The Personhood of Care Workers of Children in Residential Alternative Care

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Dedications

To the children in residential care. May we always strive to do right by you. May we bring you hope, believe in who you are, and never lose sight of who you can become.

To the care workers I encountered on this journey, and to all those who continue to walk this path. Thank you for your choice to be a stable presence in the lives of children. Thank you for choosing to love beyond blood.

And lastly, to my father. The one who first inspired my love for psychology and this work. May the work you began, and that I now continue alongside you, make you proud.

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Abstract

This dissertation explores the personhood of care workers in residential alternative care settings in Malta, with a particular focus on their attachment narratives as central to understanding their caregiving roles. Using a narrative research approach, the study engaged with seven female care workers to co-construct lived stories that illuminate how past and present attachment experiences shape their sense of self, relationships, and professional identity. The analysis reveals a central narrative of *"becoming through care,"* where caregiving emerges as a transformative, relational process through which personhood is both expressed and developed. Findings highlight how emotional labour, empathy, and ethical sensitivity are deeply rooted in care workers' attachment histories, influencing their approach to children with relational trauma. Participants often described caregiving as "like" motherhood, capturing the emotional intensity and secure-base function of their role, while also revealing tensions around professional boundaries. Many entered the field unexpectedly yet developed strong attachments that evolved into a vocation. Their narratives reflect how care work extends the self, with identity shaped through ongoing reflection, peer support, training, and therapeutic engagement. This study underscores the dynamic intersection between personal and professional selves in residential care work, calling for attachment-informed frameworks that acknowledge care workers' relational depth and emotional investment. By centring their voices, this research contributes to a richer understanding of how care workers make meaning of their roles and highlights the need for supportive structures that honour and sustain their personhood.

Keywords: Attachment Narratives, Personhood, Care Workers, Residential Alternative Care, Co-Construction, Narrative Research

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Chapter 1: Introduction

Background and Rationale

The inspiration for this research stems from my professional experience as a care worker in residential alternative care and meaningful interactions with other care workers. These experiences have been transformative, offering opportunities for personal growth and reflection. Working with children in residential settings presents complex challenges. Care workers provide consistent, nurturing care to children who are not biologically their own, often managing emotional dynamics that mirror familial relationships (Grech, 2017; Seti, 2008).

Residential alternative care refers to non-family placements for children unable to live with their biological families, such as group homes, institutions, or therapeutic settings (Grech, 2017). Children in these environments often carry trauma, loss, and instability from early adverse experiences, disrupted attachments, and systemic challenges. These difficulties manifest in behaviours and relational needs that require emotionally attuned responses (Giraldi et al., 2022).

This work calls for more than professional competence; it is, in many ways, a vocation. This view emerged both from care workers' narratives and my own reflections. Caring for children who have endured adversity often confronts care workers with their own unresolved experiences and emotional triggers. These relationships can evoke strong emotional responses that challenge professional boundaries (Mandell, 2008). The role demands emotional resilience, self-awareness, and ongoing personal development (Porter et al., 2020; Steinlin et al., 2017).

Care workers play a vital role in shaping children's experiences and long-term outcomes. Their ability to establish stable, trusting relationships promotes healing and

resilience (Seti, 2008; Vella, 2022). The demands are considerable. Beyond addressing behavioural and developmental needs, care workers navigate the emotional impact of their role. Children's stories and pain often resonate within the adults caring for them, creating both connection and emotional strain (Brown et al., 2018; Giraldi et al., 2022; Seti, 2008). They must offer emotional availability while managing institutional complexities and personal challenges (Brown et al., 2018; Porter et al., 2020).

From my perspective, residential care is not just a job; it is a profound human encounter. It calls care workers to grow in understanding themselves, their histories, and their capacity to build healing relationships with children in vulnerable moments. In this context, care workers' own attachment narratives, shaped by early relationships and emotional experiences, significantly influence how they respond and connect with children. These narratives shape relational style, emotional availability, and capacity to attune to children's needs (Dallos, 2023; Vetere & Dallos, 2008).

Research Focus

While previous research has explored various dimensions of caregiving in residential settings, including how care workers perceive and manage relationships with children's families (Grech, 2017), this study shifts the focus inward to the care workers themselves. It seeks to understand how care workers make sense of their work with children through the lens of their own attachment histories and experiences. It examines how personal narratives inform caregiving approaches and shape their sense of personhood within the caregiving role.

The concept of personhood; the qualities and values that define an individual's sense of self (Young, 2019), plays a central role in this exploration. This study positions personhood not as a background characteristic, but as an active, evolving element influencing how care workers relate to children. Central to this is the notion of attachment narratives,

which Dallos (2023) defines as the developing stories we construct about our early emotional relationships, shaped by our instinctive need to seek safety and protection in childhood. These narratives are not fixed recollections but are continuously constructed and reconstructed over time, shaped both by internal reflection and by how we share them with others.

Framed within a constructivist-interpretivist paradigm, this research recognises meaning as socially and relationally co-constructed. My own experiences, both personal and professional, inevitably influence how I understand and engage with the narratives shared. As Dallos (2023) notes, the telling of attachment narratives is shaped by the perceived safety of the listener. This understanding has guided the development of a reflective, relational approach to interviewing and analysis, and highlights the importance of attending to not only what is said, but how and why it is shared.

Research Aims and Question

This study aims to recognise and explore the personhood of care workers in residential alternative care settings, with a particular focus on their attachment narratives as a central component of that personhood. By engaging with the lived experiences and personal stories of care workers, the research seeks to co-construct core narratives that reveal how their histories of attachment, both past and present, inform their understanding of themselves and their caregiving roles. This approach foregrounds the emotional and relational dimensions of personhood, offering a nuanced perspective on how care workers make meaning of their work with vulnerable children.

The main research question guiding this inquiry is: *How do care-workers' narratives about their own personhood, in particular their attachment narratives, affect their understanding of their roles and relationships with the children they care for?* In exploring

this question, the study emphasises the significance of attachment narratives in shaping the ways care workers relate to, connect with, and respond to the children in their care. Rather than viewing care work solely as a professional duty, this research highlights how personal histories, identity, and relational experiences deeply influence the quality and nature of caregiving. The narrative approach offers a rich framework for understanding how care workers draw on their own attachment experiences to construct meaning, navigate challenges, and build authentic, supportive relationships with children in residential care.

Significance of the Study

This research is significant for several reasons. First, it highlights the often-overlooked inner lives of care workers and acknowledges the emotional intensity of their roles. By exploring how their attachment narratives influence caregiving, the study offers insights into the relational foundations of effective care. Second, it contributes to the growing literature that emphasises the importance of reflective practice and emotional awareness in caregiving professions. Third, it deepens the understanding of personhood within professional care relationships. Ultimately, by centring care workers' voices and stories, this study supports the development of more attuned, compassionate, and sustainable caregiving practices. It underscores the need for systemic support that recognises the emotional labour of care workers and fosters environments where they can grow personally and professionally.

Structure of the Dissertation

This dissertation is structured to provide a comprehensive exploration of the research topic. Chapter One introduces the study's background, rationale, and aims. Chapter Two reviews literature on attachment, personhood, and residential caregiving. Chapter Three explains the narrative inquiry methodology and interpretivist lens. Chapter Four presents co-constructed care worker narratives, common themes, and a core narrative capturing shared

experiences. Chapter Five analyses these themes alongside literature and theory, exploring links between attachment, personhood, and caregiving. Chapter Six concludes with key findings, practice implications, and future research directions. This structure foregrounds care workers' voices and the significance of personhood in meaningful caregiving.

Chapter 2: Literature Review

Introduction

This literature review provides a conceptual and theoretical foundation for the study by exploring key themes central to the research: attachment narratives, personhood, and the lived experiences of care workers in residential alternative care. These concepts will be revisited throughout the dissertation to address the research question.

To identify relevant literature, I broke down the research title and question into core components, asking: What is essential to understand about attachment narrative theory in caregiving? What frameworks exist around personhood in relational or care settings? How is care worker identity in residential settings approached? I conducted targeted searches through academic databases, such as Google Scholar and the University of Malta's library platform Hydi, and key policy documents. Peer-reviewed texts and recent empirical studies exploring caregiving, attachment, and personhood intersections were prioritised.

While focusing on care workers, I also examined literature on children in residential care. My experience as a residential care worker informed this perspective, grounded in research on children's emotional needs, attachment histories, and relational dynamics. This dual lens enables a critical and contextual engagement with the literature. This chapter begins by examining residential alternative care, both broadly and within Malta, and the children involved, before focusing on personhood and attachment narratives to illuminate how care workers understand their roles, identities, and relationships.

Residential Alternative Care: Conceptual Foundations, Quality, and Challenges

Residential alternative care serves children who cannot live with their biological families, providing structured, out-of-home environments aimed at offering supervision, support, and a family-like atmosphere (Giraldi et al., 2022; Leloux-Opmeer, 2017; Petrowski

et al., 2017). While the distinction is debated and some residential care still reflects institutional traits, it aspires to move beyond large, impersonal models by offering individualised attention and stable caregiving focused on necessity, suitability, and child-centred values. (Davidson, 2015; Giraldi et al., 2022).

These principles resonate deeply with the attachment-informed framework guiding this study, as care workers operate not merely as providers of basic needs but as emotional anchors and relational figures within these settings (Whittaker et al., 2016; Grech, 2017; Vella, 2022). Recognising this broader conceptual framing was critical for interpreting care workers' narratives, particularly regarding how attachment and meaning making shape their personhood and caregiving roles.

Quality in residential care hinges on emotionally available staff, stable routines, and environments supportive of developmental needs (Quiroga & Hamilton-Giachritsis, 2016; Giraldi et al., 2022). Thoburn (2016) challenges the notion of residential care as merely a last resort, positioning it as a viable, positive option when structured effectively. Yet, systemic conditions profoundly impact care workers' experiences, as adequate support and organisational structure influence their emotional labour and professional identity (Porter et al., 2020; Mandell, 2008). This study explores how these ideals are experienced and negotiated by care workers, shedding light on how systemic conditions influence their attachment narratives, emotional labour, and evolving sense of personhood within the relational dynamics of residential care. (Vella, 2022).

Despite its potential, residential care remains contested, marked by challenges such as peer violence, limited autonomy, and institutional control that may foster risk-averse, distant caregiving cultures (Lukšík, 2018; Brown et al., 2018; Cameron-Mathiassen et al., 2022). While family-based care is often preferred, research like the Bucharest Early Intervention

Project confirms that for some children, especially those less able to adapt to foster placements, residential care can provide essential emotional stability (Giraldi et al., 2022; Thoburn, 2016). Best practices extend beyond staffing levels to include opportunities for meaningful relational connection, low group sizes, and children's active participation (Porter et al., 2020). However, ongoing structural barriers, peer dynamics, and inconsistent quality underscore the necessity of relational and cultural sensitivity. This complex context situates care workers at the intersection of attachment and personhood, where their professional and emotional identities are continuously shaped and negotiated.

Residential Care in Malta: Complexities, Tensions, and Care Workers' Experiences

Literature on residential care in Malta reveals persistent tensions central to this study's focus on care workers' personhood and attachment narratives. Farrugia (2010) highlights a gap between policy ideals and the lived realities of children and care workers, exposing inconsistencies that complicate quality care. This gap underscores the need for practical, reflective approaches to bridge theory and practice, an issue this study explores through care workers' own stories.

Grech (2017) shows care workers' emotional ambivalence in balancing child-centred care with family involvement, suggesting professionalisation alone cannot resolve these tensions without shared family-informed frameworks and reflective practice. Muscat Azzopardi (2021) adds that stigma around children in care, reinforced by deficit-focused media, shapes public attitudes and policy, influencing the emotional labour embedded in care workers' roles.

Abela et al. (2012) remind us of the developmental harm caused by institutional placements, especially to children under the age of five, supporting calls for deinstitutionalisation and personalised care. Their findings challenge this study to critically

examine systemic constraints and potential for change within entrenched frameworks. Agius (2023) and Borg et al. (2023) emphasise relational safety, reflexivity, and trauma-informed care as key to resilience and meeting children's complex health needs, highlighting that well-being requires coordinated multidisciplinary support beyond individual effort.

Finally, Vella (2022) foregrounds the emotional toll of caregiving, compassion fatigue and burnout, and advocates for self-care and reflective supervision, aligning with this study's aim to explore how care workers' personhood is sustained and challenged by their work. Together, these studies depict Maltese residential care as a complex and often contradictory field shaped by policy, practical challenges, stigma, and resilience. This study critically engages with these dynamics to understand how care workers construct their identities and caregiving practices in this context.

Children in Residential Care

Children in residential care face complex emotional, behavioural, and developmental challenges rooted in early adversity, disrupted attachments, and placement instability – factors that directly shape the emotional demands placed on care workers. This section outlines these needs to underscore the relational intensity central to caregiving, which this study explores through care workers' personhood and attachment narratives.

Children often struggle with identity development and psychological well-being due to fragmented life narratives and insecure attachments (Sindi & Strömpl, 2019; Quiroga & Hamilton-Giachritsis, 2016). Ertekin & Berument (2019) highlight how disorganised attachment is common and linked to long-term relational difficulties, with children in institutional settings reporting lower self-esteem and higher anxiety from limited emotional support. These findings emphasise the importance of consistent, attuned caregiving and frame

the exploration of care workers' attachment histories as key to understanding their relational capacity (Dallos, 2006; Vetere & Dallos, 2008).

Behavioural difficulties such as aggression, withdrawal, and anxiety frequently reflect trauma and instability (Quiroga & Hamilton-Giachritsis, 2016; Ertekin & Berument, 2019). Vulnerable groups, including older males with lower IQs, show particularly high externalising behaviours (Leloux-Opmeer et al., 2016), while psychiatric disorders affect up to 76% of children in care (Lou et al., 2018). Care workers' emotional attunement, shaped by their own attachment models, is crucial for managing these challenges, emphasising that therapeutic relationships depend as much on personal histories as on formal training (Zerach, 2013; Aponte, 2022; Vetere & Dallos, 2008).

Therapeutic residential care (TRC) aims to combine emotional support, routine, and stable caregiving, with relationship quality, warmth, stability, predictability, being central (Whittaker et al., 2016; Gallagher & Green, 2013; Porter et al., 2020). Nonetheless, residential care is often perceived as a "last resort," not only due to stigma but also because outcome studies frequently report poorer results compared to foster care (Abela et al., 2012). This perception can contribute to children's internalised feelings of rejection and marginalisation (Leloux-Opmeer et al., 2017; Calheiros et al., 2015). Consistent, emotionally available care workers can counteract this by fostering belonging and dignity (Brown et al., 2018). Placement instability, common among these children (Thoburn, 2016), further underscores the critical role of care workers as both institutional agents and emotional anchors.

Despite these adversities, resilience emerges when children experience secure relationships and opportunities for agency. Structured, supportive environments that promote autonomy enhance emotional regulation and social functioning (Lukšík, 2018; Quiroga &

Hamilton-Giachritsis, 2016; Lou et al., 2018). As central figures in these environments, care workers' ability to foster resilience is closely tied to their attachment-informed practices and emotional availability, which are shaped by their own narratives and personhood. Their role is crucial in supporting positive developmental trajectories and transitions to adulthood (Gallagher & Green, 2013; Thoburn, 2016).

Together, these insights frame the structural and relational context of residential care, reinforcing how care workers' emotional labour and attachment histories profoundly shape care delivery and experience. Situating care workers within this child-centred framework foregrounds the relational heart of residential care and the importance of exploring their personhood, which is the focus of this study.

The Role of Care Workers

Care work in residential settings extends far beyond routine tasks; it involves deeply relational, therapeutic engagement with children who have complex emotional and developmental needs (Grech, 2017; Vella, 2022). Care workers embody care through their personal histories and internal resources (Mandell, 2008; Brown et al., 2018), making the exploration of their attachment narratives essential to this study.

Five key dimensions frame care workers' roles: relationship-building and attachment, emotional and developmental support, therapeutic trauma-informed care, workforce challenges, and professional development. These domains illustrate how systemic demands intersect with personal experience, underscoring the importance of viewing care workers as whole persons whose relational histories shape their practice.

Secure, consistent relationships are foundational to residential care, fostering children's emotional well-being (Quiroga & Hamilton-Giachritsis, 2016). Yet, factors such as staff turnover and shift work disrupt relational continuity (Julian & McCall, 2011; Colton &

Roberts, 2007). Care workers' attachment styles influence their capacity for emotional availability and attunement; secure internal models enhance this, while unresolved attachment histories may hinder consistency (Dallos, 2006; Vetere & Dallos, 2008). This study focuses on how care workers' attachment narratives inform their relational engagement.

Emotionally attuned care supports children's trauma recovery and identity development (Ertekin & Berument, 2019), requiring emotional presence and co-regulation skills shaped by the caregiver's own emotional development (Brown et al., 2018; Giraldi et al., 2022). Many workers, however, avoid sensitive topics fearing harm (Sindi & Strömpl, 2019), highlighting the complexity of emotional support in practice. Therapeutic, trauma-informed care is vital given children's histories of adversity (Lukšík, 2018; Lou et al., 2018). Yet systemic pressures, heavy caseloads, limited training, often compromise these approaches (Brend, 2020). Moreover, care workers' capacity for reparative caregiving is deeply influenced by their personal attachment experiences, reinforcing the human foundation of care relationships (Dallos, 2006).

Workforce challenges such as emotional burnout, limited organisational support, and risk-averse cultures complicate care workers' roles, sometimes discouraging relational closeness and requiring emotional suppression (Seti, 2008; Brown et al., 2018; Porter et al., 2020). Attachment theory offers insight here, suggesting that secure attachment patterns promote resilience, while unresolved trauma increases vulnerability (Garcia Quiroga & Hamilton-Giachritsis, 2017; Vetere & Dallos, 2008). Understanding care workers' personhood is thus critical to grasping how they navigate workplace stress (Mandell, 2008).

Professional development and trauma-informed training are crucial (Cameron-Mathiassen et al., 2022), yet their effectiveness depends on engaging workers' emotional and relational selves. Reflective supervision fosters self-awareness and resilience by addressing

personal histories and relational patterns (Aponte, 2022; Giraldi et al., 2022; Grech, 2017). This study recognises care workers as reflective beings whose personhood shapes their engagement with training and caregiving.

In sum, care workers' ability to build attachments, offer emotional containment, and provide therapeutic care is inseparable from their identities, values, and relational histories (Giraldi et al., 2022; Porter et al., 2020). To understand residential carefully, this study foregrounds the caregiver's personhood and uses attachment narratives as a central lens to understand relational capacities and caregiving practices.

Understanding Personhood: Theoretical Perspectives and Relevance in Care Work

Personhood is a multifaceted and contested concept encompassing identity, agency, relationality, and moral recognition, dimensions crucial to caregiving in residential alternative care (Adjei, 2019; Young, 2019). Moving beyond a mere contextual backdrop, personhood is a dynamic and often contested aspect of care work that shapes and is shaped by emotional attunement (Didier et al., 2023). Yet, literature explicitly linking personhood theories to care workers lived realities remains limited, making this study's focus particularly timely.

This section reviews four interrelated perspectives illuminating how personhood is constructed, negotiated, and sometimes denied within caregiving: (1) philosophical and psychological foundations, (2) social and cultural constructions, (3) ethical and professional contexts, and (4) frameworks specific to residential care. Together, these lenses reveal the complexity of personhood in caregiving and set the stage for examining attachment narratives as interpretive tools for care workers.

Philosophical and Psychological Foundations

Traditional rationalist models (Dennett, 1998), which tie personhood to cognitive capacities like rationality, inadequately capture the lived realities of care workers, whose

personhood often manifests relationally and emotionally. Schechtman's (1990) narrative account, linking personhood to coherent self-stories, is more apt for residential care contexts marked by fragmented life histories, though it insufficiently addresses power dynamics governing narrative legitimacy. Harré's (1995) embodied and socially situated conception of personhood foregrounds recognition and social positioning, challenging reductive task-oriented views and emphasising caregiving as a morally charged relational practice.

Personhood as a Social and Cultural Construct

Anthropological insights problematise fixed notions of personhood, emphasising its social conferment and contextual instability (McIntosh, 2018). In institutional care, recognition is precarious, mediated by bureaucratic roles and moral judgements that can simultaneously affirm and erode care workers' personhood. Rassmusen (1999) highlights tensions between culturally prescribed norms and the affective realities of care work, underscoring how institutional demands marginalise authentic emotional presence. This critical lens reveals personhood as relational yet vulnerable to institutional control, a view enriched by narrative and attachment-informed perspectives that consider how care workers' stories of connection and rupture shape their moral self-understanding and caregiving capacity.

Professional and Ethical Contexts

Clinical ethics often invoke personhood in terms of autonomy and dignity, but these principles frequently remain abstract within institutional cultures that fail to support relational recognition (Young, 2019; Ikäheimo & Laitinen, 2007). Care workers' emotionally demanding roles are frequently undervalued, lacking the recognition afforded to other therapeutic professions. Satir & Brothers' (2008) emphasis on practitioner emotional attunement and authenticity, though developed outside residential care, offers a compelling

framework for legitimising the affective dimensions of care work. Integrating such insights could shift perspectives from managerial metrics toward recognising caregiving as profoundly human and transformative.

Personhood in Residential Care Work

Existing models of care workers' personhood, such as Krishna and Kwek's (2015) layered "ring theory," offer useful but potentially oversimplified frameworks. Tensions between institutional norms and personal ethics reveal personhood as a site of conflict rather than balance. Didier et al. (2023) propose rupture and reconciliation mechanisms to protect personhood but overlook the centrality of attachment narratives; stories through which care workers make sense of their roles, relational wounds, and identities. A narrative approach bridges this gap, showing how attachment experiences and storytelling actively shape personhood in ongoing interactions with children.

Impact on Children and Institutional Implications

Relational depth is not incidental but fundamental to caregiving effectiveness. Steinlin et al. (2017) demonstrate that care workers' emotional well-being is inseparable from relational quality, yet systemic failures to support their moral and emotional identities are often incorrectly blamed on their personal shortcomings. Besides for its contribution to potential secondary traumatic stress and burnout, this deflects institutional responsibility and risks rendering emotionally attuned care unsustainable. Genuine recognition of care workers' personhood must transcend rhetoric to transform care structures, evaluation, and support mechanisms.

Bridging Personhood and Attachment Narratives

Collectively, these insights emphasise understanding care workers' personhood as a lived, relational, and narratively constructed phenomenon. This foundation leads directly into

exploring attachment narratives, which represent care workers' emotional and moral scaffolding, stories of belonging, rupture, resilience, and identity that actively shape how caregiving is understood and enacted. Examining these narratives offers an intimate window into personhood formation and a powerful critique of institutional forces that validate, silence, or constrain care workers' voices.

Understanding The Role of Attachment Narratives: Implications for Personhood and Approach to Work

The attachment experiences of care workers profoundly influence their caregiving styles and sense of personhood. While much research has focused on attachment styles; secure, anxious, avoidant, as predictors of caregiving sensitivity and burnout risk (Garcia Quiroga & Hamilton-Giachritsis, 2017; Hunter et al., 2006), a less represented understanding emerges from exploring attachment narratives: the internalised stories care workers hold about themselves, relationships, and caregiving (Dallos, 2023). These narratives, shaped by early relational experiences and expressed through language, beliefs, and behaviour (Dallos, 2023; Vetere & Dallos, 2008), offer a dynamic lens to understand how identity and professional engagement evolve in emotionally demanding residential care contexts.

Attachment Narratives and Emotional Engagement in Care Work

Care work is inherently relational and emotionally intense (Seti, 2008; Brown et al., 2018). Beyond structural attachment styles (Zerach, 2013; Quiroga & Hamilton-Giachritsis, 2017), attachment narratives illuminate the meaning-making processes that guide care workers' responses to relational challenges (Dallos, 2023). For example, a care worker with a coherent, secure narrative demonstrates emotional regulation and reflective functioning, enabling attuned caregiving with healthy boundaries (Fonagy & Target, 1997). Conversely, fragmented narratives can foster emotional withdrawal or enmeshment, undermining

relational consistency (Dallos, 2006). This helps explain why some experienced workers may adopt emotionally distanced approaches as defensive strategies shaped by earlier unmet attachment needs (Quiroga & Hamilton-Giachritsis, 2017; Dallos, 2006).

Attachment Narratives and Professional Resilience

Narrative coherence also underpins emotional resilience and burnout prevention. Securely attached individuals typically maintain integrated, reflective narratives that support stability under stress (Dallos, 2006; Zerach, 2013). In contrast, anxious or avoidant narratives, shaped by inconsistent or neglectful early care, interfere with managing caregiving's emotional demands (Dallos, 2006; Fonagy & Target, 1997). Hunter et al. (2006) highlighted attachment security in emotional coping, but a narrative focus enriches this by revealing the internal coherence driving those behaviours, thus deepening insight into care workers' emotional lives (Dallos, 2023).

Beliefs, Motivations, and the Narrative Construction of the Caregiver Self

Attachment narratives also shape care workers' beliefs and motivations. Some avoid emotional engagement due to internalised narratives that view attachment as potentially harmful, reflecting past relational pain and defensive storylines (Quiroga & Hamilton-Giachritsis, 2017; Dallos, 2006). Others, motivated by religious or ideological narratives, may prioritise role adherence over relational responsiveness, which can limit emotional presence (Zerach, 2013). Such identity scripts, like narratives of "being called to serve," can provide resilience but also risk emotional suppression if they bypass vulnerability or trauma (Dallos, 2006). This tension impacts both caregiving quality and worker well-being, emphasising the importance of narrative integration for authentic personhood (Dallos, 2023; Sindi & Strömpl, 2019).

Implications for Support, Training, and Reflective Practice

Recognising attachment narratives as central to caregiving has important implications for residential care training and support. As suggested by Grech (2017), conventional programs often neglect caregivers' own attachment histories and narrative coherence, focusing instead on behaviour management and trauma-informed care. Yet, fostering reflective functioning and narrative integration through life story work, narrative therapy, and reflective supervision can enhance emotional regulation, resilience, and relational attunement (Dallos, 2006; Grech, 2017). This approach reframes issues like burnout and emotional detachment from isolated occupational problems to expressions of personal meaning-making and identity struggles. Consequently, a narrative-informed framework promotes a compassionate, humanised understanding of care workers. Not merely as professionals but as individuals with their own complex attachment stories, losses, and strengths (Dallos, 2006; Grech, 2017).

Conclusion

This literature review has examined the conceptual and empirical landscape of personhood, attachment, and caregiving in residential care. Personhood is shown as a relational, morally situated construct shaped by context and institutional forces. The review underscores that care work, especially in therapeutic settings, is rooted in emotional labour and relational presence. Yet, as highlighted in the literature reviewed, a critical gap remains care workers' own voices and attachment narratives are often neglected in research and policy discourses, which tend to prioritise child-centred or outcome-focused perspectives.

Although attachment theory is widely applied to children, its relevance to care workers' inner worlds, relational strategies, and moral identities is underexplored. Likewise, personhood frameworks tend to be fragmented or abstract, with limited attention to those

providing emotionally intensive daily care. These gaps shaped this study's design, which uses a narrative approach to explore how care workers make meaning of their roles and relationships. By centring their stories, the research aims to reframe care workers lived experiences as essential to understanding both the nature and cost of care, and the personhood of those who provide it.

Chapter 3: Methodology

This chapter outlines the methodological framework that underpins this study. It begins by outlining the ontological and epistemological assumptions that inform the research, rooted in a constructivist-interpretivist paradigm. The chapter then details the rationale for adopting a qualitative, narrative approach, followed by an explanation of the research design, including participant selection, data collection methods, and data analysis procedures. Reflexivity and ethical considerations are also addressed, recognising the importance of the researcher's positionality in shaping both the process and interpretation of the findings. Through this structure, the chapter aims to provide a transparent and coherent account of how the study was conducted and how meaning was generated from the participants' narratives.

Epistomological and Ontological Stances

This research aims to explore how care workers construct and express their personhood through attachment narratives, and how these narratives shape their roles, relationships, and experiences within residential alternative care. Given the relational depth, emotional attunement, and ongoing self-reflection required in this context, the study focuses on co-constructed narratives to illuminate how care workers make meaning of their roles, values, and identity development.

Grounded in a qualitative paradigm, the study adopts a constructivist-interpretivist ontological and epistemological stance. Reality is viewed as socially constructed and subjective, shaped through personal narratives and relational contexts (William, 2024). Personhood is fluid, influenced by interactions, emotions, and professional roles (Young, 2019). Epistemologically, interpretivism is embraced, recognising knowledge as co-constructed between researcher and participants (Burns et al., 2022). Narratives are

understood as meaning-making processes through which care workers articulate identity and purpose, with no aim to generalise but to deeply explore lived personhood (William, 2024).

Methodologically, narrative analysis is employed to richly explore how care workers construct identity through storytelling. As Earthy and Cronin (2008) note, storytelling is a natural, socially embedded way of making sense of experience. This approach examines not only story content but also structure and purpose, offering insight into how care workers interpret their roles and relationships in residential care. The idiographic focus prioritises individual meaning-making over broad generalisations (Earthy & Cronin, 2008; William, 2024).

Researcher reflexivity is essential in this interpretive study. My insider experience as a former residential care worker informs my sensitivity to emotional labour, ethical tensions, and relational dynamics within participants' narratives. To mitigate bias and maintain credibility, I use reflexive practices such as maintaining a research journal and regular supervisory sessions, ensuring analysis remains faithful to participants' voices while critically acknowledging my positionality (Burns et al., 2022; William, 2024).

The Research Design and Rationale

This study adopts a qualitative research design underpinned by a narrative methodology to explore the personhood of care workers in residential alternative care. A qualitative framework suits the personal and experiential nature of the study, enabling a deep exploration of how care workers construct meaning around their experiences, values, and attachment narratives (Earthy & Cronin, 2008; Smith, 2016). Narrative methodology facilitates the collection and interpretation of personal stories, revealing how participants understand their identities and roles (Bamberg, 2012; Earthy & Cronin, 2008). It recognises meaning as co-constructed between researcher and participant, allowing for the identification

of patterns, themes, and unique perspectives (Bignold & Su, 2013; Lydon & Edwards, 2021). This approach enables both individual and collective insights into care work (Smith, 2016).

The Rationale

The rationale for this research design is grounded in the belief that care work is not just a professional role but a deeply personal experience, shaped by an individual's own history. A narrative approach enables an exploration of not just what care workers do, but how they make sense of their role, their emotional experiences, and their own personal growth (Smith, 2016). Furthermore, by capturing first-person accounts, this study seeks to contribute to the growing body of research on the support, training, and supervision needs of care workers. This ensures that those who take on the role of 'professional parents' receive the guidance and resources necessary to better support the children in their care (Bignold & Su, 2013; Grech, 2017; Smith, 2016).

This research design aligns with the goal of amplifying the voices of care workers, fostering reflection and self-awareness, and informing best practices in residential alternative care. This approach ensures that the lived experiences of care workers remain central, offering deep and meaningful insights that can contribute to the continued improvement of caregiver support structures (Earthy & Cronin, 2008).

Participant Selection

Participants in this study are care workers who have worked with children in residential alternative care for a minimum of one year. This criterion ensures that participants have sufficient experience to provide meaningful insights into their personhood and professional roles within the care setting. A purposive sampling strategy was employed, allowing for the deliberate selection of participants who can provide rich, in-depth narratives relevant to the study's focus. This approach ensures that participants possess the lived

experience necessary to contribute to an exploration of how their personal histories, values, and attachments shape their caregiving roles (Etikan et al., 2016; Rai & Thapa, 2015).

Recruitment took place through gatekeepers, specifically Fondazzjoni Sebħ and the Foundation for Social Welfare Services (FSWS). These organisations played a crucial role in facilitating access to potential participants while ensuring that ethical considerations, such as informed consent and voluntary participation, were upheld. Gatekeepers assisted in identifying care workers who met the inclusion criteria and introduced the study to them in a professional and ethical manner (Singh & Wassenaar, 2016) using the information letter provided (Appendix B). This technique ensured that participants were well-positioned to provide authentic and reflective narratives, contributing to a deeper understanding of care workers' personhood within residential alternative care settings. Interested care workers then contacted the researcher directly via email, text message, or phone call to express their willingness to participate.

Data Collection Method

When employing a narrative approach for both the collection and analysis of data, various sources may be utilised for data collection, such as interviews, monologues, written stories, and recordings, to convey the lived experiences of individuals. For my study, I chose to use interviews as they provide a rich and in-depth exploration of personal narratives (Earthy & Cronin, 2008; Smith, 2016). All interviews were audio-recorded and transcribed to ensure accuracy in capturing the participants' narratives. Throughout the interview process, I took the position of an active listener and observer, not only attending to the verbal content of participants' stories but also noting non-verbal cues, emotional expressions, and contextual details that enriched the understanding of their narratives. Observations regarding the interview setting, participants' body language, and other relevant environmental factors were

also recorded in a notebook with relevant and reflective notes to provide a more holistic interpretation of the data (Earthy & Cronin, 2008; Lyndon & Edwards, 2021).

To foster a sense of comfort and openness, interviews took place in a safe and quiet environment, allowing participants to share their narratives freely without external pressures or distractions (Lyndon & Edwards, 2021). The interview questions were designed to invite participants to share their life stories, focusing on their experiences, values, and personal histories as they relate to their work in residential alternative care. However, in keeping with the fluid nature of narrative inquiry, the interview guide (Appendix D) did not rigidly bound the interviews. Instead, I adapted my questions in response to the participant's unfolding story, allowing for flexibility so that each individual could share their narrative in a way that is authentic and personally meaningful to them (Bamberg, 2012; Bignold & Su, 2013).

By adopting this approach, the study ensured that participants' voices are at the forefront, enabling them to construct their own narratives in a way that reflects both their past and present experiences. This method provided deep insight into the personhood of care workers, capturing the complexities of their lived realities and professional identities.

Data Analysis

One of the primary objectives of this research was to construct a cohesive narrative that reflects how care workers' personhood informs their caregiving roles. Narrative analysis offers a lens through which to explore how participants' upbringing, value systems, and attachment narratives shape their professional identity and caregiving practices. Given the co-constructive nature of narrative research, the analysis involved two interpretive layers: first, participants make meaning of their experiences during the interview; second, the researcher interprets these narratives reflexively. Meaning is therefore not fixed but collaboratively

developed between participant and researcher (Bignold & Su, 2013; Lydon & Edwards, 2021).

A two-part analytical approach was employed, incorporating both inductive and deductive strategies. Initially, an inductive process allowed themes to be co-constructed organically from the data. Each interview was transcribed, read closely, and annotated to capture key phrases, emotional tone, contradictions, and early thematic patterns. I engaged in 'theme-ing' the data (Smith, 2016), making marginal notes and summarising emerging insights while remaining grounded in the participant's language and narrative structure. From these annotated transcripts, individual narratives were constructed for each participant. These narratives were written as cohesive story-like accounts that retain the participant's voice and narrative arc. They were then returned to participants for member checking, giving them the opportunity to confirm, clarify, or amend the content. This process strengthened the credibility and authenticity of the findings (Earthy & Cronin, 2008; Smith, 2016).

Once narratives were finalised, I began a second phase of analysis: identifying cross-narrative themes. This involved an iterative process of reading and re-reading the narratives to uncover recurring patterns and shared experiences that spoke to the emotional complexity, relational dynamics, and internal motivations shaping the participants' sense of personhood (Smith, 2016). While the data offered many attachment-related insights, the focus extended beyond attachment narratives to include broader dimensions of identity, value systems, and personal development. Throughout the theming process, I remained reflexively engaged, drawing on my own experience as a former care worker to sensitively interpret the emotional and relational depth of the narratives. This positioning enabled me to attune to subtleties in the data while also remaining critically aware of my influence on its interpretation.

The deductive layer of analysis, particularly using attachment narrative theory, was applied where relevant, for example, when participants shared stories about becoming a secure base for children, reflecting on their own unmet needs, or developing strategies to contain emotional dysregulation. These were interpreted as attachment-related meaning-making and integrated into the broader understanding of their personhood, rather than being isolated or analysed as standalone attachment scripts.

Finally, a core narrative was developed, weaving together shared themes and points of divergence across all participant accounts. This overarching narrative illustrates how the personhood of care workers is not static but continually shaped through their relational, emotional, and professional engagement with children in care. It honours the complexity of their lived experiences while offering insight into how identity, meaning, and transformation unfold in the context of residential caregiving (Bamberg, 2012; Smith, 2016). To promote transparency, examples tracing the analytic journey, from raw transcript to co-constructed narrative, thematic grouping, and interpretive reflection, are included in the Appendix F.

Ethical Considerations

Informed Consent

Ethical considerations are central to ensuring the integrity of this research and the protection of participants' rights (Hasan et al, 2021). Before proceeding with participation, informed consent was obtained from all participants. They were made fully aware of the nature of the study, including its objectives, procedures, and potential outcomes (Appendix C). Participants had sufficient time to read and understand the information sheet (Appendix B) provided, and they were given the space to ask any questions before providing their consent. The consent form clearly outlined their rights, including the right to withdraw from the study at any time without consequence (Arifin, 2018; Connelly, 2014; Hasan et al, 2021).

In alignment with the co-constructed nature of narrative research, participants were reminded that they have the right to edit or omit any parts of their narrative that they felt uncomfortable with or no longer wish to share. After the interviews were transcribed, participants were given the opportunity to review their own narratives and make revisions or omissions as needed. All participants responded with their feedback and thoughts on their narratives, and some also clarified details they felt were important to ensure accurate representation of their experiences. This process ensured that participants had control over how their story is represented, enhancing the authenticity and integrity of the research while respecting their autonomy (Bignold & Su, 2013).

Confidentiality

Confidentiality was a priority throughout the study. To ensure this, participants were assigned pseudonyms, and any identifying information, such as the specific names of care homes or locations, were altered or omitted. This safeguarded their anonymity while still preserving the integrity and cohesiveness of the narrative shared. All data was stored securely and only accessed by the researcher and supervisor (Arifin, 2018).

Handling Sensitive Topics

The sensitive nature of the topics discussed, especially concerning the personal and emotional aspects of caregiving, required careful handling. Had sensitive issues arose during the interviews, immediate support and containment would have been offered to the participants. Participants were also provided with a list of support services that they could access if the discussion triggered past memories or emotions that needed further attention or processing (Arifin, 2018; Gajjar, 2013).

Ensuring Reflexivity and Minimising Researcher Bias

Given my own previous experience working in the same field as the participants, there was an inherent potential for identification with their stories. While this connection enriched the research process, it also necessitated heightened awareness to avoid allowing my personal experiences and biases to influence the findings. To ensure reflexivity, I engaged in regular discussions with my supervisor. These sessions served as a space to reflect on my reactions to the data and maintain as objective a stance as possible. In addition, had any emotional triggers arose during the study, I addressed them through my own personal therapy, ensuring that my own personal experiences did not compromise the research (Ahmed, 2024; Bignold & Su, 2013; Gajjar, 2013).

Importantly, participants from the care home where I previously worked were not contacted or invited to participate in this study. This decision ensured that no conflict of interest arose, multiple relationships were avoided, and the integrity of the research was maintained (Gajjar, 2013). Furthermore, participants were made aware of my previous experience in the field to ensure transparency and foster an open and trusting relationship between the researcher and participants (Adler, 2022; Connelly, 2014). Through these measures, this study aimed to uphold the highest ethical standards, ensuring that participants were respected, supported, and heard throughout the research process.

Trustworthiness and Rigor

Ensuring the trustworthiness and rigor of qualitative research was essential for establishing the credibility and reliability of the findings (Ahmed, 2024). In this study, several strategies were implemented to ensure trustworthiness, guided by the key criteria established by Lincoln and Guba (1985): credibility, dependability, confirmability, and transferability.

Credibility

To enhance credibility, member checking was used throughout. Participants reviewed and edited their transcribed narratives to ensure accurate representation of their lived experiences, adding an additional layer of validation (Ahmed, 2024; Köhler et al., 2022).

Dependability

Dependability was maintained through the creation of an audit trail. Records were kept throughout the research process; documenting decisions made during data collection and analysis. These records included notes on participant feedback during member checking, the rationale for analytical choices, and the progression of data interpretation. This transparent documentation will allow an external reviewer to follow the study's procedures and assess the consistency and reliability of the research process over time (Ahmed, 2024; Ghafouri & Ofoghi, 2016).

Confirmability

To ensure confirmability, I maintained a high level of reflexivity throughout the study. Acknowledging my personal experience in residential alternative care, I engaged in ongoing reflection, through supervision, emotional self-monitoring during interviews, and a reflexive journal, to critically examine and mitigate potential biases in data collection and interpretation (Adler, 2022; Ahmed, 2024).

Transferability

Although qualitative research typically prioritises context-specific insights rather than broad generalisability, this study aimed to provide findings that may be transferable to other similar contexts. By providing rich, thick descriptions of the participants' narratives, the study will allow readers to assess whether the findings resonate with other care workers in similar

settings. While the focus was on care workers in residential alternative care, the insights into their attachment narratives and personhood may be applicable to other caregiving contexts, offering valuable perspectives on the experiences of those in similar roles (Ahmed, 2024; Ghafouri & Ofoghi, 2016).

Limitations & Challenges

While this study aimed to explore the experiences of care workers in residential alternative care settings, several limitations and challenges need to be acknowledged. These limitations include the fact that all participants are women, and the fact that majority of participants were recruited from the same entity. Each of these factors influenced the study's findings, and it is important to address them to ensure transparency and to discuss strategies for minimising their impact.

Gender Bias

The fact that all the participants in this study are women, may have introduced a gender bias, as the experiences of female care workers may differ from those of male or non-binary workers (Arifin, 2018; Theofanidis & Fountouki, 2019). The gendered lens may also impact how certain aspects of caregiving and personhood are understood or expressed (Mcintosh, 2018). As Franzosi (1998) notes, gender attitudes can shape how narratives are interpreted, suggesting that both the construction and perception of caregiving stories may be influenced by gender norms.

To mitigate this limitation, I remained mindful of the gendered aspects of caregiving and the role of gender socialisation in shaping the participants' experiences and narratives (Bignold & Su, 2013; Burns et al., 2022). Future research could include a more diverse sample that includes male and non-binary care workers to explore whether gender plays a

role in shaping attachment narratives, caregiving approaches, and personhood in similar settings (Arifin, 2018).

Homogeneity of the Sample

A further limitation arose from the fact that six out of the seven participants were recruited from the same care entity, which lead to similar or overlapping experiences, particularly in their experiences of the system and the support received. This homogeneity meant that the participants' narratives are not as diverse as they might have been if they were drawn from multiple organisations or settings (Theofanidis & Fountouki, 2019).

To address this limitation, I emphasised the individuality of each participant's narrative by focusing on their personal experiences, values, and unique perspectives within the context of the organisation (Bignold & Su, 2013). While their shared setting may lead to certain commonalities in their stories, I explored the nuances in their individual journeys and emphasised the diversity of experiences within the shared organisational context (Bamberg, 2012; Earthy & Cronin, 2008).

Moreover, acknowledging the potential overlap in their experiences helped me better understand the systemic factors influencing care workers' roles, which could be valuable for understanding the broader caregiving system and identifying areas for improvement (Andrade et al., 2012; Burns et al., 2022). Further studies could involve participants from different organisations to compare experiences across multiple settings (Bignold & Su, 2013; Queiros et al., 2017).

Conclusion

In conclusion, the methodology is designed to offer valuable insights into the personal and professional experiences of care workers, contributing to the understanding of their personhood and the support systems needed for their growth and development. The findings

will not only inform the academic discourse but also have practical implications for improving training and support for care workers in residential alternative care settings.

Chapter 4: Findings

Introduction

This chapter presents co-constructed narratives of seven women working in residential care, each illustrating unique expressions of personhood shaped by their attachment experiences. Pseudonyms were participant-chosen or approved, and narratives reflect collaborative, lived realities (Bignold & Su, 2013; Earthy & Cronin, 2008). Following the individual narratives, shared themes are explored, highlighting commonalities while respecting each participant's individuality. These themes emerged inductively from the data (Smith, 2016). The chapter concludes with a core narrative that integrates these themes into a cohesive representation of the relational and emotional depth of care work. Throughout, I remain ethically committed to representing these stories with integrity, drawing on both the participants' voices and my own perspective as a former care worker (Bignold & Su, 2013; Connelly, 2014).

The Narratives

Anisa's Story: Carrying Then Into Now

Anisa had not always imagined care work. She once aspired to something quieter, like being a *"bank clerk."* But that path didn't unfold. Instead, she enrolled in a childcare course, which she describes as almost accidental. *"Then I started to relate to this work,"* she told me. *"Because my character, from the experiences I've gone through, I always want to take care of someone."*

This link between her *"character"* and caregiving was telling. Her identity as a caregiver has roots deep in childhood. Anisa described a home shaped by illness and responsibility. *"When I was little, my father was always sick,"* she said. *"I spent almost my*

entire upbringing in hospitals." While other children played outside, she sat beside hospital beds, doing homework.

By age eleven, she was running the household while her mother worked. *"Clothes, cleaning, everything,"* she said, recounting it with a calm certainty that suggested how normalised it had become. These early experiences reflect a role reversal, what attachment literature calls parentification, where children adopt caregiving roles when adults are absent. While she became competent and independent, such early responsibility can complicate internal working models of care: love becomes intertwined with duty, and worth with self-sacrifice.

There is no bitterness in how Anisa speaks of her mother. *"I am the woman I am because of her,"* she told me. Her mother, though stretched thin, remains a central figure of love and strength. Still, I wondered about the emotional cost of that strength. Anisa often repeated that she had to *"mature before her time."* It raises a question: was responsibility how she learned to love and be loved?

In her current role, Anisa draws heavily on the resilience and self-reliance forged during her upbringing. But there's also a reparative thread in her narrative, an effort to provide children with the secure, responsive presence she once longed for. *"I see myself in her,"* she said, speaking of one child. There was something deeper than empathy in her voice, perhaps a recognition that caregiving can be healing, not just helping. In attachment terms, this may be earned security: individuals who, despite early disruptions, develop coherent narratives and offer others the stability they lacked.

"This job doesn't tire you out physically, it tires you out mentally," she said. It seemed the weight she carried wasn't only the children's but also her own. Anisa spoke openly about her struggles with overthinking and low self-esteem, challenges that spill across home and

work. *"Even before I go to work, I'm already tired because I have to take care of everything,"* she said. Her story highlights the emotional labour of caregiving, especially when personal history and professional role intertwine.

What stood out was how support, once unfamiliar, is now something she is learning to receive. She spoke of colleagues who *"understand"* and the collective effort to move forward despite differences. Her attachment narrative, once marked by doing things alone, now includes being held by others. She described supervision not just as procedural but as a space to release frustration about the children and herself. *"It will be your space where you can talk openly,"* she said. In being listened to, her personhood is acknowledged, not just her function.

Though she never named it, Anisa's understanding of attachment is striking. Within her narrative I recognised that what matters is not perfection, but presence. Trust is built not only through connection but also through navigating rupture and returning with care. "*They may not agree with you… but you will always leave an impact in their lives."*

Even in her bold appearance, bright pink hair and all, I perceive a quiet authenticity. Her caregiving isn't just a job; it's an extension of a story that began long ago and is still unfolding. In offering children what she didn't always receive, Anisa may also be tending to her own unmet needs. Her practice embodies the complexity of attachment: early experiences shape us but do not wholly define us; healing happens in offering to others what we are still learning to hold for ourselves.

Carmen's Story: A Shoulder to Lean On

The interview took place online, but even through the screen, I sensed a warmth and tenderness in Carmen. She arrived with notes in hand, a gesture I initially read as anxiety. But as we spoke, it became clear this was less about nervousness and more about care: a thoughtful effort to honour the experience and share it meaningfully.

Themes of presence, trust, and support surfaced repeatedly. Carmen did not present these as techniques, but as integral to how she approaches both her work and relationships. *"I want to help them as much as possible,"* she said simply, *"and build a good relationship, so that over time, trust is also built."* Consistency and emotional availability seemed not only practices but personal dispositions. Her caregiving seemed to reflect what attachment theory might describe as a secure base, internalised and now outwardly offered.

Carmen spoke of her upbringing with quiet clarity. Her family, she said, had always been there, a reliable presence she could lean on. This language subtly echoed in how she now describes herself: *"The children know that I will be their shoulder to lean on."* While not using attachment vocabulary, her words suggested an intuitive understanding of its core principles. She describes her formative years as a place of safety, emotional attunement, and dependability, shaping what she now offers others.

Her transition into residential care work was not planned; she had imagined working in a kindergarten. But learning about children who had experienced neglect and abuse drew her in. She didn't frame this as a calculated choice; rather, it felt like a pull toward where her kind of care might be needed most. This shift hints at a deeper alignment between internal values and external role: caregiving less taught and more lived.

Throughout the interview, Carmen rarely distinguished between her personal and professional selves. The two flowed into one another, reinforcing a cohesive sense of identity relationally rooted. She spoke reverently about the influence of parents and mentors, reflecting on how the work has changed her. *"I've become calmer than I thought I was,"* she noted, *"and more aware that little things, like listening, provide reassurance."* Care, in her view, is found in ordinary, consistent gestures that communicate a reliable presence over time.

Carmen also described the emotional demands of residential care. In moments of tension, she has learned to pause, step back, and return with intention. *"Carm, stop!"* she tells herself, creating space to regulate and choose how to respond. This self-reflective capacity, linked in attachment literature to mentalisation, seemed central to her ability to remain emotionally available without becoming overwhelmed.

Her capacity to offer steady, attuned care is nurtured through professional support and training she seeks out with intention. She spoke appreciatively of ongoing courses, particularly on trauma, and expressed a genuine desire to deepen understanding through research and assignments. Carmen also recalled a support group where role-playing challenging scenarios from children's and parents' perspectives helped her withhold judgment and expand her understanding of different realities. Such practices fostered shared reflection and growth in relational insight, deepening her caregiving personhood. She values group supervision and team meetings as opportunities to learn from others, highlighting that her emotional steadiness is not only internal but actively cultivated through community and professional scaffolding.

A strong thread running through her account was the importance she attributed to preparing children for life beyond care. She spoke with conviction about teaching practical skills: how to take the bus, manage money, make independent decisions. These, for her, were not just tools for independence but subtle forms of care that might endure. *"Even if we are not always physically present,"* she said, *"we want them to carry what they've learned with them."* Her hope seemed to be that something of her presence might be internalised and remain after her role formally ends.

Reflecting on Carmen's narrative, it became clear her caregiving is deeply shaped by personal experience. While Carmen may not frame her approach theoretically, her story

aligns with attachment narrative perspectives, where early care and belonging shape the ability to provide similar experiences. Moreover, her active engagement in reflective spaces suggests her caregiving self is not static but continually shaped through relational exchange, learning, and self-inquiry.

Her caregiving seems to be not just professional strategy but an enactment of secure attachment principles, offering what she once received. In doing so, she fosters continuity and connection across generations, providing more than support but a deeply relational form of belonging.

Grace's Story: Holding What Was, To Hold What Is

Grace didn't set out to work in residential care. *"I didn't go, 'listen, I want to work with children,' and then I looked for a job with children,"* she told me, her voice gentle and thoughtful. *"I just felt like I found myself in it."* What began as a temporary step before continuing psychology studies gradually deepened into something enduring. Eight years on, Grace remains in the sector, framing the role as something that evolved with her, just as she evolved within it.

Throughout our conversation, I was struck by how Grace processed her own life experiences alongside those of the children in her care. Her empathy felt lived rather than imagined. *"Deep down, it's not easy for them,"* she said, referring to the children's behaviours. I sensed this was not just observation but recognition, shaped by memories of her own vulnerability. Her caregiving seemed to draw from this quiet resonance between their pain and her own.

Grace spoke of her childhood as warm and safe, even as she recounted instability: her mother's hospitalisations, and her parents near separation. It's within this tension, between unpredictability and enduring care, that her attachment narrative took root. It reminded me

attachment is not about perfection, but about stability within chaos. Despite early challenges, her attachments were tested rather than broken, and these early dynamics appear to shape the emotional grounding she offers others today.

"I try to put myself in their shoes," she said, speaking of children who struggle with separation. Her words reflected more than a strategy; they revealed an internalised understanding of longing for presence and reassurance. Grace's caregiving seemed shaped by early patterns of proximity and distance, informing her capacity for attunement now. The attachment she offers isn't biological but deeply formative, anchored in presence, responsiveness, and emotional availability.

"Alright, we're not their mummies," she said, *"but we have to be like the mummy figure."* In that moment, I sensed Grace grappling with caregiving's complexity in residential care. The attachment she offers isn't biological, yet it is deeply formative, grounding children in something secure, even if not always clear-cut. The children come and go, but Grace carries them with her. *"They become so much part of your life,"* she told me with quiet conviction. Her tone suggested not sentimentality but sober reverence for what it means to stay close despite inevitable endings.

It is in this emotional closeness that the lines sometimes blur. In trying to embody the 'mother figure,' Grace walks a fine line between empathic caregiving and over-identification. This merging of personal and professional selves, while grounded in care, also invites the risk of emotional exhaustion. Her narrative reveals a tension familiar to many in residential care: how to be deeply present without becoming engulfed.

There was transformation in her narrative, too. *"I feel like I started a teenager and grew up there,"* she said. Grace's personhood has been shaped by the work, not through formal training, but through the rhythm of care: crises, negotiations, and quiet relational

victories. One notable shift was assertiveness, framed not as something gained, but grown into. Still, she traced her emotional resilience back to her family. *"I really have come to appreciate and thank God for the upbringing I had,"* she said, gratitude held not in denial of hardship, but in recognition of sustaining care.

Grace's story carries echoes of emotional wear; the subtle fatigue built from years of caregiving. She speaks with conviction about the importance of being mentally well to do the work, pointing to an emerging awareness of self-care. The growing organisational emphasis on staff wellbeing, through therapy, reflective groups, and training, offers her a sense of being held, too. From safeguarding courses to webinars, ongoing staff development mirrors a broader shift: to care sustainably, one must also be cared for. In this way, Grace's personhood is supported not only by her history of attachment but by an environment attentive to the emotional labour of her role.

Grace's narrative suggests what she hopes to offer goes beyond practical support, it is a relational presence shaped by her own story. From an attachment narrative perspective, her caregiving enacts secure attachment dynamics, where early care experiences translate into a capacity to care for others. But these dynamics also invite reflection on the vulnerability of those who care so completely. To see Grace's story only as strength would miss the fragility that coexists, the human cost of holding so much.

As we co-constructed this narrative, it became clear Grace offers more than care. She strives to offer continuity, connection, and belonging. Not because it is easy, but because she knows, personally and professionally, that staying matters.

Maia's Story: Mothering Beyond Blood

Maia's journey into residential care began in a hospital, working with children. Nearly six years later, she describes the care she gives as something she lives. *"For me here I don't*

say the children of work," she told me. *"I spend more time with them than I do with my family."* That blurring of boundaries might raise questions around professionalism, yet I understood it as Maia's way of rooting care in relationship, an extension of self rather than role. At the same time, this emotional investment, speaking of the children as her own, hints at a porousness between work and home that, while rooted in attachment, may leave her vulnerable to compassion fatigue. The more time she spends being present for the children, the less space remains for her own family, a reality she acknowledges with quiet honesty.

She describes her childhood as *"normal,"* shaped by the warmth of a stable family; a supportive mother and father, and a sister she remains close to. These memories feel foundational, not just in how she recalls them, but in how she tries to recreate them. *"That home feeling, that you are welcomed,"* she said. For Maia, safety is not an abstract aim, it is a felt experience she seeks to reproduce. It struck me that her caregiving seems shaped by an internalised model of attachment, one she now offers to children who may never have had it.

But that sense of safety has not been unbroken in her life. Maia spoke of a turbulent marriage and raising her children alone. These ruptures seem to have deepened her compassion, giving her care a protective, even reparative quality. *"The things I've been through,"* she said, *"I try to help them not go through them again."* In her voice, I sensed something maternal. Offering not just nurturing, but a shield against pain she knows too well. She draws directly on these personal wounds to connect with children's experiences, especially those who have endured domestic violence. While this resonance fosters deep empathy, it also risks emotional exhaustion, as Maia re-engages with her own traumas through the children's pain.

As Maia spoke, it became clear to me that her identity as a care worker is inseparable from her role as a mother. But this didn't seem mere transference; it felt more like an

embodiment of attachment as personhood, where presence becomes a response to past absence, and love is practiced through consistency. *"You kind of open their eyes,"* she said of the children. I wondered if, in guiding them, she was also returning to her own story, making sense of it anew. Yet I also reflected whether this mothering stance, so central to her caregiving identity, may place a substantial emotional weight on her, blurring lines difficult to maintain.

She doesn't romanticise the work. *"We all come with our own baggage,"* she reflected. *"The children carry theirs. So do the care workers."* There was quiet honesty in her words, a recognition that care is not one-directional, and that histories, both theirs and hers, leak into the everyday. While Maia spoke of trying to keep work and home separate, she acknowledged that this separation is rarely clean. I understood this not as a flaw, but as a reflection of relational attachment lived across spaces and roles. In fact, she shared that the children's behaviours often remind her of challenges at home, and managing both can become emotionally taxing.

When I asked about significant relationships, she paused. A silence that felt meaningful, as though some stories remain too close to tell. But in the present, she spoke warmly of a colleague whose mentorship helped her become more reflective and measured. *"I learnt a lot from her,"* Maia said. It reminded me attachment is not static; it is continually reshaped through new, supportive connections inviting growth. Support has also come through formal means; Maia highlighted regular monthly sessions with a therapist-led support group and praised a course on challenging behaviour as particularly impactful.

Maia speaks with quiet steadiness, without self-pity or self-congratulation, and in that calm, I sensed a deep commitment not just to care, but to remain. Her constancy feels rooted in a personhood shaped by love, loss, and the belief that presence matters. As we spoke, an

ethic of attachment emerged in her tone, pauses, and words. She speaks of children not as cases, but as people worthy of love and home. In her reliability, they encounter not just a worker, but someone who stays. Yet this emotional endurance raises a quiet question: how long can one give so fully without becoming depleted? Maia's story invites reflection on the delicate balance between caring as an extension of self and protecting that self from the cost of sustained giving.

Matilda's Story: Swimming Through the Waves

Matilda's story begins, as she puts it, in deep waters. Her early life was marked by domestic violence, separation, and silence. *"I didn't have anyone to talk to,"* she said plainly, not as dramatic revelation, but as a remembered truth. This absence of emotional attunement and safe relational space shaped how Matilda now makes sense of herself and her caregiving. Listening to her, I sensed this silence not only wounded but formed the contours of a quiet, resilient strength, from which her capacity to remain and attune seems to emerge.

Now 48, Matilda has worked in residential care over six years, consistently caring for the same six children. This relational continuity, unlike her own beginnings, appears deeply significant. Her pathway into care wasn't intentional but emerged gradually, through volunteering and supporting her brother's recovery from addiction. *"Professionals encouraged me,"* she said. *"They told me I had it in me."* This moment, of being recognised before fully recognising herself, represents a turning point in her narrative, a form of relational mirroring that affirmed her potential and interrupted a longstanding sense of invisibility.

Matilda speaks often of transformation, much grounded in therapy. *"I did everything for my children so they wouldn't feel this feeling,"* she said, referring to emotional abandonment. Therapy helped her *"turn everything upside down."* From an attachment

perspective, this signals a shift in internal working models: through reflection and relational repair, Matilda has re-authored the script of her early attachments and now offers caregiving informed by that re-narration.

Her storytelling unfolded through the metaphor of the sea. *"If we keep swimming in still waters, we remain there,"* she reflected. Later: *"Opening your heart to someone… gives you a glimmer of light. It helps you continue to swim in that sea where you feel like you're stagnating."* These metaphors do more than describe emotional states, they articulate how attachment, once stagnant or withholding, is now reimagined as fluid, co-regulated, and growth oriented.

In our conversation, the care home emerged as both challenging and redemptive. "*I am not their mummy,"* she clarified, *"but the important thing is, you know I am always here for you, in good and in bad."* This distinction between replacement and presence is central. Her caregiving does not overwrite existing attachments but offers a supplementary, reliable base, a model aligning with attachment theory's safe haven and secure base.

"I don't believe in blood," she told me. *"I believe, what do you give me, and what am I willing to offer?"* In this, she articulates a relational ethic where attachment builds not through obligation but through consistency, emotional availability, and trust. Even her approach to discipline reflects this shift: *"It's not to punish … it's to help you understand where you can do better."* Having known fear-based discipline, Matilda now enacts a more reflective caregiving practice, what might be described as reparative attachment in action.

There are moments that trigger her, particularly aggressive behaviours from boys. But she navigates these with grounded self-awareness. *"I go get the support… I want to come to work with oxygen and a positive vibe for the children."* This is not detachment but emotional

regulation that allows her to remain present. Her caregiving is rooted in knowing her own limits, another sign of a secure internal base from which she relates.

Yet Matilda expresses frustration with system support. While supervision and meetings occur, she senses limited impact unless those involved genuinely believe in their purpose. *"Some just come for the overtime,"* she reflected, highlighting performative support structures. She yearns for support that is emotionally honest and professionally grounded, ideally from external psychologists or psychiatrists who *"come without bias."* For Matilda, this reflects a deeper desire for objectivity, empathy, and relational safety, not only for the children but for herself navigating complex emotional terrain.

One significant figure was a guidance teacher, a relationship she describes as lifesaving. *"She loved me as a girl,"* Matilda said simply. That relationship provided a prototype for secure attachment outside family structures, another echo of how attachment narratives can be repaired later through emotionally attuned relationships.

Her reflections on teamwork reveal investment in collective caregiving and disappointment when colleagues fail to act from shared values. *"We don't always agree,"* she admitted. *"Not everyone is here for the children."* These tensions jar against her commitment to relational ethics. For Matilda, teamwork is emotional, moral, and tied to her vision of care. The dissonance between idealism and daily reality adds vulnerability to her attachment narrative and a source of emotional fatigue.

Reflecting on our co-constructed narrative, I was struck by how Matilda does not erase the pain of her past but chooses to work from it. Her caregiving is relational, emotionally intentional, and forged through survival. Through her story, she reclaims agency over early experiences, not by denying their impact, but by rewriting their meaning. In

swimming alongside the children, Matilda offers caregiving as a narrative act: a form of witnessing, staying, and offering the secure connection she once longed for.

Nadia's Story: Love Without Prejudice

Nadia's story is one of quiet continuity of care received in fragments, internalised through loss, and given back with intention. At 59, she speaks with gentle clarity, her words shaped by a life marked by endurance and tenderness. In her presence, I sensed not just resilience, but a deep emotional availability; a way of loving that is both deliberate and quietly powerful.

She is the youngest of nine, and her father died when she was just three. Her mother, a reserved woman of steady presence, became her anchor. *"She used to do lots of sacrifices for me,"* Nadia recalled, not sentimentally, but with deep respect. Her mother didn't say much, but she stayed. In those acts of showing up, of holding, providing, persisting, Nadia learned a form of attachment that was less about expression and more about presence.

There's a quiet mirroring here, both mother and daughter became young widows, both bore the responsibility of others' wellbeing while carrying grief. Nadia's narrative suggests that she doesn't simply replicate what she received but seeks to transform it in her own way. She builds on her mother's model of steadfast love by adding emotional openness and expressive care, allowing her attachment narrative to become not just personal, but also deeply professional.

After her husband died, Nadia became the sole parent of two sons. It could have closed her, but instead it expanded her capacity to care. She began working in occupational therapy at Mount Carmel Hospital, a role she held for 13 years, and later moved into residential care. *"It's like a vocation,"* she told me. "*Not a job. It's something from your*

heart." That language felt significant. For Nadia, caregiving is not something done to others, it's a way of being with them.

Now working with three children in a residential home, Nadia's care feels maternal, shaped by both presence and absence in her own attachment history. *"I don't know what a father is,"* she shared plainly. That early absence seems to fuel her commitment to remain present. When her eldest son struggled with addiction, she stayed close. *"First our children, then us,"* she said, a reflection that did not suggest self-erasure, but a relational ethic rooted in the sacrificial love she once received.

That same ethic seemed to extend to her colleagues, whom she described *as "like a family."* This didn't seem like just camaraderie, but part of how she lives out care, with and through others. When she called herself *"the calm one"* beside a more reactive colleague, it felt like a form of co-regulation. In these relationships, her personhood seemed affirmed, her attachment narrative not only lived with children, but also sustained through the adults around her.

She notices the smallest details. *"Even the way you talk to somebody, it makes a whole day different,"* she said. These aren't just techniques; they're the language of love, as she's come to understand it. Where her mother showed care in silence, Nadia now offers it through warmth, attunement, and emotional honesty. She has widened the vocabulary of care she inherited. Her hopefulness is subtle, but deeply felt in her kind eyes, her Mickey Mouse hoodie, her preference for hot chocolate with panna. I don't interpret these as quirks but as expressions of relational openness.

"Love is the first word," she said. "*You have to love without prejudice… through the hard times too."* What I sensed in Nadia's love was something far from naïve or romanticised. It appeared to me as a love that is practiced, consciously chosen, and quietly

sustained. She is also clear about the toll care work can take. She told me of a gift once made for her by a patient at Mount Carmel a simple farewell craft that reads *"LOVE."* It still hangs in her kitchen. To me, it seemed to hold symbolic weight: a reflection of the love she gives, and perhaps also of the love she quietly longed to receive.

Nadia doesn't present herself as heroic. *"It's okay not to be okay. It will pass. Everything passes. It's how you take it,"* she said. But her story feels quietly profound. Her caregiving is shaped by what she was given and by what she taught herself to give. Her attachment narrative isn't only reflected in how she works its inseparable from who she is.

Nina's Story: Holding Space

Nina, a mother of two and a care worker for over a decade, carries a caregiving presence both principled and relational. Since 2014, she has worked in a children's residential home, drawing from previous prevention work with families. These roles converge into a deeply reflective approach to care. Her caregiving feels less like a profession and more a way of being, rooted in a secure and respectful attachment history.

Raised in a home where explanations mattered as much as rules, Nina recalled: *"Even if mummy would say, 'No, you can't do that,' she would always say, 'I'll tell you why.'"* This formative experience shaped an internal model where love is expressed through clarity and fairness. I understood this not simply as a parenting style she replicates, but as a framework informing her whole ethos: understanding before obedience, listening before reacting.

She portrays principles as central to her personhood. *"If my principle tells me that, I don't care what anyone else does, that's my principle,"* she said, with conviction. These are not abstract ideals but lived commitments grounding her in moments of tension. Her attachment values of consistency, fairness, and emotional safety are not just offered to children but ways she continues to shape herself. Her identity as a mother flows into her

professional role without blurring it. *"I know they're not mine, but when I'm here, I give them the same love I give my own children."* This is not over-identification but a secure foundation allowing closeness without losing boundaries, a reflection of how love, for Nina, is practiced and chosen, not romanticised.

Fairness and communication are not abstract ideals, but values lived in her childhood and consciously extended. *"Talking as much as you can makes a big difference,"* she said, echoing what she once received. Whether with children or colleagues, she prioritises dialogue and compromise over control. Recognising *"someone who goes through trauma, their wiring is different,"* she reflected on the instability many children endure: *"They don't see one person, they see many mummies… Isn't it confusing?"* Her words hold grief for what consistent care could be, and too often is not.

Nina portrays caregiving as deliberate and reflective. *"You're constantly thinking: If I say this, what's her reaction going to be? What should I avoid?"* I interpreted this as care in motion, ongoing mentalisation shaped by experience, therapy, and willingness to grow. *"They made me a better person... They taught me to be calmer, to wait… to see love differently."* Her narrative reframes caregiving not as something she gives, but something co-created, a space of mutual transformation.

Boundaries emerge not as restrictions but acts of love, respect, and self-preservation. She sets calm, firm limits with children to model dignity and emotional safety, viewing boundaries as a secure base. With colleagues, she stresses emotional containment: *"If a child is angry, it's not about you,"* reflecting professionalism protecting both sides. At home, disconnecting from work is a conscious act of self-care. These practices are deliberate, reinforcing her personhood as a care worker who knows when to engage and when to step back.

Support and growth are central to Nina's professional identity. She values working in a supportive team, where mutual care softens the job's emotional demands, though less experienced teams may lack such cohesion. Supervision and therapy are essential spaces for reflection, speaking to a model of care honouring the caregiver's wellbeing, an attachment-informed understanding where her emotional life matters. Training further contributes to her growth, especially when well-delivered and practically relevant. She stresses it must be applied reflectively to make sense of complex dynamics, a stance reflecting an attachment narrative of learning through relationship.

What stands out most is how attachment is not just a background influence but a living narrative. While drawing from early experiences, Nina actively shapes who she is becoming. Her role suggests a presence that is a stable base formed from what she has received and chosen. *"I always try to stay true to myself,"* she said. Within this, I heard the ongoing work of someone who honours her own attachments by offering them forward, one relational moment at a time.

Core Themes Across Narratives

After co-constructing the narratives with participants, I moved to the second phase of analysis: identifying themes. Following Smith (2016), this involved closely reading the texts to find patterns and shared experiences that deepen understanding of personhood in residential alternative care. While each story is unique, common themes emerged around the emotional complexity, relational dynamics, and motivations shaping participants' caregiving identities. These core narrative themes are summarised in the following table.

Table 1

Summary of Core Narrative Themes & Sub-Themes

Thematic Category	***Core Narrative Themes***	***Sub-Themes***
The Role	An Unexpected Pathway	A Vocation
	A Role 'like' a Mother	Navigating Boundaries
Personhood of Care Workers	Values	The Centrality of Empathy
		Building Secure and Trusting Relationships
	Personal Histories	Inherited Models of Care
		Inner Emotional Landscapes
Personal and Professional Growth	Through the People Encountered	The Children
		Colleagues and Team Leaders
	Through Support Services	Support Groups
		Personal Therapy
		Training

Immersing myself in the data, three interconnected dimensions surfaced across stories: the care worker role, personhood, and personal growth. These dynamic anchors shaped how participants made sense of their work and themselves. Through an iterative, reflexive process, patterns such as unexpected entry, empathy, emotional labour, and

transformation were organised into three thematic categories that honour both individual uniqueness and shared experience:

1. **The Role.** How participants entered, understood, and navigated their caregiving responsibilities, often reflecting on the unexpected nature of their vocational journey and the complexity of maintaining professional boundaries within deeply relational work.
2. **Personhood of Care Workers**. How their values, personal histories, and emotional landscapes shaped the way they related to the children and made sense of their role. Elements such as empathy, attachment narratives, and emotional baggage were central here.
3. **Personal Growth**. How participants developed over time, both through the relational and emotional challenges of the job and through supportive processes such as training, team collaboration, and therapy.

The theming process was not only analytical but also emotional and relational. As an active co-interpreter, I allowed the depth of each narrative to guide categorization. These themes provide a meaningful framework capturing the richness of participants lived experiences. They will be explored further in the discussion chapter through lenses of personhood, attachment, and relevant literature. What follows is a brief outline of these key themes, which also inform the core narrative presented next, weaving together common meanings across the individual stories.

Thematic Category 1: The Role

Core Narrative Theme 1: An Unexpected Pathway. For all participants, residential care was not a planned career. Workers like Anisa, Grace, and Nadia described entering the field through circumstance, job availability, economic need, or spontaneous opportunity.

Many shared that "it found me," rather than the other way around. A key sub-theme is the emergence of 'Vocation.' Despite accidental beginnings, participants developed a strong sense of purpose, staying not out of obligation but because the work awakened something deeply human. This shift reflects how care work can evolve into a meaningful calling.

Core Narrative Theme 2: A Role 'Like' a Mother. Participants such as Maia and Grace described forming maternal-like bonds with children, deeply loving and committed, yet mindful they were not the children's biological parents. A sub-theme, 'Navigating Boundaries,' captures how participants managed the emotional demands of this closeness. Anisa spoke of the difficulty separating personal baggage from the role, while Nina emphasised the importance of collaboration to maintain balance. Together, these reflections show the ongoing negotiation between emotional connection and professional limits.

Thematic Category 2: The Personhood of Care Workers

Core Narrative Theme 3: Values. Values were central to the personhood of residential care workers, shaping both their self-understanding and relational approach. Two key sub-themes emerged: 'The Centrality of Empathy' and 'Building Trust and Secure Relationships.' Participants described empathy as essential, often accessing their own childhood memories to better connect with the children's experiences, what Anisa called *"entering into the child's world."* Trust, meanwhile, was seen as foundational. Care workers like Carmen and Matilda emphasised how consistency and emotional availability fostered a sense of safety, often shaped by their own attachment histories. Together, these values reflect the deeply relational core of residential care.

Core Narrative Theme 4: Personal Histories. Participants' own relational backgrounds shaped how they cared, acting as emotional templates; sometimes replicated, sometimes reworked. The sub-theme 'Inherited Models of Care' highlights how early

attachments, whether secure (as in Carmen and Nina's cases) or disrupted (as in Matilda and Nadia's), informed their caregiving approaches, often becoming a source of guidance or repair. The second sub-theme, 'Inner Emotional Landscapes,' reflects how participants carried their own emotional histories into the role. As Anisa noted, "*Just as children have baggage, the care worker has her own,"* revealing the reciprocal emotional depth of the work.

Thematic Category 3: Personal and Professional Growth

Core Narrative Theme 5: Growth Through the People Encountered. Participants' development was shaped by relationships formed within the care environment. The sub-theme 'The Children' captures how caregiving was mutually transformative. Grace "grew up" alongside them, while Maia and Carmen described how children sparked self-reflection and resilience. The second sub-theme, 'Colleagues and Team Leaders,' highlights the role of supportive peers and leaders in emotional and professional growth. Trusted team members offered grounding, collaboration, and learning – mirroring secure attachment and reinforcing care workers' ability to remain present and engaged.

Core Narrative Theme 6: Growth Through Support Services. Support services were crucial to participants' emotional resilience and professional development. The sub-theme 'Support Groups' captures how reflective spaces helped participants process difficult experiences and stay grounded, with Maia and Grace emphasising their emotional value and Carmen noting enhanced empathy through role-play. 'Personal Therapy,' another sub-theme, emerged as transformative, Matilda described it as life-changing, while Grace found it grounding, fostering self-awareness and emotional availability. The final sub-theme, 'Training,' was both practical and affirming. Trauma-informed and mental health-focused

courses helped participants like Maia and Anisa build confidence, competence, and a deeper sense of self-in-role.

The Core Narrative: Becoming Through Care

None of the women I spoke with set out to become residential care workers. As we sat together, they shared stories that often began with detours rather than deliberate choices. "*I wanted to work in a bank,"* Anisa told me. *"But then this came along. And I stayed. Somehow, I just... found myself here."* This theme of "stumbling into" care work was not, I came to realise, merely circumstantial. It became, in how they spoke, a way of expressing how their identities were not fixed beforehand but shaped in relation to the children, the work, and themselves.

Across these conversations, I came to recognise that their words were not just descriptive, but meaning making. They weren't only telling stories; they were making sense of themselves. And in listening, I too was interpreting, drawn into the process of understanding how care came to feel like a calling, even when it wasn't part of the original plan. A recurring emotional thread ran through the narratives: a turning inward, toward the self, in order to reach outward, toward the child. *"Go back to when you were her age,"* Anisa said, *"and see how you're going to support her."* Here, care was not just a professional response, but it was personal, reflective, and often grounded act in memory. Their pasts weren't separate from their work; they were present in it, shaping how they related and responded.

This pattern, of revisiting personal history to make sense of present practice, emerged not through observation, but through the stories we co-constructed. Maia said, *"I try to do things with the children that maybe I wanted my mother to do with me, and she didn't."* Her

words, like many others', carried both care and a quiet echo of longing. In these moments, caregiving became more than a job; it was a negotiation between what had been and what could be.

It became clear to me that their approach to care was rooted in lived experience, in inherited models of love, fairness, and pain. Carmen and Nina drew from secure childhood attachments; Matilda and Nadia, by contrast, seemed to strive to offer the very care they had lacked. As I listened, I noticed how often the participants shifted between "I" and "they," between their own childhoods and the children they cared for. This narrative movement spoke of a deep entanglement, a relational way of knowing.

What emerged, then, was not simply their role, but their personhood in the role. They were not interchangeable staff members performing tasks. They were selves in relation, attuning, responding, interpreting - both the children and them. Nina, for instance, described her communication style by saying, *"We speak a lot, explain a lot. Because I want them to know why something is wrong. Not just fear but understanding."* Here, her words spoke not only to values, but to a deeper self-reflection, an inner dialogue present even in our conversation.

Trust became a recurring theme, but it was described less as a goal and more as a relational currency, something slowly built and tenderly maintained. Carmen said, *"You build trust and then they start to tell you the things that bother them."* Yet beneath these words, I sensed how vulnerable trust was, not only for the children, but for the women themselves. I found myself wondering how trust had featured in their own early lives. Whether consciously or not, many seemed to be recreating something they too had needed.

Several described themselves as "like" mothers. But the "like" carried weight. Grace put it simply*: "We have to be like a mummy figure. But not their mummy."* The ambiguity

here was palpable. Their roles demanded emotional availability without possession, proximity without claim. This “almost-mother” identity carried a complexity that participants were still negotiating. In trying to understand this, I too entered that tension; invited into the ambivalence of loving without claiming.

Boundaries were discussed with honesty. Some held clear lines between work and home; others admitted to emotional blur. *“Just as children have baggage, the care worker has her own baggage too,”* Anisa said. Her words reminded me that the emotional labour of care work is not peripheral; it is central, lived and felt. Throughout the narratives, I encountered deep self-awareness. These women were not just performing care, they were reflecting on it, grappling with its meaning and its cost. Matilda, who had undergone personal therapy, said, *“Therapy helped me turn everything upside down… to become a better version of myself.”* Her growth was not linear, but recursive, moving between past and present, between self and other.

Support, when available, made a difference, not only structurally, but emotionally. Carmen spoke warmly of role-play training that deepened her empathy. Maia appreciated a colleague who helped her shift perspective. These interactions suggested that understanding care, like providing it, is fundamentally relational. It happens in community, not in isolation. In making sense of their stories, I found myself making sense of their sense-making. Their words were shaped by memory, belief, and emotion, but also by the dynamic, dialogical space we shared. I was not a neutral recorder; my presence, questions, and attentiveness shaped what was spoken and how. This narrative is not a fixed report of what “is,” but a reflection of what emerged between us through language, feeling, and co-construction.

What their stories ultimately revealed was not just the structure of care work, but the interior worlds of those who do it. These women are not defined by job titles. They are

individuals navigating the porous space between personal history and professional identity, between attachment and boundary, between giving care and becoming through care. Their work, I came to see, is not separate from who they are. It is, in many ways, an expression of it.

Conclusion

This core narrative, shaped by their voices and lived experiences, forms the foundation for the discussion that follows. There, it will be explored through the lens of attachment narrative theory and philosophical understandings of personhood, drawing connections between individual identity and the wider realities of care work. What emerges is not just a pattern of themes, but a deeply human story, one of resilience, empathy, and quiet strength. These women's reflections invite us to consider what it truly means to care, and how this work shapes not only those they serve, but who they are becoming.

Chapter 5: Discussion

Introduction

This chapter discusses the study's findings in response to the research question, considering how residential care workers' attachment narratives shape their personhood and caregiving within the context of existing literature. An inductive, comprehensive approach (Smith, 2016) identified three interrelated thematic categories that reveal how identity, emotional labour, and professional practice intersect in participants' narratives. These overlapping themes structure this chapter, highlighting broader patterns of attachment and personhood in residential care work.

Thematic Category 1: The Role

This thematic category explores how participants came to see caregiving as a relational role shaped by their life histories, emotions, and attachment experiences. Many entered the role unexpectedly but later viewed it as a calling. Central to their narratives was framing the role as "like" a mother, highlighting its emotional intensity and attachment qualities, as well as tensions around personal-professional boundaries tied to their personhood.

An Unexpected Pathway

Participants often described entering residential care unintentionally, echoing research (Billett et al., 2010; Cameron & Moss, 2007) that highlights how care work is often taken up by chance rather than design. However, what began as a temporary role evolved into a deeply meaningful and emotionally invested vocation. This transition highlights the dynamic construction of caregiving identity, shaped not only by circumstances but by reflection and relational experience (Kenny, 2015). Through a social constructionist lens, Kenny illustrates how narratives, community norms, and gendered expectations contribute to caring identities.

This was mirrored in participants' evolving commitment, as they began to see their roles as aligned with personal values and emotional sensibilities.

Personal attachment histories also informed this transformation. Participants drew on their own caregiving experiences to relate to the children, finding emotional fulfilment and ethical meaning in the work (Dallos, 2023). As Fejes and Nicoll (2010) describe, care work became a "caring technology" (p. 10), not simply a job, but a process through which emotional connection and personal purpose were generated. This evolution affirms Billett et al.'s (2010) view that career development is shaped by relational and subjective experiences. As participants engaged more deeply, they encountered aspects of themselves that resonated with the caregiving role, potentially cultivating authenticity and belonging within their professional identity.

A Vocation. Though few initially viewed care work as a career, many came to describe it as a vocation, a role grounded in meaning, purpose, and service (Dik & Duffy, 2007). Nadia was the only participant to use the word explicitly, yet others reflected similar sentiments. Grace, for instance, *"never planned this,"* but witnessing children's progress and their attachment to her made her feel a responsibility to stay. Such reflections show how values like empathy, attunement, and responsibility were both expressed and deepened through caregiving.

Parkes et al. (2010) note that vocation serves as a sustaining force amid the challenges of care professions, a view reflected in participants' ongoing commitment despite emotional strain. Saile (2018) suggests that vocation involves aligning inner conscience with outward action, a process evident in Carmen's narrative. Initially uninvested, she found the role resonated with her upbringing and moral values, leading her to embrace care work as a meaningful calling. Ultimately, participants' stories demonstrate how a chance occupation

can evolve into a deeply felt vocation, shaping not only their professional identity but also their sense of personhood.

A Role 'Like' A Mother.

Across participants' narratives, the metaphor of being "like" a mother was central, capturing the emotional depth and attachment-driven nature of their work. They described offering love, protection, consistency, and emotional availability, qualities aligned with secure attachment. This maternal role was not about replacing biological mothers, but about providing stability and nurturing, particularly in the absence of such figures in children's lives.

These findings echo literature that frames care workers as 'professional parents' (Bastiaanssen et al., 2013; Smith et al., 2013) or providers of 'specific parenting' (Kok, 1997). They align with Grech's (2017) and Vella's (2022) work on the emotional labour of residential care, highlighting how care workers themselves construct attachment-informed roles that are relational and deeply personal. In line with Bastiaanssen et al. (2014), participants integrated warmth, structure, and emotional support into their caregiving, mirroring traditional parenting within institutional settings. This affirms Bowlby's (1988) principle that children can form attachments to consistent caregivers regardless of biological ties.

Participants' accounts illustrate the emotional intensity and meaning making involved in this maternal framing. Maia described feeling that *"there is no difference"* between her own children and those she cares for, an expression of deep commitment and empathy. Nina's reflection that the children have *"many mummies"* offered a more ambivalent view, revealing the weight of impermanence and the emotional cost of not being a singular, enduring figure in the children's lives. Grace's comment: *"Alright, we are not their mummies"*, carried the

weight of a system's repeated reminders, hinting at a tension between the internal pull toward maternal care and the professional boundaries expected. Together, these reflections underline the emotional vulnerability embedded in attachment-driven care.

The potential for children to form secure attachments with care workers is often overlooked in systems marked by high staff turnover and institutional constraints (Brown et al., 2018; Dozier et al., 2002). By centring care workers' voices, this study reveals how attachment narratives are constructed not only in theory but through lived, emotionally invested practice. Yet this work also comes at a cost. Some participants described emotional exhaustion, particularly when care responsibilities at work overlapped with personal caregiving roles. While they did not explicitly name terms like compassion fatigue, their stories revealed the strain of being emotionally 'switched on' across settings, an experience well documented in literature on emotional labour and burnout (Steinlin et al., 2017; Zerach, 2013; Hajer & Zilli, 2020).

Navigating Boundaries. Providing emotionally attuned and nurturing care brought with it came the ongoing challenge of maintaining professional boundaries. Participants described this as a continuous balancing act, being emotionally available without over-identifying. For Anisa, this involved confronting her own caregiving history; for Nina, support from her team was crucial in managing relational tensions. These narratives reflect Grech's (2017) observation that care workers navigate conflicting pressures to parent while maintaining professional distance.

Ward (2006) describes residential care as a space where personal and professional lines often blur, requiring relational and flexible boundary-setting. Mandell (2008) and Cameron and Maginn (2009) similarly advocate for emotionally connected but bounded caregiving. Participants like Maia and Grace demonstrated how deep bonds could be ethically

held and consciously managed. Maia's blurring of maternal lines, though deeply caring, highlighted the risks of emotional over-involvement, while Nina's strong stance; *"leave work at work and home at home,"* underscored the protective function of boundaries. Nadia, too, described learning to trust others to carry the care in her absence, easing the emotional load.

These accounts show that boundary-setting is not about detachment but about sustaining ethical, emotionally attuned caregiving. Emotional investment can perhaps coexist with emotional protection, particularly when supported by a team culture that fosters shared responsibility and reflective practice (Dallos, 2023; Didier et al., 2023; Kenny, 2015). As participants' narratives show, supervision and structured support are not optional extras, they are ethical imperatives that safeguard both caregivers and the quality of care (Grech, 2017).

Thematic Category 2: The Personhood of Care Workers

This thematic category explores how care workers' personal histories, emotional dispositions, and internal values shape their caregiving identities. Caregiving was not viewed as a detached task, but as an extension of self, rooted in lived experience and shaped through ongoing, relational encounters with the children. Rather than entering the role with a fixed identity, participants described how their sense of self evolved through emotionally meaningful relationships.

Attachment narratives were central to this process. Those with secure histories often described an intuitive attunement to children's needs, while others drew on past pain to foster empathy and connection. In both cases, personal experience informed their responsiveness and ability to form nurturing bonds. Personhood, then, was not static but continually reshaped through the emotional demands and relational depth of residential care work.

Values

Values were central to the personhood of residential care workers, shaping both self-concept and relational practice within the emotionally charged landscape of caregiving. Empathy, trust, and emotional availability were not abstract ideals but embodied principles, often rooted in participants' own attachment histories. Whether drawn from secure early bonds or in response to past relational ruptures, these values functioned as internal guides, informing daily caregiving and shaping environments of safety and nurture for children affected by trauma. As Harré (1995) suggests, personhood was enacted through relational gestures; tone, presence, touch, rendering values lived, bodily, and contextually responsive.

The Centrality of Empathy. Empathy was described as a sustained moral orientation, *"entering into the children's world,"* that shaped how care workers connected with children. Anisa's reflective comment, *"Go back to when you were her age,"* typifies how personal memory and professional empathy were intertwined. This aligns with attachment-informed care models (Dozier et al., 2002; Dallos, 2006), where internalised relational patterns guide attuned caregiving. Empathy, here, was not just a felt experience but an ethical stance (Noddings, 1988), expressed through attunement and interpreted as therapeutic presence.

Research shows that emotionally engaged caregiving enhances service quality and therapeutic outcomes (Moudatsou et al., 2020; Leana et al., 2022). Empathy, as Decety (2015) notes, is both biologically grounded and socially shaped. In this study, it emerged as a co-constructed process: shaped by personal histories, contextual demands, and professional boundaries. While it deepened relational connection, it also risked emotional depletion. Participants spoke of carrying the children's pain home, reflecting the emotional toll of secondary traumatisation and compassion fatigue (Cocker & Joss, 2016; Zerach, 2013).

Though not always expressed in clinical terms, the emotional weight of empathic labour was evident.

This underscores empathy's dual nature: as both healing force and vulnerability. Sustaining it requires systemic support. Participants like Nadia and Nina identified reflective supervision and team debriefing as essential buffers, aligning with Gerdes & Segal (2011) and Dallos (2023), who view empathy as a shared ethical and organisational responsibility rather than merely an individual resource.

Building Trust and Secure Relationships. Trust was a cornerstone of caregiving, foundational to both therapeutic engagement and mutual recognition of personhood (Bastiaanssen et al., 2013; Brown et al., 2018; Dallos, 2023). Attachment theory highlights sensitivity, consistency, and emotional availability as vital to secure relationships (Ainsworth, 1989; Vetere & Dallos, 2008). Participants like Carmen and Matilda described fostering trust through emotional presence and routine stability.

Some drew from positive early experiences to model security; others, such as Maia and Grace, consciously provided the care they had lacked, transforming personal adversity into relational attunement. This reparative motivation resonates with Dallos (2023), who suggests attachment narratives evolve through lived relationships. Yet such compensatory care also risks over-identification, potentially blurring boundaries and straining emotional resilience.

Mentalisation and reflective functioning (Fonagy & Target, 1997; Bouchard et al., 2008) seem to have been key to maintaining attuned, ethical caregiving. Participants reflected on their ability to 'read' children's emotional states and respond with sensitivity, indicating a strong reflective stance. My own presence and framing during interviews shaped these narratives, reinforcing their co-constructed nature. Variations in attachment orientation,

whether secure, anxious, or avoidant, were evident in how participants described relational challenges and emotional regulation (Stuhrmann et al., 2022; Zerach, 2013).

McLendon (in Brothers, 2000), drawing on Satir, frames love as the energetic foundation of healing relationships, a view echoed by Grech (2017), who sees care workers as secure bases embodying empathy and consistency. In this study, trust-building emerged as a dynamic and relational practice rooted in emotional presence, reflective capacity, and love. It not only supported children's healing but affirmed the care workers' own personhood, marking caregiving as both ethical endeavour and identity-making process.

Personal Histories

Care workers' personal histories, whether nurturing or marked by adversity, profoundly shaped their caregiving identities. These findings echo Bowlby's (1988) concept of internal working models and support a relational view of personhood as historically situated and relationally enacted (Rasmussen, 1999; Young, 2019). Participants drew on both secure attachments and experiences of trauma, offering either continuity or corrective care (Vetere & Dallos, 2008; Dallos, 2023).

Inherited Models of Care. Care workers' approaches are deeply influenced by attachment models formed in early relationships. These inherited frameworks are not fixed but evolve through present relational experiences (Dallos, 2023). Participants with secure attachment histories often demonstrated strong reflective functioning and emotionally attuned caregiving (Fonagy & Target, 1997; Vetere & Dallos, 2008). Grech (2017) also notes that secure relational backgrounds foster consistency, fairness, and emotional safety, qualities vital for establishing secure bases for children in care.

For others, caregiving was reparative. Participants like Matilda and Nadia, shaped by histories of absence or trauma, used these experiences to cultivate empathy and connection.

This echoes Vetere and Dallos's (2008) idea of "reworking" attachment, where adversity fuels emotionally present care. McLendon's notion of reconnecting with one's inner child (in Brothers, 2000) suggests that embracing vulnerability enhances emotional availability and healing. These models are also shaped by wider systemic and cultural influences (Mandell, 2008), affecting how workers interpret behaviour, manage boundaries, and respond to distress. Satir's systemic lens (in Sair & Brothers, 2000) portrays caregivers as embedded within these dynamics, shaping the emotional climate of care.

Inherited models can also challenge caregiving. Insecure attachment, especially anxious or avoidant styles, may increase burnout risk and reduce compassion satisfaction (Zerach, 2013), underscoring the need for reflective spaces (Grech, 2017). Dallos (2023) notes attachment narratives are dynamic and reshaped through attunement, benefiting both child and caregiver. Informal reflective practices found in this study that increase emotional awareness and resilience mirrors those in psychotherapy training (Aponte, 2022) and supervision (Satir & Brothers, 2008), where personal insight enhances relational capacity. In this way, caregiving becomes a site of mutual emotional transformation.

Inner Emotional Landscapes. Participants recognised how their emotional histories shaped their caregiving. As Anisa said, *"Just as children have baggage, the care worker has her own baggage too,"* highlighting the role of reflective functioning (Bouchard et al., 2008) in managing triggers and sustaining attuned relationships. Empathy, emotional regulation, and self-awareness support both children's wellbeing and caregivers' resilience (Colton & Roberts, 2007). Satir and Brothers (2008) stress self-worth and inner clarity as vital for therapeutic engagement.

This intertwining of the personal and professional self is echoed in Aponte's (2022) 'Person-of-the-Therapist Training' (POTT) model, which views caregiver vulnerabilities as

therapeutic tools. Ward (2006) also emphasises the therapeutic value of everyday care, where emotionally charged but seemingly ordinary moments provide meaningful support. Some participants acknowledged that unresolved emotional histories could hinder this therapeutic presence, echoing Grech's (2017) findings on caregiving's emotional toll. Without reflection, trauma may impair care and lead to burnout.

Reflective capacity, especially Parental Reflective Functioning (PRF), is crucial. Stuhrmann et al. (2022) found high PRF correlates with greater sensitivity and support, while low PRF leads to reactive caregiving. For residential workers acting as surrogate parents, PRF is vital for both children's and their own wellbeing. As Harre (1995) suggests, personhood is enacted through presence; reflective engagement with personal history enhances secure, healing relationships, turning emotional labour into connection and growth for all involved.

Thematic Category 3: Personal and Professional Growth

This final thematic category captures how care workers' identities evolved through ongoing engagement in residential care. Participants described growth arising from the role's emotional demands, reflection, relationships with children, and support from therapy, training, or teamwork. This continuous process of doing and becoming intertwined professional skills with personal maturation, involving not just competence but deeper emotional insight, self-awareness, and relational depth.

Growth Through the People Encountered

This theme, situated within the broader category of personal and professional development, explores how relationships with children and colleagues shape the personhood and attachment narratives of residential care workers. Across the narratives, participants attributed significant growth to those encountered in their caregiving roles. Daily interactions

with traumatised children prompted empathy, resilience, and reflection, while collegial relationships fostered self-awareness, feedback, and attachment-informed practices.

The Children. Children were central to care workers' development, offering emotionally charged and reflective encounters that deepened caregiving identities. Participants such as Maia and Grace described how caregiving matured them personally, while Carmen noted it nurtured her creativity and emotional responsiveness. These relationships were reciprocal: while care workers supported children's healing, the children also catalysed their caregivers' growth.

Caring for traumatised children required emotional presence and confrontation with one's own attachment history. As Fonagy and Target (1997) suggest, caregiving relationships activate and reshape internal working models. This was evident in narratives by Nadia and Matilda, who offered the care they themselves had lacked, exemplifying Vetere and Dallos's (2008) concept of reworking attachment scripts. Dallos (2023) frames caregiving as a space for narrative reconstruction, stating:

> "Narratives are not a passive recording of the past but constitute an active process of continual construction, reconstruction, and review. We tell our stories to others and their questions, reactions, comments, additions, revisions, and corrections serve to reshape our stories with each telling" (p. 25).

Through relational challenges and reflection, care workers revised their personal stories, fostering a more integrated and attuned professional identity. This dynamic aligns with Mandell's (2008) concept of the 'use of self,' where personal narratives become resources for intentional care. The children thus became both mirrors and catalysts, supporting identity development through daily interactions, often scaffolded by supervision, team support, and training.

Colleagues and Team Leaders. While children inspired emotional growth, colleagues and team leaders provided relational stability, emotional grounding, and reflective companionship. Maia credited her development to a trusted colleague who encouraged mutual reflection and regulation, echoing Dallos's (2006) view of identity as socially co-constructed. Consistent with Grech (2017), the study found that emotionally attuned leadership seems to have helped workers feel anchored. Nadia described her home leader as a reliable, containing presence in moments of difficulty. Anisa found supervision a safe space to process personal and professional struggles, reinforcing her sense of belonging within the team. These dynamics reflect Vetere and Dallos's (2008) emphasis on the therapeutic value of secure emotional bases in caregiving contexts.

Tensions with colleagues, often stemming from differing relational styles, were acknowledged, yet participants described navigating these differences through shared commitment and reflective engagement. This aligns with literature on relationship-based practice (Brown et al., 2018; Mandell, 2008), which emphasises emotional attunement, reflexivity, and tolerance for difference. Moreover, conflict, when approached reflectively, served as a catalyst for growth. Vetere and Dallos (2008) argue that attachment narratives evolve through both closeness and rupture, with interpersonal challenges offering opportunities to rework scripts around trust and vulnerability.

Team leaders played a pivotal role here, fostering reflective dialogue and helping integrate personal and professional selves. As Mandell (2008) notes, such leadership facilitates intentional caregiving through the relational 'use of self.' Echoing Young's (2019) relational view of personhood, these everyday team interactions became sites of mutual transformation, shaping care workers' evolving identities through sustained emotional engagement.

Growth Through Support Services

Support structures, such as support groups, personal therapy, and training, played a pivotal role in care workers' emotional regulation, reflective functioning, and professional development. These services provided relational safety and encouraged self-awareness, helping integrate personal insight with caregiving practice. Across narratives, participants described how these supports helped rework attachment narratives, sustain emotional presence, and foster transformative caregiving.

Support Groups. Support groups offered essential emotional scaffolding and structured reflection, helping care workers remain attuned and avoid reactive caregiving. Maia and Grace described monthly group sessions as grounding spaces to process experiences, echoing Bastiaanssen et al.'s (2013) emphasis on the value of reflective environments in therapeutic work. These encounters supported coherence in participants' sense of self and caregiving identity. The relational quality of support groups was especially significant. Feeling genuinely heard enabled personal integration and emotional regulation, consistent with Mandell's (2008) emphasis on reflexivity and emotional awareness. Carmen noted that experiential exercises such as role play helped her attune to the children's emotional needs, reinforcing the group's role as a relational learning space.

Personal Therapy. Although not universally accessed, personal therapy was transformative for those who engaged in it. Matilda described how therapy enabled her to process trauma, develop emotional tools, and offer more intentional care: *"You feel the feeling, you have a certain healing... You have certain skills; you have certain tools."* This echoes Satir & Brothers (2000) and McLendon (in Brothers, 2000), who highlight the therapeutic value of engaging with vulnerability. Aponte's (2022) POTT model further underscores how identifying "signature themes" fosters healing and effective relational

presence. Therapy enhanced care workers' awareness of emotional patterns, supporting more grounded and consistent caregiving. For Matilda, it fostered self-compassion, reframed painful experiences, and strengthened her reflective functioning, core foundations for sustainable care.

Training. Training was another key site of growth, particularly when emotionally informed and reflective in nature. Carmen valued trauma training for deepening both her knowledge and relational attunement. Participants appreciated training that addressed emotional insight, rather than focusing solely on technical skill, an approach supported by Grech (2017) and Aponte (2022), who advocate for self-awareness in managing unresolved emotional responses. Maia and Anisa found training on challenging behaviour and trauma crucial for cultivating reflective caregiving, while Grace noted recent improvements in safeguarding and mental health training. Experiential, attachment-informed models (Dallos, 2022; Vetere & Dallos, 2008) were particularly effective in fostering emotional depth and relational risk-taking. When delivered within safe and reflective environments, training helped deepen caregivers' personhood and expanded their emotional repertoires, enabling more attuned and responsive care.

Conclusion

This chapter addressed the research question: '*How do care-workers' narratives about their own personhood, in particular their attachment narratives, affect their understanding of their roles and relationships with the children they care for?*' by exploring how personal histories and professional experiences intersect in care work. The findings reveal that care workers actively rework their attachment models through emotionally complex, often reparative caregiving. Their relationships with children foster empathy, self-awareness, and emotional regulation, while support from colleagues and leaders strengthens their reflective

capacity. Together, these dynamics illustrate how attachment narratives are not only brought into the work but also reshaped by it, contributing to the evolving personhood of the care worker.

Support services like supervision, therapy, and training help integrate personal history with professional identity, reinforcing emotionally attuned care. These processes highlight the reciprocal nature of caregiving, where both children and workers grow emotionally. Consistent with attachment theory and relational practice, the findings emphasize emotional attunement, reflective functioning, and interpersonal support as key to sustaining compassionate, effective care. Personhood is thus fluid, continually shaped through relationships critical to both children's well-being and caregivers' emotional resilience.

Chapter 6: Conclusion

Introduction

This chapter provides a summary of the key findings that emerged from the study and highlights its main strengths and limitations. It also offers several recommendations for future research and explores the implications of the findings for policy and practice. The chapter concludes with some final reflections.

Summary of Findings

This study used narrative analysis to explore how seven women in residential care construct their personhood through caregiving. Co-constructed narratives and an inductive approach revealed themes later examined in relation to attachment and care literature. Addressing the research question, *'How do care-workers' narratives about their personhood, particularly attachment narratives, affect their understanding of their roles and relationships with the children they care for?'*, the findings show that care workers' personal histories, attachment experiences, emotional dispositions, and values are not peripheral, but central to how they understand and inhabit their roles. These inner frameworks profoundly influence how they build trust, offer stability, and attune to children's emotional needs, especially those with relational trauma.

A central narrative of *"becoming through care"* was co-constructed, portraying caregiving as a relational, transformative process shaping their sense of self. Personhood, in this context, is not static, it is actively reshaped by the emotional demands and connections forged in daily care. Past attachment experiences and current caregiving roles intersected, with emotional labour, relational depth, and ethical sensitivity intersect. Many entered residential care unexpectedly but developed strong emotional connections that evolved into a vocation. The role was often described as "like" motherhood, capturing emotional intensity,

nurturance, and a secure base, though this raised tensions around professional boundaries. Caregiving extended the self, with empathy, emotional availability, and trust integral to identity and shaping responses to children with relational trauma.

Participants described personal growth through relationships with children, colleagues, and team leaders, supported by reflection, therapy, peer groups, and training. These prompted ongoing evolution of their attachment models professionally and personally. Crucially, caregiving was not something they simply did, it was a space where who they are was constantly being negotiated, stretched, and refined. Overall, the study reveals residential care work as both shaped by and shaping care workers' personhood, a space where personal and professional selves meet, and caregiving becomes a process of becoming.

Strengths and Limitations

Strengths

A key strength of this study is its narrative qualitative approach, which amplifies the voices of care workers and offers rich insights into how they make sense of their roles and attachment narratives. Including care workers with a variety of personal histories, backgrounds, such as different childhood attachment experiences, family dynamics, and pathways into care work, strengthens the findings by revealing how individual differences shape emotional responses, relational styles and caregiving appraoches. This diversity underscored that while certain attachment-informed patterns were shared, the way care workers made sense of their roles and regulated their emotional engagement was deeply personal and context-dependent, adding depth and richness to the analysis. The study's application of attachment narrative theory to caregiving roles offers a valuable contribution to understanding the relational aspects of personhood and supports both future research and practical caregiving approaches.

Limitations

Despite its insights, the study has limitations. Anchored in a constructivist-interpretivist framework, it does not seek to present an objective reality, but rather explores how care workers construct meaning through their narratives. However, relying on self-reported data introduces the possibility of response bias, particularly as participants may have shaped their accounts based on what they believed I wanted to hear or to maintain a positive impression. Although I aimed to remain neutral during interviews, there were moments where my presence or the level of rapport may have influenced disclosure. In some cases, I sensed a reluctance to fully share struggles, possibly due to concerns about how they would be perceived or a lack of felt safety.

My own background in residential care also shaped the research process. My values and prior experience informed my interpretations and may have led me to engage more deeply with participants whose views resonated with mine. This relational dynamic, while valuable, may have also introduced subtle bias in how narratives were co-constructed and analysed. Furthermore, the fact that all seven participants identified as women may have introduced gender bias, as the experiences, emotional expressions, and meaning-making of female care workers could differ from those of male or non-binary individuals. This gendered lens may have shaped both the content of the narratives and my interpretation of them.

Additionally, six of the seven participants were recruited from the same care entity, resulting in some commonality in their organisational context and experiences of support. While I sought to highlight the uniqueness of each narrative, this organisational homogeneity may have limited the diversity of perspectives captured. Still, these shared conditions provided an opportunity to observe how systemic organisational culture can shape caregiving models, offering valuable insight into the relational environment in which attachment

narratives unfold. Future research could extend this work by including a more gender-diverse and organisationally varied sample to explore how caregiving is shaped across different identities and contexts.

Implications of the Study

This study contributes to a broader understanding of attachment theory by applying it within the context of residential care work. The findings draw on Bowlby's (1988) assertion that consistent, emotionally available caregiving, regardless of biological ties, can support attachment formation. While this study does not assess attachment outcomes for children, participants' narratives highlight efforts to offer stable, responsive relationships, suggesting that such caregiving may create the conditions conducive to secure attachments in institutional settings. Crucially, the study underscores the role of reflective functioning (Bouchard et al., 2008) in fostering relational attunement.

Care workers' ability to reflect on their own attachment histories emerged as central to their emotional regulation, empathy, and capacity for co-regulation with children. This reinforces theoretical models that position reflective practice as a core mechanism in caregiving relationships (Aponte, 2022; Satir & Brothers, 2008). In doing so, the study further challenges traditional attachment models that prioritise biological or parental figures (Dallos, 2006), supporting the development of more inclusive, attachment-informed frameworks that recognise the relational depth and emotional labour of professional caregiving within institutional settings (Brown et al., 2018; Grech, 2017).

Recommendations for Practice and Research

The findings highlight the need to embed reflective practice in both the training and ongoing professional development of residential care workers. Reflective supervision that supports exploration of personal attachment histories can enhance emotional resilience,

reduce burnout, and improve relational outcomes with children. Residential organisations should prioritise this reflective capacity alongside technical competence.

Notably, the finding that many participants entered the role unexpectedly further supports the need for reflective supervision and a deeper, more intentional understanding of what the role entails. Without such preparation, care workers may be unprepared for the emotional intensity and relational demands of the work, which can affect both staff well-being and quality of care. Recognising care workers as professional parents also has practical implications. Their role involves emotional co-regulation, behavioural guidance, and attachment-building, functions often overlooked in formal role descriptions. Targeted training in attachment-informed care and emotional regulation strategies is essential, particularly when working with traumatised children.

From a research perspective, future studies should adopt longitudinal and multi-perspective designs to explore how attachment-informed practices evolve over time and how they are experienced by both care workers and children. Broader samples across diverse residential contexts would also support the development of more generalisable models. Finally, policy frameworks should formally acknowledge the emotional and relational dimensions of care work, advocating for stable caregiving relationships and comprehensive professional support.

Concluding Reflections

Conducting this research has been deeply humbling. It was a profound privilege to be welcomed into the lives and stories of these women, witnessing the tender, complex, and often unspoken realities of their work. I remain deeply aware of the trust they placed in me, granting access to a sacred space where personal histories, hopes, and heartaches are lived through care. This process deepened my appreciation for their work, not just the tasks, but the

emotional depth, resilience, and presence they bring daily. Their professional roles are inseparable from their personal selves; their own stories are woven into caregiving, sometimes stretched to painful limits. The emotional demands are immense, yet they continue to offer safety, connection, and consistency to children who have often known the opposite. The findings in this study do not just inform, they challenge, affirm, and advocate. They challenge narrow definitions of professionalism in residential care. They affirm the transformative potential of reflective, attachment-informed caregiving. And they advocate for greater recognition of care workers not just as professionals, but as meaning-makers, whose personhood is inseparable from the work they do.

I am grateful to help give voice to these stories and honor their complexity. I was struck by the quiet but powerful call to growth this work demands. Children in residential care deserve more than routine, they deserve caregivers who are reflective, emotionally present, and committed to growth. We owe it to them to engage with our own stories, seek healing, and offer not perfection, but a safe place to land. Above all, these narratives reminded me of the sacredness of staying. In a world where care can be fleeting or transactional, these women choose to stay, not just physically, but emotionally, showing up again and again in the face of difficulty. In doing so, they embody what it means to become through care, and what it means to be truly human.

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Appendices

Appendix A – Research Ethics Application Approval

L-Università ta' Malta

Sarah Camilleri <sarah.camilleri.17@um.edu.mt>

Research Ethics Application - Approved by FREC, no UREC decision needed
1 message

SWB FREC <research-ethics.fsw@um.edu.mt> 20 January 2025 at 09:16
To: Sarah Camilleri <sarah.camilleri.17@um.edu.mt>
Cc: Daniel Mercieca <dmerc04@um.edu.mt>, Dr Chantal Avellino <chantal.avellino@um.edu.mt>

REDP Application ID: SWB-2024-00847

Dear Sarah Camilleri,

Since your supervisor has confirmed that the changes have been carried out AND/OR the gatekeepers' permissions have been obtained and uploaded (as per email below), your ethics application regarding your research titled *The Personhood of Care Workers of Children in Residential Alternative Care Settings* has been **approved**.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC-DP**. Hence, **you may now start your research**.

Disclaimer: *The research team should note that only the English versions of the documents submitted have been reviewed by FREC. It is the duty of the research team to ensure that all documents in Maltese (or any other language) are faithful translations of the English version.*

Regards,

L-Università ta' Malta

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 113, Humanities A Building
Room 115, Humanities B Building
+356 2340 2352

Website: www.um.edu.mt/socialwellbeing/students/researchethics

Appendix B – Information Letter / Recruitment Letter (in English and Maltese)

Title of project: The Personhood of Care Workers to Children in Residential Alternative Care Settings.

To whom it may concern,

I am a psychology student reading for a Master degree, Master of Psychology in Clinical Psychology, at the University of Malta. In line with one of the requirements of this degree, I will be undertaking a dissertation. Inspired by my past work as a care worker with children in residential alternative care settings, the aims of this research is to understand how the personal experiences and values of care workers, in relation to how they experience relationships with others, affect their work in caring for children in residential alternative care settings. . Furthermore, the hope is to deepen our understanding of the support, training, and supervision necessary for care-workers as they navigate their roles, supporting children who often carry trauma and exhibit behaviour which challenges norms and expectations. The research will be conducted under the supervision of Dr. Daniel Mercieca.

The participants in this research will be adult care workers that are currently working with children in residential alternative care settings and have been doing so for at least a year. Participants can be of any nationality, gender, age, religion, race, ethnicity, ability, culture, and sexual orientation.

The data will be collected by conducting interviews. The interview will take place in a location and time which is convenient for the participants, and which is preferably free from distraction. The interview will be recorded, transcribed, and used to create personal stories for each participant, as well as a combined story that reflects the experiences of care workers. All data collected will be stored on a password protected external hard drive. Once results are published, all recordings will be destroyed.

Please note that:

- Participation in this study is entirely voluntary and you are free to decline participation and ignore this correspondence;

- The audio-recording and full transcripts will primarily be seen by me and my supervisor other than the interviewees. However, on rare occasions, the examination board may request to review the transcripts;

- Anonymity will be respected and identities will not be disclosed at any point. Participants may also choose their own pseudonym and the voice in the audio of the interview will be altered;

- Participants have the right to not answer any questions they would not like to answer;

- Participants may spontaneously mention information that could compromise their privacy, the privacy of their place of work or the privacy of children or colleagues they work with, this will be omitted from the final research project and during the transcription process to maintain confidentiality and comply with Data Protection Regulations;

- Participants may withdraw from the study at any time without having to provide an explanation for their withdrawal or suffer from any consequences. Their data would then not be used and destroyed;

- I understand that the narrative of one's life, values and upbringing, within the context of your work with children in residential alternative care settings, may offer moments of joy and moments of difficulties and challenges. Should this experience have a negative effect on participants in any way, a contact list of support services will be provided.

- Participants will be given both their individual narratives and the results' chapter for feedback and verification;

- In line with the General Data Protection Regulation (GDPR) and the Malta Data Protection Act 2018, participants have the right to access, rectify and erase the data concerning them. Participants have up to 3 years from the interview date to request the erasure of their data.

- Participants will be given a soft or hard copy of the study on request, once the correction process is complete.

Attached, please find a consent form regarding your participation in this study. Please do not hesitate to contact me on sarah.camilleri.17@um.edu.mt or +356 79526273 should you be interested in participating or should you require further information about the research project.

Thank you for your time and consideration.

Kind regards,

Sarah Camilleri

Mobile: 79526273

Email: sarah.camilleri.17@um.edu.mt

Dr. Daniel Mercieca

Email: dmerc04@um.edu.mt

Ittra ta' Informazzjoni / Ittra ta' Reklutaġġ

Titlu tal-proġett: *The Personhood of Care Workers to Children in Residential Alternative Care Settings*

Lil min tikkonċerna,

Jiena studenta tal-psikoloġija li qed naqra għal *Master degree, Master of Psychology in Clinical Psychology*, fl-Università ta' Malta. F'konformità ma' wieħed mir-rekwiżiti ta' dan il-grad, se nkun qed nagħmel teżi. Inspirat mix-xogħol preċedenti tiegħi bħala *'care woiker'* ma' tfal f'ambjenti residenzjali ta' kura alternativa, l-għan ta' din ir-riċerka huwa li nifhmu kif l-esperjenzi u l-valuri personali tal-*'care workers'*, fir-rigward tal-mod kif jesperjenzaw relazzjonijiet ma' oħrajn, jaffettwaw ix-xogħol tagħhom fit-trawwim tat-tfal f'ambjenti ta' kura alternattiva residenzjali. Barra minn hekk, it-tama hija li nitgħallmu aktar dwar l-appoġġ, it-taħriġ, u s-superviżjoni meħtieġa għall-ħaddiema tal-kura, hekk kif jinnavigaw l-irwoli tagħhom, billi jappoġġaw lit-tfal li ħafna drabi jġorru trawma u juru mġiba li tisfida n-normi u l-aspettattivi. Ir-riċerka se ssir taħt is-superviżjoni ta' Dr. Daniel Mercieca.

Il-parteċipanti f'din ir-riċerka se jkunu ħaddiema adulti li bħalissa jieħdu ħsieb tfal f'ambjenti residenzjali ta' kura alternattiva, u ilhom jagħmlu dan għal mill-inqas sena. Il-parteċipanti jistgħu jkunu ta' kwalunkwe nazzjonalità, sess, età, reliġjon, razza, etniċità, ħila, kultura u orjentazzjoni sesswali.

L-informazzjoni se tinġabar permezz ta' intervista. L-intervista se ssir f'post u ħin li huwa konvenjenti għall-parteċipanti, u li preferibbilment huwa ħieles minn distrazzjoni. L-intervista se tiġi rrekordjata bl-awdjo, traskritta u użata biex jinħolqu storja personali għal kull parteċipant u tikkontribwixxi għall-ħolqien ta' storja integrata li tirrifletti l-esperjenzi tal-'*care workers*. Id-dejta kollha miġbura se tinħażen fuq '*hard drive'* estern protett b'*'password'*. Ladarba r-riżultati jiġu ppubblikati, il-fajls tal-awdjo kollha jinqerdu.

Jekk jogħġbok innota li:

- Il-parteċipazzjoni f'dan l-istudju hija kompletament volontarja u inti liberu li tirrifjuta l-parteċipazzjoni u tinjora din il-korrispondenza;

- Il-fajls tal-awdjo u t-traskrizzjonijiet sħaħ se jidhru biss minni u mis-superviżur tiegħi, għajr dawk intervistati;

- L-anonimità se tiġi rrispettata u l-identitajiet tal-parteċipanti ma jiġu żvelati fl-ebda punt. Il-parteċipanti jistgħu wkoll jagħżlu l-psewdonimu tagħhom;

- Il-parteċipanti għandhom id-dritt li ma jwieġbu l-ebda mistoqsija li ma jixtiequx iwieġbu;

- Il-parteċipanti jistgħu wkoll spontanjament jisemmu informazzjoni li tista' tilqa' l-privatezza tagħhom, il-privatezza tal-post tax-xogħol tagħhom jew il-privatezza tat-tfal jew il-kollegi li jaħdmu magħhom, din l-informazzjoni se tiġi omessa mill-proġett ta' riċerka finali u matul il-proċess tat-traskrizzjoni biex tiġi mantenuta l-privatezza u biex jiġu segwiti r-Regolamenti dwar il-Protezzjoni tad-Dejta. ;

- Il-parteċipanti jistgħu jirtiraw mill-istudju f'kull ħin mingħajr ma jkollhom bżonn jipprovdu spjegazzjoni għall-irtirar tagħhom, jew ibatu minn xi konsegwenzi. Id-dejta tagħhom imbagħad ma tintużax u tiġi mniġġsa;

- Nifhem li n-narrattiva ta’ ħajtek, il-valuri u t-trobbija tiegħek, fil-kuntest tax-xogħol tiegħek mat-tfal f’ambjenti residenzjali ta’ kura alternattiva, tista toffri mumenti ta’

ferħ u mumenti ta' diffikultajiet u sfidi. Jekk tħoss li din l-esperjenza tkun ħalliet xi effett negattiv fuq il-wellbeing tiegħek se tiġi pprovdut/a lista ta' kuntatti ta' servizzi ta' appoġġ.

- Il-parteċipanti jingħataw kemm in-narrativa individidwali tagħhom kif ukoll il-kapitolu tar-riżultati għal *'feedback'* u verifika;

- F'konformità mal-'*General Data Protection Regulation'* (GDPR) u l-*'Malta Data Protection Act'* 2018, il-parteċipanti għandhom id-dritt li jaċċessaw, jirrettifikaw u jħassru d-dejta li tikkonċernahom. Il-parteċipanti għandhom sa tlett snin minn data tal-intervista biex jippreżentaw talba biex jhassru d-dejta li tikkonċernahom.

- Il-parteċipanti se jingħataw *'soft copy'* jew *'hard copy'* ta' l-istudju fuq talba, ladarba l-proċess ta' korrezzjoni jkun komplut.

Nitolbok tikkuntatjani fuq sarah.camilleri.17@um.edu.mt jew +356 79526273 jekk għandek xi mistoqsijiet dwar ir-riċerka, jew jekk tixtieq tipparteċipa fir-riċerka.

Grazzi tal-ħin u l-konsiderazzjoni tiegħek.

Ġentilment,

Sarah Camilleri

Mobile: 79526273

Email: sarah.camilleri.17@um.edu.mt

Dr. Daniel Mercieca

Email: dmerc04@um.edu.mt

Appendix C – Consent Form (in English and Maltese)

Name of Researcher: Sarah Camilleri

I am a psychology student pursuing a Master of Psychology in Clinical Psychology at the University of Malta. As part of the requirements for this degree, I am undertaking a dissertation under the supervision of Dr. Daniel Mercieca. Having worked in a similar profession myself, I have developed a deep interest in understanding the factors that influence care workers in their roles. This research aims to explore how the personal experiences, values, and beliefs of care workers, particularly in relation to their own relationships with childhood caregivers, influence their work with children in residential alternative care settings (i.e., children's homes). By understanding how these factors shape care workers' approaches to nurturing children—many of whom have experienced trauma and exhibit challenging behaviours—the study seeks to identify the support, training, and supervision necessary for care workers to navigate their roles effectively.

I would like to sincerely thank you for agreeing to participate in this research project. Your firsthand experience and knowledge of working with children in these settings are invaluable to this study, and your contributions will help deepen our understanding of how to better support care workers in fostering the well-being of the children in their care.

This study will involve an interview which should take about one hour to an hour and a half. In this interview, you will be given the opportunity to share your personal experiences and stories related to your work as a care worker in residential alternative care settings. You will be encouraged to share your upbringing, values, and your experience of relationships with significant individuals in your childhood, allowing for an open and evolving conversation. The interview will be carried out at a place (preferably free from distractions) and time of your choice.

Your story will be audio-recorded which, I will then transcribe and use to create a narrative (story) based off your story and experience. I will give you a copy of the narrative in order for you to verify what you said. You may also ask me to remove or clarify some parts of the narrative. Your narrative will then be used to help to the create one cohesive story that captures the experiences of care-workers and their personhood as they work and interact with children in residential alternative care settings. I will also present you with a soft or hard copy of the dissertation once this is corrected by the university examiners. I assure you that your identity will be kept protected throughout all stages of the research. Once results are published, the audio files (with an altered voice) with the recordings as well as the transcripts will be destroyed.

You are free to withdraw from participating from this research at any moment without offering any explanations and without incurring any consequences. I understand that the narrative of your life, values and upbringing, within the context of your work with children in residential alternative care settings, may offer moments of joy and moments of difficulties and challenges. Should you feel that this experience has had a negative effect on you in any way a contact list of support services will be provided.

Please take the time to read and complete the following section.

Tick each box, if you agree

I confirm that I have read and understood the information sheet dated 29/06/24, for the above study. I was given enough time to review the information, ask questions and had these questions answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason or incurring any consequences.	
I claim that I have not experienced or am experiencing any serious mental health issues.	

I understand that I may refuse to answer any question or to elaborate on any issue asked without incurring any consequences.	
I understand that relevant sections of any of the data collected during the study, may be seen by responsible individuals and regulatory authorities from the University of Malta, I give permission for these individuals to have access to this data.	
I am aware that the confidentiality of my personal data will be respected and not revealed throughout the research and that following the publication of results recordings will be destroyed in line with research ethics procedures.	
I agree to have a pseudonym, that I may propose, to protect my identity in this research project.	
I agree to take part in the above study, which involves a one-hour interview, where I will be invited to share my story of who I am and how I believe this affects my work with the children I care for.	
I understand and give consent to my narrative will be audio-recorded, transcribed verbatim and that a narrative of my story will be created. This will be used to create a combined story that captures the experience of care-workers that are working with children in residential alternative care settings (i.e. children's homes).	
I understand that I will be sharing my experience of working with children in residential alternative care settings and may spontaneously say the name of my place of work as well as the names of any of the children I work it in my narrative. I understand that this information will be omitted from the final research project.	
I understand that I will be given both my narrative and the results' chapter for my feedback and verification.	

I understand that in accordance with the General Data Protection Regulation (GDPR) and the Malta Data Protection Act 2018, I have a right to access, rectify, and erase the data concerning me.	

_____

Name of Participant

_____ _____

Signature Date

_____

Name of Researcher

_____ _____

Signature Date

_____

Name of Supervisor

_____ _____

Signature Date

Formola ta' Kunsens

Isem ir-ricerkatrici: Sarah Camilleri

Jiena studenta tal-psikoloġija li qed nagħmel 'Master of Psychology in Clinical Psychology' fl-Università ta' Malta. Bħala parti mir-rekwiżiti għal dan il-grad, qed nagħmel dissertazzjoni taħt is-superviżjoni tad-Dr. Daniel Mercieca. Peress li jien stess ħdimt f'professjoni simili, żviluppajt interess profond li nifhem il-fatturi li jinfluwenzaw lill-'care workers' fir-rwoli tagħhom. Ir-riċerka tiegħi għandha l-għan li tesplora kif l-esperjenzi personali, il-valuri, u t-twemmin tal-'care workers', partikolarment fir-rigward tar-relazzjonijiet tagħhom mal-ġenituri/kustodji tagħhom waqt it-tfulija, jinfluwenzaw il-ħidma tagħhom mat-tfal f'postijiet alternattivi ta' kura residenzjali (jiġifieri, djar tat-tfal). Permezz tal-fehim ta' dawn il-fatturi u kif jiffurmaw l-approċċ tal-'care workers' fil-kultivazzjoni tat-tfal – li ħafna minnhom għaddew minn trawma u jesibixxu mġieba diffiċli – l-istudju jimmira li jidentifika l-appoġġ, it-taħriġ, u s-superviżjoni meħtieġa biex il-ħaddiema tal-kura jinnavigaw b'mod effettiv ir-rwol tagħhom.

Nixtieq nirringrazzjak minn qalbi talli aċċettajt tipparteċipa f'dan il-proġett ta' riċerka. L-esperjenza u l-għarfien tiegħek dwar ix-xogħol ma' tfal f'dawn l-ambjenti huma ta' valur kbir għal dan l-istudju, u l-kontribuzzjoni tiegħek tgħin biex intejbu l-fehim tagħna ta' kif nistgħu nappoġġjaw aħjar lill-ħaddiema tal-kura fil-ħidma tagħhom biex jgħinu lit-tfal ikunu f'saħħithom u jimirħu f'dawn l-ambjenti.

Din ir-riicerka se tinvolvi intervista' ta' madwar siegħa. F'din l-intervista, inti se tingħata l-opportunità li taqsam l-esperjenzi u l-istejjer personali tiegħek relatati ma' xogħlok bħala *'care worker'* f'ambjenti ta' kura alternattiva residenzjali. Inti tkun imħeġġeġ/imħeġġa taqsam it-trobbija, il-valuri u l-esperjenza tiegħek tar-relazzjonijiet ma' nies signifikanti fit-

trobbija tieghek f'kuntest ta' konversazzjoni miftuħa. L-intervista ssir f'post (preferibbilment ħieles mid-distrazzjonijiet) u f'ħin li tagħżel int.

L-istorja tiegħek se tiġi rrekordjata bl-awdjo li, imbagħad nittraskrivi u nuża biex noħloq narrattiva (storja) ibbażata fuq l-esperjenzi tiegħek. Jien nagħtik kopja tan-narrattiva sabiex tivverifika jekk dak li hemm miktub jaqbel ma dak li tkun għidt. Tista' wkoll titlobni nneħħi jew niċċara xi partijiet tan-narrattiva. In-narrattiva tiegħek imbagħad tkun qed tikkontribwixxi għall-ħolqien ta' storja integrata li taqbad l-esperjenzi tal-care workers u l-persuna tagħhom hekk kif jaħdmu u jinteraġixxu mat-tfal li jaħdmu magħhom f'ambjenti ta' kura alternattiva residenzjali. Nippreżentalek ukoll *soft* jew *hard copy* tat-teżi ladarba din tiġi kompluta u kkoreġuta mill-eżaminaturi tal-università. Nassigurak li l-identità tiegħek tinżamm protetta matul l-istadji kollha tar-riċerka. Ladarba r-riżultati jiġu ppubblikati, il-fajls tal-awdjo bir-reġistrazzjonijiet kif ukoll it-traskrizzjonijiet jinqerdu.

Int liberu li tirtira milli tipparteċipa minn din ir-riċerka fi kwalunkwe mument mingħajr ma toffri l-ebda spjegazzjoni u mingħajr ma ġġarrab xi konsegwenzi. Nifhem li n-narrattiva ta' ħajtek, il-valuri u t-trobbija tiegħek, fil-kuntest tax-xogħol tiegħek mat-tfal f'ambjenti residenzjali ta' kura alternattiva, tista toffri mumenti ta' ferħ u mumenti ta' diffikultajiet u sfidi. Jekk tħoss li din l-esperjenza tkun ħalliet xi effett negattiv fuq il-*wellbeing* tiegħek se tiġi pprovdut/a lista ta' kuntatti ta' servizzi ta' appoġġ.

Jekk jogħġbok, aqra din l-informazzjoni li ġejja u imla il-formola.

Iffirma l-inizzjali tiegħek fil-kaxex jekk taqbel ma li hemm miktub.

Nikkonferma li qrajt u fhimt l-informazzjoni, bid-data 29/06/24, li ntbagħtet lili dwar din ir-riċerka. Kelli il-ħin naħseb fuqha u nsaqsi l- mistoqsijiet li kelli bżonn nagħmel u ħadt r-risposti li xtaqt.	

Nifhem li qiegħed/ qiegħda nipparteċipa b'mod volontarju u nista' nagħżel li nwaqqaf il-parteċipazzjoni tiegħi meta rrid, mingħajr ma nagħti l-ebda spejgazzjoni u mingħajr l-ebda konsegwenza.	
Jiena niddikjara li ma esperjenzajtx u li mhux qed nesperjenza xi problemi serji ta' saħħa mentali.	
Nifhem li nista' nirrifjuta li jwieġeb kwalunkwe mistoqsija jew li nelabora fuq kwalunkwe kwistjoni mitluba mingħajr ma nġarrab xi konsegwenzi.	
Nagħraf li certi partijiet tar-riċerka jew informazzjoni li nagħti personalment jistgħu jinqraw minn individwi responsabbli jew xi awtoritajiet rilevanti fl-Università ta Malta. Nagħti l-permess tiegħi li dawn il-persuni jistgħu ikollhom aċċess għal din l-informazzjoni.	
Ninsab mgħarraf li l-kinfidenzjalita tad-dejta personali tiegħi tkun rispettatata u mhux se tiġi żvelata matul ir-riċerka, u ser tiġi meqruda wara il-publikazzjoni tar-riċerka, skond il-proċeduri tal-etika tar-riċerka.	
Naċċetta li nista nagħżel isem fittizju biex nipproteġi l-identità tiegħi fir-riċerka.	
Naqbel li nipparteċipa f'din ir-riċerka li tinvolvi intervista ta' madwar siegħa li ser issir f'post privat u l-bogħod mid-distrazzjonijiet u li se ssir fil-forma ta' *narrative inquiry.*	
Nifhem u nagħti kunsens biex n-narrattiva tiegħi se tkun irrekordjata bl-awdjo, traskritta verbatim u li se tinħoloq narrattiva tal-istorja tiegħi. Dan se jintuża biex tinħoloq storja integrata li tiġi msejsa fuq l-esperjenzi tal-care workers li jaħdmu mat-tfal f'ambjenti residenzjali ta' kura alternattiva (jiġifieri djar tat-tfal).	
Nifhem li se nkun qed naqsam l-esperjenza tiegħi ta' xogħol mat-tfal f'ambjenti residenzjali ta' kura alternattiva u nista' ngħid spontanjament l-isem tal-post tax-xogħol	

tiegħi kif ukoll l-ismijiet ta' xi wieħed mit-tfal li naħdemha fin-narrattiva tiegħi. Nifhem li dawn id-dettalji se jitħallew barra mill-proġett ta' riċerka finali.	
Nifhem li se nirċevi kemm in-narrattiva tiegħi kif ukoll il-kapitlu tar-riżultati għall-*feedback* u l-verifika tiegħi.	
Nifhem li skont il-*'General Data Protection Regulation'* (GDPR) u l-'*Malta Data Protection Act'* 2018, għandi dritt li naċċessa, nirrettifika u nħassar id-*data* li tikkonċerna lili.	

_____

Isem tal-Parteċipant

_____ _____

Firma Data

_____

Isem tar-Riċerkatrici

_____ _____

Firma Data

_____

Isem tas-*Supervisor*

_____ _____

Firma Data

Appendix D – Data Collection Tools / Interview Guide

Title of project: The Personhood of Care Workers to Children in Residential Alternative Care Settings.

The two main questions that will be asked are.

- Can you tell me about your background and how you became a care worker in a residential alternative care setting?
  Tista' tgħidli dwar l-isfond tiegħek u kif sirt ħaddiem tal-kura f'ambjent residenzjali ta' kura alternattiva?
- Could you share with me any experiences from your upbringing you believe have influenced your approach to caregiving?
  Tista' taqsam miegħi xi esperjenzi mit-trobbija tiegħek temmen li influwenzaw l-approċċ tiegħek lejn il-kura?

Besides for these two main questions, I will also ask the participants to give me the following information if they so wish to and find it necessary to their narrative, participants are in no way obliged to disclose any of this information.

- The individual's age.
- How long they have been working as a care-worker.
- The number of children they have cared for.

Participants may also mention the name of the children they care for spontaneously (i.e. genetic or biometric data) as well as their place of work. This data will be omitted from the final research project.

In case the need arises, the following questions may be used as prompts to elicit the following information.

- Which personal values you hold that you feel are important in your role as a care worker? Could you share how these values influence your interactions with the children in your care?

  Hemm xi valuri personali li żżomm li tħoss li huma importanti fir-rwol tiegħek bħala ħaddiem tal-kura? Tista' taqsam kif dawn il-valuri jinfluwenzaw l-interazzjonijiet tiegħek mat-tfal fil-kura tiegħek?

- How do your personal experiences and history influence your approach to nurturing and supporting the children?

  Kif l-esperjenzi u l-istorja personali tiegħek jinfluwenza t-trawwem u tappoġġja lit-tfal?

- Could you share with me what family life was like for you as a child? How has this experience shaped the person you are today as a care-worker?

  Nistiednek taqsam kif kienet il-ħajja tal-familja fi tfulitek? if kellha impatt din l-esperjenza il-persuna li int illum?

- Can you describe a significant relationship from your past that has shaped your understanding of attachment and caregiving? Do you perceive this relationship to have an effect on your relationships with the children you care for? If yes, in what way?

  Tista' tiddeskrivi relazzjoni sinifikanti mill-passat tiegħek li sawret il-fehim tiegħek tattwaħħil u l-kura? Kif taħseb li din ir-relazzjoni għandha effett fuq ir-relazzjonijiet tiegħek mat-tfal li tieħu ħsiebhom? Jekk iva, b'liema mod?

- Can you give an example of a situation where your personal story played a role in how you handled a professional challenge?
  Tista' tagħti eżempju ta' sitwazzjoni fejn is-storja personali tiegħek kellha rwol fil-mod kif ttrattat sfida professjonali?

- Do you think that working in this setting impacted your personal growth and understanding of yourself? If yes, what have you learned about yourself through your interactions with the children in your care? If no, why not?
  Taħseb li l-esperjenza li taħdem fl-ambjent ta' kura residenzjali effettwa l-iżvilupp personali tiegħek u l-moid kif tifhem lilek innifsek? Jekk iva kif (do not assume that it has)? Jekk le, għaliex le?

- What types of support or training do you feel would help you better perform your role?
  Liema tipi ta' appoġġ jew taħriġ tħoss li jistgħu jgħinuk twettaq aħjar ir-rwol tiegħek?

- Have you had any training that you found particularly beneficial in your work? If so, can you describe it?
  Kellek xi taħriġ li sibt partikolarment ta' benefiċċju fix-xogħol tiegħek? Jekk iva, tista' tiddeskrivih?

- What changes or improvements do you hope to see in the future for care workers in residential alternative care settings?

  Liema bidliet jew titjib tittama li tara fil-futur għall-ħaddiema tal-kura f'ambjenti residenzjali ta' kura alternattiva?

During the interview itself I will also probe and ask the participant to elaborate on what they said if I see that the response isn't sufficient. Furthermore, I will be paying attention and taking notes of the participant's non-verbal language and engagement throughout the interview so as to enrich the creation of my narrative. However, that being said, I understand and respect that each participant is free to disclose as much information as they feel comfortable disclosing.

Appendices E – Data Management Plan

1. **Nature of data being collected**

The data will strictly be related to the research question, therefore:

> *How do care-workers' narratives about their own personhood affect their understanding of their roles and relationships with the children they care for?*

This will also include demographic data regarding the participant's age and gender. It may also potentially include other information related to the individual's race, ethnicity, religious and/or philosophical beliefs and/or sexual orientation – should they be relevant to their narratives.

2. **Data Collection Method**

Data will be collected through an individual interview (narrative inquiry) with each participant. Participants will be recruited using purposive sampling. Each interview will be recorded on my phone and the necessary steps will be taken to ensure that the confidentiality of this sensitive information will not be compromised. For instance, the automatic cloud back up with be disabled. This will be immediately transferred and stored on an external hard drive, which will be protected with a personal password. The information on my phone will be erased. This will ensure the security and safeguard the information and data collected.

3. **Data Analysis**

Each recording will be transcribed by the researcher and then analysed using narrative analysis. The participants will be given a copy of the narrative in order to verify what was said. They may also ask me to remove or clarify some parts of the transcript. I will also present them with a soft or hard copy of the dissertation once this is corrected by the university examiners.

4. **Data Storage**

Each interview will be recorded on my phone but immediately transferred onto an external hard drive (which will be protected using a personal password). Participants voices on the recordings will be altered to ensure their anonymity. This will be done using software like Voice Again. Once transferred, the transcriptions will be erased from my personal phone. Pseudonyms will be used to further ensure the protection of participants. All transcripts and recordings will be viewed primarily by the researcher and supervisor. On rare occasions the examination board members might want to review the transcripts. Extracts will be used in the published research; these will be completely anonymised.

5. Retention of Data

The audio files with the recordings will be destroyed upon publication of results (May / June, 2025).

Appendix F – Sample of Theme-ing Process

Narrative Excerpt	**Emerging Themes**	**Notes/Reflections**
"So**,** I took the leap of going to Appogg. The work over at Appogg is brilliant." (Nadia) "I don't look at it as work. I look at it as, how do you say, it's like something you do from your heart, you know?" (Nadia) "It's like a vocation, yes, and I enjoy it." (Nadia) "Now, when I was little, I never imagined that I would work in this job. I was on, as you say, the other side, because ever since I was little**,** I always said I wanted to work as a bank clerk." (Anisa) “I used to work in care before, I used to work in the hospital and towards the end of my time working in the hospital, I used to work a lot with children. And kind of from there I started to show a desire to work... kind of... with children. Then I found myself here” (Maia)	Unexpected Pathway Idea of a vocation, calling	Reflects how personal experiences influence approach to work. There seems to be a common thread that this was unplanned or not in the original plan for their life. Yet, there is this element of staying – of having found their place in this work. The way they narrate this work echoes something deeper in their work. Almost like a calling and sense of purpose. While participants like Nadia, reference the actual word ‘vocation’. Others seem to imply it as they describe their understanding of their role and their journey towards and within this work.

"Before I came here, I can tell you that I had work experiences that I did a lot of volunteering ... So then, you tell me why did you leave? The circumstances of life shift, I had a child that was still young, and I wanted to find something where I could enjoy my children … And I applied over here and I have been here from the beginning." (Matilda)

"So ever since I was little, I've always loved children, and I've always wanted to work with children. It's just that when I was little I wasn't as aware, I know, that there are children who live in care. So, I wanted to work with kindergarten children." (Carmen)

“I started hearing that there are specific settings where there are children who live in homes because they've been through some kind of abuse, it interested me a lot and that's where I continued to study and I left MCAST, and I specified on that." (Carmen)

"I was studying psychology, and I got my degree, and my plan was to continue for a Masters. So, you need certain hours and certain experience... I'm looking for a job now...and I'm not getting any experience before the Masters...they sent me to work in a children's home and now I'm going to spend 8 years." (Grace)

"I mean, I didn't complete the master's but that's how I found myself working, not because I didn't look for it...Just...So I found myself there because I accepted the interview then, but I had no idea to tell the truth." (Grace)

"I didn't go 'listen I want to work with children' and then I looked for a job with children...I just felt like I found myself in it, I accepted, then actually when I went for the interview I found out that it was with children and so on." (Grace)

"Look honestly at the beginning I didn't know what this job was. Honestly, I almost knew it existed." (Grace)		
"When I listen to their stories, you know, and what happened to them... I say, at least I'm a bit, how do you say? I'd rather he died than having to go through all this pain that they are going through. So sometimes I try to think of it as positively." (Nadia) "I always like to help so that whoever is in need will feel better." (Nadia) "It has helped me to grow because when you see what they are going through, you**r** kind of... You know? You appreciate... You appreciate what you have." (Nadia) “Empathy, we are that is our basis that we always want to have empathy. Sometimes we feel frustrated. Because we want then, we want to have empathy towards the children that we take care of." (Anisa) "With the things and the traumas that have passed, then there we are, then they will take it out on us." (Anisa)	Empathy as a core value	Each care worker referred to stepping into their shoes. Or wanting to understand where the children are coming from. As they each narrated, I found this understanding that the residents are ultimately children and of their background. There was an acknowledgement and understanding that the children they care for experience trauma, loss, rejection, etc. This moved me a lot and I found it quite central to each of their work. It may seem obvious or expected from people in this work. However, I remember when I worked in this role, this

"That's why I started saying sometimes you have to put yourself in their shoes because they are confused, do you understand?" (Nina)

"It's not ok for her to get angry, but where is she coming from." (Nina)

"And that's why I think you have to be a bit open minded and you have to be a bit flexible too. There are rules, there are rules, but you also have to evaluate the situations and that's also a bit... What can I say... It's mentally tiring, do you understand?" (Nina)

“It helped me a lot that I can understand children more, I can get down to their level more and put myself in their shoes as well. I feel that that thing helps me a lot because I also do well with children in that aspect." (Maia)

“you see that there are children who don't have the love that maybe they want**,** and they have a right to. And I'm a caring person and I'm going for this as a species because I believe I am capable.” (Maia)

empathy wasn’t so present. It would be said and not necessarily acted upon. Or they would be a preoccupation on the behaviour itself and less on where the behaviour may be coming from.

I also recognise that this may be easier said than done and what they narrate and what they present may be very different to reality. However, there was certain reflexivity in the way they spoke, and this is a central way they chose to make sense of their work and way of being in this role.

What was interesting, is how their source of empathy seemed to be tied to their own personal experiences. Their own history and experiences seem to be tied to their own understanding of the world. In other words,

"Exactly, even when I use the word empathy, it's not just saying the word empathy because everyone knows how to say it. But in truth you have to put yourself in someone's shoes and say that if I were in their shoes... I do it a lot." (Carmen)

"Look, I'm a very sensitive person, eh? But because I like to put myself in their shoes and it's true, sometimes I tell them, I admire them because of their past and where they are today and how much they've improved. I really admire them and I'm really proud of them. Because I start to say if I were in their shoes I don't know how far I would go in truth. I don't think I would be strong enough like them." (Carmen)

“I remember one time during a support group session that we had, I remember not only that we put ourselves in the shoes of the children where it was like she worked**,** and she helped us step into the shoes of their parents. That that was really deep and I mean

whether or not they received empathy as a child guides the kind of empathy they show or rather how they make sense of their empathy.

Empathy seems to be quite connected to their personhood. It seems to be a core value and a core tool in their work with the residents.

we came out of there with a headache and a lot of sadness because where it really had put us in the shoes of their parents it stayed in my mind and that it's good because we felt... And it's a good thing because we felt from then on how much you can't be judgmental and so on about their parents." (Carmen)

"I try to put myself in their shoes a lot because I understand that it's not easy not to be with your mother and father, I mean.... give them whatever you give them; they have whatever they have and they're happy and that's still not easy. At the end of the day, mummy remains mummy and daddy remains daddy." (Grace)

"I mean... I've been trying a lot to put myself in their shoes. And so... although you have to... Because sometimes there are certain rules, although you have to stick to certain standards and rules, you still have to have that basic understanding of them, of their behaviour, of the reasons why they react like

that because deep down it's not easy for them." (Grace)

"...understanding and empathy that we need to give them is because... You have to follow the rules as I said, it's a residential home and you are not free like you are in a normal family setting to... But hey, understanding them is an important thing." (Grace)

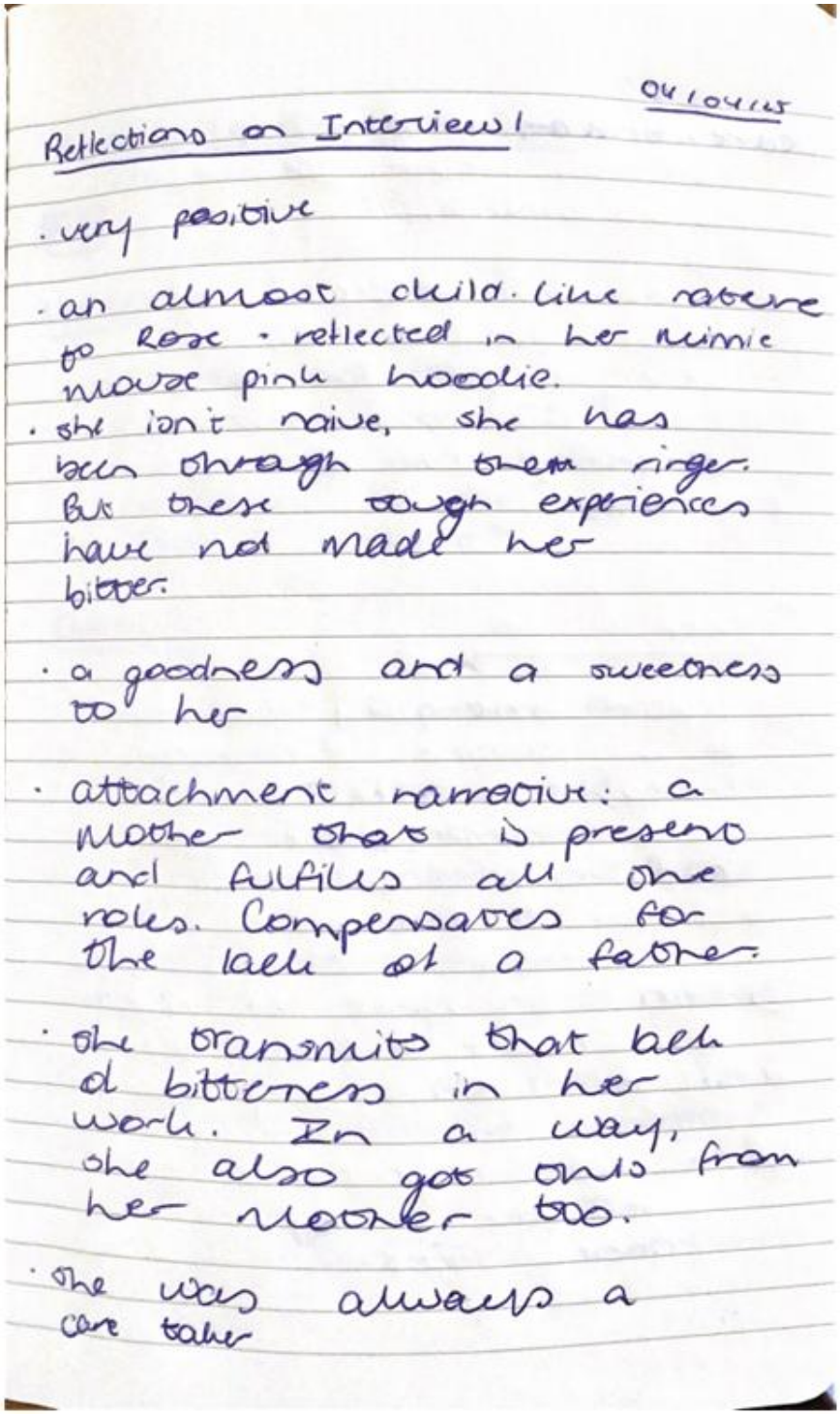
"I put myself in their shoes and say imagine what it would be like if I was living like that." (Grace)

"So, when I go back to my upbringing and see how I grew up and I am thankful and it's more like trying to understand how difficult it is for these children to..." (Grace)

"I mean, understanding and empathy is a big thing." (Grace)

Appendix G – Sample of Records

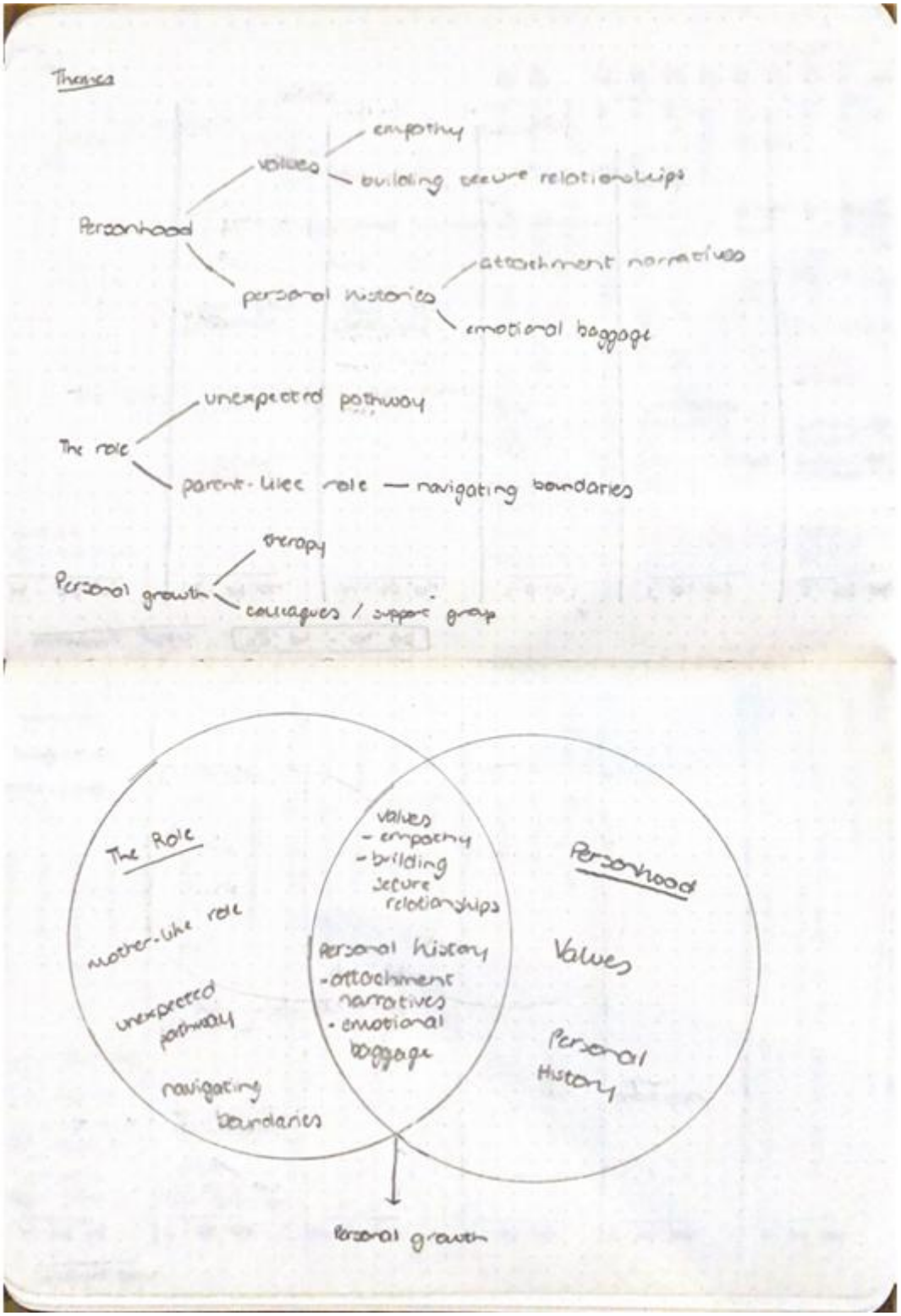
The following reflection and personal notes are part of the audit trail, documenting the analytical process and meaning-making decisions made throughout the study to ensure transparency, dependability, and coherence.



04/04/25

Reflections on Interview 1

- very positive
- an almost child-like nature to Rose - reflected in her mimic mouse pink hoodie.
- she isn't naive, she has been through some rough times. But these tough experiences have not made her bitter.
- a goodness and a sweetness to her
- attachment narrative: a mother that is present and fulfills all one roles. Compensates for the lack of a father.
- she transmits that lack of bitterness in her work. In a way, she also got over from her mother too.
- she was always a care taker


Theresa
Personhood
values
empathy
building secure relationships
personal histories
attachment narratives
emotional baggage
The role
unexpected pathway
parent-like role — navigating boundaries
Personal growth
therapy
colleagues / support group
The Role
mother-like role
unexpected pathway
navigating boundaries
values
- empathy
- building secure relationships
personal history
- attachment narratives
- emotional baggage
Personhood
Values
Personal History
Personal growth