

# Is the group under threat as a therapeutic milieu?

## An analysis of the views of group workers in residential youth care

**Hans Grietens**

Department of Special Needs Education and Youth Care, University of Groningen, the Netherlands

Correspondence regarding this article should be directed to Hans Grietens, University of Groningen, Faculty of Social and Behavioural Sciences, Department of Special Needs Education and Youth Care, Grote Rozenstraat 38, 9712TJ Groningen, the Netherlands +31 50 3639176, E-mail: h.grietens@rug.nl

### Abstract

In spite of the many changes that have taken place in residential youth care in recent decades, the group continues to play a key role. The basic care children receive in everyday life strongly influences the quality of the care process and the outcomes of care. But can the group still achieve its potential? And what factors could improve group work? We put these questions to eighteen group workers from six residential youth care facilities in Flanders in a qualitative multiple case study. The answers show a varied picture. Workers recognize the value of group work and try to achieve its potential as best they can. But this can no longer be taken for granted; it is undermined by heavy workloads and lack of time. The size of the group can be an obstacle. Workers indicate they have a substantial need for support and professional development. In the discussion, we reflect on the impact of these findings and how the group can be used more effectively as an instrument for change, from the point of view of both practice and policy.

**Keywords:** residential care, group care, group worker, therapeutic milieu

### Introduction

Although residential care for looked after children has been scaled down sharply during the past two decades in most Western

countries in favour of home-based care and family foster care (Thoburn, 2010), nowhere is it 'absent' from the care system, even in countries where it is not at all a popular measure among child protection

services and judges, care workers and public opinion (Little, Kohm, & Thompson, 2005). Little by little residential care is regaining the recognition it had lost over the years, and it seems to be retaking its place alongside home-based care and family foster care (Harder, Knorth, & Zandberg, 2006; Smith, 2009).

This upswing stimulates reflection on the principles upon which residential care is based. One of these, without question, is *group work*: this is regarded as a key aspect of residential care and has been so regarded for many decades. Once the work of the youth care system began to be professionalized in the 1950s, a central position was assigned to the group and the profession of group worker (Fulcher & Ainsworth, 2006). Different terms are used to characterize the functions of the group and the processes that take place there, depending on the disciplines involved in professionalizing group work and the models used to analyse it. Trieschman, Whittaker and Brendtro's standard work *The Other 23 Hours: Child Care Work with Emotionally Disturbed Children in a Therapeutic Milieu* (1969) conceptualizes the group as part of a 'therapeutic milieu'. The many interactions that take place between children and adults in the daily life in the group (e.g., care, meals, leisure activities) are not mere 'time fillers' but, for example, opportunities for therapeutic intervention to change children's behaviour. In other words, daily life is the place where change is initiated, and this can be supplemented – if so indicated – by therapy sessions aimed at change 'at a deeper level'. Considering the group as a therapeutic milieu is deeply embedded in social pedagogy (Grietens, 2014). The models developed by social pedagogues have been put in practice in continental

Europe and Scandinavia and recently have been implemented in the United Kingdom (see e.g., Cameron & Moss, 2011; Petrie et al., 2006). Social pedagogues consider daily life in the group as the most important context of change and have been influenced by system and contextual therapy. Combining needs-based and strengths-based approaches, the aim of group work in social pedagogy models is to create and maintain a milieu in which children can hold their own and develop. Life in a group offers a host of possibilities for children to acquire social skills (Slot & Spanjaard, 2007). This takes place through social learning principles: the group and the group leaders reinforce desirable social behaviour and reject undesirable behaviour. Group work in child and youth psychiatry also devotes a good deal of attention to the restorative and therapeutic opportunities that the group can offer, and taking advantage of these opportunities is part of therapeutic group care. Models of therapeutic group care in child psychiatric units show how the possibilities inherent in the group can be used to benefit the individual (Van der Harten & Van Rijn, 2008).

It is clear that the group in a residential youth care facility can be a *therapeutic milieu* and can initiate lasting positive changes in children: this has been demonstrated in day-to-day practice. However, there is a lack of empirical research on the group in residential care, in particular on this subject, partly because relatively little is known about processes in groups. Before we can answer the question 'Are the interventions offered in a group effective?', we need to answer another question: 'What happens in a group; what processes take place there?' (Fulcher & Ainsworth, 2006). Anglin (2002) found that many behaviours of children in

groups can be understood as reactions to psycho-emotional pain, as 'pain-based behaviour'. The group is an inherent and constant threat to their safety, giving rise to numerous incidents – for instance of serious aggression – or bullying (Barter, Renold, Berridge, & Cawson, 2004). Children need to be given basic care and experience what Anglin (2002) calls a 'sense of normality', but this is apparently by no means always the case. The question is how the group can nevertheless be a therapeutic milieu, despite the difficulties that its members experience in the realm of relationships, often as a result of their past history.

It may be that this is possible if the group worker and the youngster have a good relationship, as this relationship has been found to contribute significantly to the positive results of care (Daniel & Harder, 2010; Harder, Knorth, & Zandberg, 2006). The relationship between the group worker and the child 'carries' the care process, and along with the nature of the intervention and the organizational setting in which it takes place, predicts successful outcomes (Van der Ploeg, 2003; Veerman, 2005). What aspects of the relationship between professionals, especially group workers, and children play a part in this success is gradually becoming clear. Congruency, clarity, involvement, standing alongside the client, trust, connecting with the client, showing respect, maintaining good contact and giving positive feedback are essential components in a high-quality, helping relationship (Anglin, 2002; Hicks et al., 2007; Van Erve, Poiesz, & Veerman, 2005). It could be argued that the group can only be a therapeutic milieu for children if the relationships with group workers are good and display the above characteristics. In other words, these rela-

tionships are the prerequisites for achieving a therapeutic milieu in the group, hence for a lasting positive change in the child's behaviour.

The profession of group worker is very complex (Hicks et al., 2007; Janzing & Kerstens, 2005; Klomp, 2005; Van der Ploeg, 2003). It has undergone a number of changes in recent years. Let us consider three. First, group workers come into contact with parents and families of children in out-of-home care more than they used to, as a lot of organizations have adopted a family-based approach in recent years. Secondly, it has become clear in recent years that increasing numbers of children in out-of-home care are struggling with serious mental health problems and need specialist care and counselling, not only in therapy sessions but also in everyday life in the institution (Webb, 2006). Thirdly, the implementation of the Convention on the Rights of the Child in residential facilities has led to an increase in paperwork for group workers. Children are entitled to information, consultation and participation, and the authorities have developed regulations on this subject – for instance in quality handbooks – that must be complied with and reported upon. Group workers are often in the front line when it comes to giving children a say in daily life; they are also the people who have to implement the official regulations and report on this.

The question is whether, given the complexity of group work, the growing numbers of children with serious mental health problems and the increasing pressure on the group worker to be a 'jack-of-all-trades' with a host of functions and duties, the group can still be enough of a therapeutic milieu. To what extent is it still capable of realizing its potential as a tool for lasting

positive change? On top of this, for financial reasons many facilities have relatively large groups (with ten or in some cases even more children). Research does not suggest that group size as such is an obstacle to group work (Chipenda-Dansokho & the Centre for Social Policy, 2003), but in conjunction with the other factors mentioned it may be the proverbial straw that breaks the camel's back.

Our study was based on these points and addresses the following questions:

1. Do group workers sense that the group is becoming devalued as an instrument of change?
2. If so, what do they think is the cause? What jeopardizes this potential of the group?
3. What would be conducive to the function of the group as a care tool?

We decided to put these questions to group workers, as they are the people who provide basic care in everyday life in a group. They live with the children and young people on a daily basis and together with them make the group into a therapeutic milieu or otherwise.

## Method

### Research strategy and design

In order to examine the research questions we opted for a qualitative multiple case study, because we were primarily interested in how workers perceive the group and the way it works and lend significance to it. We were interested in opinions, feelings and experiences about group work. We also

saw the exploratory nature of the study as a rationale for adopting a qualitative research strategy. What we explored in particular was how the workers in our study define, perceive and construe the world – in particular their professional field, the group. Thus our study was interpretative rather than investigative and narrative rather than explanatory, indicating the appropriateness of a qualitative research strategy (Levering & Smeyers, 2003). In order to meet the quality criteria of qualitative research, in particular transparency, consistency and credibility (Mortelmans, 2007), we carefully described all the steps in the study and aimed at maximum inter-rater reliability between coders.

A relatively small sample was considered adequate for this exploratory investigation; 18 respondents were selected across 6 institutional settings from three provinces in Flanders. These workers were the 'cases'. Several respondents were interviewed at each facility, resulting in a 'story' – partly unique – from each facility. The stories were then compared and contrasted.

### Instrument

We opted for *semi-structured interviews* as we wanted to give informants the opportunity to tell their stories in their own way. An interview guide was drawn up based on a literature survey. We decided it was important to keep the questions as open as possible, since we were keen to find out what the respondents themselves regarded as significant issues and potential problems. We structured the interviews using open questions on the following key topics: the function of the group; changes in group work in recent years; the essence of the

group; structure and focus on emotional-affective support in the group; contradictions between the job as currently done and how workers would like to do it; conflicts in the group and their effect on the person of the worker; the aim of the group; the worker's job description; developments in policy on the group (only for senior workers). Parallel versions of the interview guide were drawn up for workers and senior workers respectively. The interview with workers consisted of eight open questions and that with the senior workers of seven (see *Appendix* for an overview).

We were also interested in the current composition of groups. This information gave us an impression of the severity and complexity of problems in the group, hence the level of difficulty of the group at the time of the interview. We asked the workers to respond to questions (the answers were anonymized) on the reasons for the placement of the children, their family backgrounds, their problems, problems in their families and their careers in the care system.

### Selection and research procedure

Six facilities were selected from three provinces in east Flanders, namely Antwerp, Flemish Brabant and Limburg. All the facil-

ities were certified as residential homes in the special youth care system; that is, they were institutions accepting only children in a residential setting, either voluntarily (through the Special Youth Care Committees) or involuntarily (through the juvenile courts).

For practical reasons we restricted the selection to facilities in the three provinces and did not recruit any facilities from other provinces. We aimed to vary the sample of the facilities in the study by randomly selecting one larger facility (with capacity for over 40 children) and one smaller one (with capacity for 10 to 20 children) in each province. At each facility two workers in the same group and one senior worker were chosen at random and interviewed. Table 1 gives an overview of the facilities and some important characteristics (size of facility, nature, age range and group capacity).

The boards of governors of the selected facilities were first contacted by letter, then phoned shortly afterwards and asked whether they would like to take part. If so, practical arrangements were made for the interviews. These took an average of one to one-and-a-half hours per respondent and were recorded on tape with the interviewees' informed consent. The ethical board of the University of Leuven gave prior approv-

**Table 1.** Overview of facilities and important characteristics

Facility	Size of facility	Nature of group	Age range of group	Group capacity
1	Large	mixed	6-18	10
2	Large	mixed	0-18	12
3	Small	mixed	0-18	15
4	Small	girls	14-18	8
5	Small	boys	12-18	9
6	Large	mixed	14-17	10

al of the research protocol, including the procedure to collect the data.

### Data analysis

All the interviews were typed verbatim as far as possible, and the typed interviews were then encoded and interpreted. Transcripts were coded iteratively (Mortelmans, 2007) by two researchers, who paid careful attention to the consistency of their findings. To ensure this, they kept in close contact and communication with each other while coding, compared the codes that they generated and explicitly sought maximum consensus if their initial interpretations did not tally.

The first step was based on our own encoding system. The transcribed interviews were read with a defined focus, namely 'reasons for informants' perceptions of difficulty of work'. Subjects that recurred in a number of interviews were grouped under a keyword or code (examples of codes were 'increased complexity of the problems', 'group size', and so on). If a subsequent section of an interview was found not to correspond to an existing code, codes were added to the list. Following this initial encoding there were of course still sections that remained 'uncoded', so a fresh reading took place and various new codes were assigned to the sections. For example, in addition to the reasons for difficulty of work, two more 'key categories' were introduced, namely 'the group as a care tool' (this covered subjects such as the function, focus and aim of a group, and philosophies and theoretical models underlying the group) and 'factors that facilitate and/or support the work of workers' (covering subjects such as the person of the worker, support

from the team, training and in-service training).

Once the data had been encoded they were interpreted using one vertical and two horizontal analyses. The vertical analysis looked at each interview separately. All the sections were classified under the appropriate code for subsequent interpretation. The horizontal analysis compared the informants with one another; in other words the common elements in the stories of workers and senior workers were contrasted, again by code under the encoding system.

## Results

Workers and senior workers experience various problems when working in groups, which often put pressure on group work and result in the group not always being able to be perceived as a therapeutic milieu for the children and young people. According to the respondents a group has four 'megafunctions': 'getting the child or young person to settle down', 'offering safety', 'passing on values' and 'offering warmth'. If these are present continuously and to a sufficient degree, children and young people can grow and develop and their behaviour will change for the better. According to the respondents these functions are essential and have not changed in recent years.

### Increased workload

Various factors that can make day-to-day work more difficult, however, quite often result in these functions coming under pressure. One important factor that

emerged from the interviews was the increased workload of workers and senior workers, which is due to various factors.

One of these is the perception that the problems of the young people in groups have become *more complex*: this was a predominant theme in the interviews. There is a general sense that the target group is more complex than it used to be. Respondents spoke of a trend that has been in progress for a number of years. This complexity is expressed in various ways: children and young people come from more complex families (e.g., deprived groups, multi-problem families), many of them have a past history of unsuccessful care, they have particular personal problems (e.g., specific personality traits, emotional problems), they have pronounced behavioural problems or addiction problems, and sometimes there is comorbidity with problems of a psychiatric nature involving DSM-IV diagnoses. The intensive care that these children need cannot always be provided at the facility, as noted by one of the workers:

'I think some problems here call for additional support. For the child itself. And I think we cannot always provide that in terms of time and quality.'

*(worker of a mixed gender group)*

*Group size* is another factor that makes the work of child-caring more difficult. This topic was not raised at all the facilities in response to our open questions, but where pressure from group size did emerge as a striking theme it was brought up by all the informants from that facility. Workers said that their attention needs to be divided up among the various children and/or young people, and this cannot always be taken for granted in a large group. Following on from

this, individual support comes under pressure in a large group. A number of workers said they felt relieved when some children went home temporarily or a child was able to leave the facility. This shows that the pressure of a full complement is substantial:

'Twelve really is a lot, you notice that when we have a place available and it's about to be filled again: then there's a feeling of 'Hey, let's wait just a bit!', even though kids are always waiting to get in.'

*(worker of a mixed gender group)*

There is also a greater need for structure in a large group: clear, strict rules help to avoid conflicts and chaos. Another point that respondents made was that it is not easy to get children to settle down in large groups – a key function of a group according to these same informants.

Thirdly, *negative group dynamics* were mentioned (interactions between group members). Examples of negative group dynamics are verbal conflicts such as swearing, but also physical aggression or emotional conflicts such as manipulation. The causes of conflicts in a group were many and various. Workers said that the composition of a group could often be a trigger for the development and escalation of a conflict. In a group with a number of adolescents, for instance, conflicts were more common:

'Plus, having ten adolescents lumped together frequently causes tensions.'

*(worker of a group with adolescent boys and girls)*

'Contamination' was often mentioned in this context; an argument that starts be-



tween two children escalates into a conflict that involves the whole group or spoils the atmosphere in the group.

Fourthly, there have been *changes in policy*. Policy has a certain impact on the day-to-day ups and downs of a facility, and sometimes this impact is greater than it might seem at first sight. There are two different kinds of policy changes that make the work of workers more difficult. The first regards changes in the philosophy of care. It is not always easy for workers to meet the changing requirements due to the constantly changing theories on which the youth care system is based:

‘I think more and more is expected of you, including studying particular theories, and there are lots of courses and stuff... to help staff ummm... develop, it’s all part of the deal. And it’s imposed from outside. Here at [name of residential home] we have all sorts of procedures we have to go through before we er..., otherwise we don’t get our money, and then we can’t provide any care.’

*(worker of a group with adolescent girls)*

The second type of policy changes are imposed by the authorities, for example legislation and regulations. Government-led policy changes tended to be case-specific, but there was one policy area that was felt to be a problem in all the homes in the study: the implementation of the Convention on the Rights of the Child in the youth care system. It goes without saying that workers regarded it as important for children to have rights and to know about them. But sometimes their actual implementation in the group puts the child-caring work to the test. Workers said, for instance, that they felt the many rules restricted what they

could do. Child-caring is not always successful when it goes ‘by the book’. The rights and duties in the ‘book of rights’ are often very clearly defined and cannot always be reconciled with the aims that workers see as paramount in the care of children and young people:

‘But I do understand, when children are given a booklet of er... rules and laws and duties, it provides something concrete that they’ve never had before. It’s something they can hold onto, it’s a... But child-caring just can’t be done with a book and... rules are rules and... I mean, they can wave the booklet at us, but you never hear them ask... ‘OK, so do it by the book. Because then you’ll be doing it right.’ But of course they don’t do that. So it’s always... Yes, it’s always... that’s the game. The child-caring game, as it were. [...] And they keep trying to... push the boundary a bit more.’

*(worker of a group with adolescent girls)*

### Lack of time

Besides increased workload we found a second factor that makes the work of group workers more difficult, namely a general feeling of lack of time: group workers have a whole lot of other duties in addition to their child-caring work. This overload results in a perceived lack of time. Informants said that offering emotional support and adequately developing individual care came under pressure as a result. It makes some very basic and essential things – talking to a youngster who is having problems at school, organizing a joint activity for the group – impossible or means that they have to be radically curtailed:



'I think you can never, with just the two of you, give them enough attention when they come home. Even listening to them talk about what happened at school. In fact you er..., if you manage to do it, if you have time, you just do a round of 'How did you get on at school?', 'OK, fine, how about you?'. You can't even finish that, really, because then the next five come in... So that's really the difference compared with the home situation.'

*(worker of a mixed gender group)*

There was also less time for internal communication between group workers. The reasons for the lack of time lie mainly in two factors, namely paperwork and practical duties.

The large amount of *paperwork* takes up a substantial proportion of their time. Workers said they spent a lot of time at the computer writing reports and documenting every action they take. Everything has to be able to be 'demonstrated':

'... and paperwork, a whole lot. Everything we do, the actions we take, it all has to be recorded on paper or on the computer. There are times when you come in and you think, 'Oh no, here we go again', because you have to write it out again. Every little thing... such a lot, and it's got to be more and more over the years.'

*(worker of a mixed gender group)*

Group workers do this paperwork in between their other work, or they save it up for weekends when there are not so many children around. Some workers even do it as overtime. All the workers interviewed thought the amount of paperwork was excessive and had the feeling that it presented an obstacle to their work:

'Yes, all that work, I do find it a problem sometimes... Also because we..., when we're here, actually it's rare that the boys aren't around, so we often have to do our paperwork when they're in the group. Which means in fact they don't get some of the attention they need.'

*(worker of a group with adolescent boys)*

This clearly tells us something about the seriousness of the situation. If workers are spending more time at the computer than in the group, when do they have the time to provide the individual attention, calm, warmth and emotional support that are badly needed in a group? Paperwork is in danger of displacing things that are really important in a group. We need to put this in perspective, however. Although workers said that they regarded the increased paperwork as a burden, they also recognized its importance; it helps them to make the care they provide 'tangible' and verifiable, it forces them to reflect and makes it clear what care is being provided to the children. Putting a particular care moment down on paper, for example, or revising a youngster's To-Do List, can produce fresh insights for the workers.

*Practical duties*, which have grown enormously in some facilities, are another reason for the perceived lack of time. By 'practical duties' we mean cooking, washing, ironing and cleaning in the group, transporting children to and from school, leisure activities, and so on. Workers generally regarded the host of practical duties as a nuisance. Running the household for an average of ten children and young people was not something they could take for granted. Groups with a large age range often required some looking after as well, as small children still need to be helped with washing, dressing, getting their school bags

ready, and so on. Transporting the children is also very time-consuming, and on top of this the second worker would often be left alone with the rest of the group. We need to put this in perspective too, as the practical duties are outsourced in a few groups: there is help with cleaning, transport is provided by outside agencies or meals are prepared in a central kitchen. The workers of these groups said they had a much smaller workload in terms of practical duties.

### Facilitating factors

The workers also mentioned factors that make work in the group easier and are conducive to or reinforce the use of the group as a care tool. *Support from the team* and the *facility's policy* – also, and perhaps above all, as regards the minor day-to-day aspects of the work – were mentioned, for example. Workers who felt that they had support also felt more well-balanced in their work. While they were aware that they could not perform all their duties equally thoroughly, they said they did their jobs ‘as best they could’, with the resources they had available. Workers appreciated it if there was a climate in the team that enabled them to talk about conflicts and incidents involving the children and young people. That gave them a feeling of relief:

‘... but the most important thing, I think, is dealing with the workload. That’s done in the daily briefing: we have a briefing almost every morning where the workers’ questions are dealt with individually, the er... things they’ve come up against. Ummm... and they can get some feedback on them.’

*(senior worker of a mixed gender group)*

Certain *personality traits* can also be conducive to the work of a worker. Personal resilience, an easy-going temperament or high frustration tolerance, for example, can protect workers against the stress the job entails and prevent them ‘taking their work home’ all the time. Workers also appreciated it if their needs for *training* and *professional development* were able to be met; this cannot be taken for granted, however, as they are many and various. There is a need, for instance, for training in dealing with aggression and violent incidents, dealing with children and young people struggling with traumas or mental health problems, and so on. The list is long in almost all the facilities and still growing. Resources, on the other hand, are limited and insufficient to meet all the needs.

### Discussion

The group lies at the heart of the residential care provided for children in out-of-home care, and that has always been the case. It is still true today, although residential care has undergone major changes in recent decades and care has become more family-based and context-based. There are limitations on length of stay, and children effectively spend less time in a group because they regularly alternate between residential stays and visits to their families or brief stays in their home environment. In spite of these radical changes, group work remains an indispensable therapeutic building block for residentially placed children and needs to be included in every individual care plan (Whittaker, Del Valle, & Holmes, 2014).

It is amazing, then, that so little is known in general about group work and its effects.

To a large extent the group could still be said to be a 'black box'. We do not really know what happens there, but it seems reasonable to assume that what happens there has an impact on the children and young people. With this study we have tried to help open up the 'black box' of group work, not by studying the processes that take place between workers and children but by examining whether the group is still capable of realizing its oft-claimed potential of being a therapeutic milieu where children can grow and develop and where a lasting positive change in behaviour can be initiated and sustained. To this end we interviewed workers and senior workers, as they shape the group work in dialogue with the children and are active in the group day in, day out. We believe that asking this group of people can teach us a good deal about the subject and that in this way we are giving a voice to a group that – especially in academic circles – attracts relatively little attention from researchers.

The four primary functions (calm, safety, warmth and values) that workers assign to the group should not surprise us. They are essentially familiar and tally with the reports of empirical research on the prerequisites for and ingredients in 'good' youth care (Thoburn, 2010), which should offer children a sense of safety, stability and 'belongingness'. The fact that workers mention these dimensions as being the most important ones shows that their discourse is in line with that of researchers studying the long-term effects of residential care and with that of the children themselves (see e.g. Anglin, 2002; Blower et al., 2004; Ward, Skuse, & Munro, 2005). In itself this is good news, as is the fact that they aim to achieve this in their day-to-day work with the children in the group. Not such good news is the fact that this is far from taken

for granted and that there are quite some factors that present an obstacle to providing good youth care.

We conclude that groups are a useful tool in the care of young people, but there is a very delicate balance. The stories of informants in our study indicate that the group can be used in various ways as a tool in youth care, as demonstrated by such things as the four primary functions and the development and implementation of new philosophies of care (family-based work, for example). The group is more than just a 'temporary home'; targets are set, based on individual care plans among other things, to promote the development of the children and their families. In other words, residential facilities invest in quality care. On top of this, workers are highly engaged in group processes such as strengthening group solidarity, dealing with negative group dynamics, and utilizing the group for social skills training.

On the other hand, aside from the potential that group work provides, we need to consider the many threats to it. Some of these factors are difficult to change, such as the increasing complexity of the problems faced by the youth care system, for instance. However, we need to put this in perspective. As one informant said, a partial explanation may lie in the fact that there is now more awareness of the complexity of the problems. Nowadays more attention is paid, for example, to how a youngster feels and what underlying factors are involved in the problem behaviour that children sometimes display. As a result of this increased attention workers want to do something about it. This difference results in their wishing to support a child or young person with his or her various 'problem areas'. This, however, entails stepping up the amount of

care provided and providing *specialist care* where necessary; group workers are expected to be very creative and professional.

Another factor concerns the negative dynamics that can develop in a group, causing frustration and conflicts. While this cannot be entirely avoided, it may be possible to prevent and anticipate it, for example by preparing better for new admissions or analysing the group composition carefully. The training of workers can also help to combat negative group dynamics or prevent conflicts from getting out of hand.

Other factors seem to have been created by the youth care system itself, for example the increased amount of paperwork that staff have to do, or the bureaucratization of the system and the requirement to report on every activity. These government decisions have a major impact on group work and are not always welcomed by workers. On the other hand, informants say that reporting also makes for transparency and reflection, which can make the work more effective (cf. Knorth & Smit, 2002).

Group size is a striking factor, a topic that gives rise to a good deal of discussion in the current context of youth care. Although the literature shows that the size of groups is not correlated to a desired output (Chipenda-Dansokho & the Centre for Social Policy, 2003), various informants said that they find groups too large, with the result that there is less time to give the children individual counselling. Also, large groups require more rules and structure, so children find it less easy to settle down. Group size thus places severe pressure on group workers, and it is vital, in our opinion, that this problem be examined properly. Moreover, smaller groups with permanent staffs result in less paperwork and practical duties, which can reduce the perceived pressure of

time. Also, in smaller groups workers can do more preventive work in certain areas – aggression, for instance – and can adopt a more family-like approach.

The cumulative effect of the above factors makes the work of workers a lot more difficult, with the direct consequence that children and young people do not always get what they deserve. Another danger lurks on the side of the workers; we must ensure that they do not lose their enthusiasm. We need to take the statistics showing moderate to high rates of burnout in the sector seriously (Van der Ploeg, 2003). Group workers nowadays do their job ‘as best they can’. To do justice to the human and therapeutic aspects of their work adequately they need to cut down on other duties: in practice this means that they do a lot of overtime trying to catch up with the paper chase. In addition to the care provided for children and young people in out-of-home care, we need to reinvest in the care of group workers if the group is to continue to occupy the prominent position it has at present.

## Limitations

This study has some limitations. Because of the nature of the research topic we opted for a qualitative survey, and therefore there is a question as to whether our interpretations lead to generalizable conclusions. Our analysis of the informants’ stories involved generalizing to some extent, as we were looking for patterns and recurring elements. A particular view commands more weight, of course, if it is mentioned by more than one informant. Cuypers (2004), however, argues that a hermeneutic interpretative explanation inevitably contains an element of subjectivity.

The question is whether we can generalize the findings of our multiple case study of six residential homes in Flanders to other facilities or types of residential care in Flanders and the Netherlands, or elsewhere. We consider that the results give an indication of what is 'going on' in residential homes and put forward the hypothesis that group workers elsewhere may well share this experience. A larger-scale survey is needed to test and possibly refine this hypothesis.

In addition, we should like to point out that we confined ourselves to interviewing group workers; the point of view of the children living in these groups is missing. Do they experience the same obstacles in the group? Do they experience the group as too large and chaotic? Do they consider there is not enough time for individual counselling? Research needs to be done into their stories.

## Implications

Finally, this study has implications for policy. Researching the workers' views makes clear that various factors make their day-to-day work in the group more difficult. We can divide these into two categories: factors that result in perceived workload and factors that result in lack of time. However, our results indicate that the group still can be a therapeutic milieu where calm and safety reign, that offers warmth and enables new learning experiences to be gained, especially if certain facilitating factors are present. Management teams and policy makers should be aware that group care work is currently threatened and should take measures (e.g., stimulate balanced group composition, prevent burnout among workers) in order to help group care work realize its full potential.

## References

- Ainsworth, F. (2006). Group care practitioners as family workers. In L. C. Fulcher, & F. Ainsworth (eds.), *Group care practice with children and young people revisited* (pp. 75-86). New York: The Haworth Press, Inc.
- Anglin, J. P. (2002). *Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth*. New York: The Haworth Press, Inc.
- Barter, C., Renold, E., Berridge, D., & Cawson, P. (2004). *Peer violence in children's residential care*. Basingstoke, UK: Palgrave Macmillan.
- Blower, A., Addo, A., Hodgson, J., Lamington, L., & Towlson, K. (2004). Mental health of 'looked after' children: A needs assessment. *Clinical Child Psychology and Psychiatry*, 9, 117-29.
- Cameron, C., & Moss, P. (eds.) (2011). *Social pedagogy and working with children and young people. Where care and education meet*. London/Philadelphia: Jessica Kingsley Publishers.
- Chipenda-Dansokho, S., & the Centre for Social Policy (2003). The determinants and influence of size on residential settings for children. *International Journal of Child and Family Welfare*, 6, 66-76.
- Cuyppers, S. (2004). Filosofie van de sociale wetenschappen [Philosophy of the social sciences]. In P. Smeyers, & B. Levering (eds.), *Grondslagen van de wetenschappelijke pedagogiek* (pp. 53-72). Amsterdam: Boom.

- Daniel, V., & Harder, A. T. (2010). *Relatie als de sleutel? Ervaringen van jongeren en hulpverleners in de residentiële jeugdzorg* [The relationship as the key? Experiences of young people and practitioners in residential youth care]. Amsterdam: SWP Publishers.
- Fulcher, L. C., & Ainsworth, F. (2006). Group care practice with children revisited. In L.C. Fulcher & F. Ainsworth (eds.), *Group care practice with children and young people revisited* (pp. 1-26). New York: The Haworth Press, Inc.
- Grietens, H. (2014). A European perspective on the context and content for social pedagogy in therapeutic residential care. In J. K. Whittaker, J. F. Del Valle, & L. Holmes (eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice* (pp. 288-298). London/Philadelphia: Jessica Kingsley Publishers.
- Harder, A. T., Knorth, E. J., & Zandberg, T. (2006). *Residentiële jeugdzorg in beeld. Een overzichtsstudie naar de doelgroep, werkwijzen en uitkomsten* [Residential child and youth care in the picture. A review study on target groups, methods and outcomes]. Amsterdam: SWP Publishers.
- Hicks, L., Gibbs, I., Weatherly, H., & Byford, S. (2007). *Managing children's homes. Developing effective leadership in small organisations*. London/Philadelphia: Jessica Kingsley Publishers.
- Janzing, C., & Kerstens, J. (2005). *Werken in een therapeutisch milieu* [Working in a therapeutic milieu]. Houten: Bohn Stafleu van Loghum.
- Klomp, M. (2005). Leefgroepwerk [Working in residential care units]. In J. Hermanns, C. van Nijnatten, F. Verheij, & M. Reuling (eds.), *Handboek jeugdzorg, Deel 2, Methodieken en interventies* (pp. 195-208). Houten: Bohn Stafleu van Loghum.
- Knorth, E. J., & Smit, M. (2002). The role of residential child and youth care workers in care planning: An empirical study. In E. J. Knorth, P. M. van den Bergh, & F. Verheij (eds.), *Professionalization and participation in child and youth care* (pp. 107-119). Aldershot, UK / Burlington, VT: Ashgate.
- Levering, B., & Smeyers, B. (eds.) (2003). *Opvoeding en onderwijs leren zien. Een inleiding in interpretatief onderzoek* [Learning to look at child rearing and education. An introduction to interpretative research]. The Hague: Boom.
- Little, M., Kohm, A., & Thompson, R. (2005). The impact of residential placement on child development: Research and policy implications. *International Journal of Social Welfare*, 14, 200-209.
- Mortelmans, D. (2007). *Handboek kwalitatieve onderzoeksmethoden* [Handbook qualitative research methods]. Leuven: Acco.
- Petrie, P., Boddy, J., Cameron, C., Wigfall, V., & Simon, A. (2006). *Working with children in care. European perspectives*. Berkshire: Open University Press.
- Slot, W., & Spanjaard, H. (2008). *Competentievergroting in de residentiële jeugdzorg. Hulpverlening voor kinderen en jongeren in tehuizen* [Enhancing competencies in residential youth care. Supporting children and youth in residential settings]. Amersfoort: ThiemeMeulenhoff bv.
- Smith, M. (2009). *Rethinking residential child care: Positive perspectives*. Bristol: The Policy Press.
- Thoburn, J. (2010). Achieving safety, stability and belonging for children in out-of-home care: The search for 'what works' across national boundaries. *International Journal of Child and Family Welfare*, 13(1/2), 34-48.
- Trieschman, A. E., Whittaker, J. K., & Brendtro, L. K. (1969). *The other 23 hours. Child-care work with emotionally disturbed children in a therapeutic milieu*. New York: Aldine de Gruyter.



- Van der Harten, M., & Van Rijn, E. (eds.) (2008). *Behandelend opvoeden. Groepswerk in de kind- en jeugdpsychiatrische zorg [Child rearing with treatment. Group work in child and adolescent psychiatry]*. Assen: Van Gorcum.
- Van der Ploeg, J. D. (2003). De leefgroep als opvoedingsmiddel [The residential group as a pedagogical remedy]. In J. D. van der Ploeg (ed.), *Knelpunten in de jeugdzorg. Onderbelichte onderwerpen* (pp. 132-145). Rotterdam: Lemniscaat.
- Van Erve, N., Poiesz, M., & Veerman, J. W. (2005). Bejegening van cliënten in de jeugdzorg. Een onderzoek naar relevante aspecten [Treatment of clients in child and youth care. A study of relevant aspects]. *Kind en Adolescent*, 26, 83-90.
- Veerman, J. W. (2005). Wetenschappelijk onderzoek [Scientific research]. In J. Hermanns, C. van Nijnatten, F. Verheij, & M. Reuling (eds.), *Handboek jeugdzorg, Deel 1, Stromingen en specifieke doelgroepen* (pp. 75-93). Houten: Bohn Stafleu van Loghum.
- Ward, H., Skuse, T., & Munro, E. R. (2005). 'The best of times, the worst of times': Young people's views of care and accommodation. *Adoption and Fostering*, 29, 8-17.
- Webb, N. B. (ed.) (2006). *Working with traumatized youth in child welfare*. New York: The Guilford Press.
- Whittaker, J. W., Del Valle, J. F., & Holmes, L. (eds.) (2014). *Therapeutic residential care with children and youth: Developing evidence-based international practice*. London/Philadelphia: Jessica Kingsley Publishers.



## Appendix

### Interview questions for group care worker

- 1 Can you present yourself?
- 2 How does a day in the group look like (structure, organization, activities)?
- 3 What is according to you the function of the group? Do you believe the function has been evolving during the last years? How?
- 4 What should according to you be the focus of group care work?
- 5 Is there a discrepancy between how you actually can do your job and how you ideally would like to do your job? If yes, can you explain? What would be the reason of this discrepancy?
- 6 How do they manage conflicts in your group?
- 7 What should according to you be the aim of group work in residential care for children and adolescents?
- 8 Is your work in the group (keeping discipline and structure, providing emotional support, being an authentic caregiver to the child, stimulating autonomy) threatened by the composition of the group / by requirements other than pedagogical? If yes, can you explain?

### Interview questions for senior worker

- 1 Can you describe your job? Has the content of your job been evolving during the last years? In which sense?
- 2 What is the underlying theoretical model in your organization with regard to group care work? Has there been a change in model during the last years? If yes, can you explain?
- 3 What is according to you the function of the group? Do you believe the function has been evolving during the last years? How?
- 4 Can you tell about the formation and training programmes in your organization? Have needs of staff been changing during the last years? If yes, can you explain?
- 5 What is the impact of policy on group care work in your organization?
- 6 What should according to you be the aim of group work in residential care for children and adolescents?
- 7 Is your work in the group (keeping discipline and structure, providing emotional support, being an authentic caregiver to the child, stimulating autonomy) threatened by the composition of the group / by requirements other than pedagogical? If yes, can you explain?