

## **'Nae too Bad': Job Satisfaction and Staff Morale in Scottish Residential Child Care**

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### **Introduction**

In 2003, the National Children's Bureau and the Social Education Trust published a report - *Better Than You Think* - on staff morale, qualifications and retention in residential child care in England (Mainey, 2003a; Mainey, 2003b). It found that levels of morale and job satisfaction were not low despite the adverse environment in which residential care operates. Residential care in the modern world is intended to be mainly a temporary placement for some of the most demanding young people who need to be looked after and accommodated. The sector also continues to struggle with the aftermath of a number of high profile public inquiries of the abuse of children and young people in residential care (Kent, 1997; Marshall, Jamieson & Finlayson, 1999; Utting, 1997; Waterhouse, 2000). Residential child care in Scotland is under pressure to improve standards of care in a climate of negative media attention and public suspicion. It was in this context that the Social Education Trust funded a parallel study of job satisfaction and staff morale in Scotland (Milligan, Kendrick & Avan, 2004).

### **The research**

In order to aid comparison, the Scottish research followed closely the design of the English study. Some differences had to be taken into account. For example, the English survey only involved children's homes while residential schools were included in Scotland. Training and qualifications are different in the two countries and the questionnaire had to be amended for this. We also took the opportunity to include questions related to the provision of Scottish Institute for Residential Child Care (SIRCC) services.

A fifty per cent random sample of residential child care establishments was selected (116) and staff lists were requested. Lists were returned from 64 residential establishments (55 per cent) and 1,490 managers and staff were

sent questionnaires in February 2004. In total, 402 staff from across Scotland returned questionnaires; a response rate of 27 per cent. 315 care staff responded, as did 87 managers or deputy managers, from 56 separate residential establishments. 254 respondents (63 per cent) worked in local authority establishments and 136 respondents (34 per cent) worked in voluntary/private establishments.

Thirty-two semi-structured telephone interviews were carried out in April and May of 2004 and these allowed residential staff to go into more details about aspects covered in the survey questionnaire.

Finally, in August 2004, two interactive seminar workshops were held involving 50 participants. Participants were invited to address the key themes arising from the research, suggest further avenues for analysis of the data, and examine the implications of the findings for policy and practice.

### **Job satisfaction and staff morale**

As in the English study, job satisfaction was measured by asking respondents to rate their satisfaction on a five-point scale ranging from 'very satisfied' to 'very dissatisfied'. Similarly, respondents were asked whether morale was 'high', 'okay' or 'low'. Although job satisfaction is closely linked to morale, the two questions measured different things. While the question about job satisfaction focused on the individual, the question about staff morale focused on the workplace. Therefore, some respondents were very satisfied with their own jobs but felt that staff morale in the workplace was low; others were dissatisfied with their own job but considered staff morale to be okay.

Almost three-quarters of respondents (74 per cent) were either satisfied or very satisfied with their job. This is similar to the English findings, although a slightly higher proportion of staff in Scotland were dissatisfied or very dissatisfied (14 per cent compared to 9 per cent). Two-thirds of Scottish residential workers (66 per cent) consider that morale in their workplace is okay or high; lower than in England (74 per cent). It is still of some concern that over one-third of respondents in the Scottish survey felt that staff morale was low. Nevertheless, these figures challenge "the widely held assumption that morale in residential child care is low" (Mainey, 2003b, p. 20).

As one respondent in our survey stated:

*Morale is still okay generally, the team is quite open and honest.*  
(Residential care worker)

It should also be recognised, however, that morale has something of a cyclical character; it can go up and down quite quickly.

*We had a change of manager and a lot of changes were made. Morale was low for everyone at that time. Now we have got used to the changes, both myself and the team. There were a lot of things like paperwork done differently, so there have been many changes and now that has been done, morale is quite high. (Residential care worker)*

Respondents were asked how important a number of factors are in determining whether a staff team has high or low morale. The five factors identified most frequently as 'very important' were: the level of support available if there are problems (94 per cent); how the team works together (91 per cent); knowing that good quality work is valued (85 per cent); the guidance given to staff about carrying out their jobs (81 per cent); and knowing a high standard of care is expected (80 per cent).

The questionnaire also posed an open question which asked respondents to describe the effect of morale on the job they did. Staff felt that morale affected enthusiasm and motivation within the team, and the quality of teamwork. The level of morale also affected the quality of care and work undertaken with young people. Staff felt that it 'rubbed off' on young people and affected their behaviour.

### *Motivation*

This study attempted to explore motivation by asking respondents to list what to them were the three most important aspects of the work. The results revealed that the three most important aspects of the job for residential workers were:

1. Residents' progress (69 per cent)
2. Pride in their job (57 per cent)
3. Teamwork (52 per cent)

The English study also identified the above three factors as the key ones, the only difference being that teamwork was the most popular response, followed by residents' progress and pride in their job (Mainey, 2003a).

We will look at these three aspects in a little more detail

### Residents' progress

*Having a good understanding of young people and how they see themselves. It is about encouragement and not being judgmental. But we don't always see the good work we have done; it is rewarding to see the progress young people can make.*

(Residential care worker)

*Building up relationships with young people is first and foremost, then creating a good care plan after that.*

(Residential care worker)

Forty-two per cent of staff considered that the statement 'the work that we do makes a positive difference to residents' lives' was 'true' and a further 55 per cent felt that it was 'sometimes true.' An open-ended question invited respondents to suggest one change which would make their job more satisfying. Most responses concerned changes to residents' progress in terms of choices, outcomes and conditions of care. The study also asked residential workers to select from a range of work-related tasks and to state whether they were involved in doing these tasks on a scale ranging from 'not at all' to 'very much'. They were also asked whether they ought to be involved in doing these tasks.

On the whole the findings paralleled the English study in that there was very little discrepancy between the tasks people were involved in and what they thought they ought to be doing.

As part of their day-to-day work, three tasks that participants were likely to be involved in on a more frequent basis (based on the number of responses to 'quite a lot' and 'very much') were:

1. Keeping order and supervision of young people/children (88 per cent)
2. Social training (86 per cent)
3. Care planning (77 per cent).

The findings did, however, reveal that participants felt they ought to be more involved in work training, family contact, therapeutic work and after care.

*I think what would help young people progress the most would be if staff could spend the time with them, but we can't. We see the difference when there are less people around, we have the time and we are not dealing with crises and that is down to numbers. We also need more staff on the unit. We are more policing the unit rather than offering care.*

(Residential care worker)

One particular finding which stands out is that only 52 per cent of respondents considered that they were involved in the children's education 'quite a lot' or 'very much'; only 62 per cent considered that they 'ought to be involved' in children's education. Given that the question about education was deliberately drawn broadly in terms of 'teaching constructive leisure use through sports and

activities, helping with homework, assisting to go to school, etc.,’ this is a concerning finding. Further work needs to be done among residential staff and managers to identify what barriers prevent them becoming more fully involved in promoting this vital aspect of children’s care. Similarly, in relation to the health of looked after children, our survey shows that only about two-thirds of workers consider that they are involved in health (68 per cent) compared to 77 per cent who thought they ought to be.

Respondents were given the opportunity to comment on their workplace by stating how true a number of statements were. Most participants felt their homes were friendly places (73 per cent) and that families were at ease when visiting (59 per cent).

Despite these positive aspects, however, 59 per cent of staff considered that the statement, ‘residents verbally and/or physically abuse staff’ was ‘true’ and a further 39 per cent said that it was ‘sometimes true.’ The effect of aggressive and violent behaviour by young people towards staff was raised by a number of interviewees as something that impinged negatively on morale.

*I don’t think there is enough time for staff to recover from dealing with aggression in the work place: verbal, threats and assault. These forms of aggression happen a lot... We must put the needs of the child first in this work but what we don’t do enough of is take care of the emotional well being of residential child care workers.*

(Residential care worker)

### Pride in the job

Most care staff felt a sense of pride about their work and this was reflected in the fact that 88 per cent stated they were happy to tell others where they worked. Fifty-three per cent said they were reluctant to leave residential care work and over three quarters of the respondents (77 per cent) said they had no intentions of leaving their work in the next 12 months.

*As long as people get a clear message about what this work is. I have high morale and high standards. This isn’t just a job. It has to be a commitment. It is not just any job. We need people with stability in this job because the young people have so many people coming in and out. People should know that it is not an easy job but there are rewards. The rewards are to see that the young people are happy and feel safe; it is making a difference.*

(Residential care worker)

Pride in the job was closely linked to the commitment to children and young people and to help them to progress.

*We are first of all role models. If we are seen as stable and share our life experiences it helps motivate the young people. Encouraging them to stay on at school, setting small goals, treating them as individuals.*  
(Residential care worker)

### Teamwork

*Morale is okay. There is a pleasant atmosphere now, before morale was low... and people were applying for other jobs. But now there is good teamwork, there is a positive feel and people are engaged in training.*  
(Residential care worker)

The importance of teamwork has emerged as a major factor in this study. It is not just the fact that teams exist, and that residential practitioners spend a great deal of their time working directly alongside at least one colleague, but it is clear that a good team experience is one of the factors which makes the job enjoyable and contributes significantly to the level of morale. Strong teams are also able to help members withstand challenging behaviour and other stresses, although it was also clear from many respondents that if the stresses were too great then teamwork suffered and consequently morale dropped. Many respondents felt this had a very direct impact on the children and young people.

In general, workers see the residential unit staff, and sometimes their shift group, as the team. They do not think of the team as including social workers or other professionals. In general, many of the interviewees linked the factor of feeling valued (or not) by managers as central to functioning better as a team, and when this happens then team members are better able to support each other. Some also spoke of teamwork as including the capacity to respect differences of opinion, but also subordinated this to the need to focus on the needs of the children and young people. Most of the managers agreed that staff had a common approach to work (77 per cent), were actively involved in decisions about how the establishment operated (71 per cent) and worked well as a team (76 per cent).

One residential worker defined good teamwork succinctly:

*Wanting to do the best possible for kids - differences aside.*  
(Residential care worker)

Furthermore, the findings indicated that relationships with others in the team and levels of support, from managers for example, are key elements to high

morale. The values and norms of the main groups that people belong to serve to act as an important benchmark for a person in evaluating his/her own behaviour or quality of work.

### Support and management

Given the importance which has been placed on congruence of goals (Anglin, 2002), it was good to see that the overwhelming majority of care staff (92 per cent) felt there was clarity about their role and that this contributed to the overall aims of the organisation. Research has also highlighted the crucial role of the manager in relation to quality residential child care (Brown, Bullock, Hobson & Little, 1998; Whitaker, Archer & Hicks, 1998). Approximately three-quarters of the care staff felt that their manager listened to them, recognised their contribution (73 per cent), supported them in improving performance (76 per cent) and was in touch with what goes on in the establishment (78 per cent). Over four-fifths felt that their manager was approachable with work-related problems (85 per cent). One respondent stated that:

*The unit manager is very helpful, supportive and encourages us just to keep doing better. And the manager empowers staff, we are not just told what to do... We feel we are working together and the manager is reliable and takes our concerns seriously. Everyone, including the manager, works well together; it is really democratic. The manager can be firm but fair.*

(Residential care worker)

Not all staff had such a positive view, however:

*Basically, managers need to know how to manage people first. We need to know when we do a good job as well. In 20 years of this work, I have never been told I do a good job—once in a while you need to hear when you are doing it right.*

(Residential care worker)

On the whole, most participants thought that support systems and practices at their workplaces did help. Informal systems of support were identified as being more helpful; 97 per cent of the participants felt that informal discussions with colleagues were 'helpful' or 'very helpful' and 91 per cent felt informal supervision sessions were 'helpful' or 'very helpful'.

*A good changeover is the most important part of the shift.*

(Residential care worker)

Staff meetings (91 per cent) and more formal individual supervision sessions (87 per cent) were also viewed as 'helpful' or 'very helpful'.

Supervision, however, is one of those aspects of the job which seems to be frequently cancelled under the pressures of work. It is very disappointing that our survey found that less than half (48 per cent) of the respondents had had supervision in the last month.

*I am supposed to have supervision regularly but it doesn't happen. When people are tired and stressed they are less likely to get supervision and too tired to push to get it.*  
(Residential care worker)

Staff meetings were clearly much better established, with 80 per cent reporting that they attended formal staff meetings at least once a month.

### **Training, qualifications and the Scottish Institute for Residential Child Care**

Over many years, there has been a recognition of the need to improve the training and qualifications of residential child care staff. In 2003, the Scottish Social Services Council announced the qualifications criteria for registration of residential child care staff. There was a balance between vocational, academic and professional qualifications for staff. In the same year, the Scottish Institute for Residential Child Care carried out a second audit of the qualifications of residential child care staff in Scotland. The audit found that just over half of staff (51 per cent) had at least one care qualification. When the figures were analysed against the qualifications criteria, it was found that only 7 per cent of managers were qualified because although the majority (73 per cent) had a relevant care qualification, few had the necessary management award. Thirty per cent of supervisors were qualified. Only 16 per cent of care workers were qualified although 27 per cent were partly qualified by having either HNC or SVQ Level 3 (Scottish Institute for Residential Child Care, 2004).

In this study, just under three-quarters of the respondents had some form of relevant qualification. This is significantly higher than the figure in the SIRCC qualifications audit. There are two possible explanations for this. The first is that a significant number of residential care staff have achieved qualifications in the nine months between the two studies. The second is that, given the different methodologies of the two studies, the respondents to the current study tended to be more highly qualified. It is probable that the higher figures are due to a combination of these two factors.

When we looked at qualifications on the basis of whether the respondents would meet the criteria for registration with Scottish Social Services Council, we found that there were marked differences depending upon the different roles. This is similar to the SIRCC qualifications audit. Overall, more than a quarter of care staff have the qualifications necessary to register, compared to



16 per cent in the SIRCC qualification audit. Almost a half of the supervisors were registrable compared to less than a third in the SIRCC audit. The figures for managers were very low in the two studies because they did not hold the necessary management qualification.

Overall, respondents perceived training in a positive way, with many feeling that their managers were committed to their training and development (77 per cent). The respondents were also keen to update their skills (83 per cent) and viewed training as relevant (87 per cent) and integral to their jobs (74 per cent). Twenty-one percent of the respondents felt they had not received sufficient training and 23 per cent were not sure.

*I think the HNC gave me a better understanding of this work. I have more in-depth knowledge of what I do and why. SVQ wasn't so much about learning, it was about documenting what I already knew.*

(Residential care worker)

*The skill base of the team doesn't match the level of need and challenges of the young people. The team doesn't have the chance to get the training they need, although it has got a little better in terms of access to training.* (Manager)

The national survey provided an ideal opportunity to gauge the extent to which the services provided by the Scottish Institute for Residential Child Care (SIRCC) were being used by residential child care staff. Over half the respondents had been on short courses (55 per cent) and read the journal (54 per cent); almost a half had attended seminars or conferences (44 per cent); over one quarter had used the library and information services (27 per cent); and one in six was involved in other courses (HNC, BA/DipSW, MSc) (17 per cent). Managers, in particular, have used SIRCC services extensively. The respondents who had used SIRCC services rated them very positively. The percentage of respondents who considered them 'helpful' or 'very helpful' was: conferences/seminars (93 per cent); short courses (93 per cent); other courses (93 per cent); library and information services (95 per cent); journal (95 per cent).

## Conclusion

This research shows that despite the trials and tribulations of the residential child care sector, there is a strong sense of commitment on the part of staff. The majority of workers are satisfied with their jobs and staff morale is not as poor as one might have feared. One theme that emerged from the research was that the sector needs a greater sense of clarity about what it is doing; a greater sense of direction and of being valued. There was a strong desire to see things improve.

Respondents identified ‘good team working’ as one of the most important aspects of the job. Many respondents felt the quality of the teamwork had a very direct impact on the children and young people. The prominence of this issue in the research suggests that those responsible for teams, both unit managers and external managers, should make specific plans to promote and enhance good team working.

The study shows that there continue to be major issues about training in connection with the registration process and at the level of improving practice. The commitment from staff is evident, but there are issues about how well learning can be put into practice and whether the current focus on training is really equipping staff with the level of skill needed to deal with some extremely ‘needy’ children and young people.

As has been seen, ‘the residents’ progress’ was the item that was most frequently cited as a source of job satisfaction, yet the research also elicited many comments which indicated that workers were frustrated at what they saw as the lack of resources, or the lack of *appropriate* resources to meet children’s and young people’s needs. The survey shows that, generally, staff recognise the needs of the young people and want to do better. Attention does need to be paid to what particular forms of care are needed and how establishments can work more therapeutically with young people. More concerning, however, was the level of priority given to the education of children and young people.

Residential staff are a crucial element in the provision of high quality residential care for children and young people. It is vital that staff and managers are given the support and development opportunities they need in order to meet the needs of children and young people in their care.

*We need support and the kids need more support too.*  
(Residential care worker)

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