Shame on YOU and YOU and YOU!

An exploration into the experiences of Registered Managers, the opportunities and challenges faced in Residential Childcare within the context of change

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To my Father in Heaven, the author and the finisher of my fate, the grace I enjoy I cannot quantity. To you be all the praise.

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Abstract

The residential childcare sector in England has long been, and continues to be, a contested space, subject to ongoing debate regarding its purpose, function, and role within society. It is continually shaped and reshaped by broader social, cultural, and political contexts. As a result, the boundaries of the registered manager's role have shifted and continue to evolve in response to legislative changes and socio-technical developments. These changing contexts significantly impact the postholders and shape their lived experiences.

This research utilises the Biographic Narrative Interview Method (BNIM) to explore the experiences of registered managers in residential childcare in England. While small in scale, the study provides valuable insights into the lived realities of professionals tasked with delivering outcomes for children placed in residential care. It aims to illuminate the life journeys, professional trajectories, and practice experiences of registered managers and to amplify their often-overlooked voices within the field.

Findings suggest that working in residential childcare is experienced as emotionally overwhelming, particularly in relation to the level of responsibility held. This sense of burden arises from the dynamic interaction between the personal values and sentience that managers bring into the role and the systemic context within which the role is situated. Participants reported experiencing a range of intense and often conflicting emotions, including anxiety, guilt, fear, and shame; shaped by transference and countertransference from children, staff teams, and broader societal expectations. These emotional experiences contribute to the development of defended subject positions.

The study draws on Armstrong's (2005) concept of "role and organisation in the mind" to explore how internalised perceptions of the role are shaped by systemic anxieties and societal ambivalence towards residential care. A recurring theme was anxiety centred around abandonment, both experienced by the children and mirrored by those in managerial roles, leading to complex object relations and emotional turmoil within the field of work. The research also highlights the pervasiveness of shame and the psychological defences employed by managers to cope with the emotional intensity of their roles.

The study concludes by considering the implications of these findings for professional practice and the need for systemic reform in how registered managers are supported, trained, and perceived within the English residential childcare sector.

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Chapter 1

1.1 Introduction

This research explores, through biographical interviews, the experiences of registered managers in residential childcare. Although a small-scale study, it provides valuable insight into the lived experiences of those responsible for delivering outcomes for children placed in residential care and provokes further thought in this area.

Residential childcare in England predates the passage of the Children Act 1908. This sector has undergone significant changes over the decades. Qualitative studies indicate considerable gaps in the English evidence base on residential care, in contrast to the more comprehensive evidence available to inform policy and practice decisions in other children's policy areas (Hart & Valle, 2015). Continuous changes within the policy context of residential childcare in England have led to various reviews of the child welfare system, including residential care for Looked After Children (Munro, 2010; Narey, 2016; MacAlister, 2022). These reviews have provided recommendations on how England's children's residential care system can better deliver positive outcomes for Looked After Children.

This study focuses on case studies of individual registered managers, exploring both their life journeys and professional trajectories alongside the changing context of their experiences. While outcomes for Looked After Children have been the focus of previous studies, the aim of this research is to illuminate the experiences of those who hold overall responsibility for ensuring that children placed in residential homes achieve positive outcomes. To achieve this, the study also seeks to understand the nature and context of these experiences. Although a small-scale study within this sector, it moves beyond the subjective voices of participants to provide a more holistic analysis of the profession and its broader professional field.

1.2 How did I get Here? – My Background

I became a registered manager (RM) for a four-bed children's home in February 2013. At the same time, I also served as the Responsible Individual (RI) for my service and

organisation. As a qualified social worker with experience in Local Authority child protection teams, I entered this role eager to engage in direct work with disadvantaged children, something that the constraints of front-line social work often limited. I was passionate about providing children with a nurturing home where they would be safeguarded from harm, receive support, and experience stability. This ethos became a core value of my service and a fundamental aspect of staff training.

By the time I began my research, I was no longer a registered manager due to regulatory changes recommending the separation of the registered manager and Responsible Individual roles. After my voluntary de-registration, I managed two registered managers. I had firsthand experience of the daily realities of residential childcare within a regulatory framework and the complexities of working within a multi-agency team. More importantly, I observed a troubling trend: children were becoming increasingly difficult to place, not necessarily due to their behaviours but because of broader systemic factors. The decision to accept a child into placement was often influenced by considerations such as the impact on the service, the strain on resources (including the police and mental health services), and the effects on staff.

"The registered manager is in day-to-day charge of the children's home. The responsible individual should supervise the management of the home and is accountable for ensuring the home is properly managed and operated in accordance with the regulations." Children's Homes (England) Regulations 2015, Regulation 26 and associated guidance.

I noticed that the focus had shifted away from children's needs and behaviours towards managerial self-preservation and organisational sustainability amid increasing compliance requirements. Consequently, positive outcomes for these children were becoming rarer. Additionally, the role of the registered manager was becoming increasingly unsustainable, with high turnover rates, difficulty filling vacancies, and rising salary demands as organisations sought to attract candidates.

Extensive research has been conducted on residential care, including studies on children's outcomes, resource management (Berridge, 1985, 2017; Frost, 1999; Hart & Valle, 2015; Forrester, 2017), and abuse within residential childcare (Munro, 2010; Narey, 2016; MacAlister, 2022). Studies by the University of York have examined

leadership within children's homes (Hicks et al., 2008). However, there remains a significant gap in the literature regarding the role of the registered manager. My experiences, as well as those of my colleagues, underscored the importance of giving a voice to registered managers if children in residential care are to achieve positive outcomes.

1.3 Research Questions

The study aims to clarify the experiences of registered managers, the evolution of their roles, and the challenges and opportunities they encounter. To achieve this, the following research questions guide the study:

1) How has the role of the registered manager changed, i.e. based on the changes in legislation that inform the role?
2) What structural factors influence the position, and how do these changes impact the profession?
3) To what extent do these factors determine the tenure of a registered manager?
4) What support do registered managers receive to manage the challenges of the role?
5) How have changes within the profession/sector influenced perceptions of children and childhood?
6) What psychosocial factors influence registered managers in their roles and careers?
7) What psychosocial factors shape the participants' perceptions, stress levels, challenges, and opportunities?

It is relevant that the questions above, whilst remaining in the researcher's mind, were the study's starting point. The questions were not rigid, and the study evolved through the research period. It was crucial to follow the research as it was led by the participants' narratives and, therefore, maintained the originality of the research.

1.4 Research Aim

This study aims to add value to the professional field by raising awareness of the registered manager position, including its challenges, opportunities, stresses, and complexities. By eliciting detailed accounts of taking up the role of a registered manager, the study aspires to contribute to policy discussions, ensuring that policy changes are informed by the lived experiences of those responsible for leading and managing children's homes.

This insight is crucial because:

- The ability to recruit and retain registered managers is increasingly difficult.
- Registered managers are essential for the effective operation of children's homes.
- If positive outcomes and consistent care are to be achieved for Looked After Children, effective leadership in children's homes is critical.
- The challenges associated with leading and managing children's homes reflect broader regulatory issues.

1.5 Structure of the Thesis

This thesis comprises eight subsequent chapters:

- **Chapter Two:** A literature review exploring the history of residential childcare and psychoanalytical approaches related to the field, including primary tasks, organisational dynamics, and defence mechanisms.
- **Chapter Three:** The methodological approach and research design, including my position as the researcher and ontological influences.
- **Chapters Four and Five:** Presentation of research findings. Chapter four introduces the participants through pen portraits and provides a cross-case analysis of leadership perceptions, developing a typology of managers. Chapter five further explores the registered manager's role from the participants' perspectives.
- **Chapters Six to Eight:** Discussion chapters linking participant narratives with psychoanalytical perspectives to understand behaviours and dynamics. Chapter six examines the emotional aspects of the role, particularly the anxieties it generates.

Chapter Seven explores the dynamics of shame, while Chapter eight discusses the defence mechanisms that emerge in response to these emotions.

- **Chapter Nine:** Conclusions and recommendations, drawing together the study's key insights.

Chapter 2

2.1 Introduction

"We need to make sure that our residential care homes are doing the best possible job they can." – Prime Minister David Cameron, 28th October 2015.

An extensive body of literature has been written on child protection social work practice (Munro, 2004; Broadhurst et al., 2010; Narey, 2016; MacAlister, 2022). The fundamental question of how Looked After Children (LAC) experience positive outcomes emerges from various studies on child protection. Over the years, numerous researchers, government reviews, and studies have explored this significant area. Aspects of child protection are integrated into residential care, as safeguarding children, whether at home or in a residential care setting, is a fundamental component of child protection work in England. Consequently, research examining residential care provision and engaging with service providers is crucial.

This chapter presents the literature in two sections. The first section examines the historical context of residential childcare in England and beyond and the policy and regulatory reforms influencing this sector. The impact of these reforms on the role of the registered manager, including perception, functionality, and complexities, is also discussed. The second section reviews psychoanalytical theories underpinning the role of registered managers, which became relevant based on factors emerging from this study. It explores individual and organisational theories, presenting their potential benefits in understanding the role, related experiences, and resultant anxieties and defence mechanisms.

2.2 Literature Search Methodology

The literature review aimed to compile and critically analyse ideas related to the experiences of registered managers and leaders in residential child care. Initially, the research focused on understanding why children in residential care achieved lower outcomes and the factors contributing to this phenomenon. This generated extensive

literature on outcomes for children in residential care but limited research on the experiences of leaders and managers.

As the research evolved, so did the literature search. The study's trajectory shifted towards understanding the experiences of managers responsible for ensuring positive outcomes for children in residential care. To refine the search, key concepts such as 'residential care', 'children's home', 'registered managers', 'children's home leaders', and 'residential childcare' were utilised. Academic databases, including PsycArticles, PsycINFO, EThOS, SOCindex, EBSCO, Sage, JSTOR, and Taylor & Francis, were primarily used. Additionally, non-academic sources such as Google were consulted. The search employed synonyms, alternative phrasing, spelling variants, and singular/plural combinations to enhance comprehensiveness. BOOLEAN operators (AND/OR) were used to refine search results (e.g., 'leaders AND managers', 'childcare AND leadership', 'Ofsted AND children's homes'). RSS feeds were set up on Mendeley, ResearchGate, and EBSCO Journal Alerts to monitor new publications relevant to the research questions.

Overall, the literature review highlighted a scarcity of dedicated research addressing the experiences of registered managers in residential childcare in England, underscoring the significance of this study.

2.3 The Evolution of Children's Residential Care in England

Children's residential care in England dates back to before 1597. Although this chapter does not aim to reiterate the detailed historical evolution of residential childcare, which is extensively documented (Berridge, 1985; Frost, 1999; Smith et al., 2013; Burton, 2016; Narey, 2016), a brief overview provides context for its existence within society. Frost (1999) categorises the history into five periods: pre-1597, 1597-1834, 1843-1908, 1908-1939, and post-1939 to 1999.

Residential care remains one of the key avenues for accommodating and caring for Looked After Children (LAC). The term 'residential care' encompasses placements in children's homes, residential schools, secure units, unregulated homes, and hostels

(Narey, 2016). Residential care is broadly defined as a physical setting where children and young people receive physical, emotional, and psychological support to promote their well-being. For the purposes of this research, 'residential care' refers specifically to children's homes, as defined by the Care Standards Act 2000:

"A children's home is an establishment that provides care and accommodation wholly or mainly for children. Children's homes vary in size and nature and fulfil a range of purposes to meet the different needs of children and young people; a child is anyone under the age of 18 years old" (Care Standards Act 2000, Section 1).

In England, various qualitative studies have explored residential care, examining changes in size, purpose, function, service delivery, accountability, and standards (Whitaker et al., 1998; Barker et al., 2004; Clough et al., 2006; Mainey & Crimmens, 2006; Hicks & Sinclair, 2007). Government-commissioned reviews, including those funded by the Department for Education, have also analysed residential care (Berridge et al., 2011; Hart et al., 2015; Narey, 2016; MacAlister, 2022). These studies demonstrate the ongoing significance of residential care within government policies and reforms.

Since the 1980s, the use of residential care has declined in developed countries due to concerns about attachment issues in young children and the risk of abuse. Large institutions transitioned into smaller provisions, following guidance from the Stockholm Declaration (2003) and UN recommendations that residential care should be a last resort. The United Nations General Assembly (2009) provided alternative care guidelines, stating that:

"Alternative care for young children, especially those under the age of three years, should be provided in family-based settings. Exceptions to this principle may be warranted to prevent sibling separation or in emergency cases for a limited duration, with planned family reintegration or another appropriate long-term care solution as its outcome" (United Nations General Assembly, 2009, para. 21).

As a result, residential care placements increasingly cater to children with complex needs and those deemed hard to place. Residential care is often reserved for children

unable to live in a family setting due to behavioural issues stemming from past abuse or neglect, sometimes exacerbated by instability in the care system. Children often experience multiple failed foster placements before being considered for residential care. Narey (2016) highlights that these children tend to be older and exhibit more challenging behaviours than previous populations.

Studies indicate that over three-quarters of children entering residential care are aged between 14 and 17 years, with an average age of 14.63 years (Hart, 2015). Consequently, the proportion of children in residential care remains significantly low compared to the overall care system (Narey, 2016; Bowyer & Wilkinson, 2017).

2.4 What is a Children's Home

The children's homes noted within the research fall under the largest concentration of children's residential care, being privately owned companies, most of which provide care and accommodation for one to six children. The study focuses on registered managers working within small-scale residential settings, often resembling a family home, where therapeutic care is integrated into daily life with emphasis on individual relationships, consistency of care, attachment-informed practice, and emotional containment.

Ofsted 2024 statistics on residential settings show that private companies, local authorities, voluntary organisations, and health authorities own children's homes in England.

- Private Companies owned 2,748 homes (83% of all children's homes), providing 9,648 places representing 77% of total capacity.
- Local Authority operated homes constituted 12%, making 404 homes and offering 2,088 (17%) registered places.
- Voluntary Organisations managed 127 homes (4%), with 669 places (5%).
- Health Authorities represented nine homes, accounting for 53 places.

Private companies maintained an 83% share of all children's homes, with the 22 largest companies owning 968 homes and representing 35% of private children's homes and 28% of all children's homes.

2.5 Who is a Registered Manager (RM)

The Children's Homes (England) Regulations 2015 outline several requirements for registered managers of children's homes, including:

- **Qualifications**: A Level 5 Diploma in Leadership and Management for Residential Care or an equivalent qualification.
- **Experience**: At least two years of relevant experience in residential care for children within the last five years.
- **Management Role**: At least one year of experience in a role that supervises and manages care staff.
- **Integrity**: The individual must be of good character and integrity.
- **Fitness**: The individual must be physically and mentally fit to manage the home.
- **Continuing Professional Development**: The registered manager must undertake continuing professional development.

There is no official "Register of Registered Managers" to track registration, frequency of change, voluntary deregistration, tenure, and transitions within or outside the residential framework. Hicks et al. (2009) suggest that the effectiveness of managers and their staff significantly impacts the outcomes achieved for young people. Burton (1993) describes the concept of a "supermanager," which is often an idealised figure envisioned by organisations, staff, and young people. However, his study does not fully capture the emotional burden associated with the role.

The Registered Manager undergoes a "Fit Person Interview" with Ofsted to assess their suitability for the role. Although the provider employs the registered manager, they cannot commence their duties until Ofsted completes due diligence and formally registers them. According to Ofsted, the Registered Manager must demonstrate how well children are supported and protected and their effectiveness as leaders and managers. Inspection judgments are based on a four-point scale: Outstanding, Good, Requires Improvement, and Inadequate (SCCIF, 2019).

The registered managers interviewed in this research all worked for private organisations with places between one and six children.

2.6 Function and Purpose of Children's Residential Care in England

The purpose and function of children's residential care remain contested in England and beyond. Its role and purpose evolve in response to cultural and political changes. The decision to place a child in residential care often depends on factors such as age, behaviour, or disability. Children placed in residential care are typically adolescents who have experienced multiple foster placement breakdowns and have complex needs, including emotional and behavioural difficulties, mental health challenges, trauma, and attachment issues (Hicks et al., 2018; Narey, 2016).

Within residential provisions, a child's behaviour is a significant factor in placement decisions (Berridge et al., 2012; Hart et al., 2015). Children in residential care often exhibit risk factors such as verbal and physical aggression, missing episodes, offending behaviour, disengagement from education or training, sexually inappropriate behaviours, or involvement in gangs, drugs, and alcohol misuse.

A rapid review of residential care by Hart et al. (2015) aimed to clarify its role in England, assess outcomes, and determine the quality of care in relation to those outcomes. The Department for Education-commissioned study identified six gaps in the evidence base, all linked to factors affecting outcomes for children in residential care. One key gap is the absence of children's and families' perspectives on residential care. The review also overlooks the experiences of registered managers overseeing these provisions.

Similarly, Narey (2016) highlights the unclear purpose of residential care and the lack of professional consensus on which children it should serve. He stresses the need to define which children would benefit most from residential care and at what stage in their care journey.

Berridge et al. (2011) trace the historical association of residential homes with the punitive separation of children from impoverished families. While modern residential homes typically house four to five children with high staffing ratios, historical perceptions continue to influence placement decisions rather than a clear understanding of what is best for the child.

Hart (2015) compares residential homes across nine countries and 11 models of care. His study finds a general shift away from residential care, driven more by concerns about children's best interests than conclusive evidence of its ineffectiveness. However, countries such as Finland, Germany, and Denmark continue to use residential care as a preferred placement option, guided by social pedagogy values and training. In contrast, Italy and Spain use residential care as a last resort, while the USA often employs corrective or training facilities (Francis et al., 2007; O'Sullivan & Breen, 2008; McLean et al., 2011; Pitts, 2011; Hamilton-Giachritsis & Browne, 2012; Harder et al., 2013; Bowyer & Wilkinson, 2013; Rodríguez, 2013; Whittaker et al., 2014).

As of 31 March 2024, there were 3,423 children's homes in England (excluding secure children's homes and residential special schools registered as children's homes), marking a 12% increase (373 homes) from the previous year. These homes were registered for 12,870 places, a 9% increase from 11,857 places in 2023 (Ofsted, 2024).
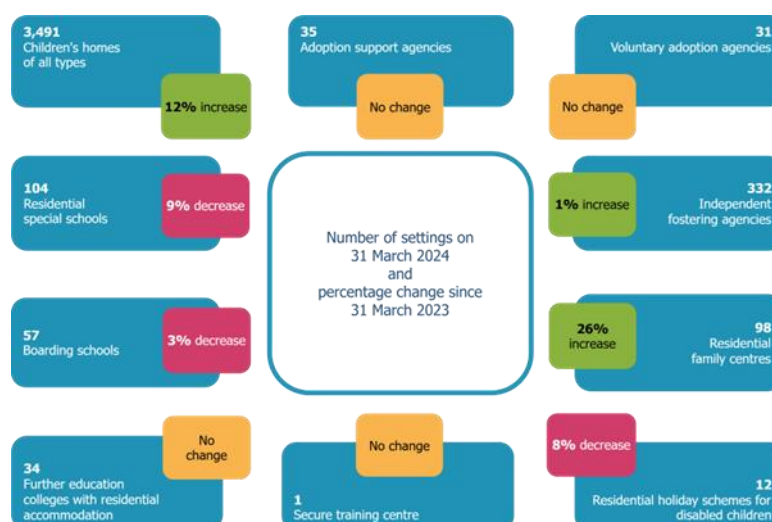
Figure 1: https://www.gov.uk/government/statistics/childrens-social-care-in-england-2024/main-findings-childrens-social-care-in-england-2024#figure-1

Significant international differences persist. English-speaking countries tend to place fewer looked-after children in residential care than mainland European nations (6% in Australia vs. 54% in Germany). Australia's history of institutionalising children, especially Aboriginal children, is particularly troubling. In Ireland, residential care use has declined over the past decade but has recently increased, often through private, unregistered providers.

These variations suggest that attitudes and cultural values shape residential care policies. Is residential care seen as a last resort, used only when no family alternatives exist and for the shortest time possible? Smith (2009) argues that residential childcare has been disproportionately criticised compared to other child-focused professions.

2.7 Profile of Children in Care and Residential Homes

Out of the nearly 12 million children living in England, just over 400,000 (3%) are in the social care system at any time. Almost 84,000 children are in care (Children Social Care Data, 2024). These children have often experienced severe abuse and neglect, leading to what Cook et al. (2003) term "complex trauma," which has significantly hindered their development.

Narey (2016) suggests that social service professionals and managers often use children's homes as a temporary solution, stating that they are "perhaps somewhere to park children temporarily until a crisis has passed" (p. 69). England's high threshold for care entry results in a concentration of troubled children in residential care. Many of these children have experienced multiple foster care placement breakdowns before entering residential care, and some continue to experience instability even within residential settings. This aligns with findings from comparative studies across England, Germany, and Denmark, which indicate that residential care in England offers less stability than in other countries (Petrie et al., 2006; Gilbert, 2012; Narey, 2016).

Shaw (2016), in exploring the criminalisation of children placed in children's homes, writes about the propensity of children in care to enter the youth justice system. She explains that this results from their lives and experiences, such as abuse, neglect, and poor parenting before their period in care, which means that they are expected to display significant challenging behaviour. NSPCC (2018) statistical briefing reported that the likelihood of children leaving care achieving positive outcomes in education, employment or training is low compared to young people who have not been within the care system and that the probability of mental health difficulties is 4:1 compared to their peers. In 2024, NSPCC, in its statistical briefing on Looked After Children, reported that a significant minority of looked-after children experience multiple care placements in a year, have below-average outcomes across a range of measures and are more likely to have a mental health issue and have lower levels of wellbeing. Ward & Holmes

(2008) compared children in the general population and the looked-after population placed within residential homes in a qualitative study and concluded that children and young people in residential care have some of the highest levels of need, including increased emotional and behavioural difficulties.

It is a widely held view among professionals and literature (Narey, 2016; Price et al., 2018; Macleod, 2010; Clough et al., 2006) that residential care is the place of 'last resort' and is often only considered after alternative placements have failed. The experiences of children in residential care demonstrated that when children were interviewed, some children and young people did not necessarily agree that residential care should be a last resort (Sinclair & Gibbs, 1998). There was a consensus among the children interviewed on a 3:1 basis that they would elect to be placed in residential care rather than in a foster family, even those with experience in both. This view corroborates the purpose of residential care and the needs of the children who are now being placed within these services.

2.8 Policy Context, Wider Regulatory Reform and Research

The use of residential care has declined. Berridge et al. (2011) suggest that residential homes are increasingly utilised for older children with significant difficulties where foster placements have failed or children have refused foster care. They highlight a decline in residential placements since the 1970s, primarily due to policy shifts and concerns over quality and cost. Ongoing debates regarding the safety and quality of residential care in England emerged from abuse investigations during the 1980s, contributing to a continuous decline. Notably, abuse scandals detailed in various reports (Corbey et al., 2001; Sen et al., 2008) and particularly the Waterhouse Inquiry (2000) into abuse within children's homes in North Wales significantly influenced policy and practice. Smith et al. (2013) highlight that these inquiries led to increasingly risk-averse practices in residential care.

The Social Services Inspectorate (SSI) published Standards for Residential Care Services in 1994. This document, comprising nine headings and 36 standards, is described as a "catalogue of standards and criteria" supporting residential care inspections. Subsequently, the Care Standards Act (2000) established a regulatory

framework for care services and social care workers, creating the Commission for Social Care Inspection (CSCI) in 2004. From April 2007, the regulation of children's services transitioned to The Office for Standards in Education, Children's Services and Skills (Ofsted), established in 1992.

The residential care sector has undergone legislative reforms. In September 2010, the government introduced the Children's Homes Challenge and Improvement Programme to enhance care quality, improve effective practices in children's homes, and support young people transitioning from care. Strategies involved analysing existing Department for Education (DfE) and Ofsted data, resulting in the Children in Children's Homes in England Data Pack. The data pack incorporated inspection outcomes related to the National Minimum Standards (2010), effective from 2011.

Concerns regarding child sexual exploitation vulnerabilities in residential care emerged (Office of the Children's Commissioner [OCC], 2012). Consequently, Edward Timpson announced regulatory reforms in June 2013, implemented in 2014, aimed at safeguarding children and ensuring homes were located in secure areas.

The National Minimum Standards were replaced by the Children's Homes Regulations and Quality Standards (2015), followed by the Social Care Common Inspection Framework (SSCIF). This revised statutory framework emphasised children's experiences and progress (Ofsted, 2014), prioritising relationships between children and residential staff, care planning, and aligning with guidance for looked-after children.

Further policy impetus resulted in regulations and guidance introduced in April 2015, articulating child-focused outcomes (DfE, 2015). Narey's (2016) independent review reported that most children's homes provided good care, corroborating academic findings but highlighting high staff turnover (Berridge et al., 2012).

Inspection reports referencing outcomes remain subjective, providing minimal evidence of contextual factors. Although literature addresses residential care reforms (Hicks et al., 2009; Archer, 2018), managers' experiences remain underexplored.

Narey (2016) critiqued Ofsted's judgment scale, recommending replacing brief verdicts to improve clarity for commissioners and homes. Burton (2016) argued that

compliance-driven measurement by regulators undermines residential care principles, suggesting systemic liberation from bureaucratic constraints.

Similar research in public sector fields indicates regulatory compliance impacts stress levels. Tucker (2010) explored anxiety among head teachers subjected to inspections, highlighting anxiety's role in performance pressures. Cooper and Lees (2014) described evolving anxieties among front-line staff and managers due to external organisational pressures. Macleod (2010) emphasised that managing anxiety is crucial in residential care to improve outcomes for both staff and young people.

Narey (2016, p.49) noted that fear of negative ratings discourages homes from accepting challenging children. Psychological factors also lead managers toward risk-averse, compliance-driven care (Burton, 2016; Narey, 2016; Whittaker, 2018; Tucker, 2019).

In May 2022, the government addressed recommendations from Josh MacAlister's independent review (2022). Key recommendations included:

1. A national leadership programme for new residential children's home managers to address workforce shortages and broaden recruitment from diverse professional backgrounds.
2. Independent regulation requires registration of children's home managers and all residential staff by 2025.

Current literature minimally reflects managers' experiences or emotional challenges faced while working with disturbed children. Psychoanalytical experiences and emotional implications for staff remain notably unexplored. Structural changes to the registered manager role, notably the transition from the 2011 National Minimum Standards to the 2015 Quality Standards, compound role complexity, fostering anxiety and self-preservation behaviours among managers.

In summary, historical and current policy reforms illustrate the evolving complexity of residential care in England. The registered manager role remains pivotal, with psychoanalytical theories offering more profound insights into organisational and individual experiences, anxieties, and defences.

2.9 Leadership and Organisation in the Mind

Having undertaken the research, certain theoretical and conceptual ideas became increasingly prominent: the Organisation-in-the-Mind concerning leaders, what exists within leaders' minds, and how these perceptions influence their broader context. Armstrong's (1991) ideas are closely related to this topic, particularly regarding how individuals within organisational contexts experience deep impacts on their behaviours and feelings due to their work. This point will be revisited later.

Armstrong (1991) argues several principles govern the organisation of beliefs in the mind. The first principle asserts that beliefs are organised based on how events, objects, and states of affairs in the external world are structured. The second principle suggests that the mental organisation of these events, objects, and states mirrors their actual organisation in reality. If these beliefs are true, their real-world organisation can be evaluated by examining the beliefs themselves. Armstrong's third principle focuses on how these beliefs are structured in relation to their functional purpose. Furthermore, he proposes that beliefs often align with "unarticulated systems of basic assumptions and premises". In other words, an underlying structure of beliefs exists before any conscious inferences are drawn from them. This foundational structure supports more complex beliefs and centralises logical and critical thinking about specific ideas or beliefs.

Burton (2016) argues that the current compliance-driven approach in care, shaped by regulators prioritising safety and risk, has paradoxically decreased safety and increased risk. Furthermore, it diverts care workers' and managers' time and attention away from their essential caring relationships. Within this context, practitioners experience new forms of anxiety and develop defensive mechanisms that dominate their state of mind and "organisation-in-the-mind" (Armstrong, 2005; Cooper & Dartington, 2004).

The organisation's leader, specifically the registered manager, is ultimately accountable for creating the environment deemed necessary for treating traumatised children. This involves developing a holding space to manage and contain projected feelings from children, staff, and broader society, feelings often expelled due to their intensity and complexity (Harvey, 2010). If this containment fails, institutional anxiety

in residential care settings (McLeod, 2010) cannot be managed effectively. The responsibility falls upon a member of the organisation, in this case, the registered manager. When internal and external role boundaries become blurred, achieving containment grows increasingly challenging, compelling the registered manager to establish a holding environment. This environment facilitates fulfilling the primary task, influencing decisions, practices, and ultimately, the outcomes for the children involved.

2.10 Organisations as an Open System

The Tavistock Institute of Human Relations has further developed the concepts of open and closed systems within organisations. An organisation is described as a system or a set of activities with a boundary and a purpose. The organisation's purpose or the activity it must perform to survive effectively is defined as its primary task (Miller & Rice, 1967, p.25; Rice, 1963, p.17).

The Lighthouse Model (Barton, Gonzalez and Tomlinson, 2011), a therapeutic model of residential care underpinned by psychoanalytic practices, bases its trauma-informed approach on the well-known African proverb: '*It takes a village to raise a child'*. The model suggests it also takes a village to welcome a child into its community circle, especially where the child's trauma and experiences are understood and integrated into practice.

Managing a children's home involves structurally determined forces that are both internal and external to the home. Accountability significantly influences the registered manager's role, as outlined by the Children's Homes Regulations and Quality Standards (2015). Registered managers are accountable to Ofsted, where their registration is maintained, and they can choose voluntary deregistration. If struck off the register, a registered manager is prohibited from re-registering or providing childcare. Consequently, this creates divided loyalties between their employer and regulator.

The open systems model, when applied to organisations, is an evolutionary model illustrating the dynamic interactive relationship between an organisation and its environment. Under this model, organisations continually interact with their task and

external environments. Organisations have the capacity to transform materials or inputs but are also subject to change through this interaction.
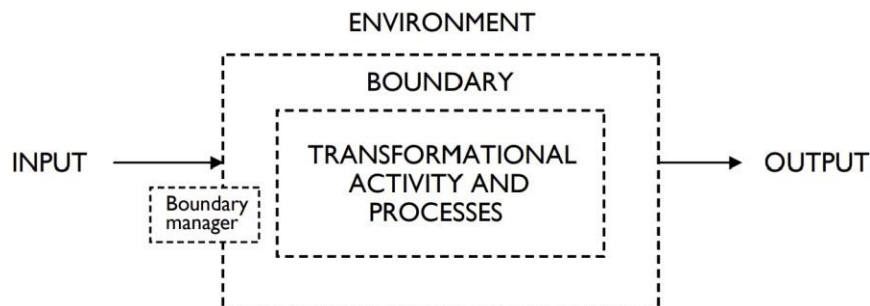
Figure 2: Open systems as Depicted by the Lighthouse Therapeutic Model (pg. 183)

In an open system, the boundary is permeable, represented by a dashed line (see Figure 2), allowing controlled flows of materials, resources, and information across boundaries. The primary task's nature determines boundary permeability and control. As the government's approach shifts towards therapeutic and trauma-informed practices consistent with current work, boundary management increasingly allows strengthened relationships with government entities. Therefore, organisational boundaries have become more open. Effective boundary management is particularly crucial in organisations working with traumatised children. Excessively permeable boundaries risk overwhelming children and staff, whereas overly rigid boundaries isolate the organisation from valuable external inputs.

This tension reflects a conflict between organisational self-preservation and achieving or maintaining 'Good' or 'Outstanding' status following regulatory inspections. Hicks et al. (2008) conclude that success in children's homes depends on a complex balance between informal and formal processes. They found significant intergroup relationships between workers and children influencing positive outcomes. Brown et al. (1998) argue that scrutiny of residential care must acknowledge potential discord within the system, regardless of external appearances.

Unlike professions such as doctors, nurses, social workers, or headteachers, the registered manager's role remains relatively hidden. Registered managers bear the responsibility of 'loving the unlovable' despite systemic opposition to residential childcare and the complex psychological needs of children in their care (Klein, 1935; 1940).

In studies of outstanding homes, Ofsted (2011) identified the manager's personal drive, presence, and commitment as critical success factors. Yet, no literature extensively explores the rationale or motivations behind these findings. Staffing continuity is essential for children to form lasting, meaningful relationships with adults. Remarkably, however, there is no publicly accessible register of children's home managers nor data on registration frequency, deregistration rates, or average tenure length.

Hicks et al. (2008) investigated the process of managing a children's home and leading an effective team, linking their research directly to resource management in residential care. They explored the functional relationships among structure, process, and outcomes, concluding that effective managers must possess both authority and clear strategies to embed ethos into staff guidance, induction, and management. Their research highlighted two key aspects for achieving long-term effectiveness in residential care. Firstly, significant operational differences exist between homes. Secondly, children's outcomes largely depend on care processes, particularly the manager's ability to shape these practices. Hicks (2018) asserts that understanding these aspects is vital to sustained effectiveness in residential childcare and must inform policy and practice discussions.

This research contributes to understanding the registered manager's role and associated pressures to meet children's needs and achieve positive outcomes. Nevertheless, Hicks et al. (2008) acknowledge limitations, including unclear standardisation of the registered manager role, supervision quality, and alignment between training and practice. Notably, their research did not sufficiently explore how these factors affect the sustainability of the manager role, service implications, or the direct link to children's outcomes. Equally important, their study overlooked the personal cost to managers, their emotional capacities ('valencies'), and motivational factors affecting their sustainability in the role.

2.11 Psychoanalytical Approaches

In England and internationally, child protective services are best understood as complex social phenomena. They are concerned ostensibly with the practical business

of safeguarding children. However, their operation and effectiveness are deeply influenced by historical events and more recent trends in the socio-political environment. There are ongoing discussions in literature for a deeper and broader understanding of the complex dynamics between workers, families and the systems in which they meet (Cooper & Lees, 2024).

This means that studying child protection practices in depth requires a sophisticated research approach. Residential childcare stems from the devolution of aspects of social work and child protection practices. Furnivall (2018) describes residential care as effectively the intensive care of children's social work. Studies point to the intensity and complexity of working and managing a residential setting (Mcleod, 2010); the focus on the management of anxiety and the impact of this on the day-to-day life of a residential care setting is noted as a significant aspect of effective leadership and management.

It is therefore significant that this study seeks to understand the nature of individual, group and organisational processes using a Tavistock theoretical frame of reference that integrates a psychoanalytic perspective with open systems theory and group relations (Obholzer & Roberts, 1994; Huffington et al., 2018; Armstrong, 2005; Rustin & Bradley, 2008). Children who have experienced severe neglect and trauma deserve an approach that acknowledges that their emotional and behavioural responses have complicated and sometimes unconscious roots (Furnivall, 2018); therefore, psychodynamic and systems theories together create a rich and complex framework to support this approach.

a. What is the Primary Task?

The concept of the primary task became relevant during the study. In simple terms, the primary task is what an organisation must perform to survive. Studies by Menzies- Lyth (1979) and Hirschhorn (1994) provide a framework for establishing a clear and shared understanding of the 'primary task'.

It is critical for workers to be clear about and somewhat effective in their work (Ruch & Murray, 2011; Obholzer & Roberts, 1994). To make sense of very confusing processes within organisations, it is useful to start by obtaining an agreed definition of task

(Roberts, 2019); that is, defining the primary task precisely within residential care and, consequently, the role of a Registered Manager. Roberts (2019) argues that the concept of the primary task can be an oversimplification given the complexities with which most organisations have to contend.

Inherent in every task, and institutions are set up to perform tasks- there is the anxiety, pain and confusion arising from attempting to perform the task. Institutions defend themselves against this anxiety by structuring themselves, their working practices and ultimately their staff relationships in such a way as to unconsciously defend themselves against the anxieties inherent in the task (Obholzer, 1987, p.202)

Unsurprisingly, the leadership of a children's home is critical to the quality of service that it provides to children. The characteristics of a good leader in residential care are like those of a good leader anywhere – schools, hospitals, and banks, to mention a few. However, a unique set of pressures and challenges are associated with working in residential care, which demands specific leadership qualities (Ofsted, 2011). This is significant given the complexities in residential care and the policy and legislative changes in this field, as identified above. The difficult but real impact of failed and troubled families, child abuse, and devolution of responsibility and increased compliance. The arising difficulty of conflicting tasks takes primacy, and the inability to define the tasks precisely creates significant emotional complexities for the post holder. There is, therefore, the danger of the primary task being implicitly redefined when the task as originally defined becomes to do great. (Mcleod, 2010)

Registered Managers in residential care are at the helm of the services. Whitaker et al. (1998) undertook a qualitative study on the task of residential care which was further developed by Hicks et al. (2008); they shared that factors such as the managers' own clarity of role, purpose and function were significant factors for success in the role whilst noting that the tasks of residential care were not quantifiable. The research focused on the experiences of managers in terms of leadership function. It concluded that their effectiveness relied on them being sufficiently well placed to bring about reflective practice.

There are differing schools of thought reflecting various ways in which it might be useful to explore the primary tasks within organisations; Miller & Rice (1967) espouse the

'heuristic concept', which allows the exploration and ordering of multiple activities and that it may shift temporarily or permanently as conditions change. Lawrence (1977), on the other hand, developed the primary task as a tool for examining organisational behaviour by proposing that people within an organisation pursue different kinds of primary tasks. This concept felt very consistent when looking at the unique experiences of registered managers in residential care, where they appeared to have different definitions of tasks.

The purpose of the establishment is key to how staff see their role, how children perceive themselves, and how parents engage, but there is evidence that some homes' Statements of Purpose are so vague as to be meaningless. In other cases, the brushstrokes of mission statements need to be supported by clear goals of how the primary task will be implemented and achieved (Hart, 2005; Narey, 2016; Macleod, 2010).

In defining the task, there is the risk of tasks slipping into anti-task (Menzies-Lyth, 1979). Macleod (2010) argues that this could occur as an unconscious process, and managers must understand this process and the inherent anxieties to work to achieve the primary task. The complexities surrounding the primary task are further compounded as residential homes do not exist in a silo. They must operate in conjunction and in partnerships with other organisations who also have defined or not-so-defined primary tasks, which are sometimes and often in contraction with that of the children's homes. These inevitably create conflicts and further complicate the ability of the registered manager to focus on their individual tasks. The inability to achieve and sustain these primary tasks inevitably generates complex emotions in the postholder and permeates the residential provision.

b. Anxiety and Defences in the system

The research situates anxiety and defences in institutions within the works of Jaques (1955) and Menzies (1988) work on containing anxiety as a contextual framework for thinking about how an individual's unconscious defences against anxiety may alter the structure, policies and practices of the organisation they work in. (Beck et al., 2007;

Cooper & Lees, 2015). This was further developed by Cooper (2017). It concerns a capacity for attunement to our emotional experience of ourselves in relation to others, an attunement to the flow of emotional transactions between ourselves and our service users and colleagues, which are constantly occurring whether we choose to recognise them or not. Wilfred Bion held the view that "in every consulting room, there ought to be two rather frightened people: the patient and the psycho-analyst. If they are not, one wonders why they are bothering to find out what everyone knows" (Bion, 1990, p. 5). The concept of containment is to make sense of the dynamic interplay of 'container' and contained with respect to emotional experience (Bion, 1962). Macleod (2010), in his review of the effective management of anxiety within residential settings, opined that working in and managing the tasks of a residential care setting is distinct from other aspects of social work due to its intensity and complexity, which generates a different level of anxiety. When applied to child protection practice, social workers are exposed to human vulnerabilities in situations that provoke powerful emotions such as fear, anger and shame, characterised by uncertainties, increased risk factors, and high expectations; without adequate containment, these experiences cannot be made sense of, the worker risks responding in unhelpful ways or not responding at all (Whitaker, 2011; Fergurson, 2017; O'Sullivan, 2018).

Cooper (2018) having explored first, in summary, the nature and sources of the anxieties with which front-line staff and human service managers must contend have evolved to include a powerful range of extra-organisational forces and pressures; second, the anxieties arising from these new sources are typically different from the familiar task-related anxieties.

"*that was Menzies Lyth's main preoccupation, but they are also often congruent with the latter in important ways. I suggest it is helpful to think of task-related anxieties as predominantly "depressive" in nature—that is, entailing anxiety about the potential to cause harm or injury to vulnerable service users and patients—and those emanating from the managerial and political environment as predominantly "persecutory"— that is, entailing threats of harm to the self of the worker. Both varieties of anxiety give rise to socially structured defences, and both also generate "secondary anxieties", which are the unintended consequences of these defences" (Cooper & Lees, 2014, p. 60).*

The need for self-preservation may lead to the failure to take a chance on a child due

to the grave cost to personal achievement and record. The cost of such scrutiny is the need to put compliance before real care and relationships (Burton, 2016). Narey (2016) illuminates this conflict when he eloquently emphasises his disdain at hearing that managers are encouraged to inform Ofsted whenever they are asked to take a child about whom they have reservations.

The decline of belief in residential approaches makes it increasingly difficult to convince staff and social workers that a critical service specified in the Children Act of 1989 is being provided. Unless managers and inspectors understand the forces shaping residential life, professionals will face continuing difficulties in affecting what goes on in homes. (Hicks et al., 2008) considers that leadership takes into account three main components: the developmental nature of the manager's role, the interrelationship between what occurs in the home and what occurs in the external context, and how the role is exercised. Of primary importance was achieving a collaborative team dynamic which worked consistently over time and within the manager's preferred approach to practice. Anxiety, therefore, emerges as a result of the unconscious desires and fears threatening to take control of the personalities, i.e. the registered managers, in ways that inhibit their understanding, thinking and sense of self (Waddell, 1998). The figure below depicts the types of anxiety (Cooper & Lees, 2014; Woodhouse & Pengalley, 1990)

Persecutory anxiety evoked by management and political factors including compliance-related issues (Ofsted)

Primary anxiety evoked from the task of working with children that have experienced trauma and abuse

Anxiety

Depressive anxiety evoked by the task

Secondary anxiety evoked from the organisation, structure, culture and ethos.
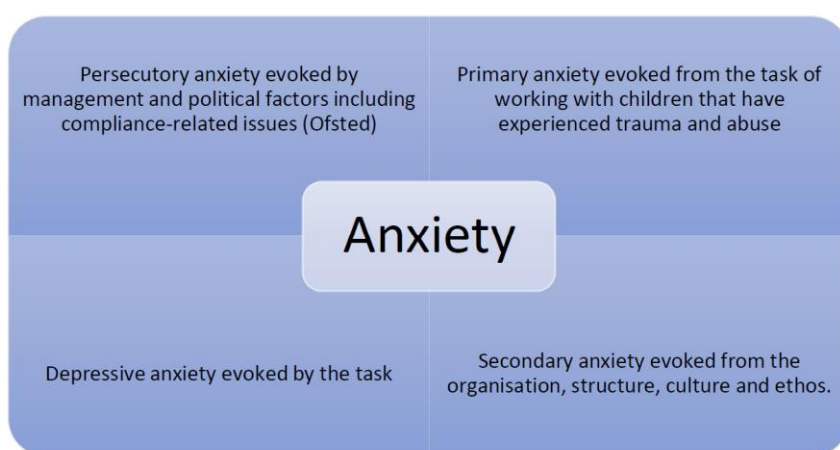
Figure 3: Types of Anxiety

c. Splitting, Projective Identification, and Containment

The concept of splitting, as propounded by Klein (1946), concerns the infant

experiences of love and hatred and the early splitting of the good and bad as a way of dealing with ambivalence. Klein (1959) later argues that "nothing that ever existed in the unconscious completely loses its influence of the personality. In residential care, understanding emotional maturity and unconscious processes is crucial. Splitting and projective identification are the basic elements of paranoid/schizoid mechanisms.

These are the first mechanisms described by Klein (1946); the capacity to tolerate ambivalence, the shifting of good and bad emotions simultaneously, is an emotional skill acquired with time and effort and would be lacking for the vast majority of children in residential care.

Furnivall (2018) argues that early negative experiences and lack of emotional containment reduce the opportunity for traumatised children to acquire these abilities; rather, the feelings are projected onto others, creating splits between those caring for them. Furnivall further argues that this is not a dynamic that is not linked to children but underpins the most damaging and dangerous dynamic within human relationships, and in particular, practitioners within residential care are vulnerable to reenacting primitive responses, whether in relation to children or colleagues.

The adequate understanding and ability to contain splitting and projective identification leads us to the concept of containment. Bion (1967) first used the term regarding the importance of psychoanalytically informed work with disturbed individuals. He later elaborated on this in his experiences during the 1961 International Conference on Mental Health, where many homeless children were displaying various psychotic symptoms; Bion (1967) further focused on the mother-child relationship, suggesting that the mother contains and makes sense of the baby's emotional states, which in turn makes them more bearable to the child. The PCA/NSPCC (1988) found that a large proportion of children who were being looked after outside their natural family were "acting out" or displaying aggressive behaviour as a result of an inability to express their feelings due to past traumas. This "malignant" or "intolerable" aggression (Segal, 1994, cited in Finch et al., 2014) is very often an expression of fear and represents a child attempting to control an environment which he feels has become persecutory.

The inability to process and assimilate unpleasant thoughts and feelings means that through projective identification and other means, the child is forcing the carers to

contain disowned parts of his personality. Parts of his own bad internal objects are being pushed out in that he will force the carers to play roles which echo the split-off part, and at its worst, the child will try to provoke the adult into re-enacting the initial traumatic situation. This can lead to "the child's endeavour to turn the objects into a state of madness or delinquency" (Rosenfeld, 1971) with an unconscious hope that this time the situation will have a different outcome. This all adds up to a huge task for staff who are sometimes unaware of what is happening to contain these children when they are fighting against their attempts to contain and the staff's own negative countertransference.

The impact of splitting in children is that the child becomes unable to think and feels attacked by parts of his own personality, which are now split off into objects, in this case, residential staff and registered managers. Children in residential care look for destructive ways to rid themselves of these bad objects. They may project them into the environment with the hope that the carers can see the behaviour and intervene and, in such cases, may engage in behaviours that may seek to provoke adult hostility, such as assault on staff, verbal abuse, missing from care, etc.

Throughout this process, the child starts to use pseudo-mature defence mechanisms diplomatically with the carers to force them to play roles that echo the projected part of the child's personality. Alliance-increasing splitting involves an extraverted turning and looking, trying to evoke a response in the carer. The stronger the splitting process, the less possibility there is for the child or anyone else to contain their feelings and thoughts. These will need to be projected out. They may become antisocial or be seen as a problem by staff, especially if they have taken in a negative introject from an adult. Grotstein (1977) suggests these children cannot play and may resort to wild, heedless, acting-out behaviour. They may have a negative relationship with their carers, and others will become strongly positive. If a child idealises a carer, they will still need to denigrate them at some point (Ward, 1999).

Inevitably, the difficult emotions that the children cannot hold are then projected onto the staff. Projection concerns the process of unconscious communication from one person to another, an individual's expulsion of unwanted or threatening ideas, allowing individuals to rid themselves of the parts they find unbearable or deny (Segal, 1992, cited in Finch et al., 2014). Within the residential homes, projection becomes complex emotions from the children, their families, the staff, management and senior

management representing the internal aspect of the organisation, as well as externally being the professionals, social workers, educators, police, health and mental health professionals and well as the inspectorate. Where these complex emotions are not understood by the recipient, they may become identified with those feelings and begin to own them as their own, thereby ordering their thoughts, feelings, and actions. For example, a child experiencing feelings of abandonment may project these feelings onto the registered manager, who may experience feelings of abandonment from the police, experiencing them as less supportive or social services or even senior management, leaving them deskilled and demotivated. Trevithick (2021) states that the impact of projective identification on professionals can be significant, impeding their ability to recognise what they are faced with and their ability to make decisions and inhibiting determinations of failure.

d. Organisational containment

Steckley (2010) examines the usefulness of containment as propounded by Winnicott and Bion and emphasises the need for a holding environment for children built on therapeutic containment for residential staff in direct interaction with children. Likewise, workers can feel like they are experiencing repeated abuse, often emotionally and where communication is not confined to psyche states (Canhan, 2004). Where anxieties are not contained, they can produce powerful and primitive emotions, which, although frequently unconscious, still have a powerful impact on organisational culture and workers.

Cooper (2009) highlights the need for the capacity for attunement to our emotional experience of ourselves in relation to others, an attunement to the flow of emotional transactions between ourselves and our service users and colleagues, which are constantly occurring whether we choose to recognise them or not. This is why the use of self is so important. The psychoanalyst Wilfred Bion asserts that "*In every consulting room, there ought to be two rather frightened people: the patient and the psycho-analyst. If they are not, one wonders why they are bothering to find out what everyone knows*" (Bion, 1990, p. 5).

In children's homes, significant emotions underpin the environment, not just for the

children but also for the staff who work there. Fergurson (2011) notes that containment requires space to explore emotional responses; without such space, it will be difficult to maintain a containing environment for the children and the people who work there.

e. Defences and Defended Subjects

Freud (1968) points out that Freud used the term 'defence' in the 1890s to describe the ego's struggle against painful or unendurable ideas or affects, which sets the foundation for understanding psychodynamic process. Defences are, therefore, normal and essential (Preston-shoot & Agas, 1990). The fundamental needs or drives within human personality are those of survival, protection, and belonging (Bowlby, 1979). Consequently, where unpredictability and uncertainties threaten these basic needs or drives, individuals and groups begin to employ defences to protect themselves against the painful, threatening aspects of their existence (Hinshelwood, 1987).

The term *defended subjects*, principally associated with Holloway and Jefferson (2000), refers to the position of protecting the vulnerable aspects of self, sometimes consciously but mostly unconsciously, to keep the levels of anxiety associated with the self down. Defences against such stress are mobilised at a mostly unconscious level. The idea of a dynamic unconscious that defends against anxiety is seen as significantly influencing people's actions, lives, and relations. In her notion of unconscious defences against stress, Klein (1988a and b) departs from the assumption that the self is a single unit, with unproblematic boundaries separating it from the external world of objects (both people and things). Her proposition (based on clinical work) is that the most primitive defences against anxiety are intersubjective; that is, they come into play in relations between people. The unconscious processes of projection (putting out) and introjection (taking in) of mental objects result in splitting and separating good and bad. The role of the registered manager embodies threats which inevitably create a need for defence against anxiety.

Ofsted (2018) asserts that where a decision is made to refuse registration, the decision may adversely affect any subsequent application. Where refusal to register is confirmed by a notice of decision under the Care Standards Act 2000, the person is disqualified from private fostering under section 68 of the Children Act 1989 and a

person who is disqualified from private fostering cannot carry on, manage, or have any connection with the operation of a children's home or provide childminding or childcare. The same is considered in any subsequent application to register any other type of establishment or agency under the Care Standard Act 2000 or apply to become a registered manager.

Holloway and Jefferson (2000) further assert that the concept of an anxious, defended subject is a product of a unique biography of anxiety-provoking life events which require unconscious defences. Hence, the ability of a registered manager to tolerate and contain uncertainty, ambiguity, and complexity within the role balanced with systemic intolerance, compliance, and devastating object relations from children will inevitably create "defended subjects". Lyth's (1988) work on anxiety and social defences revealed high levels of stress and high drop-out rates in nurses linked with the emotional impact of the primary task of caring for sick, injured and dying patients projected onto nurses by patients' families. Though not adducing this as the only reason for the high levels of anxiety, Lyth queried the techniques available to contain and modify stress. Other humane primary roles, such as headteachers and social workers, mirror similar pressures (Tucker, 2010). Registered managers have to be defended subjects given the nature of their primary task within an organisation whose purpose is to create a family home for children with devastating object relations combined with systemic prejudices against the client group, resource management and compliance.

Fox (1994) argues on the dilemma for children in a compliance-oriented society where compliance at home has failed and did not bring them rewards. Nonetheless, the expectation of automatic compliance once in residential care might be self-defeatist. A consistent lack of compliance and conformation to rules creates a cyclical effect, which might inevitably result in a lack of compliance by the home and, consequently, the manager. Therefore, I infer that it is only a matter of time before registered managers become defended subjects. Burton (2016) asserts that a caring organisation must recognise, understand and work with the deepest, hidden, mixed feelings of both caregivers and clients and with its own institutional defences against anxiety.

In Tucker's (2010) study of head teachers, individual defensive structures were presented during the interviews, such as working harder to avoid anxieties associated

with failure or fear of failure. This helps to understand the simultaneous institutional defences at play better, creating a collective defensive formation within the school environment. Tucker found that the lack of emotional containment in a system creates greater individual and organisational stress, distorting the organisation's primary task through increased reliance on institutional defences. These key concepts outlined above have considerable relevance to this study where, as I will demonstrate later, the emotional experience of the work, which is frequently disturbing, impacts both individual experience and organisational effectiveness.

Cooper and Lousada (2005) and Dartington (2010) explain that one function of the welfare system is to contain unwanted feelings about the more painful aspects of society so that they are hidden away, 'The system of care becomes itself a receptacle for our own unwanted projections of inadequacy into others.' (Dartington, 2014, p.70) However, when things go wrong, they are brought to the surface, and therefore, the Government has to act to ensure that the anxieties are once again contained.

Cooper and Lousada (2005, p.13) suggest that '... social policy now plays a far more prominent role in the management of social anxiety.' They suggest that with each failure in the care system, the task of risk management has been removed from the professionals, only to be more centralised with the introduction of regulation and inspection. It would seem that the idea of social defences against anxiety has moved from an interesting hypothesis as identified in the literature (Jacques, 1955 and progressed through various schools of thought Menzies, 1988; Obholzer and Roberts, 1994, 1999; Miller & Rice, 2004; Hinshelwood & Skogstad, 2000) to an important conceptual framework (Long, 2006). Jacques's movement moved from the psyche to society. In contrast, Menzies, deviating slightly from this, reflected that the organisation itself is set on anxieties due to the nature of the task, which serves a significant function of containment for the postholder.

2.12 Shame as a Core Concept in Residential Childcare

During the research findings, the emotion "Shame" became a prominent feature within the research study. Consequently, providing a literature review on this core emotion became necessary. Shame is a complex emotion that significantly influences human

behaviour, relationships, and organisational dynamics, particularly in residential childcare settings.

Shame, described as "the master emotion of everyday life" (Scheff, 2003), significantly impacts individuals by generating deep-seated feelings of inadequacy and inferiority, often linked to societal standards and expectations (Tracy & Robins, 2007; Tangney, 1992; Gilbert, 1998). Scheff (2003) further emphasizes that shame profoundly shapes social interactions, where fear of judgment can paralyze personal initiative and creativity, echoing findings within residential childcare, where managers frequently reported anxiety about external judgment, notably from inspection agencies such as Ofsted.

Alan Schore (2003a, 2003b), a prominent researcher in developmental affective neuroscience, emphasises that shame regulation is a key developmental milestone occurring within attachment relationships during early life. Schore asserts that early relational trauma disrupts right-brain development, leading to compromised emotional regulation abilities and heightened vulnerability to shame reactions. This developmental framework aligns with the findings presented in this research, where the motivations of registered managers in childcare settings were closely linked to their early life experiences and underlying feelings of shame and inadequacy. The registered managers described shame as deeply embedded, affecting their capacity for emotional containment, effective leadership, and professional identity, particularly under stressful organizational conditions.

Children in residential care experience compounded shame stemming from early trauma, neglect, and societal stigmatization. Evans (2002) highlights the unique nature of shame for children in care, who frequently internalise feelings of unworthiness due to placement instability and societal stigma. Schore's work underscores this developmental aspect, articulating that trauma disrupts the critical attachment processes necessary for emotional regulation, social competence, and self-worth development (Schore, 2003b). Consequently, residential childcare settings must not only manage behavioural manifestations of trauma but also address the deeper shame-based identities formed through repetitive relational disruptions.

Organisational aspects of shame were similarly critical, as highlighted by the dynamics of shame described within residential childcare organisations. The provided research

identified organisational shame as occurring when conformity to prescribed norms fails, leading to social and professional devaluation. Managers within residential childcare frequently internalise institutional shame, prompting a range of responses from defensive compliance to withdrawal, further exacerbating personal and organizational distress. Creed et al. (2014) argue that organisational shame arises when individuals fail to meet significant institutional standards, paralleling Schore's emphasis on shame's relational origin and its potential to damage identity development and interpersonal functioning (Schore, 2003a).

Moreover, shame at the societal level, explored in the provided research document, highlights the stigma associated with residential childcare as the "bottom of the pile" within social services. This societal devaluation, reinforced by policies of outsourcing care, magnifies organizational and individual shame. Schore's developmental perspective clarifies why societal neglect and shaming practices can intensify experiences of shame, particularly for vulnerable populations, such as children and professionals within residential care who internalise societal views of inadequacy and marginalisation.

Conclusion

This chapter has explored the history of research and social policy in children's residential care in England, highlighting key policy changes and reforms. It has examined relevant literature and research within residential childcare, education, and broader public services. Residential childcare accommodates children with complex needs and has undergone significant scrutiny, prompting considerable legislation, processes, and procedure changes over recent decades. Additionally, the chapter introduced psychological approaches essential for understanding how registered managers and their organisations function and respond to the substantial yet complex emotions associated with their roles. Exploring these theoretical frameworks provides a foundation for dissecting the complexities and ambiguities within registered managers' experiences in residential care, facilitating a deeper understanding of their internal and external realities (Bower, 2005). Finally, shame, as presented in both the literature, acts as a profound, multilayered emotional force, impacting individual psychological states, relational dynamics, organisational effectiveness, and societal

attitudes toward care provision. Schore's developmental trauma framework enriches our understanding of how shame emerges, persists, and impairs functioning across developmental stages and organisational contexts, providing critical insights into mitigating shame through informed, compassionate, and reflective caregiving practices.

Chapter 3 – Methodology

3.1 Introduction

This chapter represents the methodological approach used within this study, the position of the research, and how it is situated in a specific research paradigm. It reports on how aspects of BNIM were utilised in the study combined with thematic analysis to explore managers' experiences. The chapter further presents the practical considerations, such as how the participants were recruited, along with ethical issues, confidentiality, consent, and the collection and analysis of interview material. Critically, this study sits within the naturalistic interpretive exploration of the subject, seeking not to predict or control but to understand the phenomena of study through professional narratives, which are seen as fundamental in accounts of human experience. (Clandinin, 2007).

3.2 Research Paradigms

Qualitative research paradigms attempt to describe the world from different philosophical and scientific perspectives. According to Guba and Lincoln (1994, p. 107), paradigms are the "basic set of beliefs or world view that guides the research action". Understanding the context or paradigm of the research allows the reader to make their own decisions about how to respond to the presented material. Kincheloe et al. (2011) explain, '… *because all observers view an object of enquiry from their own vantage points (paradigm) in the web of reality, no portrait of a social phenomenon is ever exactly the same*' (p.170).

Consequently, specific research paradigms necessitate specific methodologies, which inform findings and lead to credible claims of knowledge; researchers must outline their epistemological and ontological positions (Gringeri et al., 2013; Guba & Lincoln, 1994). Five qualitative research paradigms are available to form the bedrock for qualitative research: positivism, post-positivism, critical realism, constructivism, and pragmatics.

This study is not situated within the positivism or critical theory tradition. I strived with the ontology of critical realism, which defines an objective reality as one that exists independently of individual perception but also recognises the role that individual subjective interpretation plays in defining that reality. While aware of this, I have situated this research within the constructivism paradigm, which is premised on the view that there is no absolute truth, only the truth that a person or culture believes and that our understanding of reality is a product of social experience, not an objective truth.

3.3 Ontology and Epistemology

Krauss (2005, p.760) proposes that qualitative research is based on "a relativistic, constructivist ontology that posits that there is no objective reality. Rather, multiple realities are constructed by human beings who experience a phenomenon of interest."

This research is not presented as an absolute truth, and there are limitations due to the small sample size of six participants that form the basis of the study. However, the biographical nature of the interviews explores the emotional and conscious states of mind of participants, which are real and accessible as knowing subjects. Given my own perceptions regarding the registered manager's role, consideration must be given to my epistemological and ontological perspectives to ensure the credibility of any knowledge claims within this research (Gringeri et al., 2013; Guba & Lincoln, 1994).

Constructivism suggests that reality is constructed by individuals who attach their own meanings to events. Pragmatists integrate other paradigms, arguing that there is no single correct answer, and emphasize that the research question determines the most suitable methodology. This perspective connects to the flexibility of qualitative methods, as the adopted research paradigm drives both the research design and the methods selected to address the research question.

Constructivism posits that human subjects create complex and evolving interpretations of the world, and these interpretations shape their reality, which consequently influences actions and changes. Reality is perceived as culturally relative and a product of social contexts and historical circumstances. Complex external and internal events

are always subject to multiple interpretations. Reality is not an object waiting to be discovered; instead, it is mediated through individual senses and influenced by the perceiver's past experiences, current state, and views of the future. Thus, human knowledge of reality is inherently fallible and subject to continuous change.

The role of a registered manager requires individuals to assume a parental role in a professional context, typically following unsuccessful alternative interventions. Often, this results in children being placed in residential settings after experiencing multiple placement breakdowns.

Constructivism encourages registered managers to critically examine their defensive positions within a context characterized by increased scrutiny, limited resources, and socio-technological influences. I argue that differentiating between what is known and by whom is incoherent and unproductive. Working with children and young people, whose subjective realities are frequently painful and destructive, complicates the application and sustainability of a correspondence theory of truth. Reality and truth are often perceived as punitive judgments imposed by adults with the authority to define reality and appropriate responses.

A constructivist approach represents an open system of learning applicable across various professional contexts. Change, from this perspective, involves renegotiating meanings or realities to generate new opportunities. This approach is particularly relevant for micro-level interventions, such as in residential children's homes, where constraints associated with alternative methods are typically absent or unsuitable.

3.4 Qualitative Research Design

The research design for this study uses an integrative framework based on the interconnections between research questions, strategy, data collection, and data analysis methods. This provides a coherent link between defining the research problem and reaching research conclusions (Trochim, 1989).

3.4.1 Research Methodology

The interviewing technique adopted in this research is a hybrid method that combines the Biographic Narrative Interpretative Method (BNIM) (Wengraf, 2001) with thematic analysis.

Following the literature review, it was necessary for this study that the data collection method chosen allowed the participants to determine their frame of relevance with minimal interviewer intervention. I required a method capable of accessing participants' frames of reference, including information that might be hidden, defended, or even unknown to the participants themselves. Psychoanalytic theory suggests anxiety is inherent in human experiences, necessitating unconscious defences, indicating a need for an approach that can reveal or provide insight into underlying issues (Huffington et al., 2004).

BNIM, as a qualitative narrative research approach, facilitated discussions around registered managers' experiences within residential child care, enabling them to define their own frames of reference. Qualitative and particularly biographical research allowed participants to freely share their lived experiences, enabling the collection of personal stories that linked individual and methodological aspects, providing deeper insights into humanity (Roberts, 2002; Wengraf, 2001, 2018).

The BNIM approach generates life narratives that transcend individual and societal boundaries, encompassing past, present, and future experiences. It thus enables the exploration of forgotten or altered times, places, nuanced emotional conditions, and individual behaviours (Wengraf, 2018). This method allows for the examination of subjective dimensions within broader social structures and processes (Wengraf, 2001; Chamberlayne et al., 2002). As a socio-biographical approach, BNIM aims to elucidate the experiences of each participant as a registered manager and situates these narratives within a broader societal context. This positioning helps interpret individual pathways and trajectories within the organisational and social contexts in which they evolved. Tracking personal perspectives and perceived values through narrative elicitation further enables exploration of the subjective dimensions of participant experiences (Wengraf, 2001; Chamberlayne et al., 2002).

Wengraf (2001, p.19) notes:

"*BNIM, through its focus on eliciting narratives of past experience rather than (just) explicit statements of present (or remembered) 'position', facilitates the expression and detection of perspectives and counter-narratives at various moments in the past... Consequently, BNIM is particularly suited for retrospective and ongoing longitudinal process studies of complexity since it asks for accounts of earlier and ongoing experiences and particular incident narratives (PINS).*"

Although BNIM was chosen for data generation through participant interviews, I did not adopt its unique data analysis method. BNIM typically suggests analysing data from 4-6 participants using a three-category model involving different analytical standards (gold, silver, and bronze), with not all interviews analysed equally. Instead, I selected thematic analysis, which allowed me to analyse data consistently and equally across all six participant narratives. This was especially useful as it allowed the flexibility to explore complex, multi-faceted issues generated in the participant's narrative through the data collection and draw out themes across different participants' experiences.

I hoped the research questions posed would be offered up within the participant's narrative; however, whilst some of these questions were answered, following the data collection method meant that new questions emerged:

- Who was attracted to the registered manager role,
- If individuals struggled, how were they sustained in their roles,
- How did they make sense of their roles,
- How did previous personal experiences inform current professional experiences,
- What were the key motivations for their role, as none of them chose the role of a childhood profession.

3.4.2 BNIM: The Interviewing Process

Sub-session 1

The interview process consisted of two sub-sessions, separated by a short interlude. From the participants' perspective, sub-session one was conducted continuously

without interruption. Interviews were recorded using a digital audio recorder for data collection purposes.

Sub-session 1 employed the Single Question to Induce Narrative (SQUIN), allowing participants to narrate their stories without interruption. Participants controlled what information they shared, selecting content they deemed significant. Participants often sought validation for concluding their narratives with questions such as "Do you want more?" (Jordan, L69) or comments like "I can't think of much else to say" (Vanessa, L269). It was important for participants to decide when to end the session to preserve their narrative coherence and, ultimately, the integrity of the research (Wengraf, 2001).

The SQUIN used was:

"As you are aware, I am researching the experiences of registered managers. Can you tell me the story of your life from when you first thought about becoming a registered manager to your journey until now? Include all events and experiences important to you personally. Take as much time as needed; I will listen without interruption, take notes when necessary, and may have some follow-up questions at the end. Please start wherever you like."

The Interlude

Following sub-session one, a carefully managed 5-10 minute interlude was provided, offering participants a brief respite. During this period, I reviewed notes from the first sub-session to formulate questions for sub-session two.

Sub-session 2

In sub-session two, questions were strictly aligned with the sequence and language of narratives provided in sub-session one, based on notes taken during the interlude. This encouraged participants to elaborate further on their narratives, particularly to develop Particular Incident Narratives (PINs). Wengraf (2018) and Jones (2006) emphasise that sub-session two aims solely at exploring topics raised by participants, not introducing new researcher-driven topics. Questions were designed to evoke detailed narratives, preserving participants' subjective experiences without establishing a dialogic interaction.

Questions in this methodology explicitly reference earlier narratives, such as:

"You mentioned…in the first interview; could you tell me how that happened?"

For example: "You said, 'In a big organisation, you could go very quickly from being the golden child to being almost a witch-hunt.' Can you recall a particular incident where you felt this happened to you?" (Vanessa, L590).

According to BNIM principles, by seeking Particular Incident Narratives (PINs), participants re-engaged with past experiences, sometimes vividly reliving them, recounting events as they occurred rather than reflecting upon them retrospectively (Wengraf, 2018). Interviews ranged between 50 minutes and 2 hours 40 minutes in duration, excluding the interlude.

Informal Debriefing of Participants

After sub-session two, I recognised the ethical imperative to provide an informal debrief to address any difficult emotions or unresolved questions. Although not required for every participant, two participants specifically benefited from a well-being check following the interview.

Determined Self-Debriefing of the Interviewer

Immediately following each interview, I spent approximately one hour in self-debriefing. Additionally, after two of the six interviews, I sought further debriefing from my supervisor. My personal debriefing involved writing comprehensive field notes reflecting on emotional responses, memories triggered, and personal insights that emerged during the interviews. This free-associative approach ensured continuous reflection on personal and professional dynamics, significantly benefiting subsequent data analysis.

3.4.3 Data Analysis – Thematic Analysis

Thematic analysis has significantly increased in importance within qualitative research, particularly over the past two decades. It is recognised as a versatile and practical

approach for reporting qualitative data. The absence of a generalized theory underpinning its practice highlights its flexibility and continued value (Braun & Clarke, 2016).

Thematic analysis is widely used across qualitative research to explore participants' views and experiences. The process involves identifying themes within specific data sections, organizing these themes to facilitate the understanding of participant experiences. Thematic analysis entails a detailed line-by-line examination of the complete dataset to extract key themes. These themes serve as reference points for retrieving coded and abstracted data segments.

Braun and Clarke (2013, p.82) define a theme as: *"A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set."*

Supervision played a critical role in reflecting on narratives and ensuring rigorous analysis aligned with the research questions. The following structured steps were undertaken:

- **Data Collection:** Conducted BNIM interviews.
- **Generation of Various Data Sets:** Produced interview transcripts, field notes, reflective journals, supervision notes, and seminar notes.
- **Data Familiarisation:** Transcribed data, reviewed participant narratives, summarised key points linked to research questions, and engaged in reflective supervision.
- **Generating Codes in MAXQDA:**

Process	Action and Outcome
Imported transcripts of six participants into MAXQDA.	6 Document systems created - Word Frequency completed with 270 words raking heights across six documents
Used In-vivo code system	Systematically reviewing each participant's narrative line-by-line. This involved tagging relevant words or phrases to data

	segments to create preliminary codes and generating codes using participants' own words as codes. 48 main codes were generated
Refined and organised codes	Merge similar codes, create subcodes, and rename and delete redundant codes. Main codes generated – 15 with 688 codded frequency
Memo writing	Was used to capture thoughts, emerging themes, and insights.
Themes Identification:	After initial coding, codes were grouped into potential themes, which were continually reviewed, defined, refined, and named. The analysis involved iterative engagement between the raw data, coded extracts, and evolving themes.
Themes Review and Refinement:	The review and refinement of themes continued throughout the data analysis, writing of findings, and discussion chapters. Supervision aided in critically evaluating emerging concepts, revealing previously unseen meanings, resulting in a detailed thematic map clearly linking data, research questions, and identified themes. The codes formed the basis

Figure 4: Coding system MAXQDA

Codes	Coded Frequency
Nature of role	161
Ofsted	93
Structural changes affecting the	68
Biographic	66
Model of Care	65
Stressors	48
Point of Entry	43
Support in Role	36
Personality	34
Tenure of Managers	17
Consideing Exiting the role	15
Undervalued sector	12
Other pathways	11
Children's placements	10
Cost vs Sacrifice	9

Thesmes - code frequency
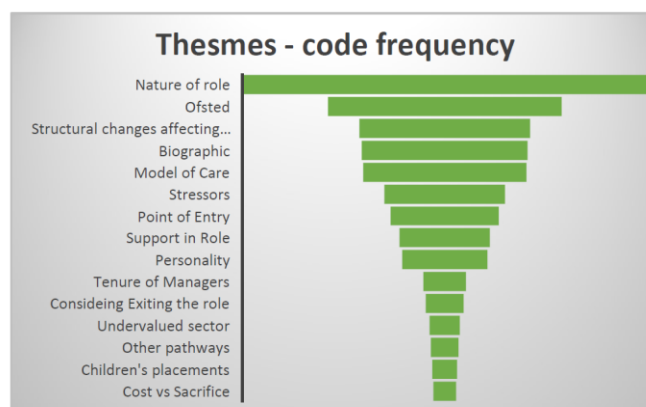
Figure 5- code and code frequency from MAXQDA

A noted limitation of thematic analysis is potential subjectivity and bias. Braun and Clarke (2016) highlight this issue as a primary challenge in thematic analysis. To address this, my data analysis spanned two years with regular supervision and periodic data reviews, ensuring measures were in place to mitigate researcher subjectivity.

3.5 Participant Recruitment, Consent, and Confidentiality

Participant recruitment began in September 2020 during the COVID-19 pandemic. Given restrictions on face-to-face interactions, several interviews occurred via Zoom.

Participants were recruited by distributing research information packs to the Children's Home Association (CHA) and LinkedIn. Recruitment deliberately avoided existing networks to prevent sampling bias and excluded individuals with whom a personal relationship existed, ensuring ethical integrity and confidentiality.

3.6 Researcher Reflexivity

I acknowledge the significance accorded to researcher reflexivity within qualitative and psychosocial research, as highlighted extensively in methodological literature (Charmaz, 2006; Hollway & Jefferson, 2013; Finlay & Gough, 2008; Clarke & Hoggett, 2009). Having been a Registered Manager, a Responsible Individual, and an employer of Registered Managers, my experiences within residential childcare positioned me as an 'insider researcher' (Costley et al., 2010, p. 3).

My knowledge and awareness significantly aided my understanding of the language and culture experienced by my participants. However, this also made me vulnerable to over-identification; it was tempting to assume I fully understood participants' feelings due to their resonance with my own experiences. Participants also assumed this commonality, often using statements such as "as you know" to involve me further in their emotional experiences. There were elements of resonance for me with each participant, particularly those who displayed evident passion and commitment, drawing me toward them. Conversely, during analysis, I experienced strong emotions of frustration and dislike toward a particular participant.

To ensure thoroughness and objectivity in my research, I incorporated concepts of transference, countertransference, and projection into my reflective practice and supervision discussions (Heimann, 1950). These concepts, viewed not as issues but rather as valuable pathways to accessing unconscious dimensions of the inquiry (Cooper, 2009), have proven instrumental in my research process. I actively sought guidance from supervisors who remained emotionally detached from the research to maintain a balanced perspective and enhance my reflective thinking about the unconscious aspects of my data.

My experience as a Registered Manager involved significant feelings of isolation. I unconsciously identified with the concept of the "defended subject," characterized by self-preservation, managing the tension between anxiety and survival, and the persistent pressure to improve under scrutiny. At times, the challenges of the role left me feeling raw and exposed. I regularly confronted the daily complexities involving children who had endured significant traumas such as sexual and physical abuse, hardship, pain, and loss, which required careful processing within my professional capacity.

Inevitably, as a Registered Manager, I not only provided leadership but also absorbed emotional spillover from children through staff interactions, often managing these emotions independently. There were periods when I felt drained, exhausted, unappreciated, or ineffective without always possessing the language to articulate these feelings clearly. Most of the transference and projective identifications I experienced were unconscious or at least disguised, making them challenging to distinguish from other emotions (Preston-Shoot & Agass, 1990). Such emotions were intensified by the effects of regulatory inspections, neighbour complaints, and the undermining attitudes of some multi-agency professionals and family members. The constant demand for effective resource management balanced against expected outcomes for children shaped the subjective experience within the professional field.

It was apparent that interpersonal dynamics inevitably impacted staff teams through a process of "curious contagion" (Preston-Shoot & Agass, 1990). Specific aspects of children's lived experiences and behaviours became mirrored within group relationships, including manager-employee interactions, engagements with social

workers, families, inspectors, and even between different agencies and organisations (Klein, 1935).

While entirely separating my experiences from the research is impossible, their complexity provided necessary stimulation for rigorous interrogation of the research topic and sub-questions within a psychosocial research framework. This approach was crucial for ensuring that my personal experiences did not skew the data analysis and findings. Although parallels between my practice experience and participants' lived experiences posed epistemological puzzles, my chosen methodology enabled focused data collection, analysis, and interpretation.

3.7 Ethical Considerations

Two major dimensions of ethical considerations exist in qualitative research: (a) procedural ethics, which usually involves seeking approval from a relevant ethics committee to undertake research involving humans, and (b) "ethics in practice," or the everyday ethical issues that arise in the doing of research (Bulmer, 1982; Coady & Bloch, 1996; Homan, 1991). In September 2020, ethical approval was received from the Tavistock and Portman clinic in conjunction with the University of Essex to commence the study, following which participant recruitment commenced. However, I recognised that ethical approval was not enough. I believe that ethics is not just procedural but should be practiced, especially because of the 'ethically important moments … the difficult, often subtle and usually unpredictable situations that arise in the practice of doing research' (Guillemin et al., 2004, p.262).

I was aware and anticipated that, as part of a biographic narrative interpretative interviewing method, participants might end up where they did not expect to be emotional due to raw emotions that could bring about distress or discomfort and was geared to stop the interview where required and or offer an informal debrief at the end of the second session. I also used my supervisory team for personal support and to explore any hazards as they emerged to get support and guidance.

I was aware that allowing people to tell their stories gives them a sense of meaning where they can feel listened to. BNIM provides the necessary opportunity to interview

defended subjects. The ability to access participants' frame of relevance, including information that may be hidden, defended, or not even obvious to the participants themselves. The fundamental proposition in psychoanalytic theory that anxiety is inherent in the human condition, requiring frequently unconscious defences, also suggested an approach that could manage or give insight into under-the-surface material. Therefore, the therapeutic benefit to someone telling their story and someone listening cannot be underestimated.

All participants were provided a research pack and had to complete a signed consent form. Due to the COVID-19 pandemic, the research pack also offered the opportunity for video interviews via Zoom. Furthermore, participants were allowed to withdraw from the research at any stage up to six months after the interview.

None of the participants was known personally or professionally; I have taken careful consideration to present all participants via pseudonyms and ensured that any identifiable features had been removed from the transcripts.

3.8 Limitations of the study

Although the population of registered managers in England is not extensive, a full system sample of professionals was not viable due to the method of interviews and the extent of the data that would be generated as a result. Consequently, a defined sampling criterion was used as it is considered that the data within the sample provided the necessary contextual basis for the research aims and objectives. The Figure 4 below outlines the dimensions of the sample:

Professional Role – Registered Manager, Children's Home
Experience – At least one year as a Registered Manager
Regulatory Experience – At least one Ofsted Inspection

Figure 6: Dimensions of sample

Seven participants were interviewed, with one participant excluded from data analysis due to them falling within the exclusion criteria of not having been a registered manager

with at least one year of experience.

This research does not present the experience of the interviewed managers as the absolute reality of the entire population of registered managers in residential childcare in England.

Conclusion

Within this chapter, consideration has been given to what has underpinned my research perspectives and the methods used to collect and analyse the data within this study. This chapter describes the aims and purpose of this research and details the researcher's interpretive ontological and epistemological position. It explained the BNIM, why it was chosen over other methods, and the data analysis methods. The chapter also provides how the research process evolved and how additional questions separate from the initial research questions changed for the research. In addition, this chapter has described the ethical considerations, limitations, and researcher reflexivity. The following chapters will delve into the findings from the research presented across chapters four and five.

Chapter 4 – Who is a Registered Manager?

4.1 Introduction

This chapter represents the first of two findings chapters. The chapter is presented in two sections: The first section provides a brief biographic narration of each of the six participants and a detailed understanding of their career journey into residential childcare and the registered manager role. The pen pictures of the participants and key insights into the underlying rationale for the role and each participant's approach to the role.

The second section explains how the role appears to be described within the system of work. The typology of leadership presented reflects how the registered manager's role is offered up by the system and inhabited by individuals in terms of how they carry out their duties. These typologies help frame the informal role in the mind of the participant. These are not concrete types of leadership but reflect my own perceptions.

4.2 Profile of Participants

Participant A

Jordan is the pseudonym for Participant A. Jordan is a middle-aged White British Man. He shared that he had been born in a two-parent household but sadly lost his father at two years old. In sharing his childhood experiences, he noted that this was a significant event in his life. Still, he felt that the events and possible consequences of his upbringing were cushioned by the fact that his wider family of grandparents and uncles played the role of a father and positive role model in his life. A factor that he shared has now contributed to his motivation for working in children's homes. (Part A: lines 246 – 261)

Growing up, his teenage years were characterised by helping his mother with charitable engagements from the age of 15 years old. She assisted and transported wheelchair users attending hospital appointments at a fraction of the cost. Another

factor that he asserts has informed his adult choices. He left college at the age of 18 years old and, in his words, "*had no real plans*". He was later introduced to residential childcare by his uncle, who had also been working in the field. Jordan is married and is a father to a child with additional needs. Jordan shared that his decision to work in residential childcare and to later become a registered manager was all unplanned.

I kind of fell into the job. I was only 18 at the time. And looking back I was far too young…. It wasn't like suddenly I went, yes, I'm going to go for a registered manager's role, it was more I was managing at home and was told that you would need to have a registered manager. (Part A: lines 14-16;19-23)

At the time of the interview, he had worked in residential childcare for approximately

20 years and held the position of registered manager for over 10 years. Jordan presented himself as a competent manager, sharing that achieving an outstanding rating at inspection was a proud achievement. Although he came into residential care at the age of 18, at the initiation of his uncle, he shared that he enjoyed the role and was told that he was good at it. He, however, did not see himself becoming a registered manager and shared that he was compelled to apply for his first registered manager post due to changes in legislative requirements. Jordan shared successes and failures in his different registered manager roles and, at the time of the interview, had stepped away from being a registered manager and was transitioning to becoming a Responsible individual.

From his descriptions, his choice of profession and leadership appeared to be profoundly influenced by the unresolved issues from his past: his personal experiences, the loss of a father - an authority figure, and a single-mother household. Having experienced the loss of a parent, he identified with the loss and grief that children in residential care experience and appeared to be driven by the need to provide child-centred care. He appeared driven by his passion to instill his values, ethos, and knowledge in the registered managers he would be supporting to ensure that children remain central to the care provided, as he explains that this is why he is

taking on the new role. The data reflects that Jordan connects this early experience and this drive within him to provide care (Part A: lines 243 – 246).

Furthermore, in the move to Responsible Individual, he shared that his aim is to teach/reach/communicate to other managers the importance of keeping the child at the centre. The choices he makes about his work and, in particular, the setting in which he finds himself working appear to be influenced by his need to perhaps come to terms with his own unresolved losses from the past (Part A: lines 234 – 261)

Following my interview with Jordan, I was left with an awkward feeling of helplessness and frustration. "*Be the change you want*" (Part A: Lines 693 – 697) was a statement that Jordan made and gave as a rationale for meeting with me. He spoke about the challenges of being unable to "speak up" and the fears of reparation if he did where decisions had been made in the best interest of children, but the outcome from regulation had been detrimental. The data reflects several examples showing that Jordan's practice was organised by the inspection process. (Part A: lines 686 – 708)

Embarking on the residential management task appears to be personal to this worker. His motivation to engage in the work includes a genuine interest in helping children and providing support. I wondered whether his sense of helplessness was unconsciously linked to the wheelchair experiences he described in his childhood (Part A: lines 234 -242). I also noted his attempts to conceal deep emotions of frustration with humour. I was left wondering whether he felt adequate in his role or if this was possible at all.

Participant B

Violet is the pseudonym for Participant B, a White British mother of two in her mid-to-late 30s. She shared memories of growing up in a large family and having responsibilities for caring for younger cousins. As a child, her grandparents were foster parents and would often share experiences of the children that they fostered, including her aunt, who had been adopted by her grandparents.

Violet did not consider her experiences with her grandparents to be the direct inspiration for her interest in working with children; she wondered if they might have

been unconscious motivations. (Part B: lines 544 – 554).

After finishing her A levels, she shared that she did not want to go to university because she was unclear about a career path. She began working in a pizza company but later came across a trainee residential worker role, which she opted for instead of a management trainee at the pizza company. At 19 years old, Violent began what she describes as her career in residential care and has been a registered manager for between 10 to 12 years.

…the fact that I've come from no experience and having begun this journey as a trainee, I would always remember what that felt like for me and my journey, and I like to use my journey hopefully as an experience to be able to inspire other people that if this is a career you want, you can be a manager. (Part B: Lines 321- 325)

Violet's 16-year career has been within an organisation, from the trainee role to becoming a registered manager on multiple occasions. Rising through the ranks, she credits the learning experience of having a manager who worked on the floor to provide hands-on training as a key factor for her development.

Reflecting on the key attributes that have underpinned her success, Violet shared that hard work, passion for working with children, her personal experiences as a service user, and having supportive people around her have enabled her in her role and contributed to her success as a registered manager. She described the need to be resilient to work in residential care and voiced her interest in motivating others in the role.

Violet regarded that her personal life experiences provided her with the unusual skill of introspection and empathy (Part B: 1205 – 1243). For this participant, whilst the accession to becoming a registered manager was circumstantial, her decision to become a trainee was expressed as a career choice. At the time of the interview, Violet was still a Registered manager.

When interviewing Violet, I thought her route to becoming a registered manager might be a suitable exemplar. It offered the opportunity to progress from a trainee through

the ranks, learning by direct experience and later a natural progression through various roles to becoming a registered manager. I wondered if Violet had been lucky with her personal experiences, which paved the way for the achievements she described.

Participant D

Vanessa is the pseudonym for Participant D. She is a White British female in her late 40's to early 50's. Vanessa shared recollections of her childhood in a two-parent household with a father and mother, a brother, a cat and a dog; they lived in a semi-detached property and were privileged to go on one holiday yearly. Now a grandmother herself, she began her career within the aviation industry.

In her early 30s, Vanessa sought a career change and began working in residential care at the entry-level. Having met and formed relationships with the young people, she shared that her motivation grew, and she was hooked. When interviewed, Vanessa had been a registered manager on two separate accounts within two organisations over six years. She was no longer a registered manager seeking other paths within residential care.

I explored Vanessa's motivations for the role, and she considered that her privileged background was not a common experience for Looked After Children, whose childhood experiences were often characterised by unpredictability and absent parental and attachment figures. Joining residential care in her 30s, Vanessa shared that the age difference, which placed her at the "sort of age their mothers would have been", presented her with an advantage to be able to connect with children as an attachment figure in a way that she was then able to make positive changes and impact on the losses and grief that they had experienced (Part D: lines 296 – 305).

I've worked in residential care for like 18 years now. And I've done every kind of role. So I've been bank, I've been agency, I've been part time, full time. And I've kind of worked my way up. A few years ago, probably about six years ago, I was offered the opportunity to become a manager. (Part D: lines 10-13)

Having risen through the ranks and held two registered manager positions for over three years each, she expressed frustrations in alignment with staff considerations and strongly felt that systemic failures prevented equitable and fair wages. At the time of the interview, Vanessa had resigned and was exploring other pathways, such as responsible individual or training and development.

I was left wondering how Vanessa held the registered manager role in her mind. Through the interview, Vanessa spoke of herself in her role, staff, and management. She also spoke significantly about the relationship between the role and the impact of regulation on her understanding of the primary task. However, the experience of children in residential care and Vanessa's experience as a child herself, including her family experience, was absent from this transcript.

Participant E

Lucy is the pseudonym for Participant E. A White British female. She recounted her childhood in a single-parent household. Her mother worked multiple jobs, necessitating her to take on the carer role for her young brother, who was two years younger than her. She shared that whilst she knew her father, he was not present within the same household.

Lucy shared that her childhood was characterised by self-reliance and truancy at school, leaving with "Ds, an F, a G and a U at GCSE. At 15 years old (Part D: Lines 290- 302), Lucy's interest in working with children infused her interest in studying social work, which she could not pursue due to her age. She was to study Child and Family Care in college later and became a Nanny for ten years. Lucy got married at 26 years old and described this as a life-changing period.

Having had a difficult childhood, Lucy shared that she resonates with the children she cares for (Part D: lines 377- 383). She expressed the significance of working with children in a child-centred manner: enabling them and giving them a voice (Part D: lines 531 – 574). Lucy explicitly shared how her own childhood experiences have extinguished her desire to have biological children.

At 33 years old, Lucy shared how she overcame social anxiety. Although she

commenced a PhD in Psychology study, she expressed the need to sacrifice the degree to care for ageing and frail family members.

I ended up in the role of a Residential Care Worker in 2013. At the time, I was, well, a part-time lecturer in Psychology where I was doing my PhD. I was struggling financially, even though I had a couple of other jobs, because obviously, I had to fund my PhD; I'd always worked with children, I always wanted to work with children, there was no doubt about that so when I saw the job I thought, you know that'll help me get by, help me pay my bills, just get through my PhD... It was never in my sight at all to be a Registered Manager. We was at an AGM, and it came up on the screen 'and Lucy will be opening a home. (Part E: lines 10-15, 30-41)

Lucy had been working in residential care for approximately nine years at the time of the interview. Lucy, also a late entrant into residential care, although she had worked with children all her life, described a difficult childhood as a child abuse survivor. Having left school failing her GCSEs and surviving domestic abuse, she shared how she overcame all odds to change the trajectory of her life to study psychology and achieve a First Class and Distinction. Notwithstanding what I perceive to be a huge achievement and turnaround, Lucy shared in relation to her achievement:

"…getting the First was life-changing because…I was nobody, and that's not to say that I'm somebody now, but I've accomplished something, and before that, I was just plodding along" (Part E: lines 480- 485)

At the time of the interview, Lucy was a registered manager of a newly registered service. Lucy's choice to work with children who have experienced trauma is influenced profoundly by her need to come to terms with unresolved issues from her past. I was left feeling sad after my interview with Lucy and wondered about her

description of how she identified with the personal suffering of the children in her care. I felt much of Lucy's life was embedded in her profession. She had said she decided not to have biological children. Lucy found herself mothering her brother at a young age. I was left wondering if any unconscious desire not to have biological children had been fulfilled by taking up a motherly role or crushed by the experience of child sexual abuse.

Participant F

Praise is the pseudonym of participant F. A White British female, she previously worked with a blue-chip company offering training and later ran holiday clubs.

Praise, who has worked for approximately 20 years in residential care, was married and divorced with two biological children and two stepchildren. Praise spoke very little about her childhood experiences. I noted that her parents were a source of support and counsel.

I first got into residential childcare about 20 years ago. I got my first job in a children's home as a residential support worker and never looked back, and moved up through the ranks, took on a deputy position. Went off on maternity leave. Had my child, came back. And found the most wonderful place that was a children's home and school specifically for young people with a diagnosis of ASD. Really complex young people. And naturally kind of stepped up through the ranks there as well. (Part F: lines 15 -25)

Praise started working in residential childcare in 2001, and she considered that her hard work paved the way for her to ascend into the position of a registered manager. Praise had only worked for one organisation since entering residential care but describes transitions where company ownership changed occasionally. She had been a registered manager for six and a half years before leaving the role. Praise shared that her motivations for the role were firmly embedded in the successful outcome of Ofsted inspections and achieving outcomes for children. She shared that she continued to strive to maintain those judgements through two different transitions. She

averred that the overwhelming pressures, the demanding nature of the role and changes in organisational ethos evolving from being family-oriented to being profits and business-orientated meant that the role was no longer sustainable for her. At the time of the interview, Praise had resigned and was starting up a consultancy company for Residential Services and Managers.

I recall feeling a sense of loss as Praise spoke about her role and the decision to exit the role completely. The emotions were described as overwhelming, and the sacrifices were described as being necessary to fulfil the primary task. The fear of failure and the merging of the personal and professional were thoughts that went away with me following my interview with Praise.

Participant G

Frank is the pseudonym for Participant G. Frank is a white British male. He shared very little of his biography. At the time of the interview, he shared that he had worked in residential care for approximately 21 years.

 "I started by accident really, I mean I was in care services and I was a senior care worker.   I was sort of in line to be a deputy manager at
the time but weirdly the manager went to a managers thing with the directors and pretty much never came back. And two weeks after that, because I was the sort of senior senior if you like and two weeks after that I'm sat in front of OFSTED doing a registration interview". (Part G: Lines 18-23)

Frank shared his experience across various roles within five organisations. His first experience as a registered manager was accidental; whilst he shared that he was en route to becoming a registered manager, he was in a senior team and was not at that point yet. However, due to the chaotic departure of his predecessor, he was propelled into the role. Not surprisingly, he shared a negative experience of his first registered manager position. Frank shared that this turned his motivation for the role into a

personal drive and ambition to succeed and be self-fulfilled. Once achieved, he became a business owner/ Registered manager, a relationship that he stated created dilemmas for him. He experienced conflicts in a nurturing position as a Registered Manager providing care and as a business owner ensuring business sustainability and profit-making. This dilemma ultimately meant that he sold his shares and returned to employment status. Frank was working within an organisation as a Registered Manager at the time of the interview.

Reflecting on the interview with Frank, I felt that Frank shared very little about his childhood experiences and his motivations for the role. He was driven and wanted to prove to himself that he was good enough, a factor that became a driving force for being sustained in the role. I recall noting his battle between being business-orientated and child-centred and wondered if there were links between his career choices and his childhood experiences.

4.3 Perceptions of Leadership

The path of a career choice and, inevitably, leadership is often a conscious choice for most people. All participants interviewed had a vast 124 years of cumulative experience, approximately within residential care, and 50 years of experience in residential management. The study, however, showed that for all of the participants except Violet, the choice of working in residential care and, consequently, taking up a Registered manager position was unplanned and accidental. Being a registered manager requires the use of self as a resource. Where this is accidental, it can be said that the ability to scan, monitor, reflect upon, make sense of and put to work the awareness of taking up a total field of experience is compromised; the ability to take up authority from within is therefore vulnerable to being sabotaged by the accidental nature by which the role is taken up. (Ogden, 1999; Cooper 2018, Obholzer, 2019). Furthermore, the ability to take authority from within is down to one's relationship with authority and the authority figures in one's life, especially in early life.

For some of the participants, the ascension to the registered manager position was

propelled by catastrophic endings, voids or changes in legislative requirements. In health, education, and social care roles, it is usual and expected that senior roles will be taken up following a period of training and a decision to move towards a role. The experience of the residential manager, as reflected in this study, would suggest a vastly different trajectory.

Similarly, four types of managers were evident from the participant's narratives. These are not clearly defined and concrete typologies, but it is necessary to capture an essence within the field and how the experiences that become their motivation for the role propels them.

a. The Social Minded

This type of registered manager has had childhood experiences relevant to their choice of occupation in later years. The social-minded manager lends itself to the nature of object relations, its influence on human development and personality formation regarding early childhood experiences, and the internal representations of significant objects.

For Jordan, the decision to work with children who have experienced loss, to work in a leadership role and to choose a profession within an organisation that provides collective care appeared to be linked to his own loss in terms of the absence of a parental model of a father and therefore provides care for children who have lost parental figures, similarly, the potential for leadership is akin to stepping up into a "father's role" and on the third account, Jordan appeared to have been fostered by grandparents and wider family; consequently, he is used to a sense of group care "*it takes a village*"

Whilst Jordan says he fell into the job, he began his career at 18 years old when he became an adult, which suggests unconsciously, but quite predictable, that he might end up choosing the profession that he chose. Consequently, career choice appears to be influenced by loss, and therefore, the choice of profession is familiar.

Similarly, Violet was used to being in a large family and used to early responsibilities.

She had professional role modelling, as her grandparents were noted to be foster carers. The difficulty, however, was that there were no further roles in the family that she aspire to; she, therefore, appeared to be diverted to a fast food profession. Although the motivations were there from childhood, reflected in her first work placement within a nursery provision. It would, however, appear that she did not have a choice but to step into the "helper" profession - a continuation of the family role as the alternative would have been to become the "helped"; as with Violet's sister, who she described required help from professional services.

The therapeutic frame required to assume the role of a parent-in-the-mind was not conscious in the participant's narratives; however, the reference to "my children or my home" was a consistent theme and was present in the interview regarding motivation and drive for this type of registered manager.

b. The Martyr

For these types of registered managers, the study suggests that they have been drawn to this choice of profession as it offers them the opportunity to work through their own unresolved traumatic issues, maintaining identification with deprivation and sacrifice. For Lucy, the narrative suggests that the reparative nature of the registered manager role served to meet the unidentified need, albeit at an unconscious level, and fed the development of what appeared to be the "self-assigned impossible task" that sustained her within the role but also served as an escape from poverty.

Lucy's extension of a familiar role as a carer for her sibling and parents appeared to be a safe choice of profession. Her narrative maintained an identification with the experiences of the children she cared for – the absence of a parental figure, childhood trauma and abuse, truancy at school, domestic abuse, and low expectations of self. Contradicting this with a background where people worked hard and undertook multiple roles in her own wider family, working hard was not new to Lucy but was noted as the expectation.

Consequently, the registered manager role essentially became an escape from early

childhood circumstances and poverty "*I was working four jobs*" (Part E; Lines 11 – 20). Unfortunately, it appeared that Lucy maintained an identification with her mother and sacrifices herself continuously to ensure that the needs of the children in her care were met. She gets to the edge of having good things but then sacrifices them. They see very little of their own value even though they have exceptional traits and qualities and continue to sacrifice aspects of their life as restitution for their earlier childhood experiences *"Something had to give".* (Part E, Lines 19-20). For this type of registered manager, although the role of a registered manager may be experienced as an impossible task because it is self-assigned, it becomes the 'glue' which not only holds them together but sustains them in the role. (Bion, 1961; Roberts, 2019).

c. The committed Idealist

These registered managers are motivated by status. Praise was an example of this type of manager and appears to be motivated by status. She appeared willing to commit to the role to achieve the status she seeks and will give her all to do so as with their personal life *"I can't give what I need to give to all of these people anymore. I absolutely love my job. I love the role. But the pressures and the stresses are meaning that my own children and step-children are not getting what they need to anymore"* (Praise, Lines 264-266)

Although committed to the role and driven to achieve the status, where this does not generate the desired outcome, they are likely to become disenfranchised and demotivated, and the likelihood of exiting the role becomes a real possibility. They seek all or nothing within their professional role, and the fragility of their nature becomes evident when their status is threatened. For these types of managers, the outcome of their inspections noted in their inspection judgement appears to be a key motivation for their role "*the thing that kept me motivated was successful Ofsted inspections*" (Part F - lines 55-56).

d. The Entrepreneur – a business-minded manager

The language of public service vs commercialisation/industry of care presented dilemmas in all of the narratives, although in different ways. For some of the other types of registered managers, the language of industry or money did not describe remuneration or pay as a by-product of the work that is done. It sounded repugnant that money should be factored into the conversation; they were the public service managers who linked their roles to restoration and repair - the social-minded and the Martyr. Conversely, entrepreneurs and business-minded managers raised the issue of fees, appropriate remuneration, profitability, and resource management. Historically, children's residential homes were mostly owned and managed by Local Authorities and Charities. The landscape of residential care has changed significantly, with most of the ownership of residential care being transferred into private ownership. All of the participants interviewed worked for private organisations. Frank noted the owner of their company as "a builder with a heart" (Part G: Lines 113- 115).

Frank and Vanessa sat firmly within this typology. Vanessa, having had a profession before, did not see her profession as an escape from poverty, and her "privileged childhood" (Vanessa, Lines: 308 – 331) meant that she did not align with the children's suffering but was rather aligned with the suffering of the staff and had a unionist approach to her.

Whilst her experiences were not of scarcity and deprivation, there was a split between those perceived to be the ones making profits and the experiences of the staff and, consequently, the impact on the children in her care. (Part D: lines 95-106).

For these types of registered managers, if profits were evenly distributed and, therefore, the deprivation experienced by all was minimised, the children would feel this, as they would experience better outcomes through consistent care.

Participants And Perceptions of Leadership	Childhood experiences & Early life experiences	Early professional Experience	Experience in Leadership and Management
A – Jordan Social Minded	Born - 1980s Jordan was born to a father and a mother family 2 years later – Jordan lost his father 16 to 18 years – went to college and studied psychology 18 years old – he began working in residential childcare.	At 18 years old, he began working in a garage. He was later introduced to residential care by his uncle.	Jordan was asked to become a Registered manager due to changes in regulatory requirements. Ofsted changed the rules and could no longer manage a satellite home without an individual registration. This was unexpected. He described this as a negative experience akin to being "groomed". His second experience in Leadership and Management was described as positive. He describes senior leaders as supportive and sharing the responsibility of decision-making. He remains with the same organisation but was no longer a registered manager during the interview. He was taking on the role of a responsible individual and was looking forward to supporting registered managers who would respect him in the same way that he had been supported.
B – Violet Social Minded	Born – 1980s Not much was said about childhood experiences. Violet grew up in a large family and often cared for younger family members.	Year 10 – work experience in a nursery She left school at 18, did not attend university, and began working in a fast-food company. She was later offered a trainee management role but simultaneously applied for a trainee residential worker role. Violet decided to take up the trainee role in residential care.	Violet was asked to step into the role as the registered manager role became vacant 6 to 8 years into her career. Violet was propelled into the role and told she could do it. Violet has been in various registered manager roles for different services within the same organisation. Violet remains a registered manager and describes her experience of leadership as positive.
D – Vanessa Business Minded/Entrepreneur	Born – 1970s Vanessa was born to a father and a mother family Vanessa had a brother, a cat and a dog. She describes going on a family holiday once a year. Describes having stability and consistency.	Change of professional career in her early 30s.	Offered the opportunity to become a registered manager 12 years into her 18 yr career in residential care. Was a registered manager for 3 years in one organisation. 3 year tenure as registered manage for another organisation. Voluntarily de-registered and is seeking a Responsible Individual role.

E – Lucy Martyr	Born 1980s Raised in a single-parent household. Has a brother two years younger. She described a difficult childhood characterised by child abuse, truancy, and domestic violence. She described being responsible for her younger brother because her mother worked multiple jobs. In later life, she took on caring responsibilities for sick family members.	I left school with no GCSEs. She studied Child and Family studies in college. Worked as a Nanny At 26 years old, I returned to university to pursue a psychology degree and master's. Worked as a Part-time lecturer in psychology. Described working four jobs	Worked as a residential worker and became a shift leader. She was promoted to trainee manager. At an Annual General Meeting (AGM), she was informed that she would open a home. She was registered 18 months after the announcement. She was a registered manager with the company for two years and left because "things just didn't feel right anymore." She secured another registered manager position, which she feels aligns with her vision of linking education and therapy in an attempt to break the barriers to independence.
F – Praise Committed Idealist	Nothing was shared about their own childhood experiences.	She worked for a company offering training to blue-chip companies. Began organising holidays for socially disadvantaged children.	Got a job in a children's home as a residential support worker 20 years ago. Moved through the ranks to deputy manager She was offered to step up to Registered Manager when the directors decided to step back. Left the role after seven years in the position.
G – Frank Business Minded/Entrepreneur	Nothing was shared about their own childhood experiences.	Nothing shared	He was working as a senior residential worker The registered manager left abruptly and was asked to step up. "Somebody has to step up, and it was me." He left the role and secured another registered manager role 10 to 12 months later. The investor was a "builder." He set up two homes and was going on to a third and was in line to become a Responsible Individual. He left his role to form a company with a friend to set up their own children's homes; he was the registered manager. He decided to be bought out of the business due to the "conflict between care and business". He secured a job as a registered manager with another organisation and remains in the role.

Figure 7: Profile of Participants and Perceptions of Leadership.

In summary, the typology of leadership presented contextualises the registered manager's role, offering a frame for thinking about the people who take up this role. It offers an understanding of how the type of manager that evolves is based on an interaction between the individual, i.e. their background, experiences and attributes and the connection with the systemic field. The role that people come to occupy shifts and attracts different kinds and types of people. For instance, the entrepreneur manager is a systemic social field that did not exist 30 years ago when local authorities predominantly owned and managed residential care. Consequently, there is a consistent interplay between the individual valency and the organisational social field they come to occupy, as evidenced by their adaptive behaviours.

Reflecting on the types of registered managers, a balance between the social-minded and the business-minded/entrepreneur manager appears to be the best fit if registered managers are to be sustained in their roles to enhance longevity in role, consistency of managers and better outcomes for children.

Conclusion

In this chapter, you were presented with the pen pictures of the six participants interviewed for this research study. These profiles have been developed to provide insight into their backgrounds, traits, themes, and life patterns that led them to their routes into registered manager roles. These are crucial in understanding how they take up authority in their role as registered managers – their values, motivations, and personal beliefs.

The second aspect of this chapter presented the systemic frame of leadership in the participants' minds and their motivations for the role. Two, in particular, were motivated by early abuse, the absence of authority figures, and being raised in collective care, which became attributes extended to the leadership roles in their minds. Another is motivated by early traumatic experiences and sacrifice, which also become a feature of their leadership, which also becomes about self-sacrifice. The third type of managers presented were motivated by status and appeared to be the most fragile type; whilst committed and driven to achieve, where things do not go well, this becomes their fragility. Finally, the last two were motivated by task, money, status and development.

Whilst these are not concrete, clearly defined types, there were visible differences within these participant groups. The next chapter, the second chapter of the findings chapter, focuses on understanding how they frame the role in their mind.

Chapter 5 – Framing the Role of a Registered Manager

5.1 Introduction

In this chapter, I will explore the role in the mind, the various influences that create it, and the stresses and pressures experienced by the role holder. The information presented in this chapter were generated from the cross case analysis.

I will break these down into components that seem to influence the role holder and how they perceive the role in their minds. Based on a cross-case analysis of the participants' narratives using thematic analysis, I explored the strengths in individual participants' narratives and the interrelation between these themes across the participants (Braun & Clarke, 2016).

5.2 The Role-in-the-Mind

"Organisation-in-the-mind is what the individual perceives in his or her head of how activities and relations are organised, structured and connected internally. A model internal to one's self, part of one's inner world, relying upon the inner experiences of interactions, relations, and activities engaged in which gives rise to images, emotions, values and responses within and which may consequently influence one's own management and leadership either positively or adversely…" (Hutton, Bazaglgette and Reed 1997)
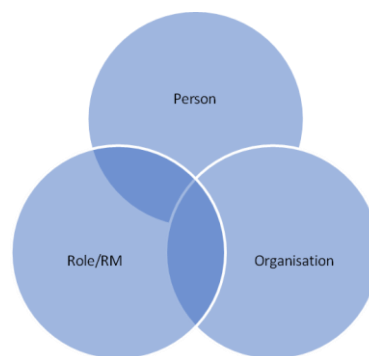
Figure 8: Person, Role, Organisation

The phrase "Organisation-in-the-mind" OTIM was first coined by Turquet in the 1960s but later became a widely used concept in the 1990s as a 'Tavistock Approach' (Roberts, & Obholzer, 2019). Consequently, to understand the role of the registered manager in terms of how this is perceived in the minds of the post holders, it was necessary to define the role beyond job descriptions and person specifications. Whilst a specific definition may not exist, the findings reflect how participants framed the role in their minds, the interpretation, and the meaning, individually and collectively. Whilst none of the participants defined the role explicitly, inferences were drawn from narratives.

5.3 Pressures on Registered Managers at a Conscious and Unconscious Level

Figure 9: Pressures on RMs and domains

5.3.1 Pressures within the Personal/Individual Domain

a. The Registered Managers' Own Beliefs and Values

The preceding chapter evidenced that the choices participants made regarding

working with children in residential care were linked at an unconscious level to their perceptions of leadership and leadership in their minds. It was, therefore, inevitable that, stepping into the registered manager position, participants were profoundly influenced by their own experiences, their unconscious need to repair, their values and sentience, and the need for some to come to terms with unresolved aspects from their past.

Some participants, such as Vanessa, Violet, and Jordan, were consciously motivated by what appears to be the powerful desire to enable looked-after children to make positive choices and create a nurturing home for them to do so. The findings also showed deeply seated unconscious traumatic experiences that drove some registered managers in their roles, propelling them to embody the role and experiences in a way where the premium for the work and their achievements come at the cost of self-sacrifice and minimised gratification.

The cross-case analysis showed that each participant came into the registered manager role with motivations, personal values, the familiar family role, the unconscious need to repair self, and experiences that made them closely identified with the need to be helpful. Their personal values and beliefs were set in their definition of the primary task in the mind of the post holder and how they took up their roles as registered managers. This set the frame for how the managers interviewed came into the role and their perceptions of their leadership, which primarily existed at an unconscious level.

The research found that the definition of the primary task was often self-defined, self-imposed, powerful, and sometimes persecutory, and how the role can be achieved within the boundary of a contractual obligation becomes unrealistic and questionable. Consequently, their sentience and values are that they want to be helpful and take responsibility. The need for repair and reparation are closely related to the role's boundaries. However, these boundaries are instead the role's unconscious expectations, which are held in the mind of the post holder.

The study also found that whilst it was significant that the registered managers had and brought these personal values into the role and that they were beneficial in that they fit within the primary task, the personal values became problematic to the post

holder when the task boundary did not allow them to fill the need or where the role becomes conflicted in terms of those same values. Consequently, across all participants interviewed, this factor led to them considering exiting the role and, in some cases, entirely existing it because their values do not provide the necessary block to them leaving their profession at work, leading to overwhelm and stress.
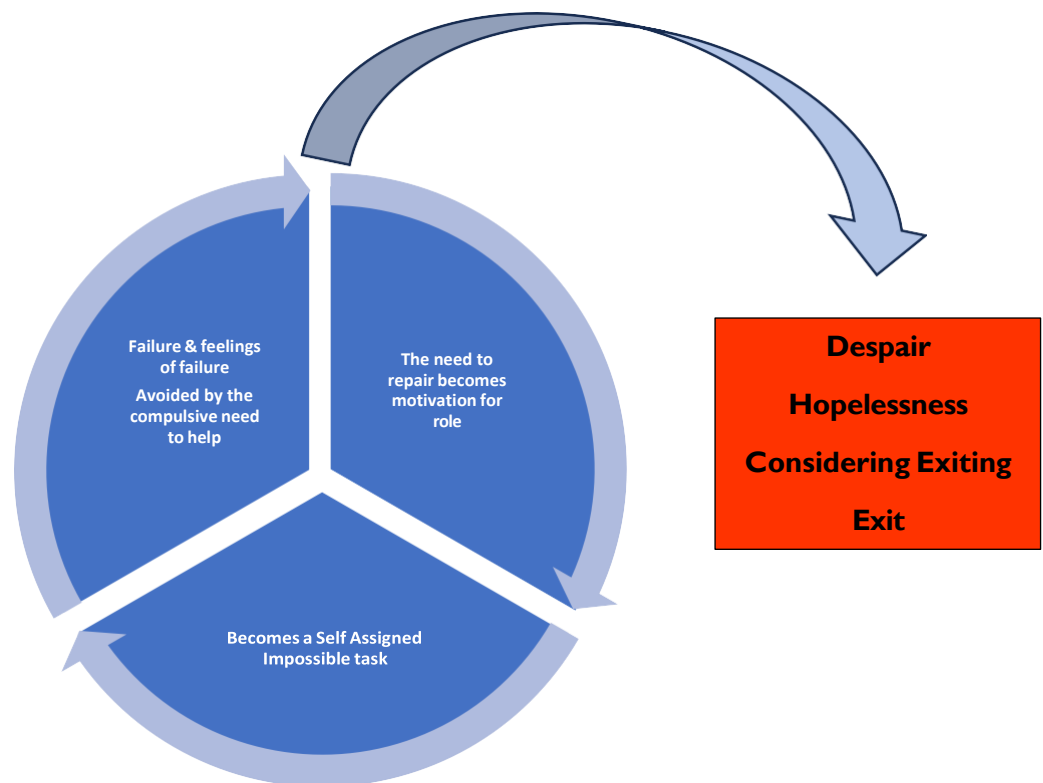
Figure 10: Cycle of Sustainability

b. The Registered Manager's Relationship with Authority & Power

"Authority refers to the right to make an ultimate decision, and in an organisation, it refers to the right to make decisions which are binding on others" (Obholzer, 2019, p49).

"Power refers to the ability to act upon others or upon organisational structure….a personal attribute arising from both internal and external sources." (Obholzer, 2019, p52).

The research study found managers identifying the need to make decisions, from accepting children to transitioning them into adulthood and everything else in between, recruiting staff, managing resources and, where necessary, making the decisions to end placements. The question arises about what authority managers have when they have been propelled into the role without the requisite training and development and, in turn, how they hold the role.

While managers have reflected the-role-in-mind as one bearing ultimate responsibility, it was crucial to determine if the role had the necessary authority to back up such responsibility. Obholzer (2019) opines that there needs to be a match between authority, power, and responsibility, where responsibility for outcomes involves being answerable or accountable to someone either in the organisation or in one's own mind as part of an inner world value system.

The study found that managers' ability to make decisions autonomously was significant for role implementation. These decisions were characterised by meeting the needs of children and staff, care planning and implementation, risk management, and sometimes basic household functionality.

"when you're a registered manager you're making some really big decisions all week and you're risk assessing regularly and you're looking out for the needs of the children and the needs of the staff", Jordan

Fig:
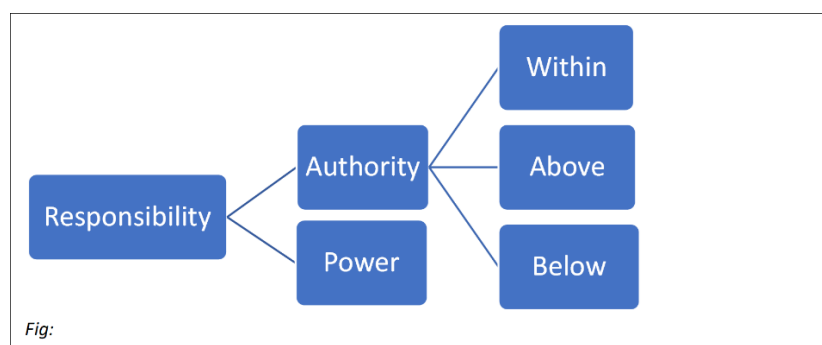
Figure 11: Responsibility, Authority and Power

The figure above depicts the relationship between the responsibility that managers share and the authority and power required to meet that responsibility.

<u>Authority from above</u> **–** authority in residential childcare settings is complicated because a registered manager is employed by their organisation but registered by the regulator, Ofsted. Where authority derives from a system of delegation, conflict immediately arises as the delegated authority becomes convoluted. Across the study, decision-making was felt to be challenged by the competing needs of people and processes within and outside the residential system. These competing needs included the children, regulatory requirements, staff, the wider professional network, resources management and extra organisational pressures.

<u>Authority from below</u> – authority has internal components, which may be explicit and conscious or unconscious. Managers here are likely to have their authority sabotaged by staff and children where authority from below may be withheld. Within the study, managers shared the complexity of managing the expectations of staff and the conflict that arises when authority from below is withheld. In the case of Frank, this undermined his role as registered manager and, consequently, his authority from within, whilst Violet shared the implication of this as possibly influencing the entire staff team negatively.

<u>Authority from within</u>—The study found that authority from within was often sabotaged where the agency to take the role was located external to the person, i.e., managers being propelled into position due to a gap or unexpected departure of the post holder. Here, there is the inability to exercise authority completely because of undermining self-role through self-doubt. On the other spectrum, the possibility of inner-world figures playing into a state of psychopathological omnipotence produces authoritarian attitudes and behaviours (Obholzer, 2019).

"I mean it happened by accident, I was sort of in line to be a deputy there under the wing of the manager…but it was just a lot sooner and a lot different circumstances than was planned really. It was literally, …she came back for a day or two to clear her desk and tie up some loose ends. But it was sudden, it was very sudden move. And we had

to, as a senior team, crack on with it really. Somebody had to step up, to the registered managers post and it was me" (Frank)

Power – Power is an attribute of a person rather than their role and can arise from external sources (budgeting, decisions around what children to place, recruitment, and disciplinaries are examples that registered managers cited) and from internal sources – knowledge and experience, the strength of personality and state of mind.

"the manager was sat cowering in a corner, shaking, smoking constantly and drinking coffee; you could see that he'd just absolutely been battered down, the staff team were split and the kids were running the house". Vanessa

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The findings suggest that outcomes are not always clear-cut, and the impact of planning is not always predictable. There was a sense of the unknown and unpredictability regarding the role of the registered manager. Responsibility for outcomes involves being answerable or accountable. Obholzer (2019) argues that having responsibility without adequate authority, whether in all or one of the areas above, and the power to achieve outcomes often leads to work-related stress and, eventually, burnout. This is evidenced in managers' accounts, especially when they have shared the points where they have exited or considered exiting their roles.

For registered managers, the research identified the dilemma of seeking support. This is consistent with the children's experiences in their care and becomes repeated. The findings suggest a tension between requiring support in their role as registered managers and the perception of dependency. Part of the pressures registered managers articulated at an unconscious level was the complexity around accessing support through the organisation or the external services they work with. Consequently, the findings suggest that registered managers forever take responsibility for various aspects of the role even when they do not have the full authority to deliver on them. This is further perpetuated by the negative perception of seeing help as a dependency need.

For the managers who spoke about help in a positive light, such as Jordan and Violet, the research found that the reference to support from Directors appeared to be a

reenactment of the parental role, which reflected the managers' own role within the children's home. Consequently, their relatedness to authority, which gets played out, is that of the parent in mind reflected as a good parent where support is provided or that of an abandoned parent such as external services or the regulatory body.

c. Unconscious aspects of the role

The study found that managers were not necessarily aware of significant unconscious processes at work that were deeply entrenched in fulfilling their everyday tasks. The use of self is a resource in direct work, and more crucially, the need to be attuned to the flow of emotional experiences between self and other people (Cooper, 2018; Cooper & Lees, 2015); in this case, the children, staff, and professionals within or external to the organisation.

The participants in this study revealed considerable anxiety associated with decision-making. Their concomitant anxieties were couched within an increasingly risk-aware organisational and political environment perceived as prioritising standardisation about decision-making and residential practice with children in care. The participants' narratives suggest that, with the best intentions, their role does not always result in a positive placement outcome, as various conflicting and competing factors are at play.

The findings suggest that as a named registered manager, decisions made by the wider team, whether internal or external, are incumbent upon them. This creates deep-seated anxieties across all areas that the managers are left to hold. Managers describe:

i. An acute sense of isolation in the role. Humans are relational and social beings requiring a sense of belonging and appreciation. For the managers, the lack of collectiveness or a representative group offering protection as with other professionals, such as the National Midwifery Council (NMC), General Medical Council (CMC), and Social Work England, meant that there was an acute sense of being alone.

"I have felt and seen other people feel quite lonely and with jobs earlier, much earlier, within my first year, because the simple fact is nobody is good enough, bright enough

or- you have to make so many decisions for so many things you need, thousands."
Jordan.

ii. An acute feeling of responsibility should something go wrong. This blurs the boundary between personal and professional life, where the continuum of work is caused by the inability to take their eyes off the ball for fear of something going wrong. The reference to the "*ultimate responsibility*" is synonymous with participants, highlighting that it is their name on the door, and regardless of any management or team structure, it all comes back to the registered manager.

"if something went drastically wrong, it's my name on that registration; it's me that's held to account for that" Violet

iii. The fear of not being good enough and the fact that this reflects on them as a person.

iv. The experiences about the role of Ofsted and how this was held in their conscious and unconscious minds were worthy of attention and much focus. The experiences shared were located within deeply seated feelings of anxiety amid what was described as the changing expectations of Ofsted. This is explored further within the wider systemic domain.

"as the registered manager, everybody's fear is Ofsted. And don't get me wrong, Ofsted can be great, or they can be you know, it can go really well or really bad". Vanessa

The Domain of the Task and Pressures from the Group

a. The Expectations from the Children

The study showed that managers linked the motivations for the role to being able to deliver child-centred care. Chapter 4 presents their routes to residential care, which was often accidental and unplanned, and the route to management akin to this. At the entry-level, managers spoke about wanting to work directly with children in some form or another. Of the six managers interviewed in the study, the children were at the heart of the narratives of five managers. A sense of ownership was reflected, not just about the service but also for the children.

I think for me ultimately the most important to me is always the lived experiences of the children that we care for and they are always the things that stick in my mind… I do within my own home, and we do within our entire organisation try to have this family style ethos." Violet

"I am very pro-choice I do find that that's very good with the kids because it makes them reflect, so I feel like the kids start then making more informed choices about their lives". Lucy

Working with children who have experienced, in most cases, trauma, abuse and neglect is likely to evoke powerful and primitive feelings not only in managers but also in the staff that they manage (Menzies, 1959). Some of the participants provided narratives that require the intense sacrifice of time and effort from them and their teams, unpicking and supporting the children to change their learned patterns of behaviour, and creating opportunities where the children can achieve positive outcomes.

"one of my kids said to the teacher, "I don't come to school for you I come to school because of Lucy". And I was like, I'm doing something right if, even if they feel like I'm there with a rod at their back, I don't care as long as, they're quite clearly listening to me. But it also shows some level of respect… they don't want to, but I think it's that, I do all this, and Lucy still comes in and smiles at me, and gives me love and tells me everything's going to be okay. But they know that inside it does hurt when, when they do something" Lucy

The role of the registered manager takes on the object of a parental figure in the children's minds, generating significant transference and propelling the complex emotions that are at the core of the children's experiences before coming into the residential home. The research found that managers, therefore, can either be idolized or seen as a bad parent in the minds of the children, which means that they are bombarded with the failure of authority that the children have to bear, reinforcing the sense of deprivation and further propelling the dependency in the system of the children's home. The study found that these pressures further generated a conflict in the mind of the postholder, leaving them with complex emotions such as guilt and grief.

"that's always really difficult because you feel like you've failed a young person or you've let a young person down… I cried about that afterwards… it was really hard, I just felt like I'd let him down, and the way that he just looked at me in my eyes and said, "I'm never going to trust anyone ever again"." Violet

b. The Expectations from the Team/Staff

Managing a group of residential staff to achieve the primary tasks of care and accommodation has its complexities and challenges. The findings underpin the need for registered managers to have an effective residential staff team to enable task performance. This is consistent with research that teamwork is a vital element of

residential childcare (Brown *et al.* 1998: Sinclair and Gibbs, 1998; Whitaker *et.al*, 1198 Ward, 2007). This study found that managers shared the importance of having passionate, well-trained, and qualified staff from recruitment to retention. Praise captured the significance of a functioning team.

"I remember the camaraderie, the having to work together like the most difficult of days always finding something to laugh about. That was a real strength of my team. I felt that we always, once everything was done, once everyone was okay, and everything was sorted, it was about coming together and sharing something positive and laughing. Because I think if you didn't, you'd go mad… you can't do it alone. It is a team effort. I can't imagine they'll be one registered

manager out there who says yes, it's all me and I've done it all. Because you can't". Praise

Managers shared that they spent much of their time supporting, coaching, and mentoring their staff, ensuring they had the necessary skills to support young people consistently. Some managers shared the need to support staff in attaining the necessary qualifications even when this requires them to spend additional time at work. The study reflected the impact of high staff turnover on the consistency and continuity of care. Other managers spoke to the need for staff's expectations to be met in their role, and where these were not being met, it could result in a high staff turnover, which in turn impacted the care of the children.

"When I first started my last home we'd already changed staff within six months…But it's difficult because obviously, you want that consistency for your kids, and if you've got a high turnover, you haven't got that consistency….Either not having the staff or not having the fully trained staff, or you've got the one, that doesn't sink in with everybody else" Lucy

Managers expressed that working with children who have experienced trauma creates their own emotional experiences, which staff must be equipped for. The data revealed

differing psychological dynamics from managers that describe a camaraderie to the splitting between senior management and staff, staff, and young people; these will be further explored in the next chapter.

As with the expectations of the children, the study found that the expectations of the staff were not dissimilar in holding the registered manager as a parental object in their minds regarding dependency. These become personalised, and then managers describe a conflict where they are confronted with the values of the staff team and end up holding the organisational boundary and pressures requiring the managers to represent the organisation and the limits of the primary task. The study found that this occasionally created a situation where the staff team withholds authority from below. Furthermore, the registered manager is left in a conflicting position as they may agree with the staff team but be in a position where they cannot deliver on the team's expectations.

"What I soon realised was that it wasn't the role, I was effectively key working a team of nine or 10 staff, not the kids. They were working with the kids, it was the staff that I had to sort of apply the key working skills to the staff… it was hard for me to go into the management role with a team of people that just saw me as a the senior" Frank

c. The Expectations from Other Professionals and Parents

The research noted substantial difficulties in managing inter-agency collaboration both within and outside the residential childcare system, not least because of the different tasks associated with each agency. These have been well documented (Hood, 2012; Menzies, 1959; Conway, 2009). Findings from this study suggested that this was no different. Managers emphasised the significance of working with a team of professionals to fulfil their primary tasks. The information provided by professionals informs the decision or lack thereof, whether that is social workers at the point of referrals, the police, education providers, mental health services, etc.

Registered managers shared that their professional engagement impacts their ability to deliver their services to meet the needs of children. Jordan shared the need to establish and foster relationships.

"we've got some homes in some locations where we've got excellent relationships with the police…and it's taken a good maybe 9 to 12 months to get that established, that we see a huge difference in how we can pro-actively work with the homes where we have that established police link and where it's not yet established".

The findings reveal the intrinsically complex task of inter-agency work, reflect the workers' vulnerability, and reflect the reality of their levels of responsibility and actual authority. This is not unusual and is reflected in other studies (Web, 1991; Hood, 2012). The above data reveals professionals relating to one another as strangers, as if they were not part of a multidisciplinary professional community that shares a common commitment. Furthermore, a culture of scapegoating and blame if things went wrong was a consistent theme across participants' narratives, where they shared that the expectations of professionals were that the registered managers had solutions to the complex needs of the children once they were placed in their care.

The result is that the children and their experiences recede from view. Three participants expressly shared frustrations around withholding information to secure children's placements. As stated, managers had to match children based on the information provided by Local Authorities;

"one of the biggest frustrations…. Social Workers blatantly out-and- out lied about one of the young people that we had in the home. And I think that's one of the biggest problems we have is that, because obviously they want to place their children, they will either not give us the information or will give us incorrect information….. Lucy

From social workers to the police, meetings to mitigate risks, re-engagement in education and other services such as Child and Adolescent Mental Health (CAMHS), the findings provide narratives that demonstrate that managers are more than administrative practitioners or compliance officers, but people who understand that real care is a relationship between people.

With the best intentions, the study found that all the participants aim to ensure that child-centred care is at the heart of their provision. The limitations were often seen in the interception of care and compliance. Burton (2016) argues that compliance with externally imposed benchmarks can co-exist with abuse and neglect and that in order to identify child-centred care, there is the need to recognise, understand and work with the deepest, hidden and mixed feelings of both the caregivers, the recipients of care as well as with the institutional defences against anxiety. The challenges of limited resources generated further complexities in multi-agency working for example,

"you get pressure from the police when you take a difficult child, especially one that goes missing, so it becomes a real issue, especially with out-of-county children, where you start thinking, as you really feel you could help them, but are they going to drain the resources of this county, in which case, I'm going to have the police on my back. And the last thing I want to do is ruin the relationships we've got with them". Lucy

5.3.3 The Pressures from the Domain of the Wider Systemic Field

a. **The Wider System of Ofsted**

The culture of residential care and the role of the residential manager are not immune to the influence of neoliberalism and globalisation, which sees the emergence of new public management systems as well as a pervasive sense of monitoring. Perhaps predictively, all participants spoke about Ofsted. The position in which they saw Ofsted and in which Ofsted existed in their minds was a significant theme that ran across all

participants' accounts. This was further contextualised below:

Changes in Legislation and requirements

"I think children's homes have come a long way in the last 20 years...Ofsted, they've got to a range of expectations and standards, now it's vastly improved over the years, especially over the last two or three years when they've introduced words of love for the first time, which I think's been amazing. And they're looking at homes individually". Jordan

Some participants reflected on some of the changes during their careers in residential care. The findings also indicate that these changes have brought about positive processes within residential care, including improved policies, training, and development. The National Minimum Standards 2011 was replaced with the Children's Homes Regulations and Quality Standards in 2015. With changes and increases in regulation comes the need to evidence compliance.

The need to evidence compliance within residential care is perceived as the equivalence to positive outcomes for looked-after children. This is then rewarded or not by the outcome of the inspection judgements. It is, therefore, not unexpected that a disproportionate amount of time is allocated to undertaking administrative duties to provide evidence of compliance. Managers shared that this was a direct change over the years. Unfortunately, this administration and bureaucracy are why managers are saying they are left with minimal time to "be on the floor" to provide the necessary onboarding, mentorship and training required to develop new and upcoming managers but also limits the time to spend with children. The overbearing quality of this climate produces considerable anxiety in these participants that is experienced as excessive scrutiny and punitive processes by participants.

"I think back to those early days where, like I say my manager was there alongside us on shifts, she was cooking the dinners, she was going to the supermarket, doing the shopping, and the level of what needed to be documented and recorded was lesser, that she was able to do that. And now, whilst we do, we will work shifts from time to time

depending on the needs of the service or if I think there's a particular part of the day, I need to be able to observe or support with, we can work the shifts. I don't know how I would do my role not being surplus to requirements, because that administration requirement is just so great". Violet

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Becoming a registered manager

The process of becoming a registered manager requires an organisation's employee to apply to the regulator Ofsted and undergo a Fit Person Interview. The study noted a significant difference in the managers' experience of this process, characterised by how different inspectors conducted themselves or whether they were known to them previously as part of their inspection duties at the residential home. The experiences described by managers were inconsistent and unstandardised.

"I went through the process of completing the application forms, having the fit person interview which honestly I've never felt so ill about it. I was so worried about it." Praise

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The study found that an issue that played on managers' minds during the registration process was its outcome. A manager would either be registered, refused, or may decide to withdraw their application voluntarily. Similarly, during the career of a registered manager, Ofsted may cancel their registration. The findings suggest that where Ofsted refuses an application, the proposed manager is then disqualified from carrying on, managing, having a financial interest in, or working in a children's home in the future. The exception is where Ofsted gives written consent. Consequently, the registration process carries various levels of anxiety for the individual manager and the organisation.

Unannounced Inspections

Burton (2016) reflects on the barriers to liberation and contends that a care home run simply to be 'compliant' is unlikely to be a good place to live and work. He further states

that compliance alienates the ethos, principles, and good practices of the social care profession and residential social work. The findings suggest that managers carried deep-seated anxieties not only about the inspection process but also about the inspector that would be undertaking the inspection and whether they would be subjective or objective in following the inspection guidelines when pronouncing judgements that would have a significant impact not only on the home but also on the manager.

Ofsted, as a regulator, carrying out inspections contributes to the sense of responsibility and anxiety the managers feel, some implicitly and some explicitly. The inspection visits in children's homes are reported to be always unannounced, with a yearly inspection cycle from April to March. As a result, the participants shared the challenges of being unable to switch on and off and constantly being on the edge when they know that an Ofsted inspection is imminent. This lack of notice no doubt adds to the anxiety when compared to other settings that Ofsted inspects,

"if you look at schools, and I know that we have the children 24 hours a day, seven days a week, but other or other companies get some degree of notice as to when their inspection will be" Vanessa

"Ofsted inspections - I felt physically sick, you know, when they arrived on the doorstep. And you think, oh my God- That adrenalin and those nerves to really showcase the best that you can be, you know" Lucy

The Subjectivity of Inspectors

The findings suggest that not all participants felt they had the agency to challenge inspection outcomes where they disagreed. Two of the participants talked in detail about the subjectivity of inspection outcomes based on who the inspector is or the relationship that they have with the inspector with the home. The accounts show that the managers' experiences during registration were not different from their experiences during regulatory inspections, and the experience depends on the inspector. The

findings further suggest that managers also considered that it was not always about doing the "wrong thing", but it could be simply down to the opinion of one inspector versus that of another. The concern that expectations can change, which in turn significantly impacts inspection outcomes, was a consistent source of anxiety for managers.

"I suppose despite your best efforts to do what is right for the needs of the child, that does not necessarily mean that it meets the expectations of Ofsted." Jordan

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…when I did have a brilliant inspector, and she was really great in the fact that she focused on the children that were now there, not the ones that had gone. She took a snapshot of the home and how it is now. We did get good, which was the biggest shock of my life, I have to say. But I think it was mainly because she focused on what I'd done whilst I'd been there. And she didn't delve deeper into what had gone on previously. But had I have had a different inspector. It could have gone quite differently." Vanessa

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<u>Ability to challenge an inspection outcome - four judgment outcomes</u>

Inspection outcomes are characterised as one of four possible outcomes – Outstanding, Good, Requires Improvement and Inadequate. Although managers shared the significance of professional autonomy, the study showed that not all managers felt they could challenge an inspector when considering a process unfair or subjective. Certainly, most of the managers interviewed did not feel they could effectively challenge the outcome of an inspection. However, one participant felt they could challenge the inspection outcome where factual inaccuracies were noted within the report. Consequently, the experience that managers describe in their role is such that Ofsted in the mind overshadows the role, organisation and the person in a way that participants could not separate themselves from their profession. This is depicted in the image below.

"we get like an action plan, recommendations and requirements that we have to respond to and they'll ask if the there's any issues we've got with factual accuracy. And for me it was factually inaccurate, the form, and so I wrote a report on every single point that they'd put in it, every paragraph I wrote my own paragraph and gave evidence as to why it was wrong. And that was upheld". Lucy
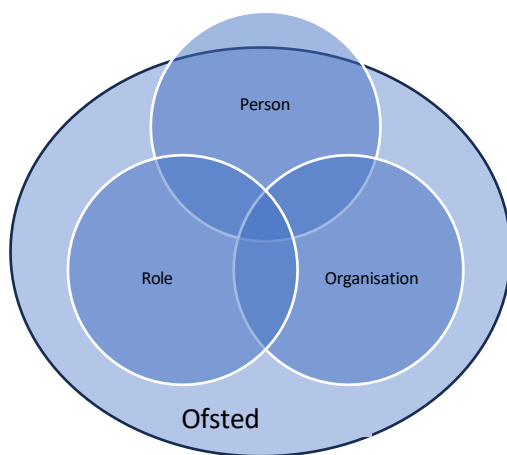
Figure 12: The Convergent boundary is where regulation overshadows the person, role, and organisation.

Therefore, the convergent boundary above is created as an unconscious state where the regulator's role overshadows the person, role and organisation in the minds of the post holders ordering their behaviours and thought processes.

<u>The need for self-preservation</u>

The managers interviewed all concurred that the Ofsted inspection report is significant, not only in terms of assessing the functionality of the homes or its compliance with the regulations, but the report is a direct reflection of the service delivered and the quality of its manager. Consequently, a conflict arises between self-preservation and best-interest decisions.

"that Ofsted report defines you as a manager when you then want to move on to your next role, because that's one of the first things that they all ask, let me see your Ofsted reports, to me, it's quite unfair." Vanessa

"I suppose there have been times where I've questioned…within the context of an Ofsted inspection which had been very negative, despite all the right intentions and a lot of hard work. But I'm not saying that decision was right or wrong, but it doesn't stop you questioning, and it shouldn't stop that questioning and reflecting on what you're doing". Jordan

Some managers share the limiting impact of these, whilst inferences were left to be drawn from the silence of others on the same. The fear of a negative inspection or otherwise failure generates intense feelings of anxiety. As a defence to this anxiety, managers respond by vetting and omitting children who may have complex needs and for whom demonstrating outcomes might be difficult. Consequently, the impact of Ofsted inspections became a common factor that influences managers' decisions about whether a child requiring placement is offered a place in their residential home or not. This unconscious deciding factor is demonstrated here:

"…the homes that get those ratings are able to cherry-pick the children with the least amount of problems. And then the more difficult children to place, who have probably got the most complex needs end up in the homes that are performing the worst. This then doesn't give those homes the opportunity to regroup to up their ratings, so it can very, very quickly become a spiral that goes out of control. And then you get staff turnover, you get managers being fatigued, managers leaving, staff leaving, then the outcomes for the children go down, it can go downhill very, very quickly. And likewise, if you get a good or an outstanding rating, you're in a nice position you are able to cherry- pick the young people that come into your home and you can you know where possible, pick the ones that have got the least amount of issues, meaning that you're

able to maintain the level of service that you provide, and that your staff team remains intact and managing remains unstressed. And those children then have the best outcomes." Vanessa.

Unconscious personal defences are demonstrated in direct response to the painful experiences of managers following inspections and where the inspection outcome is likely to be less favourable. The need for survival in the role as reflected above, i.e., positive inspection judgements, outweighs what might have been the earlier motivations for a role, which is to provide care and accommodation for looked after children. The complexity that embodies the defined task and its perceived failures may lead to the need to become exceptional at "make-believes" or, at best, the development of

survival anxiety and self-preservation. The need for self-preservation may lead to the failure to accommodate a child due to the grave cost to personal achievement and record. Furthermore, the narrow focus of inspections, as they are experienced by the managers in this study, results in a partial or episodic view of practice that is static and does not accommodate the emotional distress that goes with the work. This has the potential to lend itself to practice distortion and increased feelings of persecutory anxiety among workers.

b. Wider Systemic and Legal Field

Participants describe changes in the wider systemic and legal field within which their role exists and how and how they carry out their role in relation to this. The emergence of the prescriptive and legislative climate that characterises social work and social care practice in England against a backdrop of major child abuse inquiries such as the Victoria Climbie Inquiry 2003, Baby Peter Connelly 2007, the Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013) and the vast amount of serious case reviews published yearly. The impact of any change at the organisational level is felt not only within the organisation, in this case, Ofsted, but within the wider system for which the regulator exists.

These structural conditions define opportunities and constraints that would later impact

managers and how organisations function. The bureaucratisation of practice reduces the time workers spend with children, developing relationships once thought to be central to residential work. Some of the processes and systems in place are experienced as stressful, failing to encompass the range of intense feelings engendered in the residential home and in the interactions between workers and the children they care for.

"I feel like there's massive, massive pressures on managers, if you do the wrong thing, or you I think a lot of the legislation is quite ambiguous. Vanessa ."

In everyday practice, Registered Managers might find themselves at the confluence of individual anxieties permeating upwards from staff and children and organisational forces bearing downwards. Also, this organisational structure is permeated, it seems, by the influence of neoliberalism, which sees the emergence of new public management systems as well as the pervasive sense of surveillance and monitoring by both Ofsted and the public. The inconsistencies and unclear expectations that managers describe within the study breed a lack of trust and create a punitive system where managers become anxiety stricken and defended.

c. Structural Issues

The narrative about the provision of care and money is a complex one. Elements of this within the study point to a sector that does not consider it appropriate to place money and care within the same sentence. All the managers in the study agreed that the role of a registered manager is not an easy feat for the faint-hearted; the discussion around the monetisation of care, however, created a split of opinions. The study found that managers considered that their role was to enable child-centred care, albeit within what has become an ever-increasing business model of care. Consequently, two models of care emerged.

The provision of care historically sat within statutory or charitable organisations. The sector has seen a significant shift, as reflected in Chapter 2. All managers interviewed worked for privately owned homes; whilst this is largely the norm, the size of organisations differs, with some being smaller private organisations with one to three homes and others being large organisations with over 20 homes. Similarly, managers in the study made a distinction in the underlying motivations for the businesses within which they worked and, consequently, the organisation in the mind and what it is set up to achieve.

"…our Directors and our Proprietors are the same people from when the company opened, so we've been established for, I think it's like 32 years,…. And they opened our first home and managed it, they worked in the home, they were working shifts, they've done it, so when they're filtering through their vision, they've done that work that they're now expecting the staff to be doing" Violet

"the owner didn't have any history in care, he was a builder, he had the money and the heart to want to go down that investment route". Frank

Creating changes in operational structure comes with challenges, and some of the managers interviewed raised concerns about the implications of working for mainly larger corporations. In their view, the monetisation of residential care took away from what should and would have been the ethos of providing residential care for looked-after children. This was for one manager, cited as one factor that informed the decision to exit the role completely.

"I don't think I would have left the role. I would have remained in the role had the company not, again, sold out to another really significant company". Praise

Most of the study participants expressed concern about working for organisations

where profitability and business sustainability were the ethos, raising conflicts of practice.

"I felt like I sat through three or four hours to be groomed to be the next toe-the-line to the company and in that direction, I can't do this. I'll be a registered manager, I'll put in all the effort in the world, I can do, but it will be for the best needs of the child; it will not be for profits and numbers" Jordan

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However, one participant demonstrated a contradictory view to the other five participants interviewed regarding company profitability and how this could positively link to positive outcomes for Looked After Children. Vanessa affirmed that if the profitability made by organisations through the provision of care filtered down to the staff team and managers, it could have made staff appreciation and retention achievable. Consequently, the study shows that it was not a lack of funds within the care sector but rather the ethos of profitability for shareholders that pushed the market economy into the care sector—the sense of enrichment for some and the deprivation for others.

"it's not the most well-paid job in the world compared to a lot of things". Jordan

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Most of the managers interviewed said that being registered managers is not about money but rather about the public service of caring for children. It is, however, paradoxical that the same managers might state, for instance, in the case of Jordan, that being a registered manager is not the most well-paid job but at the same time have reservations about company profits; in contrast, Vanessa had concerns that company made profits, but this was not shared through the workforce as this would mean a happier and consistent workforce which would, in turn, benefit the children. The findings demonstrate significant unconscious processes at play in the interface where

the model of care overlaps with the commercialisation of care.

Registered managers in the study were working on two paradigms: the paradigm of care and public service and the paradigm of accountancy and profitability. At certain times, the study found that the latter deeply impacts the containment felt by role holders because the markets are uncertain—it can be bought, sold, or extended. The penetration of the market has brought about uncertainty in the minds of the post holder, creating uncertainty and anxiety in what used to be a more assured, even though conflicted, social space.

A distinction was made regarding professional autonomy between larger organisations, smaller organisations and local authority-run services. Some participants shared that the larger an organisation, the more difficult it was to have professional autonomy in decision-making. Sometimes, the lines of hierarchy impact the ability to make prompt decisions, even regarding the most basic needs.

"with the big companies, it's difficult for a manager to make the changes. They like everything quite uniform, and houses aren't uniform, and people aren't uniform. They kind of want systems in place that cut across the whole company. And for their own purposes and auditing, In a smaller company, you do have the autonomy to make the changes, and you can see where things need to change, they're generally more happy for things to change. it's a lot easier, you don't have to go through so many decision makers to actually get decisions". Vanessa

d. The Changing Boundaries of the Role

The responsibility ascribed to the role of the registered manager had shifted in the past nine years when the National Minimum Standards for Children's Homes was replaced with the Children's Homes Regulations 2015. This has potentially impacted how Registered Managers see their role and how they have internalised it. The study found that participants referenced the term "responsibility", used to articulate the enormity or

weight that managers considered associated with their position 36 times across their interviews. Some participants reflected on the role's enormity/responsibility/weight and connected this clearly to the external organisational forces: Ofsted, multi-agency professionals, staffing and recruitment, staff shortages and limited resources. Other participants reflected upon the interpersonal and internal weight/responsibility/enormity, such as the inability to shut off from work and the feelings of guilt when the decision had to be made to terminate children's placements.

Consequently, the findings suggest that the sense of responsibility and pressure associated with the role stems from within the individual managers' internal world and the outside external world. The nature and source of the anxiety/sense of enormity associated with the role of a Registered Manager has evolved to include a powerful range of extra-organisational forces and pressures (Cooper & Lees, 2014). For example, Jordan stated,

"it is an all-engrossing kind of job…it's such a big, big role. And we know from talking with our colleagues at CHA, the Children's Home Association, there's a shortage of registered managers in the country. I think that's because the job is so, such a big job….you must be mad to do it" (Jordan)

Although Vanessa felt that the role commanded some respect, she had to balance this with the "*ultimate responsibility*" of the role required in deciding whether she would take on the role. The weight of the role consistently influenced the minds of all the participants interviewed. Lucy's account, which was not dissimilar to Jordan's, was qualified by the pressures and stresses that the role embodied.

"it's that whole, it's everything all in one. The pressure, the stress, the responsibility. And ultimately my name on those papers that say it's your responsibility. And Ofsted will be, coming to you to find out why, when and how….the pressure and the stress sometimes could be kind of overwhelming". (Lucy)

Participants described a gap between what the job description says the job entails, that is, a registered manager's primary task, and what happens when in the role. According to Vanessa, the explicit task of the Registered Manager is to provide care and accommodation for Looked-After Children; this is reflected in the Care Standards Act 2000. However, participants described graphically other tasks that are not explicitly accounted for. Violet defined the purpose of her role:

Task performance results from staff not understanding the primary task or where multiple tasks do not have overall primacy. Across all participants, there was a notable shift in what they understood as their primary task. Consequently, the consistent shifts in the boundaries evoke feelings in the workers and the system they work in. The overwhelming feeling that the participants describe having because of the responsibilities attached to the role would not have been reflected in their job descriptions. Vanessa shared that this responsibility no doubt impacts managers' tenure or why people may not want to stay in the role.

Another changing boundary notable within the narratives is, as described by Violet, expresses a different type of responsibility which is linked to interpersonal responsibility, the need to be more than an office-based manager, the drive to keep children safe and protected by forging a positive relationship with them; she stated

"as you work more into management, it does become that slightly bit more removed because you've got different responsibilities to do, but it's always important for me to have still that personal relationship with the young people I am known to them, I'm approachable, that they know how much they are cared for within our homes, and even if things don't work out with ourselves and they have a need for a different service that I can always feel that I've done everything that I can possibly do to help that child"
Violet

Roberts (2019) espouses the concept of open systems, which requires crucial properties such as an external boundary for an organism to function effectively. Similarly, the organisational model provides a framework for studying the relationship

between the parts and the whole in organisations and between organisations and environments (Miller & Rice, 1967). The findings suggest that the lack of management of the boundaries within the organisation called children's homes leaves the registered managers feeling that they remain in the role even when away from work. The role does not exist within any structured working hours. While contractual obligations might dictate that managers work 40 hours a week, the participants quickly established that this was not a position from which one could switch off.

"I think over the years I've only ever truly switched off work if I've left the country and gone away for two weeks. I'm sure everyone says this about their job, but a week's not enough, it takes three or four days to switch off" (Jordan)

"the role of the registered manager you can't switch off. You don't finish at 5 o'clock and go home and don't think about work. And it's
constantly on your mind. And then being called, you're needed to support." (Frank)

This suggests that the boundary between professional and personal life is completely distorted or broken. Roberts (2019) argues that a manager who loses the boundary position either by being drawn too far into the system or being too removed can no longer manage effectively.

The impact of these is visible in the merging or compression of the person, role, organisation, and Ofsted; this embodiment is created under the pressures identified above and shown in the figure below. All of these pressures create considerable stress and pressure in the individual, obliterate boundaries between role, person, and organisation, and create considerable stress in the role holder.
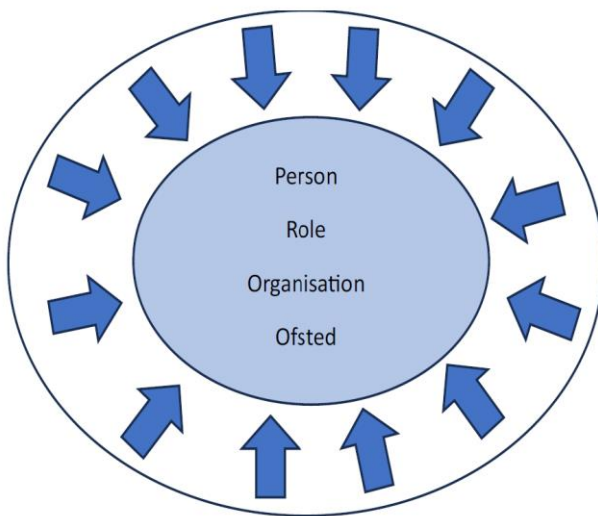
Figure 13: The Coalesce: where pressures exerted force the person, role, organisation and regulation to exist as one

Conclusion

This chapter presented the role of the registered manager in the minds of the participants interviewed. The conflicts and contradictions experienced by the managers set the role apart from what would have been its primary task. It presented findings about the need for authority, power, and responsibility to be aligned in the registered manager's role due to the required accountability. Inevitably, strong emotions are generated when a misalignment occurs.

On some levels, the sense of overwhelming responsibility, helplessness, and hopelessness are all built on the factors presented but are also deeply influenced by Amstrong's idea of the Role in the Mind and the Organisation in the mind. This is conflicted and filled with the anxieties and worries of the children, the wider system and society, which will be explored in the next chapter.

The following three chapters discuss the findings presented in chapters four and five.

Chapter 6 - The Problem of Anxiety

6.1 Introduction

The previous chapter presented findings that framed the role of a registered manager across participants' narratives concerning how the role was held in their minds and the pressures that created the role in their minds. The subsequent chapters will focus on making sense of and highlighting the dynamics held in the workers' minds. We discuss the role's emotional and relational capacities and the anxieties resulting from those experiences. Menzie's work on containing anxieties in institutions provides a contextual framework for exploring the role's anxieties. More importantly, we use Cooper's work on defensive and persecutory anxiety to expand the school of thought and explore Bion's work on containment in relation to the findings.

6.2 Dealing with Anxieties Associated with the Experiences in Role

The work of Menzies (1960) provides a contextual framework for exploring how the participants' unconscious defences against anxiety may affect the structure, policies, and practices within the organisations they work in – children's homes. In relational work such as social work, teaching, nursing, and similarly, residential care of children or adults, it is important to recognise that the personal, social and professional self cannot be separated.

The task in children's homes is to provide care and accommodation for children who can no longer reside in their family homes and with their primary carers. As in Menzies's studies with nurses who are confronted with primitive anxieties on hospital wards due to their complex work, which creates devastating object relations, children's homes are confronted with their own primitive anxieties, which underscores the complex emotions lodged in children's homes. Menzies (1960) studies show that to deal with this primitive anxiety when faced with complex emotions, there was a segmentation in terms of task where the patients become anonymised and saw segmentation between roles, i.e. doctors versus nurses. The study found that the role that nurses came into the role to perform, which is to care for patients and to get

psychological rewards from that process, was prevented through the defences that were being employed.

From this study, the complexity of the role of registered managers within children's homes appeared to be underscored by the primitive anxiety of abandonment which the children experience prior to coming into their care. Because of this, the anxieties connected are so deeply rooted, terrifying and disturbing that they profoundly influence the worlds of those who work within homes and reflect society's denial and guilt for why children's homes exist in the first place.

Like the nurses in Menzie's (1960) studies, children's homes also deal with devastating object relations. Usually, the child has a fantasy that the mother will abandon them (Klein, 1932, 1952); with children in children's homes, this is no longer a fantasy as the direct experiences of children are the reality of abandonment by the primary caregiver. Most of the children have moved across multiple placements and have been faced with rejection compounded by the trauma and abuse that they have experienced. For most of the children, this abandonment has been repeated through various care settings. So when the registered managers take on the responsibility of parental figures, the anxieties around abandonment are already realised and create overwhelming object relations.

This devastating experience of primary abandonment makes children's homes unique, like the hospitals in Menzie's (1960) study. The earliest terror of a mother's abandonment is what children's homes are processing and forms the foundation from which all other emotions emerge. The unconscious responsibility of registered managers within children's homes appears to be the need to process and manage the very early primitive terrors around abandonment primarily associated with the earliest moments of life and the children's experience of abuse, neglect, hate and hate.

Cooper (2018) expands on Menzies's (1960) ideas in contemporary human organisations and argues that considerable development of her ideas is required due to changes in the environments requiring front-line workers to contend with a powerful range of extra-organisational forces and pressures. These forces and pressures introduce depressive anxieties as linked to task-related anxiety and persecutory anxiety, which relates more to damage to the self. Primary and secondary anxieties coexist, and whilst this research has attempted to unpack them to demonstrate how

primary and secondary anxieties appear in the work for this findings chapter, they may become interlinked throughout this chapter, as disentangling them is not always possible.

6.2 The Conflict of Task Performance

To get to the managers' experiences, it is important to return to defining the primary task of children's homes. The study found no absolute definition of the task within which the children's home functions, or perhaps the provision of care and accommodation is too vague, as presented in Chapter 2.

The Normative task - In the case of children's homes, the legislative definition is reflected within the Care Standards Act 2000. That is, to provide care and accommodation for children, children being anyone under the age of 18 years old. This primary task definition is the formal or official operational tasks as defined by the broad aims of the organisation. The challenge, however, is the conflict that exists between this normative task and the primary purpose for which the role of the registered manager exists, being the primary purpose and the emotional undertone that goes with the role. Registered managers shared that children have been placed in children's homes because of the trauma and abuse that they have faced. Each of the children's homes has a Statement of Purpose and Function, which often sets out the primary purpose for which their service exists.

"Jordan shared - We take a lot of young people straight off secure hospitals, so they're getting used to that step down outside a secure environment, you know that's really challenging work" (Jordan, lines 578 -579). Praise defined the function of her own service as *"a children's home and school specifically for young people with a diagnosis of ASD. Really complex young people. Very high needs" (Praise, lines 22 - 23).*

The existential task – the research identified the task the managers interviewed believe they are carrying out. The themes identified in the study are accommodating children,

providing care, managing risks, dealing with trauma, dealing with behaviours that emerge because of trauma, supporting the healing of children, educating, decriminalising, re-socialising, attending meetings, medicating, reintegrating into society, recruiting staff, managing staff, carrying out disciplinaries, fixing drains where they are broken, and administration.

The phenomenal task – the phenomenal task identified within the study is that which can be inferred from people's behaviour and which they may not be consciously aware of. Chapter 5 presented some of the unconscious roles that managers were fulfilling. Bion's experiences in Groups (1691) is a significant contribution to understanding the nature of work within groups and is significant in understanding the unconscious processes that exist. Similarly, Menzies-Lyth (1960) establishes that inadequate task definitions confuse task performance in helping professions, implying that managers are left uncertain whether they are fulfilling the primary task. Survival tasks become inevitable as unconscious sets of assumptions are set in coping mechanisms. Experience gives rise to inherent anxieties due to the primary purpose, which in turn gives rise to defences. These defences create dysfunctions and distortions which were not accounted for in participants' narratives but emerged through the study.

"…there was a period where I worked, I think 21 days without a day off and did 9x 24 hour shifts in a row, you know, and there's that kind of pressure on you because it doesn't look good" (Vanessa, lines 74-77)

Some of the feelings generated due to the role are counter-transferential and can be linked to the survival tasks that have emerged due to the inherent anxieties. The themes include being a parent, becoming an abusive parent, acting as a 'container' for the projections of the children but also the staff, becoming a caretaker, and being responsible for effective task performance within the home, which include job satisfaction and protection from anxiety, fear, guilt, shame and depression which arise as a result of inadequate task-performance. *"And we really do, I do within my own home, and we do within our entire organisation try to have this family style ethos" (Violet, lines 152-153)*

Another example succinctly described by Frank when he recounted his experience of

a service that he interviewed to be a registered manager for; he shared that there were ornaments in the living room of the children's home, and his thoughts were:

"I mean, the first reaction…do they use them as a weapon? they're going to get thrown at you. But then quickly, within the same couple of seconds, it's like, well, it must be pretty settled here because they've got ornaments. And it was nice, it's normal, it's homely to have those sorts of things. I did also sort of look, there was a point where I was left on my own, and I just had a quick look to see if they were sort of screwed down or glued down. You know, and they weren't. So it was, yeah, it was one of the first things I noticed" (Frank lines 276 -287)

While it may not always be possible due to the inherent and entangled nature of the experiences described within the study, it is important to attempt to separate and name the anxieties and defences being articulated.

6.4 Primary Anxiety

Registered Managers interviewed used words such as 'fear', 'worrying', 'shocking', 'groomed', 'stressful', 'isolating', 'out of control', and 'frustrating' to describe their experience at work. These experiences lead to a particular type of primary anxiety. Some of the anxieties crossed the boundary between work-related anxiety and personal anxiety. Registered managers must deal with emotional and relational complexity (Ferguson et al., 2021) generated during their work. However, unlike other professionals, such as social workers and psychologists, who have some professional and, in some cases, therapeutic training, they have no training to make sense of and deal with these complex feelings. Jaques (1955) demonstrated how bad impulses can be projected into different groups as a defence against paranoid anxiety. The experiences registered managers described are not different. Personal anxieties are inevitable. The need for a structured reflective space to consider the often painful nature of the work undertaken within caring professions has been widely noted in the research; such space is deemed crucial in dealing with the emotional aspects of the work (Cooper, 2005; Ferguson, 2005; O'Sullivan, 2018; Woodhouse & Pengelly, 1991).

For some of the participants, the role was reparative (The Social Minded and The Martyr, chapter 4) and linked to their motivation for the role. The need to repair self or the need to repair others or the need to repair self through others offers containment and the ability to continue working within what would have otherwise been "a Self-Assigned Impossible Task" (Skinner, 1989; Davies, 1989; Stanley & Goddard 2002, p.174, Beckett, et al., 2007).

"…I bumped school, I didn't, I myself was abused as a child and I had my own difficulties. I self-harmed, I didn't follow rules. Still to this day tell me, "No", and I'll do it because you've told me I can't. And school was boring, I didn't feel like I fitted in. When I did attend I didn't really apply myself, I wasn't interested. I didn't come out of school with very much at all. I don't even know, I've got like 2 D's an F, a G and a U which are obviously, well fail. (Lucy, lines 294 -302); I do recognise that actually when I'm working with the kids, the majority of the stuff they're going through I've been there and I've done it, and I can relate to them (Lucy lines 380 - 383); I was nobody, and that's not to say that I'm somebody now but I've accomplished something and before that, I was plodding along" (Lucy, lines 480 -485)

This provides an example of the projective process and how care becomes perverted, mirroring the earlier dynamics of the experiences of the children being cared for and the managers themselves. It explains the sacrifices made by the registered managers to ensure that their roles are performed as it satisfies a need to repair their own earlier childhood experiences.

6.5 Proximity to the complex emotional experiences of children

Working with children who have experienced trauma, abuse, complex needs, and significant risk factors presents uncertainties and evokes painful feelings. Like with Menzies (1959) study of nurses, fear of aggression and rejection may contrast with the need to be liked by the children and the desire to make a positive impact and not fail. The finding shows registered managers articulating the process of accepting

placements, matching with children already in placement, managing the withholding of information from professionals, conflicting with professionals due to lack of resources, changing risk profiles of children, terminating placements and moving children on. Caring about someone and being helpful to them requires the capacity to become emotionally attuned to their experiences, understand why they present in the way they do, deal with their outbursts, anger, and frustrations, and not retaliate, which requires a significant level of emotional strength and awareness.

"…And then you start working with them, and for the first three months you're working with those behaviours. And then or the next second three months you get some stability, you know you're going to try and achieve something where, I'm not saying the behaviours are going to change but they will stabilise and you'll be able to manage them better, and they'll be able to manage them better. So for the first six months, it is about settling that young person in the home, you can't make any of those decisions in that first six months you've got to ride it out"(Lucy, lines 742 - 746)

The term trauma was initially used by Freud (1920) as a metaphor to explain how the mind can be pierced and wounded by events. Registered managers take on the role of parental figures, representing authority for the children in residential care and, by the nature of their role, become exposed to secondary trauma (Solomon, 2018).

"It was just an incident that occurred really out of nowhere. I wasn't prepared for it. I just walked round the corner in this building and a young person who's had issues elsewhere and we sort of collided, walked round a blind corner, collided and it just, he was just absolutely in distress and lashed out. He ripped my top….But I remember it really clearly being kind of wow, you know, all the emotions running. Anxiety, that adrenalin" (Praise, Lines 127 – 136)

6.6 Secondary Anxieties

The study identified themes consistent with personal anxieties linked to the confusion of role and responsibility; the difficult but crucial decisions and experiences generated personal anxieties because of the following:

- '*fear of the unknown'*,

- '*fear of getting it wrong',*

- *'the prospect of shame and blame',*

- *'the guilt associated with this' and '*

- *the sense of inadequacy'*

The research found that given the significant experiences that registered managers were narrating, there was anxiety and striving to remain open and responsive to their service users, staff, regulators and other multi-agency practitioners.

Registered managers share the conflicting priorities and responsibilities that exist within the wider multi-agency groups and conflicting assumptions about tasks and priorities. These conflicting and sometimes incompatible priorities give rise to different experiences and, consequently, anxieties (Roberts, 2019; Hicks, 2008). Having a high degree of professional and personal responsibility for their decisions leads to a heavy weight of anxiety.

The study noted that the registered managers articulated and accepted the personal branding that came with the role: "It is my name on the door; "the inspection report is a reflection of the manager." This branding is a double-edged sword: it positively enables the manager to become marketable but, in the same vein, can leave them with a damaged reputation where outcomes are negative. Consequently, self-preservation in the role becomes inevitable. Defences are not only expected but become essential to protect them from their anxieties.

Furthermore, the study found that displacement of frustrations and anxieties in the form of projections was not noted only within the organisations, i.e. managers to senior

managers, but also across the intersubjective group identified above. Registered managers to police, local authorities, education providers, health professionals and so on. Professionals are accused of failing to accept their share of responsibility or transferring all responsibility to the children's home; criticisms of other social workers for lack of transparency or inaction was a notable pattern. The criticisms of the others reflect projections since their decision will ultimately not undo the damage that the child has experienced. Therefore, by attacking the actions or inactions of others, registered managers defend themselves against the hopelessness and fear carried within themselves.

"I feel that considering we are a caring industry, I don't think that a lot of the organisations really care about the managers. And in turn the staff, you know, I've had so many arguments with companies where I've explained that the staff aren't well paid, and they're not well looked after, and the sleeping rate isn't adequate. And, you know, the people at the top that make the decisions that are all on the nice salaries, think that it's perfectly acceptable for these people to be working for not much more than, you know, minimum wage" (Vanessa Lines 59 - 65)

The diagram below depicts the various types of anxiety that are at play and work together to create the professional anxiety experienced by the registered managers in relation to their primary task.
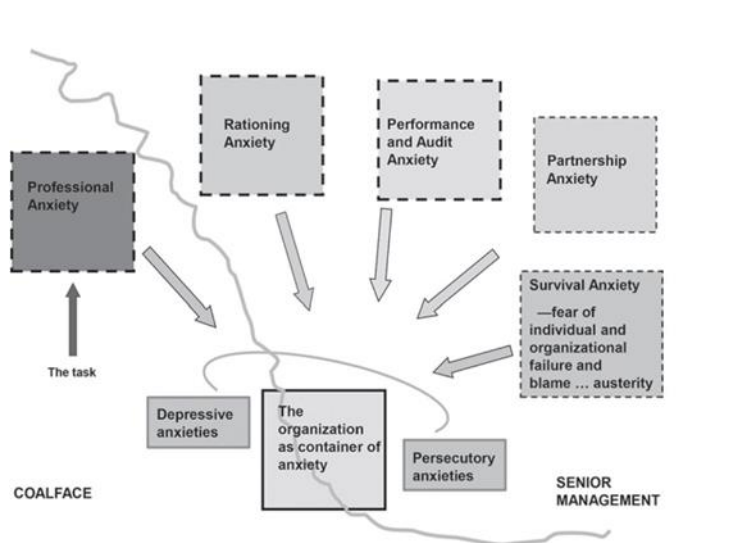

Figure 14: The accumulation of modern organisational anxieties showing the tendency for these to evolve from predominately "depressive" to a "persecutory" form. (Cooper & Lees, 2014. P75)

6.7 Social Anxiety

Social anxiety is connected to perceived societal failures, which create damaged but risk-taking children and unconsciously create a collective moral and risk panic which finds its way into the organisations where they may be contained, embodied, enacted, or projected (Hoggett, 2015). The inherent anxiety of society is whether it can create 'undamaged children' that can be returned to society as "repaired" or "undamaged children". This can be reflected in the fantasy that became apparent within the research findings, where managers articulate the need to find the "right child to be placed" within their homes.

"I'm going to have to choose between this one or this one, rather than I can wait another month to get the right child" (Violet, lines 1069 – 1073); " it's more about children moving in and moving out of the home. So you're worried, like I said, to accept difficult children because you know that if it goes horribly wrong, then that's going to be looked into because they often do look into the admissions and the discharges. But also when you get to a point where you need to call it a day with a young person and move them on. Again, you know that that is going to impact your Ofsted. (Vanessa, lines 684 - 688)

This exemplifies the complex interaction between the manager's anxieties and those of the wider society, as with the study of social workers presented by Beckett et al. (2007), which showed that social workers are society's defence against anxieties about damage and delinquency, this study found that some of these defences are set within children's homes where society sends children to be accommodated where all else has failed. Consequently, the last resort placement where all else has failed generates the function of the children's home.

Furthermore, the study identified the problem of limited resources, which meant that registered managers consistently reflected on the unavailability of resources for looked-after children in their care. For example, the impact of accepting out-of-locality

placements was identified as a factor that could fracture the relationship between the home and the service. The lack of resources repeats the neglect of this group of children; society assumes that their role has been fulfilled once they have been placed. The anxiety of these groups is pushed back into the home's registered manager. Paradoxically, the staff and manager are left feeling unmotivated.

Conclusion

Registered managers carry a significant burden of anxiety associated with their experiences in the role. The proximity to traumatic experiences and pain reveals a connection to conscious or unconscious primary and primitive anxieties that are deep-seated within the individual. This is compounded by the system psychodynamics, which is at play in the organisational life called Children's Homes. The dilemmas, challenges, or discontents of some or a part of the whole feed into the anxieties within the organisation formed within the society in which it exists. Discovering the shape of organisational and social defences may be the first step in achieving more appropriate and creative responses to distressing and unbearable emotions. More importantly, a prominent emotion beyond anxiety was found within the study. The following chapter delves into the emotion of shame that appeared to exist at an unconscious level within the participants' narratives and the research findings.

Chapter 7 – Shame and Shaming

7.1 Introduction

This chapter explores the dynamics linked to shame and shaming at different levels. Shame and Shaming appeared ever present in the states of mind described by participants interviewed in this research. The fear of being shamed is an external organisation that organises the behaviours of the registered manager instead of the children, which is the primary focus of their work. The object of the work is changed, and the fear of being shamed starts to mean that people lose their creativity and become filled with anxiety. At an individual level, i.e. the motivations to work; at a level connected to the primary task, i.e. the children's shame and feelings associated; at a group level, leadership level, wider organisational level; and at an institutional level, that is, the wider society.

7.2 The dynamics linked to shame and shaming

Studies have explored and advanced the knowledge of shame (Rawls, 1971; Taylor, 1985; Gilbert,1998; Keltner, 1995; Thomason, 2018; Lindsay-Hartz, 1984; Tangney, 1992; Lewis, 1971). None of these studies, however, relate to residential childcare or the experiences of registered managers but are relevant as a basis for understanding the emotion of shame. Some researchers have described shame as "the master emotion of everyday life" (Scheff, 2003) and "the preeminent cause of emotional distress" (Karen cited in Trout, 2000); in fact, the fear of the judgement that we are inferior and inadequate can be so great that it influences every social act (Tracy & Robins, 2007). England appears to have become an increasingly shamed society (Elias, 1982). Schore (2003a, 2003b), a prominent researcher in developmental affective neuroscience, emphasizes that shame regulation is a key developmental milestone occurring within attachment relationships during early life. Schore asserts that early relational trauma disrupts right-brain development, leading to compromised emotional regulation abilities and heightened vulnerability to shame reactions.

Shame has also been considered within organisational management, professions such

as medical sciences, child protection and social work (Scheff, 2000; Walker, 2011; Gibson, 2015). A range of psychological, sociological and social work theories have highlighted the damaging effects of experiences of humans experiencing low- level social and economic status. Shame is a complex emotion said to be experienced in situations where the self is deemed to have fallen short of standards. Goffman (1963), early in his career, explored stigma as a social phenomenon in his interactions 'stigma analysis'. However, although children's residential childcare is a subset of child protective services, the impact of shame and shaming practices prevalent within this field appears to be both unmatched and unexplored. The research findings presented in the previous chapters form the basis of this discussion whilst noting the limitation of the size of this research.

Shame is a difficult emotion that is seldom mentioned in emotion descriptors, which was consistent with this research's findings. It is an emotional response to failure, shortcoming or other transgression of what society expects or what a person expects; shame brings about over self-estimation, toxicity, perfectionism, and shame-based rage and not only impacts the effectiveness of leaders but leaves a lasting effect on the self and the organisations they lead (Cohee & Lane, 2022). The shamed individual feels flawed, deficient, and/or unworthy. They cannot separate specific actions from the global self. Shame has many faces and is still a mysterious and vastly unexplored area of human emotion. For these reasons, shame is a highly complex and diverse emotion that "encompasses feelings of humiliation, a sense of 'being small' and an absence of self-respect or dignity" (Ryan & Deci, 1999, p. 429). There are also different levels of intensity of shame that occasionally are so mild they are not considered to be shame but instead "healthy guilt". A central theme stated by Lindsay-Hartz (1984) suggests that shame is a global and pervasive feeling of inadequacy. This statement is agreeable to a large extent, and for this reason, the majority of research conducted on shame has been on its effect and association with self-worth.

In general, a small but comprehensive literature (Demant & Lorenz, 2020; McDaniel, 2012) on the role of shame in residential care with looked after children and young people indicates several possibilities; it is largely agreed that a 'culture of shame' often exists in residential units, characterised by several key features. It is a hidden culture,

and a great deal goes on out of the awareness of various audiences. It normally involves stigmatisation, criminalisation, and a complex and shifting set of power relationships between young people and staff, although certain young people may frequently be targeted. In such cultures, 'scapegoating' is common; unsuccessful staff, disliked by their colleagues, are often targeted by management when things go wrong on a unit; some young people become identified in a similar way. The most insidious aspect of shame culture involves its unacknowledged nature and the internalised sense of defect and unworthiness experienced by individuals through losing face in several ways. This leads to concealment and denial of shaming experiences. Studies of shaming experiences have tended to elicit little information through direct questioning but have been more successful in gaining anecdotal evidence from projective tools and by inference from emotions and behaviours described by participants in a qualitative study on shame in medical residents (Henderson et al., 2012), participants described shame as a potentially debilitating emotion that could lead to similar negative outcomes, including depressive feelings, isolation and withdrawal, unprofessional behaviour, and impaired empathy. Ronningsttam (2010) affirmed that "feelings of shame can be intrusive, tormenting and sometimes paralysing, but they can be unacknowledged and hidden, bypassed and not felt and/or identified at all".

7.3 Registered Managers – am I good enough?

Figure 15: The Dynamics linked to shame and shaming

The consistent theme of the registered managers interviewed appeared to be the significant emotional and relational aspects of their roles. There is a requirement to create and replicate safe home environments for some of the most complex children who, in some cases, have had multiple placements within the family and other home environments and have been unsustainable, i.e., the primary task. The intensity and complexity of working and managing residential childcare are features which separate it from other areas of social work (Macleod, 2010).

Part A: Individual motivation to work

A sense of deprivation, failure and early life experiences left a sense of shame and shame on some levels and reparation related to motivation for the role for some of the participants interviewed in this study. Consequently, shame formed aspects of the psychological contract for undertaking the role.

Children's residential care exists to take on the delegated role of parental figures where society determines that primary caregivers have failed and are, therefore, absent. Registered Managers assumed the role of parental figures within residential childcare.

This role goes beyond accommodating children but also establishing and building relationships with children and staff, making decisions, risk assessment and management, managing limited resources, regulatory compliance, and meeting organisational demands.

Shame can drive people to try to make things better. This need to repair the unrepairable showed up in the participants' interviews at the interception between their personal and professional lives. The psychological contract for the profession is based on various factors and becomes the unconscious motivation. These include the loss of parental figures, an escape from poverty, childhood trauma, and abuse, as identified in Chapter 4.

…I decided not to have kids myself because if I ever had a kid like me, I'm going to strangle them because I know what I was like when I was younger. … and I think that's one of the reasons I love resi, not as a parent obviously. But being that somebody… (Lucy, lines 412 – 420)

The research evidenced a common interest in working with children but not a clear professional path to the role. For all the managers interviewed, a period as a residential care worker was their introduction to working with vulnerable children with the best intentions of making a difference. The accession to the Registered managers in all cases was dictated by external factors to themselves in all cases. This meant that there was an evidential conflict between the role in the mind of registered managers at the time of entry and the reality of the role. Notwithstanding the accidental nature by which all the managers "*fell into the role*", a common theme was that all the managers understood the gravity of the responsibility for the task. One participant referred to this as "*a calling*" (Jordan, lines 574-575)

Registered Managers in the study have all indicated their desire to work with children to effect change and have been *"shocked"* by the reality of their positions and the notion that the best effort and best intentions are insufficient (Jordan, lines 694-697). Being an accidental tourist becomes a problem in terms of agency and power, where people have taken on the role, but they are unconsciously unauthorised to take on.

Within interviews, it became apparent that there is an overlap in a Registered Manager's personal and professional lives with no clear distinction or separation.

Registered Managers are expected to create a safe and containing home environment. By the nature of a residential home, the children reside 365 days a year and 24 hours a day. Consequently, the role continues to exist in the minds of the Registered Managers, plays on their thoughts and even dominates discussions with loved ones (Jordan, lines 903-905). Another describes a situation where all emotional regulation and containment is given within the professional self, such that the personal self - suffers – "*I had no more to give to my own children*" (Praise, lines 205-220) Participants interviewed describe shaming experiences as feeling undervalued, a sense of being groomed, the need to be rescued, an overwhelming sense of inadequacy, being underpaid, overworked, and undervalued. The conscious and unconscious decision by registered managers to work in residential childcare appeared to be directly linked to the experiences of the children who also feel shame on behalf of their families for being in a children's home.

Part B: The Fear of being shamed - The children

Not only do children in residential care have a greater likelihood of experiencing shame compared to children in family-based care, but Evans (2002) also identifies that the nature of that shame is qualitatively different. Firstly, children who are looked after often feel stigmatised by the fact that they are defined negatively as being 'in care', and this, in turn, affects their identity and esteem. They are likely to feel that the reason for the care placement is because they are 'problem children' and have had to be removed from their families because of something they have done wrong rather than that their primary carers were unable to provide a safe or consistent home environment.

Children in residential childcare are prone to shame (Tangney et al., 1990; 1996), given their experience of being disadvantaged in society, and are therefore at risk of rejection, exclusion, and persecution (Frost & Hoggett, 2008). The children who have left their primary caregivers experienced multiple placements and engaged with various services such as the police, criminal justice system, mental health services, and pupil referral units are passed through anonymised referrals through the system. Managers described a process where some of the relevant information is so detrimental that it is sometimes omitted from referrals. Placement instability of itself

can be a major cause of stigma for children in care (Greeson et al., 2008).

These shame-inducing experiences become an emotional state that is defended against by the behavioural consequences of shame, such as anger and violence. The children feel they are passed around the system, placed outside of their own environments, and sometimes face rejection by multiple placement providers, so they are likely to inhibit feelings of unworthiness and a lack of belonging.

"…but I have got until this time to bring a child in; I'm going to have to choose between this one or this one, rather than I can wait another month to get the right child" (Violet, lines 1069-1071)

With the status loss and an internalised global label of being 'in care', children may feel alienated or marginalised when compared to children who live within their families. This can have a negative impact on a child's developing social identity and can result in children becoming socially incompetent and self-conscious about their actions, which can, in turn, increase the likelihood of disapproval and further shaming experiences. Being socially incompetent, self-conscious, and disapproved of may result in a 'cycle of rejection' and self-isolation (Goffman, 1963), further alienating children in care from others and reducing their opportunities within social mobility. Often, internalised shame results in a deep-rooted sense of damage and a despairing conviction that there is little or no hope of reparation. This is of huge concern, given that childhood and adolescence are pivotal for identity development.

The transferred relationships between the children to staff and the manager (i.e. the adults) are on some levels with the transference of parents; this can leave staff feeling ashamed in a negative transference of trying to avoid the emotional complexity through a sense of manic reparation.

Traumatic experiences affect more than behaviour; they influence self-identity, others' perspectives, relationships to power and authority, academic engagement, and social-emotional growth. Consequently, the repeated patterns children experience with their parents/family, the dynamics of secrets and lies, are enacted and transferred. Schore's work underscores this developmental aspect, articulating that trauma disrupts the critical attachment processes necessary for emotional regulation, social competence, and self-worth development (Schore, 2003b). Consequently, residential childcare settings must not only manage behavioural manifestations of trauma but also address

the deeper shame-based identities formed through repetitive relational disruptions.

Part C: The Organisational shaming

An organisation is a complex social environment in which people experience discrete emotions (Akutsu et al., 2022), such as guilt, anger, happiness, and shame. Of these emotions, the most discrete emotion prevalent in the workplace and organisational life is shame (Creed et al., 2014; Daniel & Robinson, 2019). The inability to achieve psychosocial satisfaction (Menzies, 1959) from the fulfilling of the primary task due to the ambiguity of the registered manager role and the nature of the organisation in which the manager is situated was noted within this study.

The effects of shame on behaviour within an organisational context can immensely benefit individuals and the organisations they work within. However, the research in this area remains limited. "Organisational shame is defined as the sense of shame invoked by violating conformity norms or social devaluation caused by one's relative status within the organisation (Akutsu et al., 2022). A further definition to hold in mind pioneered within organisational management literature by Daniel and Robinson (2019)defined "Organisational Shame" as "a painful emotion that arises when an employee evaluates a threat to the self when he or she has fallen short of an important standard tied to a work-related identity" (p.2450). Within the interviews, it became apparent that shame impacted professional behaviour, and two key domains of organisational shame became apparent as eliciting organisational shame.

1. The conformity domain and maintaining organisational-specific norms

The conformity domain operates under a social system of salient rewards and punishment for an individual's actions, and so under such a social system, any violation of such conformity norms invokes shame that regulates social behaviour (Creed et al., 2014; Akutsu et al., 2022).Creed et al. (2014) argue that organizational shame arises when individuals fail to meet significant institutional standards, paralleling Schore's emphasis on shame's relational origin and its potential to damage identity development

and interpersonal functioning (Schore, 2003a).

In the findings, there was a notable contrast between residential provision owned and managed by a statutory body, i.e. Local Authorities, versus a private organisation. Although all the registered managers interviewed worked within private organisations, there was a further distillation of larger cooperate organisations and provisions owned by individuals with limited chains (see Chapter 2; Fig 1).

Creed et al. (2010) depict shame as an emotion that prompts actors to marginalise themselves and internalise organisational contradictions. The dilemmas of varying motivations of private organisations were a consistent shame trigger for most of the participants. Some of the participants noted the interpersonal conflict which arose from working within a "commercial entity" (Violet, lines 460 – 471; Vanessa, line 117) where the focus is on making a profit versus organisations that they founded on "child-centred practices" was likened to the sense of being "groomed" (Jordan, lines 341–345). There was a consistent straddling of being paid enough for the job's demands versus being ashamed of making money off the care of vulnerable children.

Furthermore, the study found that registered managers describe not being fulfilled in the role where their deeper need for reparation is not fulfilled due to these contradictions (Jordan, lines 391-396).

2. Status and Competition domain

Green-Wald and Harder (1998) argue that shame occurs in this domain in three ways: low social status, experiencing social devaluation and failure to exhibit competitive behaviour to gain higher status. The study found that occupying a low social status elicits shame in registered managers. This is visible when registered managers describe their role as being the less valued aspect of social services. Children are placed and forgotten and are left responsible for making the placement work. They describe the complexities of managing limited resources and the challenges of establishing and maintaining relationships with organisations such as education, mental health services, and police, which have different primary tasks.

Furthermore, the risk of social devaluation from a degraded social status where the

impact of low impact status of children in residential care continues to impact the possibility of achieving positive and measurable outcomes, for instance, in educational attainment, emotional regulation, offending, missing from care, sexual and criminal exploitation. The present risk of these is the inability to meet the expected norms set within the conformity domain, triggering organisational shame.

Lastly, the third-way shame is triggered within this domain relates to high statuses, such as directors, senior managers, and responsible individuals. The study observed these status-seeking behaviours, with some of the registered managers interviewed showing a tendency for status-seeking with the promise of better compensation, higher influence, and, therefore, higher status.

Part D: Societal shaming - Devolution of residential care to predominately the private sector

This is further compounded by the policy and practice of local authorities outsourcing children's homes to the private sector. A process of shame whereby things are put away and hidden. The processes described above are compounded and reinforced by society's enactment of neglect of child services through poor status and poor pay for workers. Registered managers described feeling undervalued, and it appeared that these feelings were compounded by the outsourced nature of children's services and compounded by, in some cases, the takeover of small provider-led organisations by larger cooperate chains. It was, therefore, visible within the research that these complex emotions generated spoiling envy, which in some instances appeared to lead to hostile splits between parts of the organisation (Halton, 2019). The systemic issues of residential care being seen as the 'bottom of the pile' in social work practice and low quality of government investment need to be taken into account with theorist Scott Shams's claim that shamed organisations and their employees are typically being blamed for something they did not do and there were often no positive models given.

Part E: Unrealistic and Idealistic Tasks

The model of residential care that managers described within the research evidenced that children with complex needs required stable and consistent placement over a significant period of time for positive outcomes to begin to manifest, whether that is attendance at school, a decline in risk-taking behaviours, or even what would appear to be as simple as attending the dentist for a routine checkup and required treatment.

The research showed that evidencing positive outcomes for children within the expected timescales is often impossible, and it can sometimes be idealistic and, for some children, unrealistic. The need to manage limited resources provided by external agencies such as the police and CAMHs was cited as a reason why the tasks may not be achievable within the limited timescales that registered managers have due to the pressures created within the system and the implications for sustaining positive working relationships. Some of the managers reflected that the 6 monthly to yearly timescales for evading positive outcomes were unrealistic and idealistic for some children, given the significant trauma they have experienced and the fact that relationship-based intervention takes longer to change patterns of behaviour.

Part F: Inspection Cycle and Regulatory Compliance

The process of inspection and scrutiny leads people back to part A (a cycle), which then leaves them feeling shamed and ashamed. So some people read Ofsted as being the shaming organisation, but at the same time, they are deeply influenced by the children's experiences, their own experiences, the group dynamics, and so the matters of shame and shaming are not in isolation but are interactive and reinforce each other. Consequently, registered managers feel more shamed by Ofsted. For example, because it is deeply influenced by how people are already holding on to shame and therefore, their sensitivity to the inspection process is amplified.

Furthermore, the most notable shame-triggering mechanism within children's residential care capable of creating recurring episodic shame appears to sit firmly within the regulatory process. Prominent in the findings is the disciplinary emotion triggered by the inspection process. Registered managers describe their regulatory

inspections as carrying the threat of episodic shaming, where they are faced with outcomes that fall within rewards (outstanding or good judgements) or punishment (requires improvement or Inadequate judgements) (Creed et al., 2014). If indeed shame is a normal, negative, self-conscious emotion that occurs when an individual self-evaluates and attributes a triggering event, in this case, an inspection outcome or judgement, it is inevitable that the labels of require improvement and inadequate would be shame-inducing for registered managers whose named are associated with the service.

Furthermore, registered managers voiced that unannounced inspections, inspector subjectivity, the complexity of interpretation of the legislation and guidance, specific agendas, and excessive scrutiny created significant anxieties; this is linked to the fear of experiencing nonconformity shame, mainly to avoid possible social or relational devaluation caused by nonconformity behaviour.

"…the last inspection that I managed before I left, we've only ever had one inspector but two turned up, one of whom was a compliance officer. They sold it to me as, oh he's just coming to look at good practice because you are an outstanding provision. But then, they really really went to town, on risk assessments, safeguarding and really scrutinised all that kind of area with a fine-tooth comb…. And I started thinking this isn't about best practice, there is something going on, there's an ulterior motive…" (Praise, lines 199-200; 223-251)

Registered managers described situations where inspectors sought to induce shame through episodic shaming. These shaming attempts carry implicit or explicit threats of temporary ostracism, i.e., a negative label attached to the registered manager's name or even the permanent sundering of social bonds, for example, cancellation of registration. In other words, shaming attempts are situated as purposive uses of episodic power to induce compliance with institutionalised community prescriptions.

"…a huge number of local authorities said they would not consider placing in a requires improvement home" (Violet, lines 1032-1041)

It is, therefore, not surprising that this research found that the inspection process orders the behaviours of registered managers to seek outcomes that avoid shaming experiences rather than what should otherwise be the prioritisation of positive outcomes for children (Daniels & Robinson, 2019; Tangney et al., 1996).

"…after failing my first Ofsted, - failing, getting a requires Improvement, my motivation reduced" (Jordan, lines 446-467); "Ofsted felt differently... and we paid the price and ended up with an inadequate for six months" (Jordan, lines 528-541)

…and knowing the impact that if you have an inspection where certain things are not well evidenced and you get a poor rating, that can be so impacting on incoming referrals, the calibre of staff that come, the reputation of the home,.. we need to have good Ofsted to get children…(Violet, lines 134-154)

"…you're always terrified to do anything that is going to impact your inspection" (Vanessa, lines 77-79)

As an organisation, it would appear that Ofsted has high levels of authority but low levels of responsibility. This leads to omnipotent work where the registered managers are responsible for finding solutions and have no authority to define their boundaries and circumstances, which can lead to stress. This repeats the dynamics of the children in terms of hopelessness and powerlessness to change their circumstances, so they become identified with the children's experiences, and Ofsted becomes identified as the abusive parent, which makes it difficult to have discussions with them or challenge them (Amstrong, 2015). These changes in the modalities of power are reflected in the new public management, where regulation and control are achieved less through direct instruction and command and more by inspecting, measuring, and auditing the activities of units expected to take responsibility for their performance (Amstrong, 2015; Clarke et al., 2000; Cooper, 2007)

Within the study, registered managers have expressed a significant change in residential care due to changes in regulatory compliance. These changes have increased administrative requirements and evidence of practice (Jordan, lines 134-135;141-147), taking them away from preferential task-related work such as establishing a relationship-based approach with children and modelling the same to the staff they work with.

As a result of these complexities, registered managers are confronted with the fear of damaging their reputation. The role of registered managers, like social workers, is

constructed as the "bad object" into which public anxieties, through the inspectorate and politicians, project their rage and attack for the perceived failures of keeping children safe (Valentine, 1998; Fergurson et al., 2021).

One of the criteria for disqualification - "refusal or cancellation of registration relating to childcare (except if the refusal or cancellation of registration is in respect of registration with a childminder agency or the sole reason for refusal or cancellation is failure to pay a prescribed fee under the 2006 act (regulation 4(1) of the 2018 regulations)), or children's homes, or being prohibited from private fostering, as specified in paragraph 17 of Schedule 1 of the 2018 regulations."

Four-Word Judgements

Determental impact on business continuity and financial viability opf the service

Poor inspection jugement i.e Req. improvement or inadequate

LA refusing to place children. managers do not have the opp. to "cherry pick". They are left with referrals of hard to place children.

This puts pressure on the staff team and increases the inherent anxieties within the service

Reputational damage on the service and in turn the registered manager

Figure 16: Repeated pattern of inspection pressure (Violet lines 134-151, 1032 -1041)

Ofsted inspection outcomes are based on the four-word judgements. Reflecting on the impact of these judgements raises the need for categorisation and judgement outcomes with children's residential care. Findings have suggested that these judgments are a significant source of anxiety for registered managers and have implications for stakeholder responses and perception of the service. The anticipation

of the inspection judgement shapes the registered manager's behaviours.

The omnipotence of Ofsted inspectors as shame actors, worried that if you give someone an outstanding and something were to go wrong, then they can say, the service was rated inadequate or requires improvement. This raises the inspector's subjectivity and defence nature within their own organisation-in-mind. Registered managers shared the complete helplessness that they feel at the complete mercy of the inspector who inspects them on the day.

Registered managers inferred that the timescales of Inspections are not in line with the nature of the primary task the residential provision is established to undertake. With inspections being undertaken yearly and, in some instances, twice yearly (Jordan, lines 1273-1312), children require significant time to make progress, which is not always evident within the inspection timescales.

The difficulty of supporting a registered manager whose role already causes significant levels of distress causes anxieties that are quarantined within the individual. This appears to become evident as self-sufficiency or is avoided, which is then perpetuated by institutions such as Ofsted and further reinforces the dynamics and makes it harder for registered managers to ask for support. The resultant behaviour is evidenced through manic reparation, where sacrifices are made, and registered managers appear to be unable to switch off for fear of failure and consequently being shamed.

Part G - The wider social and societal field

Children's homes shame society for failing to care for its most vulnerable and future generations. The organisational process of evacuation does not focus on what can be done for the children to heal them and prepare them but instead on what must be done to ensure that they cross the boundaries to get rid of them. The registered managers found themselves professionally and emotionally conflicted in the face of policy-driven organisational and professional transformation that they experienced and recorded (Cooper, 2018).

Conclusion

Shame, on some level, is always related to absence, lack and vulnerability, which is deep in the world of Children Looked After, but even more, children that have been excluded from Kinship and Foster care who then end up in Residential Care. I accept that this is a small study. However, shame and shaming seem to dominate the state of mind to deeply penetrate the internal world of the participants interviewed. Shame begets shame and begets defences. Shame generates more shame, a deeper sense of isolation and exclusion, and not feeling good enough. This chapter has presented this distinctive emotion and will now pivot to the defences that are inevitable to contain the emotions that are generated at personal, organisational and societal levels.

Chapter 8 – Defences

8.1 Introduction

The preceding chapters linked the findings to the significant emotions at play in the registered manager's role and the complex interplay of emotions that exist at both conscious and unconscious levels. Given the emotions identified, the emphasis on human behaviour and events points to the inevitability of defences.

Defences arise at individual, organisational, and societal levels due to the painful realities of work. These realities inevitably shape how tasks are completed, how relationships are formed and interpreted, and how rules and procedures are established. In this chapter, we discuss some of these defences. It is crucial to note that these defences do not operate in isolation but rather interact and intercept. However, for clarity, I will attempt to set them out in a manner that articulates and enables readers to understand their individual complexities.

8.2 Personal Defences

Defences and defensive behaviour appear to be important aspects of the registered manager's role, as they are in other professions (Trevithick, 2011). Freud (1968) initially introduced defences, which were later expanded in terms of interpersonal relationships and attachment theory (Bateman et al., 2010; Holmes, 1993; Howe et al., 1990). Early life relationships and the creation of a facilitating environment also play a role (Winnicott, 1958). Defences operate at both conscious and unconscious levels in everyday functioning.

More generally, defences can be defined as patterns of feeling, thought, or behaviour arising in response to perceptions of psychic danger. These enable individuals to avoid conscious awareness of conflicts or anxiety-arousing ideas or wishes (Coleman, 2009). Defences serve two purposes: they guard against further harm by signalling danger while simultaneously distorting reality (Jacobs, 2009; Trevithick, 2011).

Consequently, a psychoanalytic approach is necessary to foster relationships that create mentalisation.

Since defences are not only normal but essential, and we cannot function without them—given their universal presence—it is crucial for this research to identify them (Preston-Shoot & Agass, 1990).

8.2.1 Regression

At an individual level, regression is a primary form of defence described as "*the withholding or explosion of an idea or affect from the conscious mind*" (Freud, 1968). It involves reverting to an earlier maturational stage to avoid a damaging or disappointing present. This was observed in research on the role of "*parental figures*" within senior management. Registered managers often perceive support as rooted in the quality of relationships with senior leaders. Factors such as a supportive culture, involvement in decision-making processes, and non-blaming environments significantly impact registered managers' emotional well-being.

Regression appeared to shield registered managers from feelings such as guilt and the emotional impact of this on them, which is felt through placement terminations, grief, for example, when placements have abrupt endings, and shame when perceived negative outcomes from regulatory inspections.

8.2.2 Denial

Denial operates at a more conscious level and occurs when individuals refuse to acknowledge significant issues causing distress. This defence is considered one of the crudest forms and is challenging to address. Some registered managers interviewed denied experiencing distress despite acknowledging challenges such as balancing work with family life. In cases where denial was addressed, burnout was evident among two registered managers who eventually left their roles.

8.2.3 Projective Identification and Splitting

Projective identification involves splitting off "bad" or unacceptable parts of oneself and assigning them to others, with expectations that they will act out both good and bad aspects (Klein, 1946; Ogden, 1979). Research has evidenced significant splitting among professionals within residential childcare, a phenomenon considered inevitable in helping professions due to anxiety associated with care responsibilities. In particular, for those with a duty of care, where responsibility gives rise to considerable anxiety, some form of splitting is required and maybe even necessary for self-preservation. Another study points to the need for the repression of shame associated with the difficult feelings evoked by the profession (Klein, 1946). This research found that it was not different for registered managers. Klein argues that splitting as object relations triggers a vengeful state of mind. Still, in expansion to this, the contribution of Lansky 2005 and Morrison, 2007, where the anticipation of unbearable shame is often a decisive factor triggering the deployment of splitting, were both notable. Splitting was observed among registered managers who experienced shame related to regulatory judgments or vilification within their roles. For example, the research evidences a narcissistic system where registered managers as individuals were either shamed or idolised, emerged as superheroes or villains and winners or losers, irrespective of their motivation or commitment to the role, was notable.

"…in the organisations that I've worked in, there seems to be a limited or limited recognition that the people that are higher up the chain are the decision-makers, and that they can make things really good or really bad, and that their thoughts and their decisions have massive implications on how the home ends up running. And this, you know, because of the staff team. (Vanessa, lines 487 - 495)

This is cemented in regulatory judgements and outcomes, which become a part of the personal branding of being a registered manager. The vilification of a person necessitates the need to have split emotions evidenced in object relations. Examples of splits noted within the study are:

- **Registered Managers vs Ofsted Inspectors**: Managers expressed frustration over differing opinions among inspectors regarding standards. *"…It was just the difference of opinions in some respects, you know. And you work with, hopefully, you work with,*

Ofsted. And they need to be there. But there is a lot of opinion. So you know you work to standards, but then you have to work within the different opinions of Ofsted inspectors. And they vary greatly…"(Jordan, lines 153-159)

- **Registered Managers vs Local Authority Professionals**: Transparency issues were noted. *"Equally notable experiences over the years have been where Local Authorities are not always open and transparent with the information that they share…" (Lucy, lines 285-299)*

- **Registered Managers vs Staff**: Challenges arose when transitioning from senior roles to managerial positions. "*the people that I was now managing just completely saw me, I'd been a senior for a few years because a few of them came from a previous place where I worked at. So, I couldn't seem to adapt and they couldn't seem to adapt to going up to a manager from a senior, going into a management role (Frank, lines 24-27)*

- **Ofsted vs Children** – "*…as far as we possibly could, working with all the professionals around the young person, a psychiatrist and other people, but unfortunately Ofsted came in and disagreed with us and the psychiatrist and every other professional and felt that we probably should have ended the placement (Frank, lines 526 - 539)*

- **Registered Managers vs Senior Management**: Managers felt unsupported regarding staff compensation concerns. *"…considering we are a caring industry I don't think that a lot of the organisations really care about the managers, and in turn the staff, you know. I've had so many arguments with companies where I've explained that the staff aren't well paid and they're not well looked after, and the sleep-in rate isn't adequate. You know, the people at the top that make the decisions that are all on the nice salaries think that it's perfectly acceptable for these people to be working for not much more than, you know, minimum wage. When you think that these people are employed to change children's lives and the huge responsibility of their job, it can be quite frustrating for that manager in the middle, where you feel that your staff really need to be properly compensated. So, I think I've probably butted heads with senior management on that*

a few times [laughs] over the years" (Vanessa, lines 59- 68)

Projective identification also serves as a powerful communication tool within helping professions. Managers often act as "containers" for children's difficult emotions, such as anxiety or grief (Bion, 1967; Winnicott, 1954). Where the parent holds difficult experiences for the child and returns the same in a more manageable form. The same is said to be experienced within helping professions, of which residential care is not dissimilar. One may view residential children's homes as the reenactment of the parent and child relationship with the manager holding the parental frame and, consequently, the need to become the container for the children's difficult emotions of anxiety, shame, anger or grief. The complexity within residential care is that, unlike a therapist and client relationship, there are multiple, competing and often conflicting emotional exchanges at play at any one time within the residential setting.

8.3 Secondary Defences

Menzies' (1979) studies on social systems as defences against anxiety were later applied by Cooper (2009) to human service organisations. Cooper argued that the anxieties frontline staff face have evolved due to extra-organisational pressures. They include depressive anxieties related to potential harm to service users and persecutory anxieties stemming from managerial environments. Cooper further argued that these anxieties emanating from the managerial and political environment, which bring threats of harm to self as the worker, lead to socially structured defences, which generate "secondary defences" as the unintended consequences.

8.3.1 Denial and Projection

At a secondary level, denial manifests through societal attitudes toward children in residential homes—who often become ignored aspects of society. Registered managers are scapegoated through regulatory processes rather than addressing systemic failures (Jacques, 1985; Valentine, 2004; Preston-Shoot & Agass, 1990). The

social defences against shame where managers unconsciously felt responsible for the inability to "change the children" and enable them to achieve positive outcomes and therefore feared the shameful exposure of their poor performance depicted within inspection reports as "inadequate" or "requiring improvement".

As with exploring societal defences against shame in a rehabilitation organisation, the argument that shame and performance were a parallel process between clients and staff is intrinsically linked to the organisation's task. Organisations may embody social anxieties through their rules, systems, structures, and procedures, creating in society a "thick skin" (Menzies, 1979; Hoggett, 2015). Similarly, in front-line social work, various researchers have explored the responses to societal anxieties, which have grown over the years through the publication of significant child deaths leading to several published severe case reviews which have led to the search for someone to blame (projection) and further tightening of systems and projections. Unfortunately, the fears and anxiety described above, contending with other factors, also mean that some children cannot be placed in certain homes.

The statement "*right child*" within the study raises the question of who the right child is. How is the right child identified? Surely, all children should have the same or at least similar opportunities and chances at alternative care when and if the primary source fails. In deciding whether to accept a child, Violet shared, *"…just how difficult it is to get the right children into the homes…. I'm going to have to choose between this one or this one rather than I can wait another month to get the right child…. you can never know for definite if it's the right child, but just the more competent match of needs and a child that is not going to potentially pose a risk to another child. And I think potentially if you've got a lesser pool of children to choose from, you're going to have to go with, that's the one I feel most comfortable with rather than the one you feel wholly confident with…."*.

8.3.2 Ritual Task Performance

Ritual task performance as a secondary defence plays a significant role in managing anxiety and uncertainty, particularly in high-stress roles such as registered managers

in child care settings. The narratives provided by managers reveal two primary functions of ritualistic behaviors:

- **Emotional Distancing and Anxiety Reduction**

Managers often use ritualised tasks to emotionally distance themselves from the distressing aspects of their roles, such as forming close bonds with children in their care. This distancing can manifest through administrative tasks, frequent organisational transitions, or exiting the role entirely. *"I've enjoyed every single step of it, I'll be honest. There has been tough times, there have been very tough times, but the developing a new home, recruiting the staff, the trials and tribulations of the different staff. I've always found that staff have actually more difficult than the kids for the majority of the time, and that's still true to this day. Two years, I'd been at my first home for two years as Registered Manager and things just didn't feel right any more. I wasn't happy with the company any more, my kids were, it was just after Covid started. My kids were all leaving and moving on, so we were going to be getting like a fresh group of young people in the home, and I just thought, Do you know what this is the right time to leave before I get connected to more different kids. So, as these are leaving, I'm leaving as well. But I didn't know what I wanted to do, I didn't think, well I didn't want to be a Registered Manager again. (Lucy, lines 42 - 51)*

- **Security through Ritualised Practices**

Ritualised behaviours appeared to provide a sense of control and security in uncertain situations. Managers described engaging in repetitive and structured tasks, such as risk assessments, placement meetings, and impact evaluations, to reduce decision-making anxiety. These rituals help share responsibility among team members and minimise the risk of scapegoating when outcomes are unfavourable. *"we were having internal plan meetings frequently so I was sat in this room with the directors talking through, what we can do, getting input from mental health experts... They felt that she needed to get through this part to feel safe and that would make a huge impact on trusting people in the future and actually the home was meeting every effort and need so they really wanted to continue with that and Ofsted felt differently, and we paid the price and ended up with an Inadequate for six months..., it was a low point but the support I got through that was fantastic. Nobody once blamed me for what was*

happening because we have an environment where we share, we share responsibility and we share thoughts and we share between us the things that are challenging, so we all share that responsibility. For many, many hours we've sat round this table in discussions and risk managing to an inch of our lives and doing what we felt was right and what many, many other professionals felt was right. (Jordan, Para. 56)

Research supports the idea that rituals reduce anxiety by offering predictability and control. Ritualised behaviours decrease psychological entropy by providing structured sensory stimuli that are easy to anticipate, thereby calming the neuro-cognitive system. Additionally, rituals serve as a distraction from intrusive thoughts or as symbolic actions that imbue meaning and buffer against threats.

The organisational culture also plays a crucial role in containing anxiety. When managers perceive their organisation as supportive, sharing burdens and responsibilities, they experience reduced shame and anxiety. Conversely, inadequate containment can lead to defensive responses like premature placement terminations or avoidance of certain placements altogether. What Jordan describes above is a containing environment through supportive organisational leaders that share the burden of decision-making and responsibility; the use of the word blame is linked to the nature of the role of the registered manager. Consequently, where inadequate containment becomes an organisational culture in which the manager, leaders, and members of the organisation can make sense of their experiences, they run the risk of responding in unhelpful ways, such as through premature placement terminations or not offering certain children's placements at all (Bion, 1967; Cooper & Lees, 2014).

Some managers found themselves professionally and emotionally conflicted in the face of policy-driven organisational and professional transformations – changes in regulatory guidance, inspection frequency, and professional autonomy all point to experiences that create professional and organisational anxieties. Social and personal alienation emerges (Cooper, 2009). The suggestion that the wish to challenge, defend or resist inspection outcomes was not always a consistent or plausible option.

"We get like an action plan, we get recommendations and requirements that we have to respond to and we have to answer, and they'll ask if there are any issues with factual accuracy to write a report on that. And for me, it was factually inaccurate, so I wrote a report on every single point that they'd put in it, every paragraph I wrote my own

paragraph and gave evidence as to why it was wrong…I gave evidence to show why it was wrong and to support my argument for it. And that was upheld, and my argument was upheld. (Lucy, lines 704 - 711).

"I think for me it's how things change very quickly, in a big organisation, when things are going well, you're the golden child, and you know, whatever you want, whatever you need you can have. "Yes, you want a new fridge? Yes, we can buy you a new fridge". Then when things are not going so great it's amazing how the tone changes within these organisations and you can almost feel like they're - it's a witch hunt. They want somebody to blame. Unfortunately, as the manager when things go wrong, it's easy to point the blame at the manager. (Vanessa, lines 53 -59).

8.2.4 The Illusion of Omnipotent Behaviour

A society striving for perfection often has a low tolerance for its perceived failures and inadequacies, alongside a desperate need for self-soothing measures that provide control or rational explanations. This manifests through scapegoating and the idealisation of solutions via policies, regulations, reviews, and inquiries, which aim to produce perceived resolutions or security in human personalities and processes. Consequently, this creates an illusion of omnipotent behaviour.

Social defences pertain to the containment of lived experiences and the transformation of painful experiences into reflective understanding. This process occurs through unconscious interaction with the "other" (Bion, 1990; Krantz, 2010). The "other", as identified in the research, includes children, families, staff, senior management, professionals external to the organisation, the regulator (Ofsted), and society, which encompasses all of these communities (Long, 2000).

Like social workers, registered managers are exposed to children's vulnerabilities and experiences in situations that often provoke powerful emotions. These scenarios involve uncertain outcomes and substantial risk, coupled with high expectations that managers or the residential homes they oversee will be able to mitigate or control those risks, which are perceived as threats to the children's future well-being and safety (Whittaker, 2011).

The concept of micro-communities within society, which serve specific functions (Long, 2000; Preston-Shoot, 1990), along with the lack of conscious recognition of these systems, means that individuals cannot actively assume their roles as citizens within those systems or organisations. This situation poses a threat to subjectivity, thereby triggering social defences. Society's inability to define the roles and purposes of children's homes results in managers being left with the "screaming baby" that society expels into the residential care system.
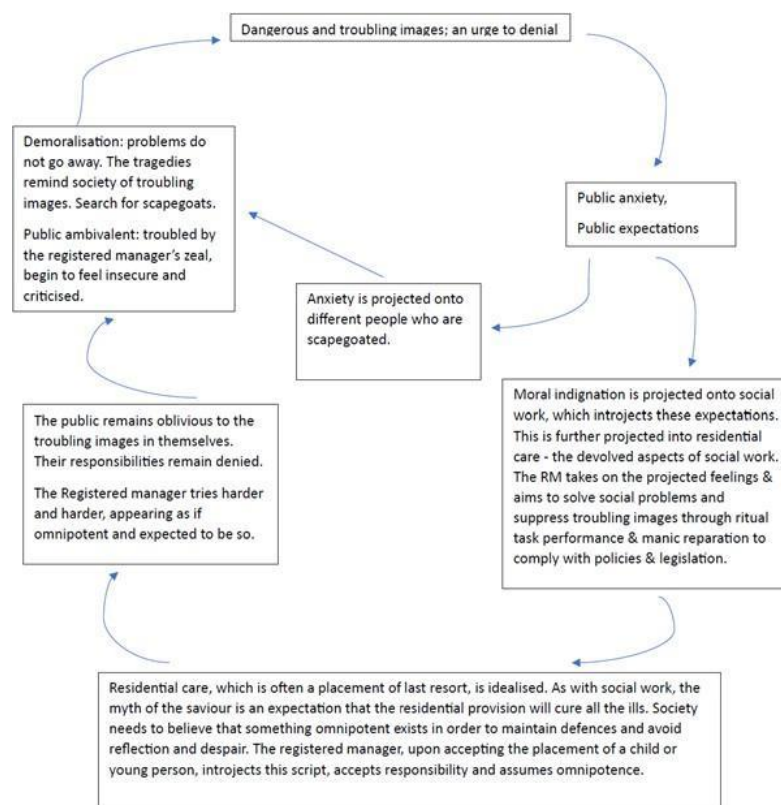

Dangerous and troubling images; an urge to denial

Public anxiety, Public expectations

Demoralisation: problems do not go away. The tragedies remind society of troubling images. Search for scapegoats.

Public ambivalent: troubled by the registered manager's zeal, begin to feel insecure and criticised.

Anxiety is projected onto different people who are scapegoated.

Moral indignation is projected onto social work, which introjects these expectations. This is further projected into residential care - the devolved aspects of social work. The RM takes on the projected feelings & aims to solve social problems and suppress troubling images through ritual task performance & manic reparation to comply with policies & legislation.

The public remains oblivious to the troubling images in themselves. Their responsibilities remain denied.

The Registered manager tries harder and harder, appearing as if omnipotent and expected to be so.

Residential care, which is often a placement of last resort, is idealised. As with social work, the myth of the saviour is an expectation that the residential provision will cure all the ills. Society needs to believe that something omnipotent exists in order to maintain defences and avoid reflection and despair. The registered manager, upon accepting the placement of a child or young person, introjects this script, accepts responsibility and assumes omnipotence.

Figure 17: Adapted from the Downward Spiral (Preston-Shoot and Agass, 1990, p.109)

8.4.4 Obsessional-Punitive Social Defence

The organisational mindsets and behaviours associated with children's residential care bear a resemblance to the findings of Cooper and Lees (2014), where all the hallmarks of a socially constructed system of defences—with the "obsessional" features noted by Hilton—were present. The stress, anxiety, and fear that managers described were

not due to the inherent nature of their roles or their personal framing of those roles but rather the result of systemic downward projections onto them. These projections gave rise to obsessional controls and punitive sanctions. The rigid guidelines dictating how managers perform their roles are evident in participants' narratives, which describe unannounced regulatory inspections, independent audits, and compliance visits. The fusion of effective care and accommodation into statistics, targets, and prescriptive guidance serves to control the narrative, echoing Menzies' (1979) findings. Behind this control lies society's ambivalent attitude towards managers, who, like nurses, become objects of suspicion and mistrust.

Where society has failed, producing children who have experienced trauma and abuse and require residential care, these feelings of failure are projected onto the care system and are internalised by managers, resulting in mistrust. This lack of trust is experienced through constant inspections and compliance requirements, leading managers to report fear, anxiety, and stress. The trauma inherent in society is mirrored in the managers, who become defended due to the trauma society inflicts upon them through their systemic roles.

Vanessa recounted her first experience in a residential service where she was asked to assume the role of Registered Manager:

"The day that I took over, the manager was sat cowering in a corner, shaking, smoking constantly and drinking coffee… you could see that he had just absolutely been battered down. The staff team were split, and the kids were running the house… I felt it a few times, if I'm honest, where I've thought, if it was just me, and if it was just my decision, and it was just going to impact me, then I would take this person. But I don't feel that—not that we couldn't do the work—but it was uncertain what the outcome would be. And therefore, you kind of think this could go horribly wrong. And therefore, let's take the safer bet. And that's the bottom line of it…" (Vanessa, lines 439–448 and 884–888)

Huffington et al. (2004) argue that repressed and uncontained aggression re-emerges when an obsessional-punitive system collapses. Without integrated, empathetic relationships, vulnerable clients are placed at risk. This raises the question: who should be held accountable for the negative experiences of children in society? When those with parental responsibility fail, the state assumes responsibility, placing children in

alternative care. Findings indicate that managers develop a deep sense of personal accountability associated with their internalised role. If parents cannot be held responsible, society often responds by over-regulating the system, implicitly suggesting that managers are responsible. Though managers can be held to account professionally, the perceived lack of societal appreciation is not about remuneration but about how their role is regarded.

Ofsted asserts that its inspection framework is based on the principle of focusing on the elements that matter most to children's lives, placing the progress and experiences of children and service users at the heart of inspections:

"Ofsted makes judgements on the overall experiences and progress of children, taking into account: how well children are helped and protected, and the effectiveness of leaders and managers. The judgement about how well children are helped and protected is a limiting judgement. This means that if inspectors judge this area to be inadequate, then the 'overall experiences and progress' judgement will always be inadequate. The judgement of the effectiveness of leaders and managers is a graded judgement. If inspectors judge this area to be inadequate, this is likely to lead to a judgement of inadequate, and certainly, no more than 'requires improvement', for 'overall experiences and progress'" (Ofsted, SCCIF).

Such assumptions lead to delusional certainties, for instance, believing that "children always tell the truth" instead of recognising that "children have a right to be believed." The frequent unannounced visits and an excessive emphasis on administrative tasks (e.g., rotas, risk assessments, and evidence of work accomplished) highlight the contradictions between social regulation and social behaviour.

Registered managers expressed the contradictions between their decision-making and the perspectives of social care inspectors. Regulatory processes and outcome-driven frameworks constrain professional autonomy and decision-making. Local authorities routinely refuse to place children in homes rated lower than "Good" by Ofsted. The collective assumption that only "Good" or "Outstanding" homes can meet children's needs and ensure they are "helped and protected" influences the behaviour of local authorities, wider society, and the registered managers themselves.

Inevitably, registered managers began to interpret inspection and audit regimes as manifestations of governmental and societal anxiety, a process that intersects and shapes the inherent anxieties associated with the organisational and professional demands of childcare (Cooper, 2017).

Conclusion

Diverse and complex influences act as operatives to produce the registered managers' "lived experience" within the context of their individual roles in a personal, organisational and wider societal sphere. This appears to have created a distinctive "structure of feelings" characterised by "fear and dread" brought about by "Modernization", which is characterised by resource rationing, performance management, target cultures, inspection and adult regimes associated with value for money, public transparency, and choice ethic, joined-up-working which all combine to create a distinctive and new network of organisational demands and therefore new forms of professional anxiety and consequently defences.

Therefore, the research reveals that the significant surge of emotions documented in chapters four to seven appears to result from an overdetermined state of affairs in which internal and external dynamics reinforce each other in complex ways, ordering the nature of the registered manager's role within residential children's homes.

Chapter 9 – Conclusion and Recommendation

9.1 Introduction

This study contributes to the research base of residential child care in England. In terms of child protection research, it makes a small but valuable contribution. This is a small research study; it does not reflect the views of the whole population of registered managers. However, by undertaking a biographic narrative interview and data analysis, the study delved into the inner world view of registered managers who have the ultimate responsibility of working with some of the most disadvantaged children. The study aimed to clarify the experiences of registered managers, how the role has changed, and the challenges or opportunities of the role by eliciting knowledge from a broader perspective to explore the lived experiences of registered managers. Six biographic narrative interviews with professionals integral to residential childcare's day-to-day leadership and management have been undertaken. Although the sample size is small, the nature of biographic interviews seeks to capture the underlying motivations and professionals' perspectives, creating an enriched understanding of the reality of leadership in residential children's homes within the context of change and today.

When interviewing the participants and conducting the data analysis, I experienced significant changes in perspective regarding the role of the registered manager and the complexities of their tasks. The study found a consistent interplay between individual valency and the organisational social field that registered managers come to occupy, as evidenced by their adaptive behaviours.

The conflicts and contradictions experienced by the registered managers set the role apart from what would have been its primary task. The findings showed that authority, power, and responsibility need to be aligned in the registered manager's role due to the required accountability and inevitably, strong emotions are generated when a misalignment occurs.

Having reviewed the findings in relation to the anxieties, the complex shaming emotions that the role has the capacity to generate within the worker, and the deprivation within residential childcare, typologies of registered managers became visible; whilst these are not concrete, it is helpful to understand the impact of the

shifting boundaries of the role on the type of leadership that emerges. The real problem for the profession is that people would rather accept the deprivation within the role and the sector in which they work. The business-minded manager does not accept the deprivation but fights it. They do not buy into the suffering, which inevitably becomes the suffering of the children, the staff, and ultimately the registered managers, often because of the types of managers that the role attracts but also because of the lack of preparedness and formal training for the role.

The role involves suffering, attracts people who have suffered, and gives them a very deep, empathetic understanding. However, the risk is that it also supports an identification with deprivation and affects the assertiveness and authority of the role holder. This emotion is then compounded by feelings of shame and being shamed, which seem to dominate the state of mind and deeply penetrate the internal world of the participants interviewed. Shame begets shame and begets defences. It creates a deep sense of isolation, exclusion, and not feeling good enough.

A balance between the social-minded and the business-minded/entrepreneur manager appears to be the best fit if registered managers are to be sustained in their roles. This would enhance longevity in role, consistency of managers, and better outcomes for children. This would also suggest that registered managers are equipped to be sustained in their role to ensure that children in residential care can continue to achieve positive and sustained outcomes.

9.2 Inevitably defended

The study found that diverse and complex influences act as operatives to produce the registered managers' "lived experience" within the context of their individual roles in a personal, organisational and broader societal sphere. As a result, registered managers experience significant emotions that inevitably leave them defended. Registered managers carry a significant burden of anxiety associated with their experiences in the role. The proximity to traumatic experiences and pain reveals a connection to conscious or unconscious primary and primitive anxieties that are deep-seated within the individual. This is compounded by the system psychodynamics, which is at play in organisational life.

The dilemmas, challenges, or discontents of some or a part of the whole feed into the anxieties within the organisation formed within the society in which it exists. Therefore, to achieve more appropriate and creative responses to distressing and unbearable emotions, it is necessary to identify and acknowledge the nature of organisational and social defences in existence.

9.3 The Reality

Emotions emerge as a result of external pressures such as:

- resource rationing,

- performance management,

- target cultures,

- inspections regimes

- audit regimes associated with value for money,

- public transparency and scrutiny,

- choice ethic, and

- joined-up working

These factors combine to create a distinctive and new network of organisational demands, which in turn creates new forms of professional anxiety and consequent defences.

The research reveals that the significant surge of emotions documented in chapters four to eight appears to result from an overdetermined state of affairs in which internal and external dynamics reinforce each other in complex ways, ordering the nature of the registered manager's role within residential children's homes. This inevitably leads to burnout and disaffection with the role.

If the well-being and future of children are paramount to society, attention needs to be paid to the residential childcare sector, which is becoming unsustainable and further

disadvantaged. To do this, attention must be paid to the experiences of the people charged with the ultimate responsibility of creating environments of change. Rather than defending against the very difficult and complex emotions that emerge, registered managers must be acknowledged, supported, and enabled to thrive if children are to achieve positive outcomes in their care.

9.4 Limitations of the Study

While this study makes a meaningful contribution to understanding the lived experiences of registered managers in residential childcare, several limitations must be acknowledged. Despite these limitations, the study offers valuable insights into registered managers' complex and often hidden emotional experiences. The findings highlight systemic issues that warrant further exploration and provide a foundation for future research, policy development, and professional practice improvements.

These limitations, which are inherent to the study's scope, design, and methodological choices, and they should be considered when interpreting the findings are:

- Small Sample Size - This study was based on six biographic narrative interviews. While this approach allowed for in-depth exploration of individual experiences and generated rich qualitative data, it inherently limits the generalisability of the findings. The experiences and perspectives of these six registered managers may not reflect the broader population of professionals.

- Lack of Demographic Diversity - The study did not intentionally stratify participants by demographic factors such as age, gender, ethnicity, or years of experience. As a result, it may not capture the full diversity of registered managers' experiences, particularly how social identity may intersect with their professional roles. Future studies could benefit from a more deliberately diverse sample to explore these nuances.

- Subjectivity and Researcher Bias - As with all qualitative research, the researcher's interpretations are influenced by their positionality, assumptions, and experiences. While every effort was made to remain reflexive throughout data collection and

analysis, some degree of researcher bias is unavoidable. Additionally, participants' narratives are shaped by their individual contexts and may be influenced by memory, emotion, or a desire to present themselves in a certain light.

- Contextual Boundaries - The study is situated in England and is particularly influenced by the English regulatory framework.

9.5 Recommendations

1) Training, Development and Accreditation

Social workers in England were first required to register with a regulatory body following the Care Standards Act 2000, which led to the establishment of the General Social Care Council (GSCC) in 2001. The journey to regulation and accreditation took 25 years of lobbying and advocating by various bodies formed to accentuate social workers' voices through various political spheres. The prominent questions are:

- Who is responsible for defining what constitutes the profession, whatever profession it is?

- Who are the people who define the profession, and what are those standards?
Various reports and literature contributing to the arguments for and against regulation (Barclay, 1982; BASW et al., 1987; Parker, 1990) all contributed to the Care Standards Act of 2000. Whilst the regulation of social workers has not been stable, six years later, in 2016, the government announced a new regulator, Social Work England, as enacted in the Children and Social Work Act 2017. BASW (2018) published its UK-wide principles for regulation, mainly based on research (Jones and Bozer, 2018).

This research has demonstrated the preparedness needed to become a registered manager. The role of a registered manager is a subset and devolution of aspects of social work; however, whilst a social worker may become a registered manager, the standard requirement for registration is the Level 5 Diploma in Leadership and Management for Residential Childcare. This waters down the qualification and segments residential care managers on the training and development needed to fulfil the role. It also places them outside the codes of conduct that social workers must

adhere to. It means that they do not benefit from the boundaries that a regulated body offers.

Registered Managers must have a standardised accredited training level, including work placements and qualifications at Level 6 or above. A Level 6 qualification is an advanced-level course that indicates a graduate has a degree-level qualification and an advanced understanding of a subject. Rather than reinvent the will and given the complexities of achieving a separate governing body, it is plausible that registered managers are required to have a social work degree and are, therefore, elevated to the same status and recognition that the professional body offers.

However, I recommend that social workers holding a registered manager position have at least six months of placement within a residential provision, either as part of their social work training or as a layer of continuous professional development as a requirement of registration.

2) Regulation and Compliance

There has been a movement into a risk society (Beck, 2014), where policies have become geared towards inspections as the source of safety across health, education, and social care in England. Professionals cannot challenge the limitations of the structures that were initially set up to protect children and ensure best practices, but they have now deviated from these. The study suggests that the policies risk pulling people towards a compliance-driven, risk-averse, and self-preserved leadership and management style. This organises people's behaviour in a way that practice moves away from the child. Ofsted has recently been in the news regarding school inspection processes following the suicide of a Head Teacher, which has gained lots of publicity and support. While children's homes are subjected to similar processes and pressures, they have not had the same visibility due to the hidden nature of their role.

If children's home managers do not feel they have the boundaries and foundation to manage their own institution, they will also feel that they have no authority to safeguard the children and their outcomes. Inevitably, this system undermines authority and puts security and containment at risk within the profession itself.

Narey (2016), in his independent review of residential care, addressed the rationale for

the four-word judgements and their purpose; eight years after the review, these remain in place. Following the tragedy within education, consultations and reviews are only now being held about moving towards report card-style inspections.

The undue categorisation of children's homes continues to order the behaviour of registered managers and professionals who work with residential settings in a way that is detrimental to not only managers but also children. It remains a source of significant anxiety and shame not only to the managers and staff but also to the children.

"My view is that a brief verdict, providing a summary of the overall judgement on a home is helpful. But the current one or two word verdict relegates the importance of a sometimes very good and nuanced narrative. I understand that abandoning the familiar judgements of outstanding, good, requires improvement or inadequate would have implications for school inspections. But I am quite certain that these brief judgements are not helpful to children's homes or to commissioners and do a disservice to some thoughtful reporting. I urge the new Her Majesty's Chief Inspector of Education, Children's Services and Skills, when appointed, to review this practice." (Narey, 2016)

The four-word judgments of Outstanding, Good, Requires Improvement, and Inadequate are significant sources of anxiety and shame and create an ongoing shaming experience of the role. This is compounded by the fact that the grading is linked to a named registered manager who is idolised for Outstanding and Good outcomes but shamed/blamed for requires improvement or inadequate outcomes.

It is more productive and advantageous to focus on compliance outcomes. This means that the role of the Inspectorate is not overshadowed, and registered managers can move from the place of self-preservation to their primary task, which is to accommodate and care for children. This also means that children would have the opportunity to be placed in any home that is compliant with legislation, and the gap of "hard-to-place children" would be minimised. Children will then have better chances of achieving positive outcomes while being cared for by trained, equipped, motivated and passionate registered managers and teams of professionals.

Secondly, the research found that unannounced inspections created considerable anxieties within the role. Other services inspected by the same inspectorate, such as schools and early years provisions, have the opportunity of a half-day notification of an inspection, except complaint-triggered inspections. Children's homes are subject to

unannounced visits a minimum of once yearly. Implementing the same half-day notification will significantly reduce the stress and anxiety generated.

3) Redefining Role

The study found that the registered manager's role exists 24 hours a day, 365 days a year, with the ultimate responsibility for the role resting with the named person. Having gone through the fit person registration interview, their name is reflected on the certificate of registration as well as on all Ofsted inspection reports, which are public documents accessible by all. This is a significant source of anxiety and lends to the blaming, guilt and shaming emotions that the study evidenced.

The scope of the leadership function is broad and unrealistic, given that registered managers are contractually employed to work 37.5 to 40 hours per week. Consideration needs to be given to sustainable ways to maintain a balanced person, role, and organisational function whilst ensuring compliance.

The regulatory body currently does not hold a register of registered managers; it is recommended that rather than the option for the conspicuous named registered manager function (i.e. on the registration certificate), which creates considerable anxiety, this is replaced by a register of registered managers, which reflects where managers work, qualification, and employment history. The leadership function, which currently rests mainly with the registered managers, can be widened to include the provider, the responsible individual, the registered manager, deputy managers and senior support staff members. This will create a diverse and distributed leadership function which is based within the wider organisations with clear support, structures and boundaries. This will allow for periods where registered managers can separate the personal and professional fields, reflect, recharge, train, and return to work, ready to deal with the complexities of the primary task. It also allows for clear paths of training, development and succession. Furthermore, when considering the typologies of registered managers reflected in Chapter 4, their values, valency and sentience are better managed within a collective function. The risk of self-sacrifice and fragility is minimised, and the behaviours of registered managers will be less ordered by the system's pressures within which they are required to function.

4) Creating a supportive environment

The research study spoke to the neglect of the emotional experiences of staff who have to use themselves as a tool to work with children's emotional disturbances. The lack of research in this area reflects the neglect of this significant aspect of residential care.

The coalesce, represented in Figure 10 (pg. 103), where the three domains of person, role, and organisation overlapped by compliance while under extensive external pressures, is unsustainable. Registered managers are left shouldering the system's inadequacy, and a supportive environment where significant emotions can be contained is needed.

Rather than scapegoating and shaming residential care and, in particular, registered managers, organisational consultancy and clinical supervision should be a requirement to enable registered managers to straddle the person, role, and organisational domains consciously and reflectively.

Primitive anxieties are stirred up across the group dynamics in children's homes—from the children to the staff, managers, and other professionals. There is a natural tendency to get rid of these difficult feelings and locate them in others or within the system. Registered managers act as containers for these difficult thoughts and feelings and need considerable emotional containment themselves through line management supervision and consultancy. These imperative structures will have a considerable impact on the task if recognised organisationally, including organisational functioning, preservation, and effective staff working to support the therapeutic work with the children.

As part of creating a supportive environment, it is also imperative that the professionals who inspect and judge children's residential homes are aware of some of the powerful dynamics that operate with children's homes. Regulatory inspectors need to have sufficient training to understand the primitive anxieties that are stirred up in the system and, consequently, the powerful dynamics at play in children's homes. They should have the skills to decipher their emotions but also understand when they are recipient

of projected emotions and, importantly, how these may show up during the inspection process.

This recommendation is pivotal and needs to be addressed within all homes working with children; otherwise, the environment will become saturated with the trauma and experiences of the children, which will eventually lead to the burnout of registered managers.

9.6 Contribution to the Field

This study provides a unique and timely contribution to the field of residential childcare and child protection, particularly by illuminating the often-overlooked emotional and systemic realities of registered managers. It bridges a critical gap in research, policy, and practice by offering relevant insights into residential care in England and resonating within broader debates around regulation, leadership, and emotional labour in residential care settings.

9.6.1 Original Focus on Registered Managers as Emotional Containment Figures

One of the most original contributions of this study is its exploration of the emotional toll and containment function performed by registered managers. While much literature focuses on children in care or frontline workers such as social workers or support staff, this research shifts the lens to those at the apex of responsibility within residential settings. It uniquely positions registered managers as containers of systemic anxieties, shame, and unprocessed trauma—highlighting their dual role as both organisational leaders and emotional holders.

This framing, grounded in psychodynamic and systems theory, adds a deeper level of analysis to existing leadership literature in social care, where technical and managerial competencies are often prioritised over emotional dynamics.

9.6.2 Use of Biographic Narrative to Capture Lived Experience

The methodological approach, biographic narrative interviewing, adds originality by

capturing the lived, storied experiences of registered managers in a way that quantitative or thematic interviews cannot. The study does not merely catalogue challenges or policy impacts; it delves into how these experiences are internalised, interpreted, and managed over time. This offers an enriched understanding of professional identity, valency, and the subjective positioning of managers within institutional and societal structures.

9.6.3 Typologies of Registered Managers

The study also offers an original typology of registered managers based on how they relate to the emotional demands and structural deprivations of the role. By distinguishing between business-minded and socially-minded leadership styles—and proposing the need for a balance between the two—the study provides a nuanced framework for understanding why some professionals thrive while others burn out or leave the sector. This typology can inform recruitment, training, and retention strategies in the field.

9.6.4 Highlighting Shame, Isolation, and Professional Invisibility

Another original aspect is the study's attention to shame, isolation, and invisibility within the role. These emotional themes are not commonly addressed in research on residential care leadership. By naming and contextualising these feelings, particularly as they relate to inspection frameworks, blame culture, and public scrutiny, the study adds to the discourse on emotional labour in leadership. It reveals how systemic forces can erode professional well-being and identity.

9.6.5 Challenging the Dominance of Compliance-Driven Models

The study critically interrogates the impact of inspection and compliance regimes on professional behaviour, decision-making, and emotional states. It contributes to policy discussions by questioning whether current regulatory models serve their intended purpose or whether they reinforce defensive, shame-based systems that ultimately

distance practice from the child. This positions the study within broader critical debates around the "audit culture" in public services and social care.

9.6.6 Practical Recommendations for Reform

Finally, the study contributes to applied knowledge through its well-evidenced recommendations. These are grounded in lived experience and have implications for policy, practice, training, and regulation. The recommendations around accreditation, leadership distribution, emotional support, and inspector training are not only practical but responsive to the real-world conditions identified in the research.

In summary, the research contributes a distinctive and necessary perspective to the field of residential childcare by foregrounding the emotional, systemic, and professional experiences of registered managers. Its originality lies in its methodological depth, emotional lens, and critical engagement with existing structures. As such, it provides a foundation for further research, policy reform, and the professionalisation of a role that remains undervalued despite its centrality to the well-being of children in care.

Key Terms

Terms	Definition
Abandonment	Abandonment is the experience or fear of being deserted or left behind by caregivers or significant others. Abandonment is often linked to attachment trauma and can lead to deep emotional scars and fear in future relationships.
Anxiety	Anxiety is the feeling of worry, nervousness, or unease, often about an imminent event or uncertain outcome. Anxiety can be a normal response to stress or a symptom of deeper psychological conditions like trauma or attachment disruptions.
Attachment	Attachment is a deep emotional bond between a child and a caregiver. Attachment theory explains how early caregiving relationships influence a person's ability to form secure relationships later in life.
Case studies	Case Studies is an in-depth analysis of individual or group experiences in real-life contexts. Case studies are used in qualitative research and therapeutic settings to explore complex issues.
Complex Trauma	Complex trauma is when traumatic events are ongoing or repeated. Complex trauma can be more severe than single-event trauma and often includes neglect, abuse, or chronic disruption in early caregiving, leading to long-term developmental and relational impacts.
Containment	Containment is how a caregiver or therapist receives and processes a person's distress without becoming overwhelmed. It helps individuals make sense of overwhelming feelings when someone else can "hold" those feelings for them.
Countertransference	Countertransference refers to the emotional reactions and unconscious responses a caregiver, therapist, or

	professional has towards a person in their care, often based on their own past experiences and internal conflicts.
Cross Case Analysis	Cross-case analysis is a research method used to compare and contrast multiple case studies to identify patterns, themes, or differences across them.
Defences	Defences are unconscious psychological strategies used to manage anxiety or conflict. Defences like repression, denial, or projection help individuals protect themselves from emotional distress.
Defended Subjects	Defended subjects are individuals who use psychological defences to avoid painful realities or emotions. In psychosocial studies, defended subjects may distort their understanding of self or others to avoid shame or trauma.
Epistemology	Epistemology is the theory of knowledge and how we know what we know. In research, epistemology addresses questions about the sources and validity of knowledge.
Holding Environment	A holding Environment is a psychological space a caregiver, professional, or therapist provides that feels safe and contained. A concept where the caregiver's ability to "hold" the child's emotional experience supports development and healing.
Ontology	Ontology is the philosophical study of being, existence, and the nature of reality. In research, ontology refers to beliefs about what exists and what can be known about the world.
Paradigms	Paradigms are frameworks or models of understanding that guide research and theory. They shape how we define problems, collect data, and interpret results.
Primary Task	Primary Task is the core aim or function of a system or organisation. In residential care, the primary task might be to provide therapeutic, developmental, or protective care for children.

Registered Manager	The registered manager is a designated person responsible for the day-to-day operational leadership and management of the children's home. They must be registered with Ofsted and must ensure compliance with the Children's Homes (England) Regulations 2015 and the Quality Standards. They are expected to demonstrate leadership, deliver direct care, and ensure the welfare and safety of children.
Responsible Individual	The responsible individual represents the organisation or provider that owns the home. They oversee the management of the home, typically on behalf of a company, charity, or local authority. They must be a senior figure, such as a director or trustee and are legally responsible under Regulation 26 of the Children's Homes 2015 Regulations for supervising the management of the home and ensuring that the manager is effective.
Shame	Shame is a painful emotion caused by the consciousness of guilt, failure, or perceived unworthiness. Shame is relational and can be toxic when internalised from early negative experiences, contributing to defended behaviors.
Splitting	Splitting is a defence mechanism where individuals see others or themselves as all good or all bad. Splitting prevents the integration of positive and negative aspects of people or experiences.
Transference	Transference is the redirection of unconscious feelings from one person (often a caregiver) to another (e.g., a therapist). In therapy or care, a person may unconsciously project past feelings onto current relationships.
Trauma	Trauma is a psychological response to a deeply distressing or disturbing experience. It can result from a single event (acute) or repeated exposure (chronic) to multiple events. It affects emotional regulation, memory, and relationships.

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