



The retention of residential group care workers

COLTON, M., & ROBERTS, S.

Abstract

This study focuses on the retention of personnel in residential group care. Quantitative and qualitative data are drawn on to establish length of time served in group care; to elicit factors associated with length of time at current establishment; and workers' expectations about remaining in the service. Our findings suggest strong relationships between time served by respondents at their current establishments, years worked in residential group care, and respondents' age. A logistic regression analysis was undertaken with age and job satisfaction reliably predicting whether personnel expected to remain in the service. Surprisingly, each unit increase in job satisfaction score was associated with an increase in the odds of respondents expecting to leave group care, or being uncertain as to whether they would stay. Experiencing job satisfaction, therefore, appears to offer no guarantee that workers will remain in the service. Other factors such as the low status of the work; insufficient training; and the difficulties experienced in coping with the changing population in group care all feature as retention issues for staff who clearly often view the work as a short-term option only.

Key words: retention of personnel in residential group care

Introduction

Child welfare service context

The retention of personnel represents a significant challenge for child welfare service providers on both sides of the Atlantic (GAO, 2003; McCarthy, 2004; ADSS, 2005; CWLA, 2005; DfES, 2005a; Smith, 2005). In the US, much concern centres around high turnover resulting from stress-induced burnout (Decker et al., 2002), with factors such as geographical location serving to exacerbate the problem in Canada (Schmidt, 2004). Recent estimates suggest that annual turnover for child welfare staff in the US ranges from 30% to 40%, with average time in post being less than 2 years (GAO, 2003). The highest turnover is evident in relation to staff engaged in child protection (American Public Human Services Association, 2004), with some commentators (see, for example, Bednar, 2003) noting that rapid staff turnover seriously undermines such work.

The UK Government highlighted the problem of retention in the recent Children's Workforce Strategy (DfES, 2005b). In 2004, over half (54%) of local authorities in England re-

ported difficulties in retaining children's social workers (Social Care and Health Workforce Group, 2004). Stress has proved a major factor in decisions to leave child welfare (Coffey et al., 2004). The staffing shortage has reached crisis proportions in London and the south-east of England (Harlow, 2004). Moreover, in Wales, the Children's Commissioner (2004) has described the shortage of social workers as constituting 'an emergency'. Given the importance of providing continuity of care for young people placed away from home, the turnover rate for residential group care workers has been a cause of particular concern in the UK. In England, the annual turnover of such personnel increased from 11% in 1999 to 15% in 2001 (Social Care and Health Workforce Group, 2002). The figure for Wales was higher than that reported for England, at 20% in 2001 (National Assembly for Wales, 2001).

There has been an ongoing decline in group care for children and youth across Europe for some 30 years, and a corresponding growth in the use of family foster care (Hellinckx, 2002). However, the decline in residential group care is more discernible in some countries than in others. The majority of children in out of home care in Ireland, Norway, Sweden, the US, and the UK are in foster placements (Colton et al., 2002; Colton & Williams, 2006). In 2004, 71% (3,075) of the 4,315 children looked after in Wales, for example, were in foster care placements (NAW Statistical Directorate, 2005). By contrast, in the Autonomous Region of Catalonia in Spain, however, the numbers in family foster care and residential group care are roughly equal (Del Valle & Casas, 2002). Admissions to residential group care in the Netherlands are increasing (Knorth, 2002), and in Japan most children placed away from their birth parents live in residential group homes (Colton & Williams, 2006).

Although the use of residential group care has declined sharply in the UK, such care continues to perform a vital role in child welfare. Some young people express a clear preference for group care over family placement (Sinclair & Gibbs, 1998). Estimates suggest that between a third and two thirds of youth in residential care in the UK will have been abused prior to placement (National Commission of Inquiry into the Prevention of Child Abuse, 1996). Increasingly, young people in group care in the UK are presenting with mental health problems (McCann et al., 1996). Moreover, many will have experienced foster placement breakdown, and group care can be the only viable placement where young people's complex needs effectively rule out other options (*ibid.*).

In North America, residential group care has until recently been perceived to be part of the problem as opposed to the solution to child and family difficulties. However, factors such as disappointing research outcomes, and the challenges encountered in caring for youth with complex needs have led to a renewed interest in group care. According to Whittaker (2000):

'A full and rigorous examination of the theoretical and empirical underpinnings of residential group care with respect to their implications for current service policy, practice and future research is long overdue and ought to receive the highest priority on the new century's emergent agenda.' (p. 60)

One of the key themes to emerge from the spate of child abuse scandals in residential group homes across the UK has been the urgent need for high quality residential group care personnel (Utting, 1991; 1997; Waterhouse et al., 2000). Given that many young people in group care may have experienced neglect or abuse at home, and that their situation is often compounded by poor social skills and low self-esteem, those who care for them are faced with a particularly difficult task (Berridge & Brodie, 1998). It has been argued that this task is made more arduous by the crisis of confidence in residential group care which is characterised by factors such as its poor public image and a disempowered staff base (Gibson et al., 2004). Increasingly, residential group care personnel express concerns about the behaviour of the young people looked after, and the violence, or threat of violence they face in their work on a daily

basis (AFSCME, 1998). McAdams (2002) has noted the growing trend amongst youth in group care towards 'proactive aggression', and the inability of service providers to deal with this problem.

In light of the above, it is essential that the human resource base of residential group care is stable and, thus, able to supply continuity of care for young people and effective support and supervision for group care workers themselves. Where there is stability within a staff group over time, levels of knowledge and experience build substantively providing an invaluable resource to aid the task of caring.

Having sketched the child welfare services context of our study, we next summarise previous research on the retention of residential group care personnel.

Previous research

The extent of empirical research undertaken in relation to residential group care for children and youth is limited, with little progress having been made in exploring highly complex issues (Berridge, 2002). Good descriptive data exist, however, in relation to services provided and the characteristics of, and problems presented by, youth cared for (*ibid.*). Moreover, some research has been undertaken on the recruitment of residential group care staff (see, for example, Kiraly, 2001; Moses, 2000; Lindsay & McMillan, 1999; Weiler, 1996). Yet, there remains a dearth of research on the retention of personnel in the service.

Literature is available, however, on the retention of staff in public child welfare in the US and Canada, and in child protection programmes in Australia (see, for example, Schmidt, 2004; McCarthy, 2004; Lonne & Cheers, 2004; Kleinpeter et al., 2003; Hodgkin, 2002; Gibbs, 2001; Ellett, 2001; Markiewicz, 1996; Reagh, 1994; Rycraft, 1994; Samantrai, 1992; Eisi-kovits, 1985).

Effective supervision has been one of the factors most consistently linked to retention (Dickinson & Perry, 2002; Rycraft, 1994; Samantrai, 1992; Fleischer, 1985). Attention has been drawn to the part played by poor supervision in workers' decisions to leave (GAO, 2003; Samantrai, 1992), and conversely, by effective supervision in decisions to remain in employment (Dickinson & Perry, 2002; Rycraft, 1994).

Salary levels are proving increasingly significant for retention (Dickinson & Perry, 2002), with links also being established in respect of volume of work (CWLA, 2001; Samantrai, 1992). Indeed, workload was identified as the main contributory factor underlying staff turnover in a recent national survey of public child welfare agencies in the US (Cyphers et al., 2005).

Approximately a third of child welfare social workers resign each year in the US (Lewandowski, 1998). Long-term training programmes were introduced with the aim of improving professionalism and retention rates, and several studies have considered the retention outcomes of such programmes (see, for example, Dickinson & Perry, 2002; Jones, 2002; Lewandowski, 1998).

Historically, research within human service organisations on both sides of the Atlantic has focused on staff turnover and burnout (Bednar, 2003; Savicki, 2002; Breda & Verlinden, 2002; Horvat, 2001). Decker et al. (2002) carried out one of the few studies on retention in residential group care. Here, statistically significant correlations were found between lower scores on the Maslach Burnout Inventory (MBI), and protective factors such as education, age, levels of support and supervision.

The current study

It is thus clear that, despite the vital role played by residential group care in child welfare services, little attention has been paid in the research literature to the retention of personnel. Given the importance of stability for the provision of high quality child welfare services (CWLA, 2005), it is essential that this situation is redressed.

The research reported in this paper attempts to build on the existing knowledge base by focusing on retention in residential group care; more specifically, by exploring the following: length of time served by group care personnel; the factors associated with length of time at current establishment; and workers' expectations about remaining in the service. We thus hope that our research will contribute to knowledge concerning issues that are central to both policy and practice and of significance for the young people in receipt of residential services.

In the following section we outline the methods employed in our study.

Methods

Data and sample

A survey of residential child care staff was carried out between August 2003 and June 2004. At that time, there were 127 residential children's homes in Wales. Some idea as to the numbers accommodated in these homes can be gleaned from Welsh Assembly Government records which show that in 2003/04, 277 young people were in residential placements (Statistical Directorate, NAW, 2005).

The Association of Directors of Social Services recently acknowledged that limited data are available on the social care workforce (ADSS, 2005). Given this, our survey could not be undertaken with the aid of a convenient sampling frame, i.e. one comprising the names and contact details of individual residential group 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 this sector, and the figures relating to numbers of local authority staff were difficult to interpret. Indeed, it is important to note that the currency and accuracy of available data proves as much an issue in England as in Wales (Mainey, 2003).

Therefore, information about all known residential children's homes in Wales was obtained from the Social Services Inspectorate of the Welsh Assembly Government (SSIW). 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 127 children's homes in Wales.

After follow up telephone calls to all the children's homes, undertaken with a view to improving response rate, a total of 187 care staff had returned completed questionnaires. Around half of those who responded had worked in residential child care for 5 years or less; three-quarters

were employed on a full-time basis; approximately two-thirds were female; and 6 spoke Welsh as their first language. Two care staff reported having a disability; roughly 90% defined themselves as white/British, with 6% giving white/other as their ethnic group. Three-quarters were over 30 years of age.

Some 12 months after the postal survey had been undertaken, a selected sample of staff participated in follow-up telephone interviews. The resulting qualitative data are explored in our Findings section alongside our quantitative material.

The study reported in this paper was commissioned by the Social Education Trust, and undertaken in collaboration with the National Children's Bureau (NCB) which had previously carried out a study of residential care staff in England (Mainey, 2003). For valid comparative purposes, the study employed essentially the same questionnaire originally designed by researchers at the NCB which itself was informed by earlier work by Sinclair and Gibbs (1998) and Hicks et al. (2003). Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS). Qualitative data were analysed thematically.

Measurement

Overall time served in residential group care work, time served at current establishment, and age of group care workers were all measured on interval scales. Their perceptions regarding staff morale were measured on a three point ordinal scale – high, ok and low; and their perceived level of job satisfaction was measured on a five point ordinal scale: very satisfied, satisfied; neither satisfied or dissatisfied; dissatisfied; very dissatisfied.

Sixty variables, devised by the NCB, were used to construct 6 scales measuring important dimensions of the working worlds of residential child care staff: support systems; sources of help; communication; residents; training; and, recruitment and staffing needs. 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.

In terms of *support systems*, workers were asked to indicate the regularity with which they participated in formal staff meetings; supervision with a nominated supervisor; performance appraisals etc. Attempts were made to establish whether specific *sources of help* such as informal discussions with colleagues; formal staff meetings; and individual or group supervision aided workers in their job.

The extent to which *communication* featured in group care work was explored, with regard to whether staff felt they were given clear and realistic guidance (on touching); whether they knew how their role contributed to the home's objectives; and whether they received the information they needed to do their job. Workers' views on issues relating to *residents* were elicited: namely, whether residents had a say in running the home; whether the home was a friendly place; and whether some young people forced others to give them things.

Training issues were examined, in terms of whether workers believed they had received sufficient training to do their job; and whether that training had been of good quality, and relevant to the tasks performed on a daily basis. Finally, *recruitment and staffing needs* were considered, with regard to whether staff felt their manager consulted them about such issues; whether there was always someone to cover during periods of annual leave; and whether staff shortages reduced workers' ability to do their job properly.

The reliability of each scale was checked to ascertain its internal consistency or the degree to which the items comprising each scale 'hang together'. Five of the six scales – support systems (Cronbach alpha = .78), sources of help (Cronbach alpha = .85), communication (Cronbach alpha = .91), training (Cronbach alpha = .90) and recruitment and staffing (Cronbach alpha = .72) needs were found to have good reliability; and the reliability of the remaining scale – residents (Cronbach alpha = .62) – was acceptable for the purpose of the analysis reported in this paper.

Having considered the methods employed in our study, we will now report on our findings.

Findings

Average time served in residential group care work and at current establishment

The first main research question examined in this paper relates to the average length of time served by our respondents in residential group care and at their current establishments. Given the problems associated with the retention of residential group care workers highlighted by previous research we expected to find that the average length of time that respondents had served in residential group care and in their current post would both be relatively short.

The range in relation to years worked in residential group care was 0 (less than 12 months) to 32 years. The mean years worked in residential group care was 8.12 with a standard deviation of 7.075. The skewness value (1.184), along with the shape of the histogram shown in Figure 1, suggest that this distribution is positively skewed (i.e. clustered to the left at the low values). Tests of normality indicated that the results presented in Figure 1 do not represent a normal distribution (Kolmogorov-Smirnov test and associated significance level – $p = < 0.0005$). Therefore, the median, which is 5.50, is a better measure of average number of years served in residential group care than the mean.

The range with respect to length of time served by respondents at their current establishments was 0 (under 12 months) to 21 years, with a mean of 4.84 and a standard deviation of 5.032. The skewness value (1.530) and the shape of the histogram presented in Figure 2, indicate that the distribution is also positively skewed. Further tests, confirmed a non-normal distribution (Kolmogorov-Smirnov statistic and associated significance level – $p = < 0.0005$). Again, therefore, the median, which was 3.00, is a more appropriate measure of average length of time served by respondents at their current establishments. As already noted, in the US, the average length of time served in child welfare posts is less than 2 years (GAO, 2003).

Given the shape of the two distributions presented in Figures 1 and 2, we hypothesised that there would be a positive relationship between the time our respondents had occupied their current posts and the overall years they had worked in residential group care. We expected to find that as one of the variables increased in value, the other would also increase in value. As anticipated, therefore, we observed a statistically significant, and large, positive correlation between years worked in residential group care and time at current establishment ($\rho = 0.631$, $N = 182$, $p = < 0.0005$, two-tailed. *N.B. Spearman's non-parametric test of correlation was used because the distributions concerned are not normal*).

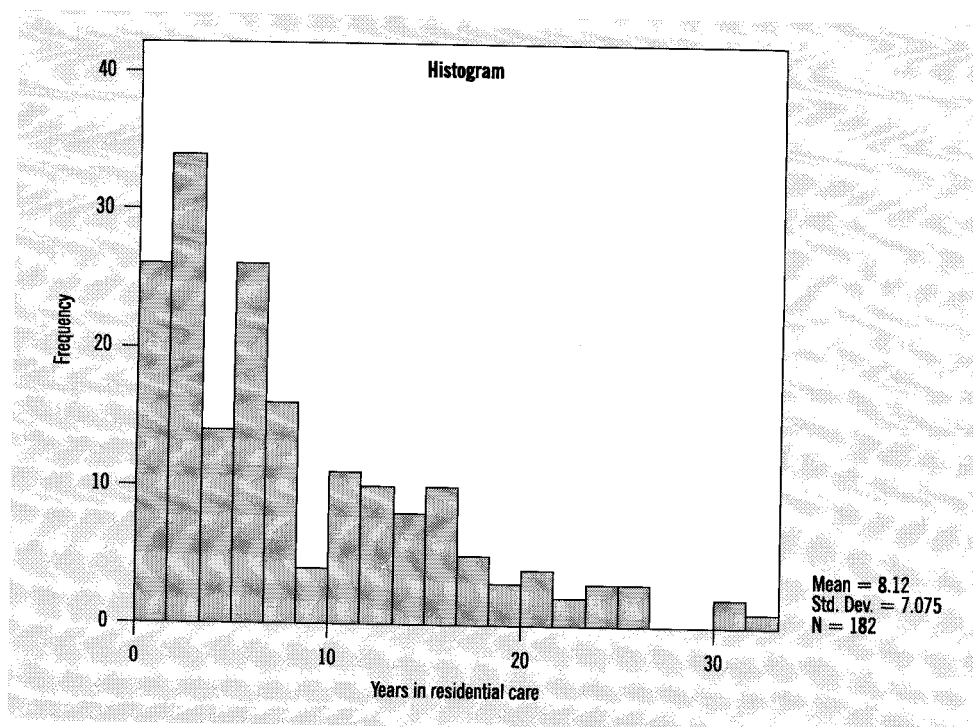


Figure 1
Years worked in residential group care

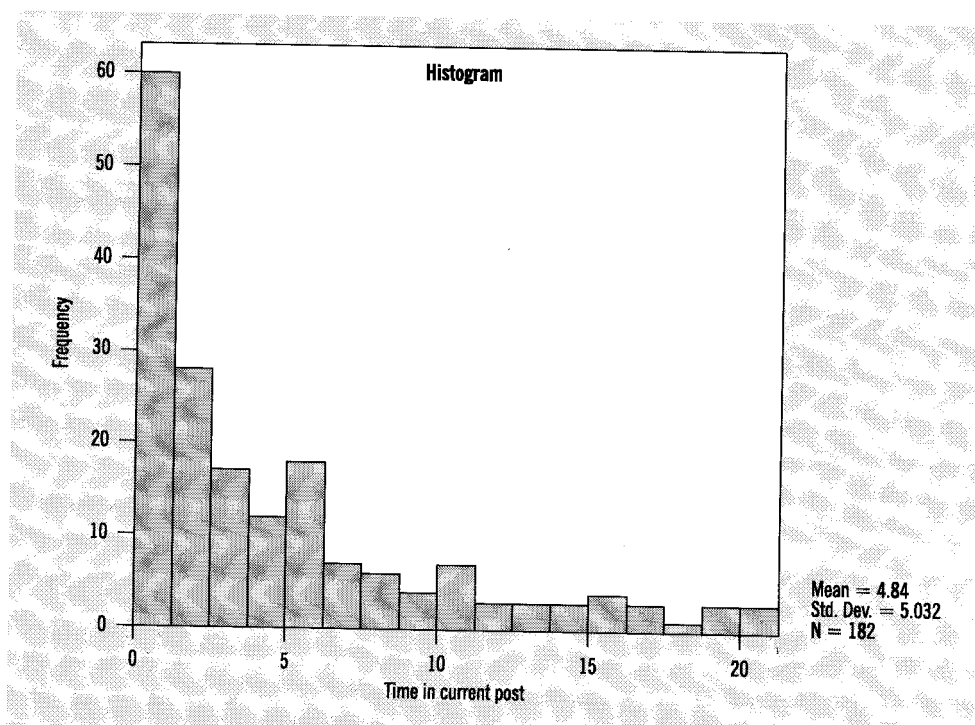


Figure 2
Time worked in current post

Factors associated with length of time at current establishment

Our second main research question addressed the factors associated with the length of time served by our respondents at their current establishments.

Figure 3 provides information about the age of the residential group workers. It is often assumed that residential group workers in the United Kingdom are young, inexperienced people, who are left to cope with some of the community's most difficult young people. However, Figure 3 shows that our sample of group workers was predominantly over 30 years of age, with substantial numbers over 40 and over 50 years of age.

A significant, and fairly strong, positive correlation was found between time at current establishment and age of respondents ($\rho = 0.449$, $N = 183$, $p = < 0.0005$, two-tailed). It may also be noted that a significant, and strong, positive correlation was also obtained for years in residential group care and the age of respondents ($\rho = 0.526$, $N = 183$, $p = < 0.0005$, two-tailed).

As previously indicated, some two-thirds of our respondents were female. The mean length of time served at current establishment was 3.95 for male respondents ($N = 62$) and 5.38 ($N = 120$) for female respondents. The difference in question fell just short of statistical significance at the 0.05 level (Mann-Whitney $U = 3245$, $p = 0.10$; *N.B. the non-parametric Mann-Whitney was used because data regarding length of time at current establishment were not normally distributed*). Female respondents had, on average, also served longer in residential group

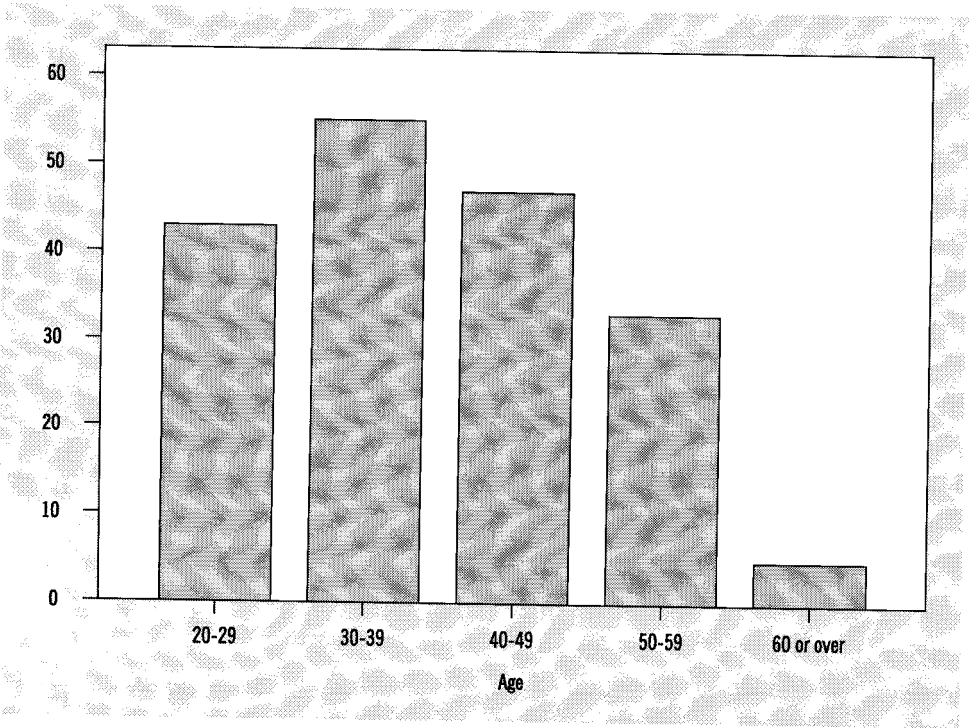


Figure 3
Age of residential group workers

work than their male counterparts. The mean number of years in residential group work was 8.29 for female respondents and 7.95 for males, but the difference was not statistically significant (Mann-Whitney $U = 3671.5$, $p = 0.88$).

We then explored possible relationships between the length of time that respondents had served at their current establishments and their perception of the following: support systems; sources of help; communication; residents; training; recruitment and staffing issues; morale and job satisfaction. A full discussion of our findings in respect of the six dimensions of working environment lies outside the scope of this paper. However, it may be noted that, overall, scale scores indicated that respondents generally held rather positive perceptions of their working environments. Moreover, the majority (70%) perceived morale in their workplace as high, and three-quarters were either satisfied or very satisfied with their jobs. On the other hand, it is evident that a significant minority of respondents – 30% – reported that morale was low, while a quarter of respondents were either dissatisfied or very dissatisfied with their jobs.

A statistically significant, but small, correlation was observed between time served at current establishment and perception of staff morale ($\rho = 0.167$, $N = 183$, $p = 0.05$, two-tailed). However, a negative correlation was found between time at current establishment and perceptions of residents ($\rho = -0.283$, $N = 153$, $p < 0.0005$, two-tailed). Thus, it would appear that the longer respondents had worked at their current establishments the more likely they were to hold negative views on the issues relating to the children and young people accommodated addressed by the relevant scale. However, although statistically significant the correlation concerned is rather small.

Further, the correlations observed between time served by respondents at their current establishments and the following variables were not significant:

- support systems ($\rho = 0.017$, $N = 155$, $p = 0.837$, two-tailed)
- sources of help ($\rho = 0.077$, $N = 154$, $p = 0.341$, two-tailed)
- communication ($\rho = -0.054$, $N = 166$, $p = 0.488$, two-tailed)
- training ($\rho = -0.076$, $N = 173$, $p = 0.321$, two-tailed)
- recruitment and staffing ($\rho = -0.133$, $N = 163$, $p = 0.091$, two-tailed)
- job satisfaction ($\rho = 0.059$, $N = 183$, $p = 0.428$, two-tailed)

It is evident that the largest of our statistically significant correlations concerned time served by our respondents at their current establishments, years worked in residential group care, and the age of respondents, suggesting strong relationships between these variables (*N.B. cases with missing data were excluded on a pair-wise basis, hence the variation in the number of cases included in the analyses*).

Factors associated with expectations about remaining in residential group care

The third, and final, main question explored in this paper relates to the factors associated with our respondents' expectations in respect of whether or not they would remain in residential group care work.

Respondents were asked whether they would still be working in residential group care in 12 months time. The majority of respondents – some 65 per cent ($N = 121$) – answered this question in the affirmative, whilst approximately 33 per cent ($N = 62$) answered 'no' or that they were 'not sure'.

A logistic regression analysis was carried out with the question of whether respondents would still be working in residential group care in 12 months as the dependent variable. (Logistic regression seemed particularly useful in respect of our data because it does not assume that the predictor variables are normally distributed; see Brace et al., 2003, pp. 250-251). The predictor variables were the six measures of working environment, along with age, gender, job satisfaction, and morale. A total of 113 cases were analysed and the full model was significantly reliable (chi-square = 44.47, $df = 10$, $p = < 0.0005$). The model accounted for between 32.5% and 45% of the variance in the dependent variable, with 88% of respondents who definitely expected to be still working in residential group care in 12 months correctly predicted. The model also correctly predicted 61% of those who did not expect to remain in their jobs or who were uncertain as to whether they would do so. Altogether, 79% of predictions were successful.

However, only age ($p = < 0.01$) and job satisfaction ($p = < 0.0005$) reliably predicted whether respondents expected to continue working in residential group care, with gender just falling short of statistical significance (at the 0.05 level). Unit increases in age of respondents were found to be associated with a decrease in the odds of our respondents expecting to leave residential group care, or being uncertain as to whether they will remain in the job (by a factor of 0.486). Surprisingly, however, each unit increase in job satisfaction score was associated with an increase in the odds of respondents expecting to leave residential group care, or being uncertain as to whether they would stay in the job (by a factor of 6.113).

This result is difficult to interpret, but it would appear that being satisfied with the job did not guarantee that our respondents expected to remain in it. Other factors clearly influence career choices. Indeed, it is evident from our study that the issue of retention of residential group care personnel is complex and warrants more detailed investigation. But our qualitative data shed some light on the factors which contribute to workers' decisions to leave. Amongst the most influential of these appears to be the behaviour of youth cared for: in particular workers' ability to deal with that behaviour, and the extent to which they experience 'emotional exhaustion' (Dickinson & Perry, 2002) in attempts to do so.

Children's behaviour clearly featured as an issue for the majority of our respondents. Some 64% of workers felt that it was true to say that some young people forced others to give them things. It appears that where staff do not possess the skills to deal with this behaviour, its impact is all the greater. Many referred to the challenging nature of residential group care work, finding young people's '... outbursts tiring...' Moreover, the sense of isolation and vulnerability experienced in providing care was compounded by staff shortages.

Whereas staff appeared to be able to cope with other forms of behaviour, the levels of aggression displayed by young people proved most difficult to deal with, as noted by McAdams (2002). One worker in our study reflected on the consequences of recent assaults on staff:

It [young people's behaviour] does impact. The children we've got are regularly assaulting staff. My friend can't face coming back to the unit since she was assaulted – she was punched in the face by a young person. A member of staff was assaulted last night – it's something that happens daily and you've got no self-worth. We've got a lot of people on sick because of the stress.'

Insufficient training, alongside an inability to attend training where this is available due to heavy workloads or staff shortages, represents a key factor in the retention of staff in the US (GAO, 2003). This issue proved just as relevant for our respondents who highlighted the need for effective training to equip them to deal with behaviour issues:

'You put up with so much bad behaviour and assaults. I've started looking elsewhere and most of my colleagues have. We feel we're letting the kids down. Proper therapeutic training would help for me. We're just managing the behaviour instead of looking at the root causes.'

As already noted, a statistically significant, and large positive correlation was observed between years worked in residential group care and time at current establishment. Moreover, a significant and fairly strong, positive correlation was found between time at current establishment and age of respondents. Age also reliably predicted whether our respondents expected to be working in residential care beyond the next 12 months. Our sample comprised substantial numbers of workers aged over 40 and 50, and the difficulty of coping with the changing population of youth in group care was highlighted as an issue, especially for those who have been in post for some years:

'Previously, challenging behaviour was a rarity. Now it's a predominant feature of residential care. Some staff thrive on that challenge while others find the behaviour intimidating and they're wary of it. There's been a change in the population from the younger child to the 15 to 16 year old and you have to ask the question whether this is the right job for people who have been in post for 17 years and have seen such changes.'

Although over half of workers reported that staff shortages impacted negatively on their ability to do the job, the majority, as indicated, intended to remain in group care beyond the next 12 months. Previous exploratory studies on retention in child welfare have reported a personal and professional 'investment', and sense of 'mission' in relation to the work (Rycraft, 1994); and the opportunity to make a contribution (Reagh, 1994) as being the driving forces behind decisions to remain in the service. Moses (2000), however, has noted that irrespective of how well-motivated group care staff are, many feel that the conditions of their employment are such that they view their work as temporary.

For several of our respondents, remaining in group care was not a long-term option. Indeed, the nature of the work presented as a key factor in retention, with the sense of uncertainty in terms of individual ability to cope being highlighted as in the following comment:

'Yes [I do intend to remain in the job]. I don't know for how long. You go year by year due to the nature of the work. Psychologically it's very tiring.'

Clearly, the work is perceived to have '... a shelf-life...', with staff considering moving into '... less demanding options...' such as services for older people and adults with learning difficulties.

Factors such as heavy workloads; the low status of the work; poor pay; and poor supervision impact on retention rates in the US, as they do in the UK (DfES, 2005a; ADSS, 2005; Human Services Workforces Reform, 2003; GAO, 2003). According to our respondents significant improvements in conditions of employment are needed in order that staff view the work as a long-term career choice:

'I won't stay in the long-term. I would need more support; better rotas; consistency in terms of violent attacks on staff; sleep-ins sorted; and better wages.'

If turnover rates are to be improved, this perception of residential group care work, as a short-term employment option only, needs to be examined as a matter of urgency.

As we have seen, a negative, albeit rather small, correlation was found between time at current establishment and perceptions of residents. It appears that the longer respondents had worked

at their current establishments the more likely they were to hold negative views on issues relating to the children and youth accommodated as addressed by the relevant scale. The question as to what motivates these workers to remain in group care demands further consideration. It appears from our qualitative data that this negativity might reflect recent changes in the population of youth cared for which workers feel ill-equipped to manage. If this is the case, then training has an important part to play here.

Alternatively, Smith's (2005) proposition that some workers remain in child welfare because they feel 'trapped' also deserves some attention. Smith reported a lack of association between 'intrinsic job value' and retention, with workers who remain in post being as likely as those who leave to experience few 'intrinsic rewards'. The impact on the quality of care in the first instance of personnel who stay for the short-term only; and in the second of workers who remain in post, yet hold negative views in relation to the youth cared for, and may be frustrated by the fact they have little opportunity to move on, warrants more detailed examination.

Conclusion

Summary

There is a dearth of research on retention in residential group care. The research reported above has sought to build on existing knowledge by focusing specifically on this issue; namely, by exploring: the length of time served by personnel in group care; the factors associated with length of time at current establishment; and workers' expectations about remaining in the service. Our findings suggest strong relationships between time served by respondents at their current establishments, years worked in residential group care, and respondents' age. Logistic regression analysis resulted in age and job satisfaction reliably predicting whether personnel expected to remain in the service. Experiencing job satisfaction, however, appeared to be no guarantee that workers would stay. Other factors, including the low status of the work; insufficient training; and the difficulties experienced in coping with the changing population in group care were all highlighted as retention issues by staff who clearly often view the work as a temporary career choice only.

Limitations

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 group care workers in Wales with the opportunity of participating in the study, it cannot be claimed that the sample used in this analysis is representative.

Contribution to knowledge

Nevertheless, this paper makes a worthwhile contribution to the hitherto limited knowledge base on the retention of group care personnel. First, it focuses on group care as opposed to child welfare services generally. Second, it illustrates the extent to which some personnel perceive the work to be a short-term option only. Third, although other studies have examined the role played by age in the retention of social services personnel (see, for example, Rosenthal, McDowell & White, 1998; McNeely, 1992; 1989; Jayaratne & Chess, 1984), our findings highlight one of the more challenging dilemmas facing service providers in residential group

care today; that is, the existence of a more stable, older workforce which may be negative in outlook, and which might experience difficulty adapting to the changing population in group care. This is of particular significance given the increased incidence of mental health and behavioural problems exhibited by youth in group care. Indeed, this issue, together with others raised in this paper will prove as relevant to child welfare service providers and workers in the UK and across Europe, as to their counterparts in the US. Clearly, such issues deserve urgent attention.

Discussion

Despite the contention that:

'the ability of child welfare agencies to meet the complex needs of the children and families they serve is directly reliant upon the quality and stability of their service delivery staff.' (CWLA, 2005)

the retention of personnel represents a significant challenge for service providers in the US (Smith, 2005; McCarthy, 2004; GAO, 2003). Indeed, the GAO (2003) survey of recruitment and retention in child welfare reported that the detrimental effects of staff turnover were found to be especially pronounced in residential group care, where personnel changes exacerbated children's feelings of being neglected. Moreover, therapeutic treatment was often affected by the resulting behaviour changes, as children's sense of abandonment caused them to resist therapy, and become violent and aggressive.

Public confidence in human services in the US is low (Human Services Workforces Reform, 2003). Child welfare workers consistently cite 'not feeling valued' as one of the main reasons for leaving their job. In the UK, concern has been expressed about the status accorded to residential child care workers and perceptions of them as '... the lowest form of social worker...' Some of our respondents, like workers in the US reported feeling '... very undervalued...' They cited financial reasons for leaving group care; a sense of '... not being listened to...' by management with regard to decisions made about young people; stress; overwork; under-staffing; being exhausted by the challenge of working in the service; and becoming disillusioned with the '... type of children in the unit...'

In the US, difficulties in balancing work and family life present as one of the key factors for those workers who leave the field of child welfare (Human Services Workforces Reform, 2003). Smith (2005) found that in high-turnover child welfare environments in the US, staff who believed their organisations facilitated a work-life balance and provided supportive supervision were more likely to remain in employment. For our respondents inflexible work patterns and their subsequent lack of 'fit' with changing family commitments also proved problematic.

The retention of staff is one of the key workforce challenges facing those who provide services for children and families in the US and UK. It is of particular significance in residential group care where care is provided for youth with the most complex needs (Gibson et al., 2004). It would appear from the analysis undertaken here that experiencing job satisfaction is no guarantee that staff will remain in group care. Our findings indicate that the work is often viewed as a short-term career choice only, and this does not augur well for the future of a service in which continuity of care is vital.

Moreover, although older workers may stay in the service they may also hold negative views on issues relating to the youth accommodated. We should not ignore the likely negative im-

pact on young people of a staff base which is partly stable, yet perhaps negative in outlook, and possibly also characterised by a lack of continuity with some workers staying for short periods only.

Given the nature of these findings, it may be useful to close by reflecting on the potential means by which to ameliorate the problems encountered in retaining residential group care personnel.

Implications of findings for policy and practice

In the US, some studies have reported that Title IV-E training partnerships – where students receive financial support to study and are expected to commit to a specified period of employment with an agency – have a positive impact on staff retention (see, for example, Barbee, 2003; Dickinson & Perry, 2002; Robin & Hollister, 2002; Jones & Okamura, 2000). Accreditation of child welfare agencies which meet specific standards in terms of service delivery has improved retention rates in Illinois and Kentucky (GAO, 2003). Moreover, in the UK there is some evidence to suggest that where a structured induction and probation period exists alongside effective training and appraisal, retention rates are improved (NAW, 2001).

Selection procedures have a key part to play in retention. Graef and Hill (2000) have noted that many new recruits to a child protection agency lacked insight as to the nature of the work. It is essential that as part of the screening process for residential group care work, applicants are provided with clear information as to what the work entails so that they have a clear understanding of the role and realistic expectations as to what might be achieved.

Only one in five public service workers in the UK participate in ‘exit’ interviews (Audit Commission, 2002). It is crucial that this practice is extended to include all those who leave residential group care. Agencies would then be better placed to devise strategies which would result in a more stable workforce from which the challenges presented by group care could be more effectively managed.

We have highlighted the extent to which workers feel ill-prepared to cope with the changing population of youth in group care. Clough et al. (2004) have argued that given the increasing levels of behavioural and mental health problems evident in this population, it is essential that group care personnel have access to appropriate training. If such personnel are to be retained they should receive a rigorous induction, followed by ongoing training in order that continued professional development is ensured. Moreover, conditions of employment need to be improved as a matter of urgency. For, although personnel may be well motivated at the outset, factors such as the demanding nature of the work, and its modest status and salary levels, combine to exacerbate the problem of retention.

It is crucial that the difficulties highlighted in this paper are addressed, for as Anglin (2004, p. 188) has argued:

‘A service that is not valued, or that is considered always to be an unsatisfactory or second-rate option will inevitably deteriorate, and will ultimately reflect these self-fulfilling expectations.’

In truth, the potential consequences of this state of affairs for vulnerable youth with complex needs are disturbing. It is essential that more is learned about the factors which influence retention in residential group care, so that mechanisms may be put in place to halt the exit of workers. Whilst the analysis reported here makes a worthwhile contribution to building that knowledge base, further research needs to be undertaken on this issue as a matter of priority.

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Authors notes

Matthew Colton

University of Wales Swansea

Susan Roberts

University of Wales Swansea