think for you Peter it was important that you always felt that you had someone to talk to. Do you agree with that? (Staff)
I do. (Peter)
What's important to you in someone you can talk to? (Author)
Them being around. (Peter)

Like if I need to talk even whatever time it is, 1 in the morning, 2 in the morning, 10 before bedtime sort of for my mental health, they're always there for me they're always here for me no matter the time the situation they're in. (Chase)

It provided a sense of feeling important, that they mattered and were cared about:

They always said to me […] we're always here for a chat if you need it. (Peter).

Having a safe base where they felt heard was linked to a sense of safety:

I feel like my heart fits there […] [I] can call this my second family, my second place. That second option if I feel like I need to run somewhere and I feel afraid I can go talk to someone. (Chase)

In homes where the transient nature of care was more prominent, safe relationships were:

Quite hard because it's different staff every day. (Max).

This resulted in a lack of consistency, predictability and reliability, and needs not being met, reducing a sense of safety, increasing a need for control and power through BtC.

I get very annoyed and I do start shouting […]. The house goes mad. […] they should listen. (Tamsin)

3.3.1.3 Reciprocal Relationships

Reciprocity of relationships was an important part of 'Others Meeting my Attachment Needs'. It contributed strongly to a sense of 'Reciprocal Unconditional Emotional Connection' and was strongly linked to feeling wanted, valued, and accepted. One aspect of 'Reciprocal Relationships' was other CYP in the home wanting them included in activities:

They just ask me if I want to join in a game and stuff like that […] that tells you whether you fit in or not. (Jack)

What else do staff do that shows you that they care about you? (Author)
We play board games, go to the beaches, watch films, sometimes we might just go out […] we might go out […] to the mountains and like sit in the car or go for a walk, or go to golf clubs, cinemas, bowling. (Peter)

And staff wanting them involved:

I'm important. People want to spend time with me (Nick)

They want to be around me because they like me, and they actually want to get along with me. (Jaylin)

Being involved in joint activities was linked to a feeling of being accepted:

They just ask me if I want to join in a game and stuff like that. And when the child wants to do something with the other child, that tells you whether you fit in or not. (Jack)

Having 'Reciprocal Relationships' was about having shared interests:

Someone who likes cars, someone who likes top gear […] The perfect staff member. We do actually have a staff member at the home like that. (Peter)

Part of reciprocity was knowing about the staff and parts of their lives, which was related to a sense of trust with staff and a sense of belonging:

They tell us about their lives as well. We get to know them […] I like someone who is open about their life because it makes me trust them more. It makes it a lot more belonging place. (Chase)

Reciprocal relationship also meant the RCWs caring for the CYP but the CYP also caring about the RCWs and showing them this.

We have to care for the staff because they come out of their way to care for us, they don't need to do that but they do it, because they want to, and they care, so we should take care of them. (Peter)

For those who had a strong sense of belonging, there seemed to be a "*family dynamic*" (Jaylin) within the home, with staff being referred to as "*father figures*"

(Nick), or "*Aunty*" (Jaylin), other CYP as "*brothers*" (Nick) and "*sisters*" (Jaylin), which provided a sense of belonging. This sense of belonging was being a part of this additional family.

The day's out that we've had it doesn't' feel like a group of random strangers […], it feels like a family who have known each other since they were born. (Chase)

Couple of times on my LAC I address him as father figure […] also I've got three other favourites what I really, really adore (Nick)

People don't class it as work, they class it as their other home or something like that (Nick)

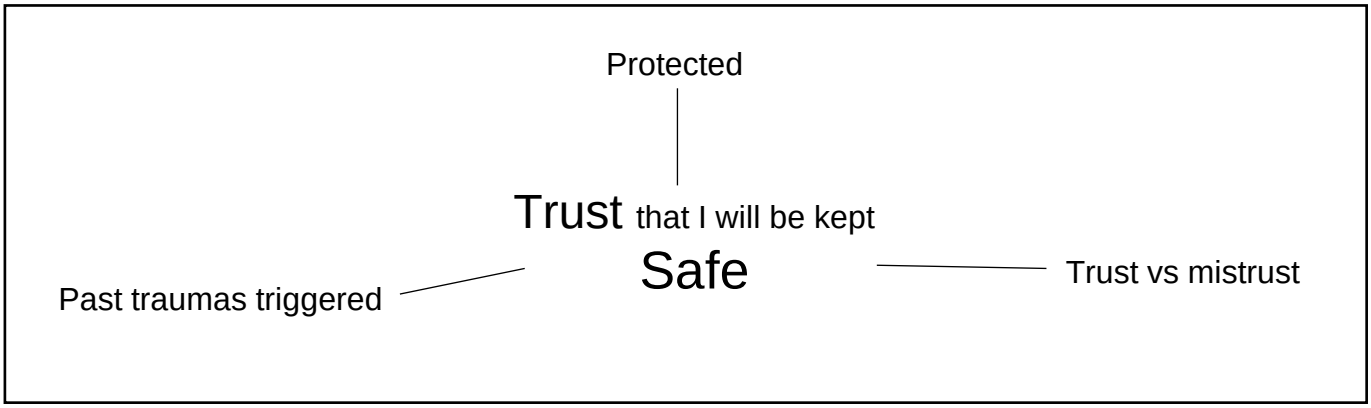
Does it feel like living with siblings sometimes? (Author)
Not sometimes. All the time. (Peter)

What else have you got on your walls? (Staff)
Pictures of my family. (Nick)
Nick has [sic] got pictures of staff on his walls. Believe it or not. (Staff)
Oh yeah, that's what I meant by family. (Nick)

3.3.2 Category: Trust that I will be kept Safe

Figure 4.

Sub-categories for 'Trust that I will be kept Safe'.



For a lot of CYP past experiences had impacted upon their sense of safety in the world and with others (see Figure 4). Having a sense of physical and emotional safety in the home was therefore important. It was linked to all three categories and being heard was an important aspect of it. Those who did not feel heard and therefore unsafe felt less of a sense of belonging:

They said 'when you get to bed, you're not allowed to lock your door' and I was like 'no, I'm locking my door because I don't feel safe' and they said that if I lock my door, I'll get in trouble, but I was like 'oh well'. (Callum)

Being kept safe was an important part of feeling like they mattered:

They make sure I'm safe online, they stay with me on my phone to make sure I'm not in any trouble or anything and they help with family and stuff as well. (Jaylin)

This meant protection from the outside world, as well as staff who "*shout*" (Tamsin), "*are rude*" (Tamsin) and were fired because they "*took money*" (Callum).

For some, they mistrusted people so much that they refused to connect to others:

But I don't' want to fit in personally. Because fitting in, you're around people, and I don't want that. I want to be an outsider. (Malcolm)

3.4 Core-Category: Hear me, see me: "Just Listen"

'Hear me, see me: "*Just Listen*"' underpins all of the core-categories and categories.

I know I'm getting a voice. (Peter)

Being heard relates to having power and control because they were given choice, freedom; they were valued and worthy enough to be listened to and that they were accepted, not defective.

They listen to my needs, but they also include me and they act like one of us, they don't act like you're not part of the family or they don't act like you're anti-social or psychotic or anything like that, they act like you're genuine people who want to be listened to and heard. (Jaylin)

Feeling heard meant that their attachment needs were being met and contributed to a sense of safety as they felt less invisible, and more empowered. Being heard was strongly linked to a sense of feeling wanted and mattering, empowerment and control:

They listen to me and [….] when they do listen to me you can see that it's changing their opinion or something. (Jaylin).

In contrast, those who felt as though they weren't listened to lacked a strong sense of belonging. Not being listened to threatened their needs getting met. They were at risk of feeling invisible, and powerless. This fed into their sense of self as unwanted, and not cared about, thus feeling emotionally disconnected to others. Not only did this reduce their sense of belonging, it seemed to make them not *want* to belong. They felt less safe and withdrew to self-isolation, preferring solitude to this feeling of invisibility.

They should listen… they're here as carers and it's like almost as if they don't care, and they're like supposed to listen to your needs, if you have needs and stuff like that and I need that, I need that reassurance […] In situations that, that's when I stay in my room as well. (Tamsin)

Collectively, being heard fed into the 'Empowered Sense of Self' and feeling an 'Reciprocal Unconditional Emotional Connection', neither of which you can have if

you are not heard. Thus making being listened to the foundation of a sense of belonging.

4 Discussion

The aim of this research was to develop a conceptualisation of a sense of belonging for CYP living in RCHs. The grounded theory fits with existing literature and expands it by presenting the first conceptualisation of a sense of belonging for CYP living in RCHs from their perspective.

In summary, the core-categories ‘Reciprocal Unconditional Emotional Connection’ (Wanted and Mattering, Power and control) and ‘Empowered Sense of Self’ (Attachment Needs met, and Safety) strongly reinforce each other. The presence of these two core-categories protects against the CYP’s experience of ‘Transient Nature of Care’.

The centralising concept of a sense of belonging was the core-category ‘Hear me, see me: “Just listen”’ to the CYP – demonstrating the power of others over these CYP’s sense of belonging.

4.1 Overview

The current theory fits with Strayhorn’s (2012) concept of a sense of belonging, which proposes the following are key to a sense of belonging: perceived social support, a sense of connectedness, mattering and feeling cared about, accepted, valued and respected by the group.

The current theory adds to previous concepts of a sense of belonging such as Strayhorn’s as it emphasises the relationship between connection with others and

sense of self. It also emphasises the importance of reciprocity; of having a sense of power and control; the pivotal role of being heard; and the power of others as influencing a sense of belonging. It emphasises the interaction between all categories that protect from a threatened sense of abandonment and rejection. It also puts forward a trauma-informed language for clinicians and homes to consider in terms of their past experiences and therefore the importance of making them feel safe and meeting their attachment needs. Overall, this is a population-specific model for CYP in RCHs.

The relationships between the core-categories, 'Reciprocal Unconditional Emotional Connection' and 'Empowered Sense of Self' fits with previous research on how social relationships play an important role for human functioning and well-being; how personal interests and behaviour are an important basis of sense of self and are impacted by relationships (Schofield & Beek, 2005; Walton, Cohen, Cwir, & Spencer, 2012).

4.2 Core-Category: Transient Nature of Care

Spanberger Weitz (2011) and Hedin (2011) found a sense of belonging for CYP in care is constantly threatened because of imminent risk of placement breakdown. However, the current research suggests that the extent to which the 'Transient Nature of Care' impacts on a sense of belonging depends on the presence of the four other categories.

The use of ‘Ambivalence’ as a coping mechanism, is an understandable adaptation to cope with instability (Skoog et al., 2015) when unpredictability of care is what is predictable in these CYP’s lives (Skoog et al., 2015). It emphasises the importance of providing as much consistency, predictability and reliability as possible and instils empathy for power-seeking behaviour (aka consistency-, predictability- and reliability-seeking) in a world where they have little control over transience.

4.3 Core-Category: Reciprocal Unconditional Emotional Connection

4.3.1 Category: Attachment Needs met

The importance of getting attachment needs met for a sense of belonging is supported by previous research in schools (Nichols, 2008; Sancho & Cline, 2012), foster care (Hedin, 2011) and policies (Welsh Assembly Government, 2002). This can be a challenge when individual CYP can present with varied and ever-changing cognitive, developmental, emotional and social ages.

4.3.1.1 Reciprocal Relationships: RCW Relationships

All CYP believed that staff members had a pivotal role in their sense of belonging. A plethora of research fits the findings that a sense of connection through reciprocated caring, warm, and positive relationships with adults increases a sense of belonging in CYP in schools (Bouchard & Berg, 2017; Johnson, Strayhorn & Parler, 2020) and foster care (Skoog et al., 2015; Hedin, 2011). Conversely, negative interactions with adults in schools contributed to a lack of a sense of

belonging (Sancho & Cline, 2005; Craggs & Kelly, 2018), and lack of secure relationships in foster care was associated with lack of a sense of belonging (Hedin, 2014; Andersson, 2009).

Having shared interests and being involved in activities was also an important part of a sense of belonging in this study, as supported by previous research on a sense of belonging in foster care (Hedin, 2011; Schofield & Beek, 2005; Skoog et al., 2015). This helped to develop a sense of 'togetherness' or "*family dynamic*" (Jaylin), something that foster CYP have reported increases a sense of belonging (Hedin, 2011).

The importance of relationships fits with attachment theory of belonging (Bowlby, 1969), but extends to the 'belonging hypothesis' whereby the need to belong is directed towards *any* person, not just a caregiver, and that the loss of the relationship with that individual can be replaced by another (Baumeister & Leary, 1995).

Strongly linked to attachment needs was safety and trusting others to keep them safe. These two are not mutually exclusive, as many of these CYP have been brought up in environments where they have learned that adults will not meet their attachment needs (Kaukko & Wernesjo, 2017).

4.3.1.2 Reciprocal Relationships: Peer Relationships

The association between emotional connection with peers and a sense of belonging fits with previous research (Craggs & Kelly, 2018; Nichols, 2008; Sancho & Cline, 2005), as well as connection through joint interests and activities (Bouchard & Berg, 2017; Osterman, 2000). Reciprocal connection is about others wanting the CYP to be included, which supports previous research that an increased sense of involvement increases a sense of belonging (Baumeister and Leary, 1995; Lima, 2014).

4.3.1.2 Reciprocal Relationships: Biological Family Relationships

Connection through contact with biological family was of importance to many CYP and an important part of their narrative and identity. Sinclair, Wilson and Gibbs (2005) and Ellingsen, Sheemings and Storksen (2011) also emphasised the role of the child-biological family relationship for a sense of belonging, when the relationship is a positive one. CYP in the current research appreciated RCWs and Managers supporting them with their relationships with their biological family, through contact or communication. The importance of carers in the CYP's life being supportive of relationships with biological families has been emphasised by previous research into a sense of belonging (Anderson, 2009; Hedin, 2011).

4.3.1.3 Safe Relationship

The importance of having a safe relationship in order to have a sense of belonging fits with previous research (Sancho & Cline, 2012). For a number of CYP, the safe person knowing them on a personal level was an important aspect of connecting with them and their sense of belonging as shown in previous research (Cartmell &. Bond, 2015; Craggs, 2016; Sancho & Cline, 2012). Having a safe base is associated with reduced risk of placement breakdown (NICE, 2010) so is an important aspect of a sense of belonging.

4.3.1.4 Nurturing Parenting

The importance of adults as nurturers aligns with other research and models, in particular Dyadic Developmental Psychotherapy (Hughes, 2006; Golding, 2017), the Emotional Warmth Model of Professional Childcare (Cameron & Das, 2019), and the Circle of Security (Marvin, 2002). Part of this is not being reactive and punitive but being calm. The consensus that staff should be "*chill*" (Tamsin) and "*calm*" (Jaylin) and that they should feel "*comfortable*" (Jaylin) fits with previous research suggesting that a sense of belonging is about having a sense of ease in the presence of people around you (May, 2011).

Fun and humour with RCWs was an important aspect of a sense of belonging across interviews. Playfulness is an approach well versed in Dyadic Developmental Psychotherapy (Hughes, 2006), and is used in models of care to develop a sense of belonging (Cameron & Das, 2019). It is also described as an important part of a

sense of belonging in research with CYP in foster care (Skoog et al., 2015; Hedin, 2011).

4.3.1.5 Isolation

A lack of sense of belonging through connection with others resulted in CYP isolating themselves and withdrawing from social interaction, supported by Johnson et al. (2020) in research with CYP in care in schools. Baumeister and Leary's (1995) 'belonging hypothesis' fits with this, that lack of sense of belonging leads to feelings of alienation, loneliness and isolation, and results in social withdrawal (Sancho & Cline, 2005) and CYP in care resigning to silence (Skoog et al., 2015).

4.3.2 Category: Trusting others to keep me Safe

A majority of CYP in RCHs have experienced abuse or neglect (National Institute for Health and Clinical Excellence report, 2010) resulting in mistrust in the world and people. Increasing a sense of safety through the development of trust and being protected helped these CYP feel a stronger sense of belonging. The importance of safety for a sense of belonging fits with previous findings (Einberg, Lidell & Clausson, 2015; Scofield & Beek, 2005; Yeo, 2010).

4.4 Core-Category: Empowered Sense of Self

The role of an 'Empowered Sense of Self' for a sense of belonging fits with previous research showing that sense of belonging and the development of sense of

self are mutually implicated (Antonsich, 2010). It also fits with research with foster and kinship CYP, emphasising the link between belonging and constructing a sense of meaning in one's existence (Hedin, 2011) and in sense of self (Andersson, 2009). Loader (2006) believes that the question of 'where do I belong' cannot be isolated from the question of 'who am I?'.

4.4.1 Category: Knowing that I am Wanted and Matter

4.4.1.1 Cared about, Worthy and Valued

Feeling wanted and mattering was an important aspect of developing a sense of belonging and is consistent with past research on sense of belonging in CYP (Cragg & Kelly, 2018; Hegarty et al. 1992; Strayhorn, 2012). For CYP in care, this is especially important having felt unwanted and uncared for previously, reinforced by the message that RCHs are a 'last resort' (Gilligan, 2009). The connection between positive relationships and sense of self as worthy and cared about is supported by research with foster CYP (Augsberger & Swenson, 2015; Gallagher & Green, 2012).

4.4.1.2 Defective vs Accepted

The importance of being accepted to feel a sense of belonging fits with previous research in school settings (Johnson et al., 2020; Sancho & Cline, 2012). However, for this population, acceptance means so much more due to their

possible perception of themselves as defective (Edmond, 2014; Samuels & Pryce, 2008).

4.4.1.3 Welcomed

Feeling welcomed and welcoming others was an important part of being accepted, which fits with previous research (Jayaweera & Choudhury, 2008). It meant that they were appreciated and valued.

4.4.1.4 Doing what “normal children” (Tamsin) do

Part of being accepted was doing “normal” (Tamsin) things that CYP do, including accessing a range of activities, fitting with previous research on a sense of belonging in CYP attending schools in more deprived areas where they felt different (Nichols, 2008). For CYP in care, this goes further, as they have felt different and had different experiences to CYP living with their biological families.
Therefore, having similar experiences is important in order to develop a sense of belonging (NICE, 2010).

4.4.1.5 A Narrative: ‘A child or young person in care’ and beyond

CYP wanted to have an identity beyond being a ‘child or young person in care’. This was partly sought through having a role and purpose within the home which fits with some concepts of a sense of belonging which are defined as an individual feeling an ‘integral part of a system’ (Hegarty et al., 1992).

The development of a child or young person's identity to have a sense of belonging fits with other models of belonging in care (Cameron & Das, 2019; Cameron & Maginn, 2008). Having a narrative about their past, present and future that is informed by facts and immersed in emotions is an important NICE (2010) recommendation.

Part of having an identity was influencing how the home was decorated. The house feeling "*homely*" (Jaylin) through décor and having a sense of ease was important for a sense of belonging. This fits with previous research (Schofield & Beek, 2005; Whettingsteel, Oliver, & Tiwari, 2020).

4.4.2 Category: Being given appropriate Power and Control

The importance of a sense of power to belong fits with previous research (Arcidiancono, Procentese & Di Napoli, 2007), which is pertinent given the lack of control CYP have had in their lives. Aspects of 'Power and Control' were working toward independence, being given choices, having access to activities and amenities, and consistency, predictability and reliability. Being involved in decision-making was also important for a sense of belonging as supported by research with foster CYP (Hedin, 2011). Having access to money was important for CYP, as reflected in other reports (Care Inspectorate Wales, 2019).

4.5 Core-Category: Hear me, see me: “Just listen”

Being heard was central to all categories. This fits with growing evidence for the importance of being ‘seen and heard’ to increase a sense of belonging in minority and marginalised populations (Adrianne, 2020), in foster care families (Skoog et al., 2015), and in CYP in new schools (Sancho & Cline, 2005).

Those who lacked a sense of belonging felt unheard and silenced, a common theme reported by CYP (Rostill-Brookes et al., 2011). The Department for Education [DfES] (2006) promotes participation of CYP in making decisions, yet their views are often unaccounted for (Unrau, 2007), leading to a sense of disempowerment and hopelessness (Sinclair, Wilosn & Gibbs, 2005).

Many CYP in care have spent years of their lives being silenced by abusers. This makes the presence of being heard by others even more powerful and meaningful.

4.6 Clinical implications

The categories could inform the development of a quantitative measure of sense of belonging for CYP living in RCHs. Appendix R presents categories and sub-categories on a continuum.

4.6.1 Practice Models

Given the theory, practice models that may be appropriate include Circle of Security (Marvin et al., 2002); Dyadic Developmental Psychotherapy (Hughes, 2006); Compassion Focused Therapy Model for Trauma (Lee, 2012); and the Power Threat Meaning framework (Johnstone & Boyle, 2018). A new model, the 'Emotional Warmth Model of Professional Childcare' (Cameron & Das, 2019) has been developed specifically for RCWs and foster carers that offers high-quality professional childcare and is trauma-informed. It empowers professionals to question current childcare practice such as the 'touch taboo' (p. 10) seen in homes, when the NICE (2010 recommendation 36) guidance encourages meeting needs for 'physical affection and intimacy safely'.

4.6.2 Training

There is huge pressure on RCWs to 'fix' CYP quickly. These CYP have endured years of trauma at the hands of adults, and those who were meant to protect them. There is no quick answer and these CYP do not need fixing because they are not broken. If we want to see change, and for these CYP to have a better quality of life in care and beyond, it is the system that needs to change (Perry & Hambrick, 2008).

'When a flower doesn't bloom, you fix the environment in which it grows, not the flower' (Den Heijer, 2018).

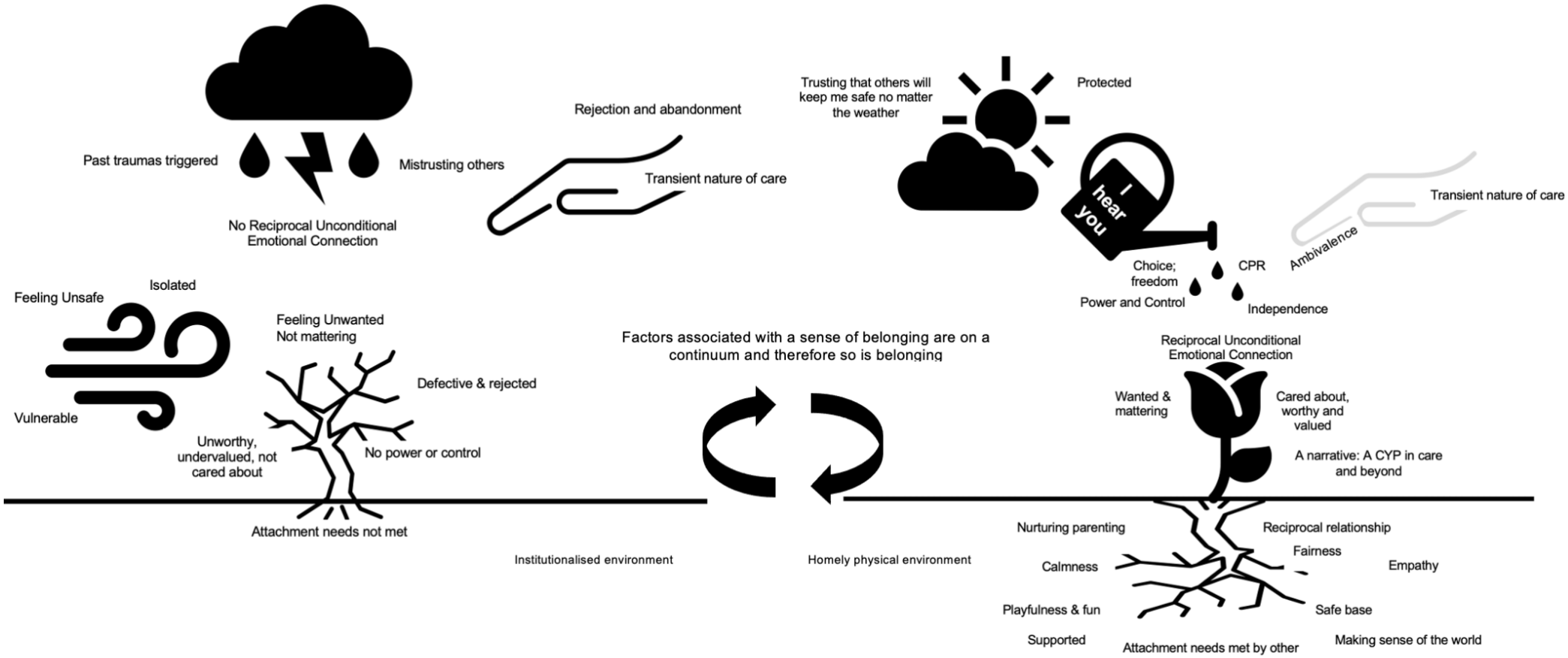
Figure 5 is a metaphor for the theory[5] and may be a useful reference tool within training for RCWs and social services. It is a narrative approach that compliments the Tree of Life narrative approach (Denborough, 2012). This is provided alongside the Theoretical conceptualisation in Figure 1. Figure 5 is a more accessible concept for the target audience for training purposes and for CYP in care so that information is more understandable, easier to process, more memorable and tangible. Feedback from professionals in the field agree that the metaphor is more accessible for all. The author will be approaching CYP who were involved in the project to draw their interpretation of the metaphor. This will be done collaboratively by the author regularly speaking to the CYP who agree to design the images. The author will first describe the metaphor and the CYP will go away to design several depictions of the metaphor. The author will be available to consult with the CYP when needed. This is an important part of the project to ensure that the metaphor is presented through the child and young people's eyes, so that the image is designed from the 'data', not from the author's preconception of what the flower, or hand should look like.

Changing a child or young person's perspective of themselves, the world and others takes a long time (Perry & Hambrick, 2008). They need to be met where they are, and go at their pace, listening to their needs. Longevity of therapeutic approaches is what will instigate long-term change. Change is fluid, a sense of belonging is fluid, some days a flower will bloom more or less than other days.

[5] CYP involved in the research will be asked to draw the flower metaphor.

Figure 5.

Flower visualisation.



RCWs are faced with emotional pain-based behaviour manifesting as BtC and the rejecting of well-meant affection and kindness, on top of the typical turbulence of adolescence. Caring for these CYP involves conviction, supervision and support, and employment of professional practice.

The findings offer a direction of mandatory and on-going training to RCWs to promote a sense of belonging in CYP, outlined in Table 8. The role of a Clinical Psychologist within these recommendations could be to provide psychological support in RCHs directly with CYP; they could provide regular evidence-based supervision to RCWs and Managers that supports evidence-based training and workshops that Clinical Psychologists can develop and deliver. Clinical Psychologists can also provide consultation, team formulation or network training as well as reflective practice. Clinical Psychologists can be part of a multi-disciplinary team to provide a psychological perspective when working with the team around the child. This could include Psychosocial meetings to work alongside the Social Workers caring for the CYP. The role of a Clinical Psychologist within teams could be to provide management and leadership of evidence-based approaches that trauma-informed values.

Table 8.

Training package according to categories.

Others meeting my Attachment Needs	Therapeutic attachment/relations. Parenting approaches. Understanding attachment. Understanding how own attachment can play out in the relationship. More systemic attachments. Working specifically with teens - what is typical teen behaviour vs attachment/trauma behaviour. Working specifically with younger children. Embedding the family. Nurturing Parenting. Playfulness Acceptance Curiosity and Empathy [PACE]. Meeting developmental needs (social, emotional, cognitive). They need to understand their behaviour so that they can better empathise, so that they show warmth and acceptance. RCWs sharing information about own life – staff developing an 'All About Me' book.
Trust that others will keep me Safe	Understanding the impact of developmental trauma on the brain and behaviour. Understanding the threat system and threat responses. Understanding secondary trauma and burnout. Understanding emotional safety. Understanding safety-seeking behaviours.
Knowing that I am Wanted and Matter	How to increase feelings of being wanted. How to connect with CYP. Discrimination (conscious and unconscious).

	Organisations and social services need to be on board in providing appropriate displays of affection to CYP and understand the benefits, and potential harm caused if this need is not met. Welcoming new CYP. Welcoming current CYP home.
Being given appropriate Power & Control	Consistency, Predictability and Reliability. Why power and control are important. How to give appropriate power and control. Workshops on cultural competence and implicit bias. Demand Avoidance. Making sense of control-seeking behaviours.
Transient nature of care	Understanding the impact of moving on BtC. Preparations for leaving care. How to ‘do good byes’. Transition objects.
Hearing vs listening	Listening skills. Empathy vs sympathy. Hidden vs expressed needs. Being upskilled on listening to CYP but not acting on their wants in a therapeutic way is important and understanding how to repair the relationships after this rupture (Hughes, 2006).
Other	Clinical supervision. Reflective practice. Team Formulation.

	Consultation from psychologically and trauma-informed professionals. Training for supervisors. De-briefing opportunities.

Note. Training governance should be reviewed regularly to ensure that staff are accessing good quality and relevant training that is meeting the needs of both staff and CYP (DfE, 2006). Protected and paid time for on-going consultation, reflective practice and supervision by qualified professionals using evidence-based approaches would ensure that RCWs have the support to maintain the learning and to help management of stress and emotional well-being. There needs to be a move away from the foundation of professional practice as 'competence', to 'capability' of staff to implement strategies and approaches (Fraser & Greenhalgh, 2001). Importantly, training should be evidence-based. Research suggests that the difference in outcomes between foster care and RCHs is absent when evidence-based approaches are used in placement (Strijbosch et al., 2015).

4.6.2 Staff recruitment

Recruitment of appropriate RCWs is an important process, given their vital role in influencing a sense of belonging. Employers should consider assessments of values to try to reduce attrition and improve the quality of staff working with CYP.

RCWs are some of the most underappreciated and underpaid care professionals, yet they have the most influence on these CYP's lives. There should be consideration of these people's worth and value and a salary that reflects this. Given the high rate of burnout in RCWs (Decker, Bailey & Westergaard, 2002), proper treatment and care should be a given, and this should include a clear career pathway.

4.6.3 'Placement purpose' over 'placement type'

Some CYP acknowledged they preferred RCHs to foster care, offering them more permanence. They are not the 'last resort' (Holmes Connolly, Mortimer, & Hevesi, 2018). Holmes et al. (2018) suggest moving away from a placement 'type' and more towards 'placement purpose'.

Appropriate placements also need to consider compatibility with other CYP in the home (Care Inspectorate Wales, 2019).

4.6.4 A residential family for life

Continued connection with valued attachment figures is important for these CYP to ensure a positive personal identity and history (NICE, 2010). RCHs should consider ways to ensure and support continued communication when leaving care (Skoog et al., 2015).

4.6.5 Hear me, see me: "Just listen"

Listening is not just about listening to what is being said, or listening to respond, it is listening to understand and listening to what is not said.

Being listened to is more than being involved in decision-making and their future. Listening is also about hearing their journey before, into, and through care; it is seeing BtC as a communication to be understood; it is hearing their expressed and

hidden needs. Table 9 outlines ways in which a CYP can be listened to at different levels.

Table 9.

Multi-layered intervention to increase sense of being heard.

Policies and Procedures	Policies and procedures already emphasise the importance of listening to CYP's opinion and needs and services being 'child led' (e.g. The Children's Home (England) Regulations, 2015). This research helps to emphasise why being listened to is so important and the benefits it can have. Policies and procedures need to be less generic and nebulous and more concrete for RCWs to follow. CYP should be encouraged to access advocates when decisions are being made about their future (NICE, 2010; The Children's Home (England) Regulations, 2015). Policies and procedures should take into account factors that impact on a child or young person's sense of self.
Society	CYP should be directed to national and local forums for CYP in RCHs specifically, which offer opportunities for their voices to be heard. Having RCWs involved in these forums would help them to see through the lens of the CYP they care for and bridge the gap of "*us*" and "*them*" to "*we*". Having forums may also be instrumental in targeting the negative stigma around RCHs. Expert by experience-led social media platforms may offer further space for CYP to have their voices heard and a space for charities and other organisations to offer accessible support to those in care and care leavers.

Organisations	Organisations with trauma-informed values; supporting staff to be able to be trauma-informed. Information sharing about CYP is reportedly poor during transitions, with inaccurate or missing historical information (Care Inspectorate Wales, 2019). The importance of information sharing so that their story is heard, understood and not lost, needs to be emphasised to local authorities and organisations. Forums within an organisation offer a space for CYP's voices to be heard, a place for reflection and furthering a sense of belonging by increasing communication between homes. These forums could be used to have CYP involved in the development of training, organisational policies, and procedures (NICE, 2010). Organisations could consider 'reserve' staff for when there are staff shortages to ensure some consistency, instead of employing agency staff. When agency staff are employed it would be helpful if CYP are pre-warned who is coming, a known staff member to introduce them, and for the agency staff to provide appropriate information about themselves to the CYP. Listening to what the staff need so that they can better help the CYP (The Children's Home (England) Regulations, 2015) through the use of feedback, forums and representation at organisation meetings.
Home environment	Physical aesthetics to be that of a home (The Children's Home (England) Regulations, 2015), not an institution. CYP should be involved heavily in decorating and designing the home environment.

	CYP folders should be out of sight. Information and policies should not be in eye view. Diary/calendars should be like those of a child or young person with their family, not on a white board. Home meetings to discuss any needs or wants.
Biological Family	What the child wants should be listened to in terms of family contact unless harm through stress to them around contact, in which case a best interest decision should be made as a team, and this should be communicated openly with the child. Oosterman et al. (2007) found that lack of contact reduces risk of placement breakdown. However, Sen and Broadhurst (2011) suggested that the impact on placement was dependent on the quality of contact.
Staff	Attending training on listening. Understanding the communication behind the behaviour; understanding behaviour as 'emotional-pain behaviour'. Therapeutic endings: Endings are extremely important and need to be carefully thought out and managed collaboratively with the CYP and those leaving. Foster CYP have expressed a need for better endings with placement breakdowns (Skoog et al., 2015). This could be in the form of a therapeutic letter, a leaving party or a present, upskilling CYP to learn and cope with people leaving.
CYP	CYP should be involved in decision making. Care plan to be written by or collaboratively with the CYP.

Their views on the care plan should be communicated throughout the care plan.

Being given an appropriate degree of choice and freedom (The Children's Home (England) Regulations, 2015).

Allowing CYP to choose their keyworkers based on compatibility would be beneficial (Care Inspectorate Wales, 2019).

4.7 Limitations, Strengths, and future direction

Whilst every effort was made to account for a broad spectrum of cognitive abilities, it may be that some of the concepts were abstract in nature and CYP may have not understood questions fully. Nevertheless, a majority of CYP said when they did not understand a question. The researcher also asked CYP to clarify their understanding to ensure that they were talking about the same concept. Edmond (2014) used a variety of techniques including life snakes, board games, and drawings to allow CYP to communicate a sense of belonging. This may be a useful approach to use in the future. Alternatively, asking CYP to take photos of moments they have a sense of belonging would allow those who struggled to communicate verbally to have their views heard.

It may be that those who agreed to take part in the research may have been engaging within the home more than those who did not volunteer. Nevertheless, there were still a variety of negative experiences discussed within interviews suggesting that there was less risk of bias.

The sample size was small, making generalisation difficult. Nevertheless, this was a typical size for grounded theory with CYP in care (Hunter, 2015) and saturation was reached.

The youngest participant was 13 years. This might be a limitation to the research that younger individuals were not interviewed, however it is worth noting that developmental, emotional and social ages of these CYP was much lower for some than their chronological age.

A sense of belonging is important for all ages in childhood (Quinn & Oldmeadow, 2013) but may be particularly important to adolescents (12-18) compared to other developmental ages, due to unique needs and challenges they face (Allen et al., 2018). As there are a variety of changes across developmental stages such as more time spent with their peers than adults; less reliance on adults to provide care and protection; and development of a sense of identity and personal values, what a sense of belonging means may differ over age groups (Allen et al., 2018). For example, in adolescents, dyadic relationships with best friends is more important in a sense of belonging than attachments to parents (Chipuer, 2001). This should be considered when thinking about how generalisable this concept is to other developmental ages. Future research should consider comparing what a sense of belonging means across the life span in the looked after population.

What is important for a sense of belonging may also vary across ethnic groups, for example friendships were perceived as less important in some ethnic groups compared to others (Faircloth & Hamm, 2005).

A majority of CYP attended school in their organisation. Being tutored within the organisation may have contributed to a sense of belonging in the home. Future research could interview CYP on their experiences of attending school within an organisation, and its impact on sense of belonging.

Whilst there is some overlap between belonging, attachment and 'felt security' (Schofeild & Beek, 2005), Baumeister and Leary (1995) distinguish belonging from attachment by noting that belonging is a desire not necessarily targeted toward a particular individual whereas attachment is. Nevertheless, the overlap evident in the current research should be held in mind.

4.7.1 Recruitment limitations

Recruitment rates were low given the number of organisations contacted (see Figure 2). The researcher is unclear why some RCHs did not take part so it cannot be determined if additional themes may have been missed. Those who lacked a sense of belonging may have also declined the offer to take part as they did not want to talk about it, albeit those who lacked a sense of belonging were interviewed.

A number of RCHs that did not respond were based in city centres. It would be prudent to investigate this further and whether there is a difference in sense of belonging depending on geography.

Previous research has questioned the extent to which CYP recruited through an organisation feel able to refuse participation (Grisso, 1992). However, a number of CYP from the same organisation did refuse and two other young people who were recruited from a psychology service and through direct contact with a home also opted out following agreement to take part.

One could question whether COVID-19 impacted on their sense of belonging. Experts in the field reported that lockdown was causing either more ruptures in relationships or growing attachments in RCHs. Whilst COVID-19 may have magnified issues, good or bad, the content or meaning of it is hypothesised not to have changed.

4.7.2 Strengths

The research was coproduced throughout the process, including consultation with experts in the field.

There was heterogeneity of the contexts of the CYP due to different RCHs, different organisations, different geographical locations, and different localities. The utilisation of a heterogenous sample reflects grounded theory theoretical sampling (Charmaz, 2006). However, there did lack ethnic diversity in the sample and this

requires further investigation given the variation in concepts of a sense of belonging in different ethnic groups (Baumeister & Leary, 1995; Somers, 1999).

4.7.3 Future research

Long-term life outcomes for increased sense of belonging in RCHs should be further investigated. The association between sense of belonging and number of placement moves would also be of interest. It is the hope and prediction that increased sense of belonging increases permanence in homes.

In interviews it became evident that a lack of sense of belonging resulted in more BtC. Given that BtC result in placement breakdowns (Vanderfaeillie, et al., 2017), and a lack of a sense of belonging is associated with BtC (Williams, Hedberg, Cox & Deci, 2000), then increasing sense of belonging could reduce BtC and therefore placement breakdowns and subsequent life outcomes. Further longitudinal quantitative analysis is required to understand this link more.

Further areas of research also include: larger-scale studies would allow comparison between genders, sexualities, race and disabilities and how they impact on a sense of belonging in RCHs. The application of this model in education would also be beneficial, and a quantitative measure based on the theory should be developed and tested.

5 Conclusion

This research presents a novel conceptualisation of a sense of belonging to mean having an ‘Empowered sense of Self’ through ‘Power and Control’ and feeling ‘Wanted and Mattering’; and experiencing ‘Reciprocal Unconditional Emotional Connection’ through ‘Attachment Needs’ being met and feeling ‘Safe’. An ‘Empowered Sense of self’ and ‘Reciprocal Unconditional Emotional Connection’ have a circular relationship. These are only experienced if adults ‘Hear’ the CYP, reflecting the pivotal role of RCWs in CYP’s sense of belonging. These categories are overarched by the ‘Transient Nature of Care’, the extent to which it impacts on a sense of belonging is dependent on the extent to which someone feels an ‘Empowered Sense of Self’ and ‘Reciprocal Unconditional Emotional Connection’.

This is a unique population with complex backgrounds that make this sense of belonging even more complex.

This understanding of sense of belonging informs clinical practice, staff training and organisational policies and procedures, and paves the way towards a better quality of life, and life outcomes for CYP living with residential ‘families’.

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Appendix

Appendix A. Journal Guidance

NEW SUBMISSIONS Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process. As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately. References There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/ book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

Formatting requirements

There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract,

Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions. If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes. Divide the article into clearly defined sections. Figures and tables embedded in text Please ensure the figures and the tables included in the single file are placed next to the relevant text in the manuscript, rather than at the bottom or the top of the file. The corresponding caption should be placed directly below the figure or table.

Article structure

Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and

indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Theory/calculation

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. •
- Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

• Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.

• Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Highlights

Highlights are mandatory for this journal as they help increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any).

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Highlights.

- Not part of editorial consideration and aren't required until the final files stage
- Only required for full research articles
- Must be provided as a Word document— select "Highlights" from the drop-down list when uploading files
- Each Highlight can be no more than 85 characters, including spaces
- No jargon, acronyms, or abbreviations: aim for a general audience and use keywords

- Consider the reader - Highlights are the first thing they'll see

Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Footnotes

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

Artwork

Electronic artwork General points

• Make sure you use uniform lettering and sizing of your original artwork.

• Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.

• Number the illustrations according to their sequence in the text.

• Use a logical naming convention for your artwork files.

• Indicate per figure if it is a single, 1.5 or 2-column fitting image.

• For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.

• Please note that individual figure files larger than 10 MB must be provided in separate source files.

Color artwork Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted

article. Please indicate your preference for color: in print or online only. Further information on the preparation of electronic artwork.

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Ensure that each illustration has a caption. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the AUTHOR INFORMATION PACK 15 May 2021 www.elsevier.com/locate/childyouth 11 journal

and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

References in a special issue

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue

Reference formatting

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/ book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the following examples:

Reference style

Text: Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the Publication Manual of the American Psychological Association, Seventh Edition, ISBN 978-1-4338-3215-4, copies of which may be ordered online.

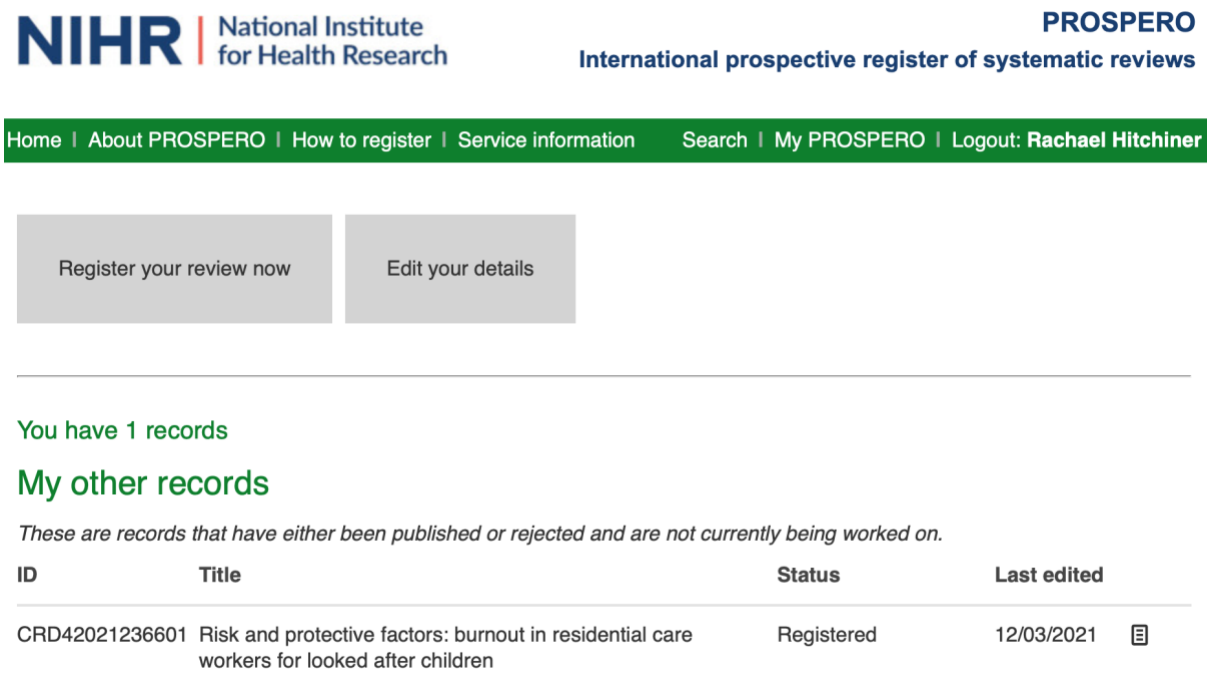
List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples: Reference to a journal publication: Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article. Journal of Scientific Communications, 163, 51–59. https://doi.org/10.1016/j.sc.2010.00372. Reference to a journal publication with an article number: Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2018). The art of writing a scientific article. Heliyon, 19, Article e00205. https://doi.org/10.1016/j.heliyon.2018.e00205. Reference to a book: Strunk, W., Jr., & White, E. B. (2000). The elements of style (4th ed.). Longman (Chapter 4).

Reference to a chapter in an edited book: AUTHOR INFORMATION PACK 15 May 2021 www.elsevier.com/locate/childyouth 12 Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), Introduction to the electronic age (pp. 281–304). E-Publishing Inc. Reference to a website: Powertech Systems. (2015). Lithium-ion vs lead-acid cost analysis. Retrieved from http://www.powertechsystems.eu/home/tech-corner/lithium-ion-vs-lead-acid-cost-analysis/. Accessed January 6, 2016

Reference to a conference paper or poster presentation: Engle, E.K., Cash, T.F., & Jarry, J.L. (2009, November). The Body Image Behaviours Inventory-3: Development and validation of the Body Image Compulsive Actions and Body Image Avoidance Scales. Poster session presentation at the meeting of the Association for Behavioural and Cognitive Therapies, New York, NY. Reference to software: Coon, E., Berndt, M., Jan, A., Svyatsky, D., Atchley, A., Kikinzon, E., Harp, D., Manzini, G., Shelef, E., Lipnikov, K., Garimella, R., Xu, C., Moulton, D., Karra, S., Painter, S., Jafarov, E., & Molins, S. (2020, March 25). Advanced Terrestrial Simulator (ATS) v0.88 (Version 0.88). Zenodo. https:// doi.org/10.5281/zenodo.3727209.

Appendix B. PROSPERO



Appendix C. Research Terms

Term	Syntax	Term	Syntax
Burnout	burn* out burnout	Residential care Residential care homes	Residential care*
compassion fatigue	Compassion fatigue	Residential children's homes Residential child homes Residential child units	Residential child*
Secondary trauma Secondary traumatisation	second* trauma*	Residential facility Residential facilities	Residential facilit*
vicarious trauma	Vicarious trauma	Residential setting Residential settings	Residential setting*
blocked care	Blocked care	Residential provider(s)	Residential provider*
Empathy fatigue	Empathy fatigue	Residential institute(s)	Residential institut*
		Residential home(s)	Residential home*
		Residential treatment center(s) Residential treatment centre(s)	Residential treatment cent*
		Children's home(s) Children home Child home	child* home*
		Children's residential Children residential Child residential	child* residential
		Children's care home(s) Child care home(s)	child* care home*
		Group care	Group care*

	Group carer Group carers Group care home(s)	
	Group home(s)	Group home*

Appendix D. Syntaxes

Database	Syntax
Psychinfo & Medline	Residential care* Residential child* Residential facilit* Residential setting* Residential provider* Residential institut* Residential home* Residential treatment cent* child* home* child* residential child* care home* Group care* Group home* burn* out burnout compassion fatigue second* trauma* vicarious trauma blocked care empathy fatigue
Scopus	((TITLE-ABS-KEY ("burn* out")) OR (TITLE-ABS-KEY ("compassion fatigue")) OR (TITLE-ABS-KEY ("trauma* stress*")) OR (TITLE-ABS-KEY ("second* trauma*")) OR (TITLE-ABS-KEY ("vicarious trauma*")) OR (TITLE-ABS-KEY ("blocked care")) OR (TITLE-ABS-KEY ("empathy fatigue")) OR (TITLE-ABS-KEY ("burnout"))) AND ((TITLE-ABS-KEY ("residential care*")) OR (TITLE-ABS-KEY ("residential facilit*")) OR (TITLE-ABS-KEY ("residential setting*")) OR (TITLE-ABS-KEY ("child* home*")) OR (TITLE-ABS-KEY ("residential child*")) OR (TITLE-ABS-KEY ("residential institut*")) OR (TITLE-ABS-KEY ("child* residential")) OR (TITLE-ABS-KEY ("group care*")) OR (TITLE-ABS-KEY ("residential home*")) OR (TITLE-ABS-KEY ("group home*")) OR (TITLE-ABS-KEY ("residential provider*")) OR (TITLE-ABS-KEY ("child* care home*")) OR (TITLE-ABS-KEY ("residential treatment cent*")))

ASSIA (Proquest)	Burn* out OR “compassion fatigue” OR “traumatic stress*” OR “second* trauma*” OR “vicarious trauma*” OR “blocked care” OR “empathy fatigue” OR “burnout” “residential care*” OR “child* home*” OR “residential child*” OR “child* residential” OR “Group care*” OR “Residential home*” OR “Group home*” OR “child* care home*” OR “Residential treatment cent*” OR “residential facilit*” OR “residential setting*” OR “residential provider*” OR “residential institut*”
Web of Sciences	TS=(“Burn* out” OR “compassion fatigue” OR “traumatic stress*” OR “second* trauma*” OR “vicarious trauma*” OR “blocked care” OR “empathy fatigue” OR “burnout”) AND TS=(“residential care*” OR “child* home*” OR “residential child*” OR “child* residential” OR “Group care*” OR “Residential home*” OR “Group home*” OR “child* care home*” OR “Residential treatment cent*” OR “residential facilit*” OR “residential setting*” OR “residential provider*” OR “residential institut*”)
CINAHL	(“Burn* out” OR “compassion fatigue” OR “traumatic stress*” OR “second* trauma*” OR “vicarious trauma*” OR “blocked care” OR “empathy fatigue” OR “burnout”) AND (“residential care*” OR “child* home*” OR “residential child*” OR “child* residential” OR “Group care*” OR “Residential home*” OR “Group home*” OR “child* care home*” OR “Residential treatment cent*” OR “residential facilit*” OR “residential setting*” OR “residential provider*” OR “residential institut*”)

Appendix E. Quality Assessment

Paper	Explicit theoretical framework	Statement of aims/objectives in main bod of report	Clear description of research setting	Evidence of sample size considered in terms of analysis	Representative sample of target group of a reasonable size	Description of procedure for data collection	Rationale for choice of data collection tool(s)	Detailed recruitment data	Statistical assessment of reliability and validity of measurement tool(s)	Fit between stated research question and method of data	Fit between research question and method of analysis	Good justification for analytic method selected	Evidence of user involvement in design	Strengths and limitations critically discussed	Total percentage
Audin et al. (2018)	3	3	3	0	1	3	3	3	1	3	2	1	0	3	69%
Barford & Whelton (2010)	3	3	3	1	3	3	2	3	1	2	3	3	0	3	78.6%
Eastwood & Ecklund (2007)	3	3	3	1	2	1	2	1	1	2	3	2	0	0	57%
Kind et al. (2018)	3	3	3	0	3	3	2	2	1	2	3	2	0	3	71%
Kind et al. (2020)	3	3	3	1	3	3	1	2	0	3	3	3	0	3	74%
Lakin et al. (2007)	3	3	3	1	3	3	3	3	1	3	2	2	0	1	74%
Leon et al. (2008)	2	3	3	2	2	3	3	3	1	3	2	2	0	1	71%
Sochos & Aljasos (2020)	3	3	3	0	2	3	3	2	1	2	3	3	0	3	74%
Steinlin et al. (2016)	2	3	3	2	2	3	3	3	1	3	3	3	0	3	81%
Valle et al. (2007)	3	3	3	0	3	3	3	3	1	2	2	1	0	1	67%

Appendix F. Recommendations

Category	Factor	Recommendations
1. Workload (too much work, inadequate resources)	Less training Work pressure Supervision support and managerial support Stressed or overwhelmed Compassion fatigue Perception of self-care success Self-care	1. Reduce workload. 2. To develop an evidence-based and relevant training package from the start of employment. To ensure that there are regular refreshers of the training, space for reflection within and outside of this training. Ensure that staff have time and support to implement the training they are given and offered supervision regularly. 3. Regular and high-quality supervision using evidence-based models. 4. Ensure sufficient staffing to share workload. 5. Ensure sufficient funding i.e. cars so that children can be taken out 6. Sufficient staffing levels should be provided to allow for the taking of breaks, debriefing and supervision whilst ensuring adequate staff-child ratios. 7. Involve stakeholders in understanding the value and importance of sufficient resources. 8. Encouraging use of self-care in and outside of work.

	9. Taking time during short breaks at work to engage in activities that are enjoyable. 10. Research shows that therapy with CYP in RCHs has poorer outcomes due to the turnover of staff (Baker, Fulmore, & Collins, 2008). When staff are involved with therapy of children, their burnout should be monitored and measures put in place to prevent burnout. 11. Attendance at supervision, training, breaks regularly should be supported. Where difficult, overlapping shift changes to allow for group or individual supervision, as well as training may be a solution. 12. Adequate training in burnout and stress management as well as self-care. This could help foster a sense of preparedness and efficacy in RCWs. 13. Provide adequate resources to allow for self-care practices during breaks such as exercise, adequate nutrition in or near the workplace. A staff lounge that is peaceful, relaxing that allows for short rests, whilst an addition cost, may in the long run reduce the exceptional costs of turnover and ultimately the care children receive.

			14. Regular, meaningful, staff check-ins and monitoring of burnout symptoms would help to intervene early on. This will be particularly important after BtC or significant events as these may also be associated with burnout. 15. Within policies and procedures, individual placement planning for the child should include sufficient staffing, as well as support for the staff (Department for Education, 2010). 16. Monitoring by governance and stakeholders to ensure funding is being spent appropriately. 17. Training managerial staff on effective models of supervision may inform more effective supervision.
2.	Control (micromanaged, lack of influence, accountability but lacking power)	Involvement and work engagement and participation Increased Communication and transparency Indefinite contract	1. More autonomy. 2. Increase collaboration in the decision-making regarding CYP. 3. Representative for RCWs to be present at board meetings and representatives for RCWs involved in major decisions.

		4. Feedback obtained from RCWs regularly regarding decisions and changes. 5. Increase co-production. 6. Ensure contracts are agreed and offer longevity. 7. Regular newsletters regarding any potential or upcoming changes. 8. Regular meetings held involving the RCWs. 9. RCW committees or forums formed.
3. Reward (poor pay, lacking acknowledgement or satisfaction)	Involvement and work engagement and participation Supervision support and managerial support Higher job satisfaction Collective efficacy Work enjoyment Agreeableness Sense of self efficacy Sense of coherence Compassion satisfaction	1. Increase in pay. 2. Rewards for staff. 3. Recognition for individual work RCWs do. 4. More positive feedback to RCWs from Management. More positive feedback to Management from Directors. 5. Feedback from RCWs to CYP and vice versa to build on positive relationship and appreciation of each other. 6. Continuation of contact with CYP following them moving. 7. Strengths-based supervision models. 8. Individualised job plans – goals and aims.

		9. Goals for each child and young person for RCWs to aim for e.g. help CYP cook for the home independently. 10. Education around self-care and self-compassion. 11. Regular rewards for whole teams. 12. Ensure staff take their holidays and are given adequate leave. 13. Sharing around enjoyable and fun tasks to staff. 14. Ensure the work environment is homely. 15. Feedback from RCWs on how to improve job satisfaction. 16. Increase job perks. 17. Readily available resources such as nutritious food whilst working on long shifts.
4. Community (disrespect, conflict and isolation)	Increased Communication and transparency Higher levels of trust in the director Perceived higher psychotic symptoms as neuroticism increased	1. Improve communication between stakeholders and homes. 2. Team building. 3. Offer timely de-briefing following incidents. 4. Have care plans in place for each individual child and young person.

	Perceived PTSD symptoms as neuroticism increased Child behavioural problems Child avoidant attachment (moderator of child behaviour) Perceived symptoms of Psychosis, ADHD, antisocial, depression, PTSD, danger Single Support from significant other Socialising with family	5. Training on prevention of BtC. 6. Discussions with CYP about what can be done to reduce or prevent BtC. 7. Have counselling available for those who need it. 8. Helping CYP to express their frustration and anger in different ways without pathologising their behaviours of communication. 9. Ensure that staff know about each child and young person's past experiences and to make sense of their current presentation. 10. Team formulation sessions with the whole teams. 11. Encouraging social connection and support in and outside of the home. 12. Reflective practice to understand their attachment styles and how they might impact on the CYP. 13. Encourage sense of community. 14. Try to ensure that personalities of RCWs fit in each home regarding CYP and other RCWs. 15. Peer supervision. 16. Regular staff check ins and monitoring of burnout symptoms would help to intervene early on.

		17. More joint working with other agencies, as outlined in the Care Crisis Review (2018).
5. Fairness (favouritism, discrimination)	Increased Communication and transparency	1. Reflective practice. 2. Team building exercises. 3. Anti-discrimination and anti-racism procedures in place. 4. “Whistle blowing” to be taken seriously and de-stigmatised. 5. Support RCWs who may need extra social care support. 6. Have counselling available for those who need it. 7. Increase employment of black, Asian and minority ethnic groups where possible. 8. To ensure that CYP who are from black, Asian and minority ethnic groups are in homes with RCWs who are also from black, Asian and minority ethnic groups, as well as White Caucasian RCWs. 9. Training in social work on burnout and self-care should also be encouraged to help social workers understand the experiences of the RCWs and also be made aware of their own burnout, and the impact that this may indirectly have on the RCWs and CYP.

		10. CYP and their families to have more say on the development and review of services (Care Crisis Review, 2018).
6. Values (meaningless tasks, ethical conflict)	Single Empathic concern Sense of coherence	1. Consideration of RCWs values when considering employment. 2. Ensuring that expectations are not built up but instead that RCWs understand what it is like as a working environment before they are employed. 3. Other RCW and a child or young person on the interview panel. 4. Promote self-care practice. 5. Promote self-care practice with the CYP as well e.g. mindfulness, yoga, physical activity. 6. Support RCWs who may need extra social care support. 7. Have counselling available for those who need it. 8. Residential homes should be operating in line with evidence-based interventions. When placements are evidence based, CYP in RCHs have the same

	outcomes as those in foster care (Strijbosch et al., 2015).

Appendix G. Ethics

Ethics Feedback - EC.20.05.12.6021R

psychethics <psychethics@cardiff.ac.uk>
Thu 6/4/2020 10:21 PM

To: Rachael Hitchiner <HitchinerRA1@cardiff.ac.uk>
Cc: James Stroud <StroudJ@cardiff.ac.uk>

Dear Rachael,

The Ethics Committee has considered your revised PG project proposal: What does the sense of belongingness mean to children who are looked after in residential care? A qualitative exploration (EC.20.05.12.6021R).

The project has been approved.

Please note that if any changes are made to the above project then you must notify the Ethics Committee.

Best wishes,
Adam Hammond

School of Psychology Research Ethics Committee

Cardiff University Tower Building 70 Park Place Cardiff CF10 3AT	Prifysgol Caerdydd Adeilad y Tŵr 70 Plas y Parc Caerdydd CF10 3AT
Tel: +44(0)29 208 70360 Email: psychethics@cardiff.ac.uk http://psych.cf.ac.uk/aboutus/ethics.html	Ffôn: +44(0)29 208 70360 E-bost: psychethics@caerdydd.ac.uk

Please note that I do not expect a response to this email outside of your normal working hours
Nid wyf yn disgwyl ymateb i'r ebost hwn y tu allan i'ch oriau gwaith arferol

Appendix H. Full questions

(The main questions are featured in ***bold italic,*** with supplemental and alternative questions following**)**

<u>Introductory Questions</u>

1. **Can you tell me about your experience of living here?**
   - **What is your relationships with staff like?**
   - **What is your relationship with other CYP like?**
   - **How would you describe your relationship with staff/peers?**

Example Prompts:

a. How long have you been here for?
b. What was it like when you first came here?
c. How have you settled in?
d. Can you tell me about the routine?
e. What do you do?
f. How does it work?
g. How are household chores managed/agreed upon?
h. What responsibilities do you have here?
i. Arguments or disagreements can be normal in any environment, how are they managed here?
j. How do you feel after an argument? Do you feel better once it has been managed?

2. **What is important to you in life / meaningful to you? i.e. what means a lot to you?**
   - **What do you do in your spare time?**
   - **Who do you spend time with?**

Example Prompts:

a. Is this / how is this supported here?
b. How do feelings of belonging contribute to this?

General Belongingness

3. **When you think about belonging - what do you think of?**

Example Prompts: a. What other words come to mind when you think about belonging? b. What does the word belonging mean to you? Is that how you would describe it to others? c. What images come to mind? d. How does a sense of belonging make you feel? e. Do you think it is important to feel like you belong?

I've got here a description of what belonging means which I think you've seen before in the briefing letter:

Having a sense of belonging is about feeling as though you are a member of a group or place. It can sometimes mean that you feel a sense of connection to that place. This is different to having a sense that you deserve or should be somewhere. Having a sense of belonging is generally a positive sense

Does that make sense? Does it fit with what you were thinking belonging meant?

If not understood: **'It's somewhere that you might be emotionally attached to such as your home, or a group'**

If not understood: **'It's something or some place you feel connected to. Gives you a sense that you are welcome there, and you should be there'**

4. **Can you tell me about your experiences of belonging?**

Example Prompts:

a. Can you give examples of times you felt that you belonged? Are there any key moments that stand out for making you feel a sense of belonging?
b. What images come to mind? If you did/didn't have a sense of belonging
c. Was it to a group? A place? A person? A set of people? A society?
d. What would it look like? Or what would it not look like?
e. What would you be feeling? What would you not be feeling?
f. What would you do?
g. What changed that gave you that sense of belonging?

If unable to answer question 4, ask the above questions in reference to: **How would you know if someone else belonged?**

5. **(if not talked about current home) – Can you tell me about your experiences of belonging here?**

Example Prompts:

a. How do you know (or would you know) when you feel like you belong in the home?
    - How do you feel?
    - What does it look like?
    - How do people behave around you?
    - How do you behave?
    - How have you known in the past?
    - How long does it take you to feel like you belong?

6. **What helps to give you a sense of belonging?**

Example Prompts:

a. Can you give some examples?
b. Who, what, when, how?

7. **What do staff and your peers do or say that helps you feel a sense of belonging? What do they do that does not help?**
   - **What is the difference between staff who make you feel like you belong and those who don't?**
   - **In what way do you feel accepted here? What do staff do that make you feel accepted/not accepted?**
   - **In what way do staff make you feel important?**
   - **What way do staff make you feel cared for/not cared for?**
   - **In what way do staff make you feel safe?**
   - **To what extent do you feel listened to by staff?**
   - **Who do you go to when you are upset or distressed? What are they like when you go to them? What helps/doesn't help?**
   - **What do staff say/do when you leave and arrive back at the home? How do they make you feel?**

Example Prompts:

a. What do they do? What do they not do? How do they make you feel about yourself?
b. To what extent do you think staff impact on your sense of belonging?
c. Do you think staff know the impact they might have on your sense of belonging?

8. **What does not help? / What makes you feel like you don't belong?**

Example Prompts:

a. Can you give some examples?
b. Who, what, when, how?
c. Inside the home and outside of the home
d. Any other barriers that you can think of that might impact on to the extent to which you feel a sense of belonging?

9. **What do you think could be done differently here that would make you feel more of a sense of belonging?**
   - **What could staff do more/differently?**

Example Prompts: a. Who, what, when, how? b. What would you change? - Have/do more of, less of. c. What could be different with you, or the staff, or what could the organisation do differently?

---

9 **Does a sense of belonging stay constant (is it always there) or does it change over time?**
   - **Who/What does your of belonging depend on?**

Example prompts: a. Do you have days or weeks where you feel more or less of a sense of belonging? Or does it fluctuate during the day? b. What leads it to change? c. What happens when people move on / arrive? How does that feel? How does that change? Can you talk me through the process of adjusting to change? Does that impact on your sense of belonging? In a good or bad way? d. Are there any difficulties or challenges that come with having a sense of belonging?

If the CYP states that they do not feel a sense of belonging in the residential home:

10 Can you tell me about your experience of not feeling a sense of belonging in the home?

Example Prompts:

a. Why do you think it is that you do not have a sense of belonging here?
b. Has there been a time that you did have a sense of belonging?
c. Is there anything that could help/not help you feel that you belonged here?
d. How do you cope without the feeling of belonging here?

11 How does having a sense of belonging impact upon you?

Example Prompts:

a. The way you feel or think about yourself?
b. What emotions do you feel when you feel a sense of belonging? The way you feel - your mood, feelings of anxiety/worry?
c. How do you act differently when you do/don't belong?
d. How do you feel about the place you are living if you feel like you belong there?
e. **Has your view of yourself changed since moving here?**
   - In what way?
   - What do you think made this change?
   - What role do you think belonging had on this change or no change?

12 What do you think would help a young person belong if they were just moving into a residential home?

Example Prompts:

a. What do you think could be done? Or not done?
b. What do you think others could do or not do
c. say or not say?
d. What do you think the environment should be like to make them feel at home? Is that what you would want?

Appendix I. Invitation to take part in the research study

NHS WALES GIG CYMRU

School of Psychology
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol

Cardiff University
Tower Building
70 Park Place
Cardiff CF10 3AT
Wales UK
www.psych.cf.ac.uk
Prifysgol Caerdydd
Adeilad y Tŵr
70 Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

You are invited to participate in a research study, '*What does the sense of 'belongingness' mean to children and young people who are looked after in residential care? A qualitative exploration.'* which I am doing as a part of my doctorate in Clinical Psychology. The team in your home believe that you would have some interesting and thoughtful things to say about this topic. I have enclosed an information sheet so that you can find out more about the study.

It is your choice if you want to take part and you will not be persuaded to take part if you do not want to. Your decision will have no effect on your current use of services. If you decide to take part, you will meet with me, Rachael, to have a chat that will last about an hour over zoom.

If before the interview you would like to meet to chat over the phone/zoom so you can get to know me, I am more than happy to do so.

Before the interview I will make sure that you are still okay to go ahead and we will look through the information sheet and consent form together.

I will phone to speak to yourself or your Key Worker over the next couple of weeks to find out your decision.

Best wishes,

Rachael

Trainee Clinical Psychologist
Clinical Psychology Training,

School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT.
e-mail: hitchinerra1@cardiff.ac.uk
telephone: 02920 870582

Appendix J. Information sheet

NHS WALES GIG CYMRU

School of Psychology
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De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol

Cardiff University
Tower Building
70 Park Place
Cardiff CF10 3AT
Wales UK
www.psych.cf.ac.uk
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70 Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

Title of Study: 'What does the sense of 'belongingness' mean to children and young people who are looked after in residential care? A qualitative exploration.'

Principal investigator: Rachael Hitchiner, Trainee Clinical Psychologist.

Supervisor:

Dr James Stroud, Clinical Psychologist
Dr Aimee Puddock, Clinical Psychologist
Clinical Psychology Training,
School of Psychology, Tower Building, 70 Park Place, Cardiff,
CF10 3AT.
Email: StroudJ@cardiff.ac.uk
PuddockA@cardiff.ac.uk
Telephone: 02920 876804

We would like to invite you to take part in this research study to find out about young peoples' views on what belonging means to them. The study aims to find out about how, when, where and what gives young people a sense of belonging in residential homes. The interview will take about an hour, and can be spread across a few interviews.

When all of the information has been put together, we will submit this study as part of my training in Clinical Psychology.

So that you can decide if you want to take part there is more information below about why the research is being done and what it will involve. Please take some time to read through and discuss with others if you wish. If you have any questions please contact us through the details above.

Thank you for reading the information and your interest in the study.

What the study is about

We want to find out about what belongingness means to young people who are living in residential homes. We are interested in what helps to give a sense of belonging, and what doesn't help, for example, who makes you feel you belong, and what do they do? And what other things give you a sense that you belong, and what things make you not feel like you belong? This will give us a sense of what it means to belong from your perspective. We want the views of those who have felt a sense of belonging, and those who have not. Both views are important because both will tell us a lot about what should be done in the future.

We hope that all of this information will help to inform residential homes how to better improve a sense of belonging in young people who live there.

What is the definition of belonging?
Having a sense of belonging is about feeling as though you are a member of a group or place. It can sometimes mean that you feel a sense of connection to that place. This is different to having a sense that you deserve or should be somewhere. Having a sense of belonging is generally a positive sense. We will go over the meaning of belonging if I meet with you to make sure you understand it, as it can be difficult to explain.

Why have I been chosen?
You have been chosen because you are or were living in a residential home, and we are interested in your opinion. We would like to talk to anyone who would like to take part.

Do I have to take part?
No! You only take part in the interview if you want to. Even if you begin the interview you can stop at any time without giving a reason. If you don't take part or decide to stop, it will not affect any of the services that you are involved with.

What will happen
If you decide to take part we will arrange to meet with you when best suits you. We will involve your key worker to arrange when and where would be best for you – and your keyworker will ask you when and where you think this should be. They will ask when and where you think as well. When we meet, we will go through this information sheet again and then a consent form. If you are happy to go ahead then you will sign the consent form. Your information will be kept securely and anonymous (i.e. your name will not be on it, and there will be no way of tracking it back to you).

The interview will be about your sense of belonging, and what this means to you. This will include questions about what gives you a sense of belonging, and what doesn't. If you do not feel like you have ever felt a sense of belonging, then I will ask you what you think could be changed in order to help you feel like you belong. The interview will take about an hour. We can take breaks throughout or we can meet over a few times, if this is better for you.

If you would like to, I can come to your house a few times before the interview so that you can get to know me, if that is what you want.

The potential benefits and disadvantages of taking part
We hope that you will find it interesting to think about the sense of belonging you may have experienced in the home you live in, or other homes. This will provide useful information for how residential homes take care of young people living there. But if talking about these things is very upsetting for you we will stop the interview and talk about whether you need any extra support for the issues that have arisen. With your permission, I would then talk to your keyworker or the home manager, about how you could get extra support.

Will what I say be kept confidential?
If you take part in the interview all of the information that you give us will be kept confidential, that is, private from other people who are not listed researchers. There are limits to confidentiality however. The only reason that your information would not be kept confidential is if you said something in the interview that meant that you or someone else was in danger or likely to be a victim of crime. For example, if you said that someone you knew was in danger, or that you were going to hurt yourself, or you or someone else was likely to be a victim of crime, we would have to share this information with the researcher's supervisor, your key worker and any other professionals to make sure that you and others were kept safe. However, we would talk to you about this before we did it, and decide together who would be best to talk to.

The consent form is the only form that will have your name on it. It will be kept in a locked filing cabinet in the Cardiff University Clinical Psychology Department. This will be destroyed in 2027 after being kept for 6 years prior to completion of the Clinical Doctorate. Your interview will be typed up within a month and then the recording will be deleted. All of the information from the interview, including the background information sheet and the typed up interview will be numbered and contain made up names. All computer files will be password protected and only accessible by the lead researcher and her supervisor listed below. You can ask for your interview to be withdrawn from the research up until the audio file has been deleted, as the typed up interview will not contain your name. No original names will be used in the typed up interviews and any quotes used will contain made up names. Also, any information that could be identifiable will be removed/changed.

What will happen to the results of the study?
The things that you and the other people talk about in the interviews will be put together to try and understand what belongingness means to young people in a residential home. The results will be written up as part of a thesis, and may be read by the Supervisors (named below) as part of the drafting process. The results will be submitted as part of Rachael's training in Clinical Psychology. They may also be written up and published in an article and presented to people who work and research in similar areas. Small quotes from some interviews might be used to make a certain point, but a made up name will be used to protect your identity. No information that could identify you will be used.

If you wish to have information about the results of the study please let Rachael know and she will send you a summary of the results as soon as they are available.

Who is sponsoring the research?
Cardiff and Vale University Health Board is funding the research and Cardiff University is sponsoring the research.

Who has said that the study is okay to go ahead?
The research study has been reviewed and approved by the School of Psychology Research Ethics Committee at Cardiff University. If you have any concerns or complaints about the research you can contact the School of Psychology Research Ethics Committee in writing at:

Secretary to the Research Ethics Committee
School of Psychology
Tower Building
70 Park Place
Cardiff
CF10 3AT
psychethics@cardiff.ac.uk

If you would like more information about the project, please feel free to contact us:

Rachael Hitchiner
Trainee Clinical Psychologist, Postgraduate student
South Wales Doctoral Programme in Clinical Psychology
11th Floor, School of Psychology, Tower Building,
70 Park Place,
Cardiff,
CF10 3AT
Email: hitchinerra1@cardiff.ac.uk
Tel: 02920 870582

Academic supervisor:
Dr James Stroud & Aimee Pudduck
Senior Tutor/Clinical Psychologist
South Wales Doctoral Programme in Clinical Psychology
Cardiff & Vale UHB
Email: James.Stroud2@wales.nhs.uk & PuddockA@cardiff.ac.uk
Tel: 02920 876804

Appendix K. CYP consent

NHS WALES GIG CYMRU

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Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol

Cardiff University
Tower Building
70 Park Place
Cardiff CF10 3AT
Wales UK
www.psych.cf.ac.uk
Prifysgol Caerdydd
Adeilad y Tŵr
70 Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

Title of Study: **What does the sense of belongingness mean to children who are looked after in residential care? A qualitative exploration.**

Principal investigator: Rachael Hitchiner, Trainee Clinical Psychologist.
Supervisor: Dr James Stroud, Clinical Psychologist.

Please initial each box next to the description:

1	I understand that my participation in this project will involve taking part in an interview that will last about an hour and will include answering some brief questions about my experience of living in a residential home.	
2	I have read and understood the information sheet and have been able to ask any questions I have.	
3	I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason. This will not affect my access to services.	
4	I understand that I am free to ask any questions at any time. I can discuss any concerns with Rachael Hitchiner, James Stroud or the University Ethics Committee.	
5	I understand that the information provided by me will be kept securely and confidentially. I understand that this information will be held no longer than necessary for the purposes of this research.	
6	I understand that the interview will be audio recorded and transcribed (typed up) and that the audio recording will be destroyed upon transcription. The transcript will be held anonymously, using made up names, so that it is impossible to trace this information back to me.	
7	I understand that any quotes used from my interview included in the research will be kept anonymous with personal information changed where necessary to make sure this is achieved.	
8	I understand that the researcher will share information with their clinical supervisor and/or key workers if they are worried that I am at risk of harming myself or if someone else is in danger or likely to be a victim of crime.	
9	I understand that if I feel distressed during the study that I discuss avenues for gaining extra support with the researcher.	
10	I also understand that at the end of the study I will be provided with additional information and feedback about the purpose of the study.	

11	I agree to take part in the above study.	

I, _____(NAME) consent to participate in the study
conducted by Rachael Hitchiner, School of Psychology, Cardiff University with the supervision of Dr James Stroud.

Signed:

Date:

Appendix L. Parent consent

NHS WALES GIG CYMRU

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CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Cardiff University
Tower Building
70 Park Place
Cardiff CF10 3AT
Wales UK
www.psych.cf.ac.uk
Prifysgol Caerdydd
Adeilad y Tŵr
70 Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

Title of Study: **What does the sense of belongingness mean to children who are looked after in residential care? A qualitative exploration.**

Principal investigator: Rachael Hitchiner, Trainee Clinical Psychologist.
Supervisor: Dr James Stroud, Clinical Psychologist.

Please initial each box next to the description:

1	I understand that the young person's participation in this project will involve taking part in an interview that will last about an hour and will include answering some brief questions about their experience of living in a residential home.	
2	I have read and understood the information sheet and have been able to ask any questions I have.	
3	I understand that participation in the study is entirely voluntary and that they can withdraw from the study at any time without giving a reason. This will not affect their access to services.	
4	I understand that I am free to ask any questions at any time. I can discuss any concerns with Rachael Hitchiner, James Stroud or the University Ethics Committee.	
5	I understand that the information provided by the young person will be kept securely and confidentially. I understand that this information will be held no longer than necessary for the purposes of this research.	
6	I understand that the interview will be audio recorded and transcribed and that the audio recording will be destroyed upon transcription. The transcript will be held anonymously, using made up names, so that it is impossible to trace this information back to the individual.	
7	I understand that any quotes used from the interview included in the research will be kept anonymous with personal information changed where necessary to make sure this is achieved.	
8	I understand that the researcher will share information with their clinical supervisor and/or key workers if they are worried that the young person is at risk of harming themselves or if someone else is in danger or likely to be a victim of crime.	

9	I understand that if the young person feels distressed during the study that they can discuss avenues for gaining extra support with the researcher.	
10	I also understand that at the end of the study the young person will be provided with additional information and feedback about the purpose of the study.	

I, _____(NAME), as an individual with parental responsibility for _____consent for them to participate in the study

Signed:

Date:

Appendix M. De-brief

NHS WALES GIG CYMRU

School of Psychology
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Cardiff University
Tower Building
70 Park Place
Cardiff CF10 3AT
Wales UK

www.psych.cf.ac.uk

Prifysgol Caerdydd
Adeilad y Tŵr
70 Plas y Parc
Caerdydd CF10 3AT
Cymru Y Deyrnas Unedig

Debriefing form

Title of Study*:* '*What does the sense of 'belongingness' mean to children and young people who are looked after in residential care? A qualitative exploration.'*

Thank you for taking part in this study. The information that you have provided in your interview will be put together and analysed with the other interviews collected for this research. We hope that the results from this study will help us to understand what gives young people in residential care a sense of belonging.

This information could be useful for residential homes to consider for future young people. The study results may also provide information about where else a sense of belonging is developed, how this can happen, and how we can work together to support the development of a sense of belonging for young people in residential homes.

If the interview has caused you distress, please contact us so that we may explore avenues for you to gain extra support.

The consent form that you signed will be kept in a locked filing cabinet in the Clinical Psychology Department at Cardiff University, only accessible by the researchers. The audio recording will be transcribed and then destroyed. Your general information sheet and typed up interview will be kept anonymously. You can withdraw from participation up until the interview is typed up, because it will then contain made up names.

If you wish to have information about the results of the study please let Rachael know and she will send you a summary of the results as soon as they are available.

If you have any further questions please contact us:

Researcher:
Rachael Hitchiner
Trainee Clinical Psychologist
Hitchinerra1@cardiff.ac.uk

Academic supervisor:
Dr James Stroud
Clinical Psychologist
James.Stroud2@wales.nhs.uk

02920 876804
South Wales Doctoral Programme in Clinical Psychology,
11th Floor, School of Psychology, Tower Building,
70 Park Place, Cardiff, CF10 3AT

If you have any concerns or complaints about the research you can contact the School of
Psychology Research Ethics Committee in writing at:
Secretary to the Research Ethics Committee
School of Psychology, Tower Building
70 Park Place, Cardiff, CF10 3AT
psychethics@cardiff.ac.uk

Appendix N. Coding and transcript

Focused Coding	Transcript: Tamsin	Line-by-line coding
	T: Yeah. So you have staff that	Lacking continuity
Unpredictable staff	come for like two weeks and then	Feeling abandoned
Unreliable staff	just left. Or yeah, you have staff,	
	I've had, there was a staff	Giving example of staff
	member came that was here and	leaving
	I came and she left after about a	
	year or something when I was	Feel abandoned
	here and it was hard because I'd	Acknowledging the difficulty
Building relationships with staff	built a relationships and it was	in being abandoned
unpredictable = predictable	just hard. So, but you get kind of	Investing in relationship
Transient care	used to it going through care, you	Minimising impact on self
	get people coming and going and	Resigning o the way care is
	stuff like that so.	
	R: What's that like when they	
	leave? How do you feel?	
Transitions	T: It's a bit hard for the first like	Recognising emotional
The unknown	few days or few weeks, but you	difficulty
	get over it. But and it's hard as	Resigning to the way care is
	well when um here, when there's	Finding adjusting to
	a new child coming or leaving,	transitions hard
Children coming and going	obviously tomorrow, Ashley's	Giving example of when it's
	leaving ummm so that would be	hard
	like up in the air for a few weeks	Feeling uncertain and
The unknown	and then waiting for another child	apprehensive
Uncertainty	to come.	Waiting in anticipation

Focused Coding	Transcript: Chase	Line-by-line coding
	R: So how do staff help you get	
	your neds met?	
Trusted adult to go to	C: Like if I need to talk even	Having someone to talk to
	whatever time it is, 1 in the	Naming times staff are
Availability	morning, 2 in the morning, 10	available
	before bedtime sort of for my	

Emotional support Supportive staff Feeling important No matter what	mental health, they're always there for me they're always here for me no matter the time the situation they're in. Yeah. R: What are they like? When you go and talk to them about what's going on for you, what are they like?	Needing help with mental health Thinking that staff are unconditionally available
Supported Making sense of the world Understanding Non-judgemental Important	C: They're really supportive. They'll help me understand why my mind is like this and way they'll try and understand they'll show an interest. R: They sound like really good listeners.	Feeling supported by staff Making sense of the world Connecting past with present Understanding the CYP
Listened to	C: Yeah they are. R: So how else do you get a sense of belonging there? Like you're a member	Agreeing that staff are good listeners
Shared experiences Togetherness Connected Accepted Family dynamic Connected Siblings Friendships	C: The day's out that we've had it doesn't' feel like a group of random strangers who just come into room hanging out, it feels like a family who have known each other since they were born. It feels like proper sister and brother, it just feels like brothers and sisters really. Family that feels like hanging out with friends. Yunno like that really.	Going out for days out. Identifying connection with CYP and staff Feeling like a family Experiencing a strong bond Identifying CYP as sibling-like members Having friendships within a family dynamic

Focused Coding	Transcript: Jaylin	Line-by-line coding
	R: So your sense of belonging, does it ever change? Is there anything that changes it?	
	A: Sometimes it can change when there's less staff. Cos on the shifts there's not always enough staff to cover, that can change sometimes and it depends on who's on shift as well. Cos some of the staff I do get along better than the others so.	Sense of belonging is not constant Insufficient number of staff available Sense of belonging dependent on which staff on Preferring certain staff on
	R: So it's dependent on the staff who are on.	Sense of belonging is dependent no staff
Availability of staff Belonging = needs met Connection with staff Role of staff for belonging Connection with staff	A: Yeah	
	R: What about when staff leave?	
Transient staff Ambivalence to staff coming or going Detached	A: When they leave I just feel, I don't feel attached to them or anything, but that is a good point, but I don't feel attached to them or anything so I wouldn't mind if they left.	Protecting self from pain of staff leaving Distancing self from staff to prevent hurt. Acting as though she doesn't care
	R: What about your favourite staff. What if they left?	
Loss Transient adults	A: I would feel a bit sad, yeah.	Acknowledging loss of favourite staff

Appendix O. Focused Codes used

Core Category		**Transient Nature of Care**
Category	**Sub-category**	**Codes**
Abandonment/rejection		Lack of stability; transient care; unpredictable staff; unreliable staff; coming and going of staff; being let down; transitions; fear of the unknown; insecure; uncertainty unpredictability; left in the dark; loss; transient adults; time-framed relationships; uncertain future; difficult transitions
Ambivalence		Unpredictable = predictable; Ambivalence to staying or going; ambivalence to staff coming or going; stoic; used to it; protecting self; untouchable; indifferent; numb; detached; the unknown.
Core Category		**Just listen**
Feeling invisible; feeling powerless; listened to; silenced; unwanted; unsafe; getting voice heard.		
Core Category		**Reciprocal Unconditional Emotional Connection**
Category	**Sub-category**	**Codes**
Others meeting attachment needs	**Nurturing Parenting**	Parent role; unconditional love; shared power; making sense of world; playfulness; attunement>break>repair; managing emotions; held in mind; intersubjectivity; nurtured; physical affection; making sense of emotions; being known; nurturing vs smothering; loving environment; boundaries; empathy; understanding; Supportive; Emotional support. Family dynamic; building relationships with staff; shared interests; boredom = less connection with staff; mutual respect; teaching; remote relationships;

		Role of staff	connection; liking staff; caring for staff; appreciating staff; staff as family; role of staff for belonging.
	Reciprocal Relationships	**Peers**	Shared experience; connected; joint interests; friendships; siblings; family dynamic; togetherness; family unit.
		Biological family	No substitute for family; loyalty to family; home; disconnect from real family; connect with real family; separation;
	Safe Relationship		Availability; Trusted adult to go to; familiarity; reassurance; someone to trust; alliance; advocate confluence; need met; safe haven;
	Isolation		Disconnection from others; solidarity; autonomy; aloneness; silenced; withdrawing; wanting to be invisible; needs not met.
Trust that I will be kept safe	**Protected**		Feeling vulnerable; always watched; checked in on; emotional safety.
	Trust vs Mistrust		Transparency; openness; got their back; fear>direct anger to others.

	Past traumas triggered	Re-traumatising environment; living in fear; toxic atmosphere; abuse from other children; shouting triggering; feeling exposed; control seeking; feeling invisible; intimidated.
Core-category	**Empowered Sense of Self**	
Category	**Sub-category**	**Codes**
Being given appropriate power and control	**Choice/freedom**	Power imbalance; lacking power; lacking control; freedom; choice; respect; Consistency predictability reliability; transitions; change; fear of the unknown.
	Independence	Responsibility; Earned freedom; independence; being empowered to use own voice; money; develop as an individual.
Knowing that I am wanted and matter	**Defective vs Accepted**	Accepted; feeling different; disrespected; treated unfairly; blame; not feeling human; not normal; being marginalised; disposable; dehumanised; made to feel special; accepted by the community; embracing difference; rejected; institutionalised; nesting = permanency; having own space; operationalised; homely; connections with past; hobbies; comfortable in home; settled; non-judgemental; celebrated; welcomed.
	Worthy, Cared About & Valued	Valued opinion; being significant; being noticed; important; worthy of love; given treats; welcoming; welcomed; Feeling wanted.

A narrative: 'A child or young person in care' and beyond	**Purpose in the home**	Responsibility; purpose; role within the home; member of the group; host; welcoming.
	Having an identity	Telling own story/narrative; Exposed; building up; foster care community; trips out; connection with outside world; lack of own space; independence as goal; empowerment.

Appendix P. Theoretical memo examples

Memo: Internal working model [IWM]

The IWM (view of self, others and the world) seems to be a big part of sense of belonging. IWM is developed during childhood and can be moulded depending on the messages they are receiving from others and the world. How much does the messages they are receiving impact on their sense of belonging? And how much does that impact on relationships with others. If someone makes you feel good, you want to be around that person – you want to belong with that person. Those who don't make you feel good about yourself, you don't want to be with. Messages they're getting about themselves that feed into their internal working model that channels their future – being told that they are worth less than others – what does that mean for future relationships?

With the internal working model, feeling wanted seems to be a key factor that links a lot of things – how they are made to feel, what they do, how they act. And this is very much reliant on how they are made to feel by others, and their perception of other people's perception of them.

N.B. I got the sense that the first 4 interviews, I was pulling out words like 'unwanted' and 'uncared for'. I think that I maybe had a negative stance on it due to own clinical experience working with residential care homes, and also of the third and fourth interview being so sad and making me angry because of the way they were being made to feel by RCWs, and their general experience of the care system. The fifth interview was a turning point in this negative stance I had. I went into supervision quite excited, and passionate, wanting things to be seen more positively, thankfully my supervisors have brought me back down to reality – that I need to have a balanced view. To show the bad with the good. That just are as powerful and needed. I will be really mindful of having an open and unbiased view. I think that having the original negative bias, and then the positive bias will help balance them out. I will keep using supervision to reflect on this.

I think there are a few levels to feeling wanted in these interviews: it's more than just spending time with others, it's others wanting to spend time together. The staff actually wanting to be there - not celebrating when they leave to go back to their own families, missing the children when they are not there, celebrating when they return. It's also about feeling welcomed, like when they first arrive. Some homes make it sound like a celebration almost when someone arrives, which, whilst a juxtaposition, I think it's quite nice. It sends a message of sort of 'the last place might not have wanted you, but we do!'.

I think as well there's something about the children welcoming others, like it's their place to welcome others to. It's also being welcomed every day, like at the end of school or when they've been out all day, being welcomed back home, as if they've been missed, as if it matters that they're back. This seems so important to those who have a strong sense of belonging, and the absence of this seems so pertinent in those who lack a sense of belonging. Within this there's also physical contact. I worry so much about the lack of physical contact. Obviously there can be complexities depending on the child's history, but having that physical affection is so

important. I remember working in a RCH and there being a 4 year old there and we weren't allowed to hug her or touch her when she was upset. It was agony – for both of us! Not hugging also sends messages and develops the internal working model as unwanted and almost defective. And actually that's what's coming up a lot as well is this sense of the CYP feeling defective, like there is something wrong with them.

I think that feeling wanted goes beyond being cared for - I think you can be cared for and not wanted, but I don't think you can be wanted but not cared about. I think that being cared about is a really important part of being wanted. This really shows in all the interviews, this feeling of being cared for and how much that makes them feel wanted.

I think this might be so important as well because of feeling wanted being so intertwined with the transience of care, that if you didn't feel wanted, and you moved around all the time, or staff constantly came and go, it would just destroy your soul! So actually feeling wanted by some, if not all, really does speak volumes.

There seems to be an added layer. An extra layer of meaning and complexity behind the themes. For example, it's not just about feeling wanted, as we all do, with these children it's so much more meaningful than that. In a world where they have felt unwanted, to actually feel wanted by others means so much. To matter to others means so much more than for a child out of care.

In terms of wanted, I wonder whether it is so meaningful to LAC because it also means being accepted, despite everything – despite the way that others have made them feel about themselves. So feeling wanted questions their internal working model of not being a 'good' child. It makes them feel accepted for who they are 'no matter what'. And I think that that's the important thing that is coming through, is the unconditional acceptance, the unconditional sense of being wanted. No matter what they do or say, they will be loved.

Memo: Heard

There's something about being listened to that seems to be a theme that is apparent in a lot of interviews. Being listened to is said explicitly by young people, but it's also said implicitly such as when a young person was talking about when they wanted help from a staff member with something but they wouldn't help, or when a young person's dislike for being with male staff was ignored.

I think there's also a part of being heard which is about their past stories being heard, not necessarily by the young person because that wouldn't always be appropriate, but more about hearing their stories and how they link to the now. This is especially important in terms of their behaviour, because their behaviour is a communication. A few CYP talked about this, about their 'behaviour', two talked about being misunderstood, a few talked about not being able to help the 'behaviour'. A few talked about getting angry and it was evident that this was because they weren't being listened to.

There's also their hidden and expressed needs, how their expressed needs are not always the hidden need of what they actually want, and it is about listening to both.

Funnily enough I think that being listened to is important for staff as well to have a sense of belonging, by the organisation, but that's beyond the scope of this project I guess.

Being listened to, as I go along the interviews and coding really seems to be such a strong theme, it seems to connect absolutely everything. Without being heard there is none of the categories. Being listened to seems to just give so much to children, which makes sense given they probably haven't been listened to a lot of their lives, not just by their family, but by society, and by professionals, such as the CYP who talked about mentally struggling and only being listened to when he went into care. It must be so hard feeling invisible.

Being listened to gives power, which they haven't had a lot of – I struggle with the words power and control, there are such negative connotations attached to them, but they're a human need. I'm grappling over the use of the words in my project.

Being listened to also seems to give the young people a sense of being wanted and as though they matter, which makes sense, it means that their opinion is listened to, that opinion matters, that they hold value, that they are worthy enough to be listened to. It was sad that some CYP seem surprised that they are listened to, surprised that they are cared for.

From what the CYP say it seems that being listened to also gives the CYP a sense of safety, because at the end of the day I guess a lot of things that are communicated are fear and not feeling safe, so when their communications are listened to, they do actually feel safer, which is why those who aren't listened to isolate themselves because they don't feel safe, and why those who do get listened to, display less behaviours that challenge.

Being listened to gets attachment needs met as well, which is prominent throughout a lot of interviews, things like having someone to talk to and connect with – them being available; them doing the activities that they like doing as a group, or with a staff member gets that connection time, and seems to feed into a sense of safety as well. But, they need to be listened to. It's almost as though it's going back to meeting early developmental needs – of the baby's needs being met, of them being listened to when they cry out. It seems to be a really empowering thing – sort of like intersubjectivity, of they're listened to, so they feel that they can influence others, and therefore it maybe becomes safer for others to influence them back.

Appendix Q. Extracts from reflective diary

December 2020
First Three Interviews
Throughout these first three interviews there was definitely a sense of the transient nature of care. I think that it has brought up a bit of anger for me – anger at the system and how it works. That it's leaving children in limbo. Feels a bit like these children are being failed. I think what I found sad as well was the stoic nature of the young people. They were saying that they were used to it, that it was just part of being in care, but I don't think it's fair that children get used to being moved around.

March 2021
Feeling really deflated. Have been trying to get interviews for months. Always seems to be an excuse. People emailing back telling me there's a pandemic…

Some say the young person isn't in a good place. But it's made me wonder when children who are traumatised are actually in a good place. Their base line is different to ours.

Some say that they are worried about bringing up issues. They worry that the can of worms will be opened. But the can of worms is already open, all I'm doing is giving a space to name them.

If anything, when a child is feeling low, being involved in a project might give them a sense of purpose, something to do as well. I think people are scared. I think as well, people are worried about what might come up. But surely if there is something that needs to be named, if there is abuse or mistreatment or malpractice, organisations and managers want to find out about it – so that they can do something about it.

There were definite mirroring and parallels. CYP sometimes feel out of control, as if they are being left in the dark or not told the truth – that's how I'm feeling. There is definitely a power imbalance at play – between me and the system, and the system and the CYP, and I'm not sure whether that makes me take the CYP's side a bit more, or see the staff in a more negative light.

Interview

This interview is definitely a turning point in my research. What an incredibly positive interview and great home!

I noticed that before this interview I was referring to be 'unwanted', 'uncared for', 'unloved', and I struggled and battled with wanting to put these rather than the positive, because I felt that it is more powerful. But actually, people might become defensive. And people need to be given direction of what to do, rather than what not to do. So I've started to change the language to being more positive. This strangely impacted on my mood – it made me feel more positive about it. Which I guess is how the young people feel in a way – more positive when they're feeling loved, wanted and cared for.

It has definitely changed my perception of homes. Interesting that I got pulled in by my own experience of residential care homes, society's perception and that this was reiterated by what was said by the CYP.

I do still think that care is transient, but I think now I feel more positive that it does not have to impact on the child so catastrophically in every case.

Something else that jumps out at me is that this interview, he, and others have said that sometimes there aren't enough staff, and that makes belonging difficult. I wonder whether this could be for various reason – increase in staff stress, so they are less attuned and present? It emphasises that they are in care? Maybe as well the children are not able to do the things they enjoy doing because there aren't enough staff. But I guess overall it shows that their needs aren't being met.

That interview, has shown what can be done when things are based around the child – when the child influences others, when the child is listened to, when the child is held in mind first instead of policies and procedures first. That their needs are met first. Things like being hugged, and being told they're loved, for example. The Manager I spoke to said that an Ofsted Officer told him off for hugging and telling a child 'bye love you' when they went to school. Ironic how unclear policies are resulting in policy holders supporting the emotional neglect of children in care.

Supervision 30th March 2021

The flower

Reflecting on the themes and relationships between them. What they represent in my mind. Originally I had a picture of a funnel in my mind, things being done to, but having had more interviews and my negative perspective having changed, I think it could be harmful to make them out in a bad light, that's not my aim. Instead, how the child as a flower. And things that 'are done to' are the nutrients, weather etc. This image feels a lot less blaming, and also holds the child as something that is vulnerable, thus hopefully instilling empathy and compassion

Interview question adaptation

Following supervision and further analysis of themes, interviews have been adapted slightly to ask more about the relationship with the staff, to ask about what they are like. I can't ask specifics, but I was going to ask more about how the staff treated them, how the staff make them feel; differences in characteristics between those they got on well, vs those who didn't. When people felt less like they belonged in respect of relationships with staff, and when they felt more of that sense of belonging. I need to know more about their relationships. There were a few layers about how they were made to feel about themselves and the staff.

The role of staff makes sense given how important relationships are. Whilst I knew this before, and my epistemology is about attachment and relationships, part of me thought there would be more about the other children, which there still was, but so much of it came back to staff. I also thought there would be more layers about the physical environment, but it just seemed so much more intertwined in relationships.

Which, now, having seem some of the research, makes sense. I think that in those who felt this less, such as interview 3 and 7, I think they were so traumatised, and let down by adults, and staff in the home as well. Makes me wonder whether someone can only let themselves belong so many times before it gets too hard and too painful.

April 2021

Reading through the literature I start to question myself a little bit. Helps to have the notes of the process so that I can understand how I got to where I did.

One of the things I've been questioning is whether wanted/mattering comes with the emotional connection instead of sense of self. But I think that that is almost what is different about this population, is that because of their early life experiences, sense of self is so important. In particular having agency. Whilst wanted and mattering came up a lot in the data analysis, so did control/power and agency. The overarching analysis of these two is an empowered sense of self. This sense of self change, compared to their earlier life, allows them to be open to feeling wanted, open to being connected to others. One can feel wanted, but have a negative and disempowered sense of self, this results in BtC, pushing away from others. The lack of power and control, you can feel wanted, but not having any power or control makes one feel powerless, invisible, unheard and therefore not truly valued or wanted.

Appendix R. Continuum

Reciprocal Unconditional Emotional Connection	
Safety	
Safe	Unsafe
Protected	Vulnerable
Past traumas triggered Regularly	Infrequently
Transparency & openness	Secrecy
Trust	Mistrust
Others Meeting my Attachment Needs	
Nurturing parenting	Punitive parenting
Safe relationship	No one to go to
Needs met	Needs not met
Connection with family when want to be connected	Disconnected with family when want to be connected
Connected with staff	Disconnected from staff
Sense of family in the home	No sense of family
Influence on home décor	No influence on home décor
Togetherness	Alone
Reciprocal relationships	Unidirectional relationship
Transient Nature of Care	
Consistency, predictability and reliability	Lack of consistency, predictability and reliability
Consistent staff	Transient staff
Together	Abandoned/rejected
Ambivalent	Non-ambivalent
Empowered Sense of Self	
Being given appropriate Power and Control	
Sense of power	No sense of power
Control	No control
A choice	No choice
Freedom	Lacking freedom
Independence	No independence
Knowing that I am Wanted and Matter	
Accepted	Defective
Important	Irrelevant
Valued	Undervalued
Cared for	Uncared for
Wanted	Unwanted
Identity beyond a LAC	Identity as LAC only
A shared story	Untold story
Purpose/a role in the home	Lack of purpose/role
Welcomed	Not welcomed
Hear me, see me: "Just Listen"	
Feeling heard	Feeling ignored
Feeling seen	Feeling invisible
Involved in decision making	Not involved in decision making