



Modelling morale, job satisfaction, retention and training among residential child care personnel

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Abstract

This paper examines morale, job-satisfaction, retention, training and working environment among residential child care personnel. The majority reported satisfactory levels of morale and job satisfaction and planned to remain in residential group care work. However, sizeable minorities reported low morale, were dissatisfied with their jobs and intended to leave residential work. Whilst most had completed or were undertaking the relevant National Vocational Qualification, few held recognised professional qualifications. Scales used to measure six dimensions of working environment were found to have good reliability. The overall distribution of scores relating to each scale indicated that the child-care staff generally held positive perceptions of their working environments. Logistic regression analyses were undertaken with morale, job satisfaction, retention and qualifying training as dependent variables, and the six scales of working environment as the main predictor variables. Overall, 82.3% of predictions for morale status were accurate, as were 83.7% of predictions relating to job satisfaction, 73% of predictions concerned with whether care staff planned to remain in residential child-care work, 76.3% of predictions in respect of National Vocational Qualifications, and 91% of predictions for professional training status. The study was commissioned by the Social Education Trust and was carried out in collaboration with the National Children's Bureau.

Key words: residential child care personnel

Introduction

The closing decades of the last Century witnessed the decline of residential group care for children and young people in all European countries with a corresponding growth in foster care. Hellinckx (2002) attributes this shift to the following five factors:

- the preference for family-oriented placements linked to the fact that most children in need of care today do have parents;
- the new emphasis on listening to children and their parents;
- the rise of ecological and systems theories that are not congruent with residential group care;
- the negative impact of research findings;
- the comparatively high financial cost of residential group care.

The decline in residential group care for children and adolescents is more marked in certain countries than in others. In Ireland, Norway, Sweden, the United States, and the United Kingdom, the majority of children in out of home care are placed in foster care (Colton et al., 2002; Colton & Williams, forthcoming). However, in the Autonomous Region of Catalonia in Spain, roughly equal numbers of children and young people are placed in family foster care and residential group care. Approximately 13,000 young people were placed in each type of care in 1997 (Del Valle & Casas, 2002). In Poland, the balance is firmly in favour of residential care, with some 62,000 children placed in these settings against 50,000 in non-residential care (Stelmaszuk, 2002). In the Netherlands, admissions to residential group care are increasing despite the fact that official policy is directed at achieving the opposite result (Knorth, 2002). In many countries beyond Europe, residential group care accounts for by far the largest share of out of home placements (Colton & Williams, forthcoming). This applies to so-called developed, as well as developing, countries. In Japan, for example, over 90 per cent (approximately 33,000) of all children and young people placed outside their families of origin are accommodated in residential group homes, compared with just 6.4 per cent placed in family foster care. Further, the numbers placed in family foster care are declining to the extent that the system itself is in danger of disappearing. In part, this trend seems to reflect the overriding value which Japanese people place on consanguine or kinship relationships in respect of the care and upbringing of children (Colton & Williams, forthcoming). Thus, it would appear that the balance between family foster and residential group care is as much a reflection of philosophy as reasoned decision making about which setting would most benefit a particular young person.

Public confidence in residential group care in the UK has been undermined by high profile scandals associated with the physical, sexual and emotional abuse of children and young people (see, for example, Waterhouse et al., 2000; Colton, 2002). Local authority social services in the UK currently look after approximately 65,000 children and young people, the majority of whom are placed with foster carers. In England, an estimated 10,000 young people are placed in residential group care. Nevertheless, residential group care personnel continue to perform a vital role in child welfare in the UK. Some young people express a clear preference for residential group care over family placement (Sinclair & Gibbs, 1998). Residential group care can be the only viable placement for young people whose complex emotional and behavioural difficulties effectively rule out other placements (see, for example, McCann et al., 1996). Many young people in residential group care have experienced several broken foster family care placements and have been sexually abused prior to being placed in residential group care (Warner, 1997).

Given that the role of residential child care personnel is demanding, it is hardly surprising that research has highlighted high turnover and burnout among such personnel in many countries. Fleischer (1985) found that turnover among child and youth care workers was linked to workload, lack of clear performance feedback, and lack of supervisor support. In a pan-cultural analysis, Savicki (2002) demonstrated that cultural factors are related to burnout in child and youth care workers, and identified the following important factors in preventing burnout: teamwork training and support; supportive supervision; planned workplace and manageable pace; flexible, enriching work; and coping strategy training. Breda and Verlinden (2002) also carried out empirical research in the special child and youth services in Flanders, Belgium on prevention of burnout. Further, Bednar (2003), reviewed the literature on staff turnover and impaired performance resulting from burnout and job dissatisfaction in child welfare workers.

Berridge (2002) notes that the extent of empirical research undertaken in relation to residential child care is limited, with little progress having been made in exploring highly complex issues. Good descriptive data exists, for example, in relation to services provided and the characteristics of, and problems presented by children and young people cared for. There is,

however, a dearth of research on staff morale, job satisfaction and retention in the residential child care setting. Some studies have identified the importance of training as a contributory factor in levels of job satisfaction and staff morale (Ploeg & Scholte, 1998; Sinclair & Gibbs, 1998). Krueger (1996) has explored best practice in facilitating job satisfaction in group care and community programmes for at risk children and youth. While Murphy (1994), has noted the poor working conditions experienced by residential child care staff in Australia, which do not reflect the importance of their work.

Although little research appears to focus on the retention of residential child care personnel, literature is available on retention of staff in public child welfare in the US, and in child protection programmes in Australia (see, for example, Hodgkin, 2002; Dickinson & Perry, 2002; Jones, 2002; Ellett, 2001; Gibbs, 2001; Lewandowski, 1998; Markiewicz, 1996; Reagh, 1994; Rycraft, 1994; Samantrai, 1992).

A small number of research studies have focused on staff culture and dynamics within the home (Archer, 2002; Brown, 1998). Moreover, Arieli (1997) explored the occupational experience of residential child and youth care workers in educational and welfare settings in Israel by means of ethnographic interviews.

The research literature focuses to a large extent on field social workers as opposed to residential child care personnel. Where studies of the latter have been undertaken, they have in the main adopted a qualitative approach. There are, however, a number of exceptions. Minor et al. (2004), for example, made use of the Prison Social Climate Survey in measuring perceptions of the work environment of staff employed in group homes administered by a department of juvenile justice in the US.

Horvat (2001) applied the Strassmeier tools to examine burnout in staff at a residential unit in Slovenia for emotionally disturbed children and youth. Component factor analysis was used in establishing latent dimensions of the structure of burnout syndrome. Discriminative analysis enabled the identification of differences in work place climate, levels of satisfaction with personal life, and attitudes towards the children and youth.

Sinclair and Gibbs (1999) measured the extent of 'turbulence' within children's homes in England. Wide variations were found between the way in which homes were perceived by staff and residents, and the extent to which residents ran away or got into trouble with the police. Multivariate analysis suggested that differences in behaviour between homes were not fully explained by intake. Moreover, Edens (1998) evaluated a training programme in the Netherlands intended to enhance the professional competence of residential child care workers, thus enabling them to deal effectively with difficult situations involving adolescents. Here, pre- and post-test data indicated a significant increase in knowledge and behaviour following training.

Wasmund and Tate (1988) developed two scales in their examination of the relationship between personality and the performance of child care workers. One scale differentiated workers from the general population; the other 'most effective' from 'least effective' worker. Data collected from workers at 11 residential treatment centres for severe delinquent and/or emotionally disturbed adolescents revealed that personality characteristics were better predictors of performance than age, education or experience.

Ellett (2001), while not focusing on residential group care personnel specifically, explored individual and organisational factors in the retention of professional staff in public child welfare in two states in the US. Measures of intent to remain in child welfare; human caring; self-efficacy beliefs; and professional organisational culture were developed, and links between vari-

ables were explored. The intention to remain in child welfare was to a large extent explained by positive perceptions of administrative support, and 'self-efficacy motivation beliefs' about tasks undertaken.

Attention has been drawn to the dearth of research on working environment, morale, job satisfaction, retention and training in relation to residential group care personnel. This, taken together with the fact that where research has been undertaken it has in the main been characterised by an interpretive approach, highlights the contribution made to existing knowledge by the analysis reported here. The results presented have emerged from a systematic, statistical approach to the data, and may be seen as complementary to the qualitative research base.

The study reported below was commissioned by the Social Education Trust and was carried out in Wales in collaboration with the National Children's Bureau as part of a UK wide survey. The focus in this paper is on working environment, morale, job satisfaction, retention and training in relation to residential child care personnel. The emphasis is upon statistical analysis of data collated, with measurement a key feature of the paper. Questionnaire items exploring various dimensions of the residential child care work environment – Support systems; Sources of help; Communication; Residents; Training; and Recruitment and staffing needs – were combined into 6 scales. The individual items constituting the scales are listed in the Findings section of the paper. Factors influencing morale, job satisfaction, retention and training are explored by means of statistical modelling using logistic regression.

This paper opened by focusing on the decline of residential group care for children and young people, and the corresponding growth in foster care. Attention then shifted to the international research perspective. The following section of the paper reports data and methods focusing on levels of morale, job satisfaction, retention and training; six measures of working environment; and logistic regression analysis.

Data and methods

A postal survey of the total population of residential group care personnel and their managers in Wales was carried out from the beginning of August 2003 to the end of June 2004. For comparative purposes, the questionnaires used were those designed by researchers at National Children's Bureau in London – which we understand drew on the work of Sinclair and Gibbs (1998), and Hicks et al. (in press) – for their study of residential group care staff in England (Mainey, 2003), with additional items relating to the Welsh language.

According to official statistics, in 2004, out of a total of 4,315 children looked after by local authorities in Wales – excluding those looked after under an agreed series of short-term placements – 3,075, (71%), were placed in foster family care, with some 277 accommodated in residential group care establishments (Local Government Data Unit – Wales, SSDA 903, 2004).

The survey could not be undertaken with the aid of a convenient sampling frame, i.e. one comprising the names and contact details, etc., of individual residential child care staff. Indeed, because many such staff in Wales are employed in the independent sector, they represent something approximating to a 'hard to find' population. No official figures were available as to the numbers of staff working in the private residential child care sector, and the figures relating to numbers of local authority staff were difficult to interpret. Thus, despite our best efforts we were not able to establish the number of residential child care personnel in Wales.

Information about all known residential children's homes in Wales was obtained from the Social Services Inspectorate of the Welsh Assembly Government. This included contact details for all those with direct responsibility for individual children's homes. These persons were sent an explanatory letter inviting them to participate in the study. Those choosing not to take part were asked to contact the research team. Agreement was reached that managers would distribute the research questionnaire to their colleagues. In this way, questionnaires, together with covering letters in both English and Welsh explaining the purpose of the research and the research process, were forwarded to care staff in all children's homes in Wales.

Some 187 residential child care staff completed and returned questionnaires. As already noted, a total of 277 young people were accommodated in group care in 2004. When one takes into account the number of managers who responded to our survey ($n = 33$), alongside the care staff, the total number of respondents amounts to 220. This number is not far short of the total population of children in residential group care, and represents something approaching one residential child and youth worker for every child and young person. Given this, it would appear that our sample comprises a significant proportion of the staffing complement.

Three-quarters of care staff were employed on a full-time basis. Some 67% ($n = 115$) described themselves as residential social workers. The majority (65.2%) were female. A little over 10% are able to speak Welsh, with just 3.2% speaking Welsh as their first language. Only 2 care staff reported having a disability. Some 92% defined themselves as white/British with around 6% giving white/other as their ethnic group. Roughly three-quarters were over 30 years of age.

Information collected from managers suggests that the average (mean) number of young people living at the residential group care homes was 4.3 (standard deviation = 3.33); median = 4.; mode = 4. Virtually all the residential homes (97%; $n = 28$) accommodated 8 or fewer young people. Many of the homes accommodate 4 or fewer residents, with some homes looking after just one or two young people.

Findings

Levels of morale, job satisfaction, retention and training

Figure 1 indicates that a little less than 70% of care staff described the overall level of morale in their workplace as high or ok. However, a sizeable minority – 31% – stated that morale was low.

There is a degree of ambiguity with respect to the meaning and interpretation of the measure of morale used. Thus, it is important to note that the results reported here were reinforced by qualitative data collected as part of the study, and by findings associated with the measurement of related concepts such as job satisfaction. Care staff were asked to rate their level of job satisfaction on a five-point ordinal scale. The results are presented in Figure 2. Approximately three-quarters were either very satisfied or satisfied with their job. Some 16% were neither satisfied nor dissatisfied, while 9.1% were either dissatisfied or very dissatisfied.

It may be noted that significant positive correlations were found between levels of morale and job satisfaction ($\rho = 0.471$, $N = 185$, $p = 0.0005$, two-tailed).

Care staff: level of morale

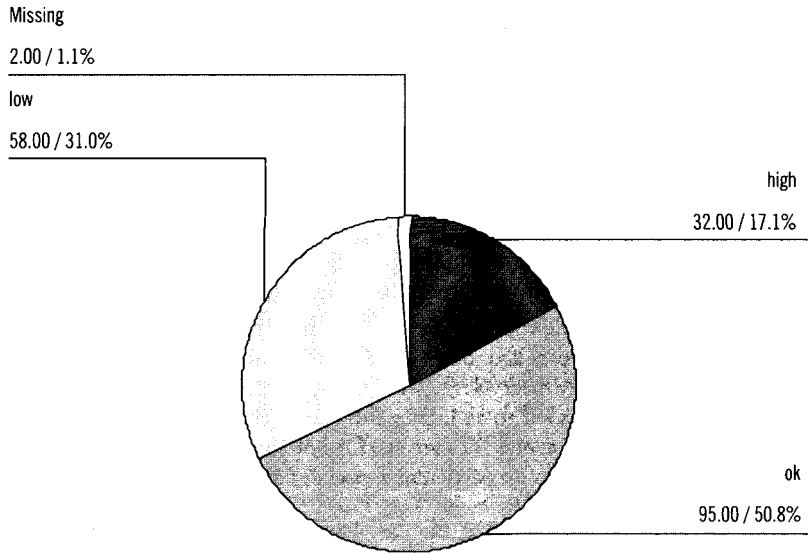


Figure 1
Overall level of morale in workplace.

Care staff: level of job satisfaction

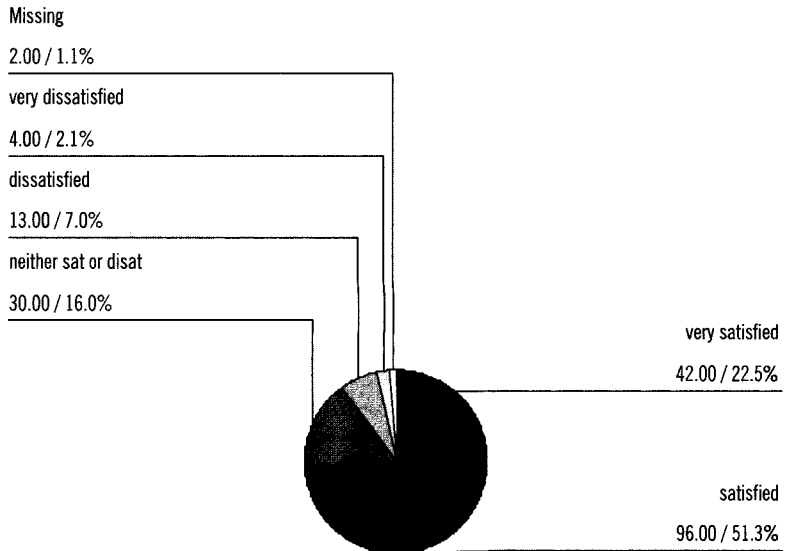


Figure 2
Level of job satisfaction.

The average (mean) number of years in current post was 4.9 (standard deviation = 5.07; median = 3 years; mode = 1 year), and around half of the care staff had worked in residential child-care for 5 years or less. Care staff were asked whether they thought that they would still be working in residential care in 12 months time. The majority, 64.7% (N = 121), were planning to remain in residential work, although 25.1% (N = 47) were not sure that they would do so and 8% (N = 15) had decided to leave.

Only 9.6% (N = 18) of care staff held, or were currently undertaking, professional qualifying training in social work. The vast majority, 90.4% (N = 169), had no experience of such training. In order to improve the training of care staff, the UK Government has set minimum targets. By 2005, a minimum of 80% of care staff will be required to hold Level 3 at National Vocational Qualifications (NVQ) in Caring for Children and Young People (Department of Health, 2002). Clough et al. (2004) argue that residential care staff have been unable to access professional qualifying training since the demise of a qualification called the Certificate in Social Services twenty years ago. Some 32.6% of care staff who participated in the study held the NVQ Level 3 and a further 40.1% were in the process of gaining it. However, although the introduction of NVQ has led to an increase in the level of training provided, it is important to highlight that the NVQ Level 3 for care staff is not a training programme per se, but rather an assessment tool that focuses on particular aspects of staff ability.

Six measures of working environment

The questionnaire completed by care staff included items designed to explore various aspects or dimensions of their working environments. These included the following 6 dimensions: Support systems; Sources of help; Communication; Residents; Training; Recruitment and staffing needs. Items relating to each of the above dimensions were combined into 6 scales. The individual items constituting the scales are given below.

Support systems

1. How often do you take part in the following?
 - a. Formal staff meetings
 - b. Supervision sessions with nominated supervisor
 - c. Performance appraisals
 - d. Talking about residents' progress/problems with field social workers
 - e. Talking about residents' progress/problems with other professionals (e.g. health care professionals, teachers)
 - f. Talking about residents' progress/problems with their families
 - g. Talking about residents' progress/problems with residents
 - h. Joint meetings with staff and residents

Sources of help

2. How helpful are each of the following in performing your job?
 - a. Informal discussions with colleagues
 - b. Formal staff meetings
 - c. Field social workers
 - d. Other professionals (e.g. health care, teachers)
 - e. Parents/relatives of residents
 - f. Individual supervision sessions
 - g. Group supervision sessions
 - h. Informal supervision
 - i. Performance appraisals

Communication

3. Please indicate whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements:
- a. There is a clear and realistic guidance to staff (e.g. on touching)
 - b. I know how my role contributes to the objectives of the home
 - c. I receive the information I need to do my job
 - d. I am kept informed about changes to care plans
 - e. I know all I need to about events when I am not here
 - f. I can approach my manager with problems about my work
 - g. I feel my manager listens to my ideas
 - h. My manager recognises my contribution to this home
 - i. My manager supports me to improve my performance
 - j. My manager is in touch with what goes on in this home
 - k. Staff have a common approach
 - l. I can talk to my colleagues about work-related problems
 - m. Staff in my home work well as a team

Residents

4. In general, how true are the following statements about your workplace?
- a. Most young people believe staff here have little influence over them
 - b. Residents have a say in running the home
 - c. This home is a friendly place
 - d. Families feel uneasy when they visit here
 - e. Residents verbally or physically abuse staff here
 - f. Some young people here force others to give them things
 - g. Residents' needs are taken into account when making new admissions
 - h. The work that we do makes a positive difference to residents' lives
 - i. Residents are actively involved in decisions about themselves

Training

5. Thinking about training in general, please indicate whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements:
- a. I have received sufficient training to perform my job effectively
 - b. The training I have received has been of good quality
 - c. The training I have received is relevant to the tasks I perform
 - d. I am aware of how to handle most situations which arise in my job
 - e. The training I have received is relevant to the needs of children here
 - f. I can ask my manager for training when I need it
 - g. I am kept informed about training opportunities
 - h. My manager is committed to training and staff development
 - i. My colleagues are supportive of training
 - j. My qualifications and/or training have prepared me to do my job well
 - k. Staff here are keen to update their skills and learn new things
 - l. My personal development plan is integral to my job

Recruitment and staffing needs

6. Please indicate whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements:
- a. My manager consults staff about recruitment needs
 - b. There is always someone to cover me when I take annual leave
 - c. I am happy to work with agency staff in this home
 - d. Staff shortages reduce my ability to do my job properly
 - e. There are always enough staff available in emergencies

- f. There is a high turnover of staff here
- g. Vacancies in this home are filled reasonably quickly
- h. Agency staff are used too often in this home
- i. I would be reluctant to leave residential work
- j. I am happy to tell others that I work in residential care

Care staff were asked to respond to the items in each scale in the form of 4, 5 or 6 point Likert-type scales that ranged, for example, from very unhelpful to very helpful or from strongly disagree to strongly agree. The minimum and maximum total possible scores for each respondent on the 6 scales are presented in Table 1 below. The variability between scales with regard to minimum and maximum scores merely reflects differences in how the items comprising each scale were scored, and variation in the number of items per scale. The reliability of each scale was checked to establish its internal consistency, and the results are presented in Table 2. Cases with missing data on a given scale were excluded from the reliability analysis for that scale. Hence, the number of cases included varies between scales. All scales with Cronbach alpha values above .7 can be considered to have very good reliability with our sample of care staff. As can be seen from Table 2, five of the scales exceed this standard, with the remaining scale – Residents – approaching it.

Table 1
Min. and max. scores for 6 scales

Scale	Min-max scores
Support systems	8-48
Sources of help	9-54
Communication	13-65
Residents	10-27
Training	11-60
Recruitment and staffing needs	10-50

Table 2
Reliability coefficients for 6 scales

Scale	Cronbach alpha	N Cases	N Items
Support systems	.78	157	8
Sources of help	.85	155	9
Communication	.91	168	13
Residents	.61	154	9
Training	.90	154	12
Recruitment and staffing needs	.72	175	10

Table 3
Measures of central tendency, etc for 6 scales

Scale	Maan	Median	Mode	S.D.	Skewness	Kurtosis
Support system	28.1338	29.0000	35.00	7.29339	-.680	-.237
Sources of help	44.1226	46.0000	46.00	7.63139	-1.636	3.333
Communication	53.2262	53.0000	52.00	8.08466	-.920	1.452
Residents	21.5325	21.5000	21.00	2.92201	-.389	.196
Training	49.3314	49.0000	49.00	6.47665	-.386	.506
Recruitment	31.8476	31.0000	31.00	5.78192	-.370	1.073

Table 3 provides information about the 3 measures of central tendency, skewness and kurtosis for the 6 scales. The measures of skewness indicate that the distribution of scores for the 6 scales was negatively skewed with scores clustered at the high end (right hand side of the graphs). This particularly applies to the Sources of Help and Communication scales. With regard to the 'peakedness' of the distributions of scores, Table 3 shows that the distribution for the Support Systems scale was a little flat reflecting the influence of cases at the extremes (negative kurtosis). Overall, however, the 3 measures of central tendency – mean, median and mode – are very similar, and suggest that care staff held generally positive perceptions of their working environments.

Logistic regression analysis

The factors that influence levels of morale, job satisfaction, retention and qualifying training among care staff were explored via statistical modelling using logistic regression. Logistic regression is a statistical procedure that may be used to predict category membership based on participants' scores on a set of predictor or independent variables. Logistic regression computes the probability (log odds) that a case will belong to a particular category; it makes no assumptions about the distribution of the predictor variables, for example, it does not assume that they are normally distributed (Brace et al., 2003). Hence, logistic regression analysis was appropriate for use in this study given the distribution of scores in respect of the 6 measures of working environment reported above.

First, a logistic regression analysis was performed with morale status as the dependent variable and four of the six measures of working environment – Sources of help, Communication, Training and Recruitment and staffing needs – as predictor variables. A total of 130 cases were analysed and the full model was significantly reliable (chi-square = 52.68, df = 4, $p < 0.0005$). This model accounted for between 33.3% and 46.5% of the variance in morale status, with 92% of those reporting that morale was ok/high successfully predicted. In addition, 62% of predictions for the group reporting low morale were accurate. Overall, 82.3% of predictions were accurate.

Table 4 gives coefficients, the Wald statistic and associated degrees of freedom and probability values for each of the predictor variables. This shows that only Communication and Recruitment and staffing needs reliably predicted low morale.

Table 4
Variables in logistic regression equation regarding morale

	B	S.E.	Wald	df	Sig.	Exp(b)
Communication	-.139	.045	9.757	1	.002	.870
Recruitment and staffing needs	-.190	.058	10.739	1	.001	.827
Sources of help	-.056	.042	1.773	1	.183	.946
Training	-.024	.044	.313	1	.576	.976

The values of the coefficients reveal that a unit increase of Communication score is associated with a decrease in the odds of low morale by a factor of 0.870, and that each unit increase in Recruitment and staffing needs score is associated with a decrease in the odds of low morale by a factor of 0.827. It should be noted that a model that included all 6 measures of working environment was found to be less successful at predicting morale status than the model reported above.

A logistic regression analysis was then undertaken with job satisfaction as the dependent variable and Communication, Recruitment and staffing needs, Training and Support systems as predictor variables. A total of 129 case were analysed and the full model was significantly reliable (chi-square = 40.45, $df = 4$, $p < 0.0005$). This model accounted for between 26.9% and 40% of the variation in job satisfaction status, with 95% of the satisfied/very satisfied care-staff successfully predicted. Further, 50% of predictions for the not satisfied/very dissatisfied care-staff were accurate. Overall, 83.7% of predictions were accurate. Table 5 presents coefficients, the Wald statistic and associated degrees of freedom and probability values for each of the predictor variables. It can be seen that Recruitment and staffing needs and Training reliably predicted job satisfaction, (with the other two variables just falling short of statistical significance at the 0.05 level). The values of the coefficients show that unit increases in Recruitment and staffing needs and Training scores are associated with decreases in the odds of care-staff not being satisfied/being very dissatisfied with their jobs by factors of 0.873 and 0.856, respectively.

Next, a logistic regression analysis was carried out with the question of whether care staff planned to continue working in residential child-care as the dependent variable and age of care staff, gender, job satisfaction, Sources of help, and Communication as predictor variables. A total of 141 cases were analysed and the full model was significantly reliable (chi-square = 45.63, $df = 5$, $p < 0.0005$). The model accounted for between 27.6% and 38% of the variance in the dependent variable, with 86.8% of care staff that definitely planned to continue

Table 5
Variables in logistic regression equation regarding job satisfaction

	B	S.E.	Wald	df	Sig.	Exp(b)
Communication	-.072	.039	3.487	1	.062	.930
Recruitment and staffing needs	-.136	.059	5.258	1	.022	.873
Training	-.156	.050	9.851	1	.002	.856
Support systems	.071	.041	3.029	1	.082	1.074

Table 6
Variables in logistic regression regarding staff retention

	B	S.E.	Wald	df	Sig.	Exp(b)
Age	-.517	.214	5.825	1	.016	.596
Job satisfaction	1.485	.330	20.231	1	.000	4.413
Sources of help	-.096	.034	7.668	1	.006	.909
Communication	.069	.032	4.797	1	.029	1.072
Gender	-.731	.475	2.364	1	.124	.482

working in residential child-care correctly predicted. The model also correctly predicted 48% of those who did not plan to remain in their jobs or who were not sure that they would do so. All together, 73% of predictions were successful.

Table 6 provides coefficients and the Wald statistic and associated degrees of freedom and probability values for each of the predictor variables. From this, we see that age, job satisfaction, Sources of help, and Communication all reliably predicted whether care staff planned to continue working in residential child-care. Only gender did not do so. The coefficients show that unit increases in age of care staff and Sources of help score are associated with decreases in the odds of care staff planning to leave residential care, or not being sure that they will remain in it, by factors of 0.596 and 0.909, respectively. More surprisingly, perhaps, we can also see that each unit increase in job satisfaction and Communication score was associated with increases in the odds of care staff leaving residential child care work, or not being sure that they would stay in the job, by factors of 4.43 and 1.07, respectively. Thus, it appears that being satisfied with the job and good communication by no means guarantee that care staff will wish to remain in their jobs. Other factors – for example, status of the job, salary levels, alternative career opportunities, family commitments, etc – influence such decisions.

In examining professional qualifying training we began by taking the NVQ Level 3 in Caring for Children and Young People as the independent variable in a logistic regression analysis with Training, Residents, Sources of help, years worked in residential child care and gender as predictor variables. The NVQ was attractive as an independent variable because, as was noted earlier, over two-thirds of care staff had gained or were studying for this qualification. A total of 131 cases were analysed and the full model was significantly reliable (chi-square = 25.17, df = 5, $p = < 0.0005$). This model accounted for between 17.5% and 25.5% of the variance in NVQ status, with 93.8% of those holding or in the process of gaining the NVQ correctly predicted. However, only 28.6% of predictions for those neither holding nor seeking to gain the NVQ were accurate. Overall, 76.3% of predictions were accurate. Table 7 gives coefficients, the Wald statistic and associated degrees of freedom and probability values for each of the predictor variables. From this we see that Training, Residents, Sources of help, and years in residential care all reliably predicted NVQ status, while gender did not.

However, the NVQ Level 3 is only a first step, and does not by itself provide the comprehensive approach required of professional qualifying training (Clough et al., 2004). Moreover, care-staff who do not hold and are not taking the NVQ are likely to comprise individuals that have already gained more advanced awards, including recognised professional qualifications in social work (e.g. the Diploma in Social Work or its predecessors – the Certificate of Qualification in Social Work and Certificate in Social Service).

Table 7

Variables in logistic regression regarding NVQ 3 in caring for children and young people

	B	S.E.	Wald	df	Sig.	Exp(b)
Training	-.084	.040	4.562	1	.033	.919
Residents	.281	.087	10.301	1	.001	1.324
Sources of help	-.060	.031	3.694	1	.055	.942
Years in residential child care	.063	.031	4.027	1	.045	1.065
Gender	-1.163	.448	2.970	1	.085	2.164

Table 8

Variables in logistic regression regarding professional training

	B	S.E.	Wald	df	Sig.	Exp(b)
Training	.088	.040	4.860	1	.027	1.092
Gender	1.100	.531	4.286	1	.035	3.003

Therefore, in spite of the low numbers of care staff who had gained, or were currently studying for, a professional social work qualification, a further logistic regression was carried out with that level of training as our dependent variable, and Training and gender as our predictor variables. Other possible combinations of predictor variables were tried but none appeared to work as well as the model reported. A total of 175 cases were analysed and the full model was significantly reliable (chi-square = 9.690, $df = 2$, $p = < 0.01$). This model accounted for between 5.5% and 11.4% of the variance in professional qualifying training status, with 100% of those who had not taken professional training correctly predicted. However, the model failed to correctly predict any of the 16 care staff who had gained or were undertaking a recognised professional qualification in social work. Overall, 91% of predictions were accurate. Table 8 presents the relevant coefficients, the Wald statistic and related degrees of freedom and probability values for the predictor variables. From this it appears that both gender and Training reliably predicted professional training status.

It should be noted that we found significant gender differences in relation to professional qualifying training. Of 184 care staff included in the analysis, 16.1% of male staff, compared with 6.6% of female care staff, held or were undertaking a recognised professional qualification in social work (chi-square = 4.267, $df = 1$, $p = < 0.05$).

Conclusion

Residential group care personnel in many countries perform an essential role in child welfare. Given the importance of their contribution, there is a surprising dearth of research attention on residential child-care personnel. This paper opened by reflecting on the decline in residential group care, and the subsequent growth in foster family care. Moreover, the international research perspective has been highlighted. The paper has examined the morale, job satisfaction, retention, training and working environment of 187 residential child-care personnel in

Wales. The majority (70%) of care staff described morale in their workplace as high or ok; three-quarters were either very satisfied or satisfied with their jobs; and most (65%) were planning to remain in residential child-care work. These findings appear consistent with those reported by Mainey (2003) in respect of residential child-care staff in England. However, although overall levels of morale and job satisfaction among residential child care staff seem higher than might be expected, sizeable minorities reported low levels of morale and job satisfaction and planned to leave residential group care work.

Whilst only 9.6% of the care staff held or were undertaking professional qualifying training in social work, over 70% held or were in the process of gaining the NVQ level 3 in Caring for Children and Young People. However, the NVQ 3 for child-care staff is a first step only, and the extremely low numbers holding a professional qualification testifies to the fact that government attempts to improve training have commenced from a remarkably low base, reflecting decades of neglect.

Scales were used to measure the working environment of the child care staff along six dimensions: Support systems, Sources of help, Communication, Residents, Training, and Recruitment and staffing needs. The reliability of each scale was checked to establish its internal consistency. Overall scale scores indicated that the child-care staff generally held positive perceptions of their working environments, and this reinforces the finding that a majority of care staff reported satisfactory levels of morale and job satisfaction.

Statistical modelling, using logistic regression, was employed to explore the factors that influence levels of morale, job satisfaction, retention and qualifying training among care staff. First, a logistic regression analysis was performed with Morale as the independent variable and Sources of help, Communication, Training and Recruitment and staffing needs as predictor variables. This model successfully predicted 92% of those who reported that morale was ok/high, and 62% who reported low morale. Overall, 82.3% of predictions using this model were accurate.

A second logistic regression analysis was carried out with job satisfaction as the dependent variable and Communication, Recruitment and staffing needs, Training and Support systems as predictor variables. This model successfully predicted 95% of those who were satisfied/very satisfied, and 50% of care staff that were not satisfied/very dissatisfied, with their jobs. In all, 83.7% of predictions were accurate.

The third logistic regression analysis undertaken involved whether care staff planned to remain in residential child-care work as the dependent variable and age, gender, job satisfaction, Sources of help and Communication as predictor variables. This model successfully predicted 86.8% of staff who definitely planned to remain in the job, and 48% of those who did not or were not sure that they would do so. All together, 73% of predictions were successful.

The fourth logistic regression analysis reported concerned qualifying training. The NVQ Level 3 in Caring for Children and Young People was taken as the independent variable, with Training, Residents, Sources of help, years worked in residential child-care and gender as predictor variables. The model successfully predicted 93.8% of those holding, or in the process of gaining the NVQ, but only 28.6% of those who neither held nor were seeking to gain the NVQ. Overall, 76.3% of predictions were accurate.

A fifth logistic regression analysis was carried out with professional social work qualification as the independent variable and Training and gender as predictor variables. Although this model successfully predicted 100% of those who had not gained or taken a professional qualification, it failed to predict any of the child care staff who had gained or were undertaking professional

training. In all, 91% of predictions were accurate. Significant gender differences were reported in relation to professional training.

As with many studies in the social welfare field, the study reported in this paper was not able to employ probabilistic sampling procedures. Thus, although an attempt was made to provide all residential child care staff in Wales with the opportunity of participating in the study, it cannot be claimed that the sample used in this analysis is representative. It should also be noted that those who did respond may be among the most motivated in the relevant population, with higher levels of morale, job satisfaction, etc., than those who did not respond.

Despite such caveats, however, the analysis reported in this paper can make a worthwhile contribution to understanding of specific dimensions of the residential group care working environment: namely, morale, job satisfaction, retention and training. Indeed, the systematic approach to data analysis, and the use of scales to measure dimensions of working environment, complement the existing qualitative research base.

Lewandowski (1998) notes that approximately a third of child welfare social workers resign each year in the US. In 2001, there was a 20% turnover rate for residential child care officers in the statutory sector in Wales (Welsh Assembly Government Task and Finish Group, 2001); with the figure for England being 15% (Social Care and Health Workforce Group, 2002). The recruitment and retention of residential group care staff is a key policy and practice issue. Such staff often care for the most traumatised and vulnerable young people and experience high levels of stress in doing so (Gibson et al., 2004).

It would appear from the analysis undertaken here that experiencing job satisfaction and good communication within the home is no guarantee that staff will remain in their job. Indeed, the situation is far more complex, with the status of the job, salary levels, family commitments etc. all playing a part in decisions relating to retention.

It is essential that in the pursuit of quality services for children and youth with complex needs, an understanding is gained of the environment in which residential child care personnel function, and of the factors which influence levels of morale, job satisfaction, retention and training. The analysis reported here contributes towards that understanding. However, further research needs to be undertaken on these issues as a matter of priority.

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