

A Commitment to Care: Residential Child Care Work in England

Amanda Mainey

Research Officer, National Children's Bureau

Introduction

Residential child care is a valuable and complex job. It requires a wide range of skills, and can make a huge difference to the lives of some of our most vulnerable young people. So why are there high levels of vacancies and staff turnover in residential child care homes across England? Why does the view persist that residential child care is the 'Cinderella' of social care work?

The residential child care workforce has long suffered from the perception that it is underskilled and not working as effectively as it should to achieve desired outcomes for children and young people. Numerous scandals and inquiries have brought difficulties in residential child care to public attention (for example, Howe, 1992; Levy and Kahan, 1991; Utting, 1991, 1997). A continuous theme in reports from inquiries has been the need to challenge negative perceptions about the residential care workforce, to improve its status, and develop staff. Media attention to these issues and current recruitment crises in the social care sector have exacerbated the level of public concern and perception that residential child care is both unsatisfying and unsatisfactory.

The residential child care sector has recently undergone much change, with the introduction of several initiatives to implement standards and develop the workforce. All children's homes are regulated by the National Care Standards Commission (NCSC) to ensure that they are 'fit for purpose' and meet national minimum standards set by the Secretary of State for Health. This is supported by a national training strategy and workforce planning rolled out by Topps England. The General Social Care Council (GSCC) will regulate social work education and training, set out codes of practice for social care workers and employers, and register the workforce to ensure that workers are fit to practice. In addition the Social Care Institute for Excellence (SCIE) aims to disseminate information about good practice in social care (Department of Health, 2002). The establishment of these organisations and initiatives aims to improve the quality of residential care for young people and staff. Nevertheless, the residential child care sector is currently experiencing great difficulties in retaining and recruiting staff, as is the social care sector as a whole (Audit Commission, 2002), and the perception persists that residential child care workers are suffering from low morale.

The National Children's Bureau (NCB), commissioned by the Social Education Trust, recently undertook research to investigate the state of morale among residential child care workers and to explore the factors staff believe are associated with morale and retention in residential child care in England (Mainey, 2003).

The project built on existing knowledge of residential care work and staffing issues. The various research projects commissioned by the Department of Health in the 1990s have provided great insight into staffing issues in residential care (Department of Health, 1998) while numerous reports from inquiries have added much to the body of knowledge in this sector. However, not a lot of work has been carried out in this field recently. In addition, the introduction of recent initiatives makes this a crucial time for the sector.

The research study

The research aimed to assess the current state of morale, to examine the factors staff believe deplete or promote morale in the sector, and to investigate the relationship between morale, qualifications and retention. The project aimed to explore these issues with staff themselves, in order to explore the everyday reality of working in residential child care.

The project involved both a large national survey of children's homes and interviews with a number of survey respondents. A random sample of residential child care homes in England was selected to represent both geographical locations of homes and their type of provision. Staff in 76 homes were sent one of two questionnaires: one for completion by care staff, and one for managers or deputy managers.

There was a 33 per cent response rate to the survey, which is an acceptable rate for a postal survey of this type. A total of 408 staff in 69 homes returned their completed questionnaires. A stratified sample of respondents was then selected, based on geographical location, job role, sector and respondents' reports of morale. Thirty-two respondents were interviewed in more depth about some of the issues arising from the survey responses.

As a final stage in the research, the project team discussed the findings from the survey and interviews with practitioners and managers at regional seminars in order to explore the implications of workers' responses.

Staff across all sectors responded to the survey, including statutory, private and voluntary provision. Most were from homes in the statutory sector, and the breakdown of responses largely reflects the ratio of provision in residential child care. Respondents included 90 managers or deputy managers and 318

care staff across all positions, including residential social workers, team leaders and night staff.

The research asked staff about a wide range of issues, including the current state of morale in their homes, causes and impacts of changes in morale, job satisfaction, managerial approaches, information systems and support, training, qualifications and future plans.

Staff morale in children's homes today

The survey asked staff to indicate whether morale was high, OK or low in their homes at the time they completed the questionnaire. Nearly three quarters reported that morale is either high or OK, with just over a quarter indicating it is low. This challenges the widely held assumption that morale in residential child care is low.

However, reports of morale varied depending on respondents' roles. Managers were slightly more likely to report high morale than others, while deputy managers were the least likely. It may be that this arises from the inherent responsibilities of each role, such as that of deputy managers for handling most staffing issues and complaints. Nevertheless, care staff reported low morale more often than those in any management position.

Overall, however, staff described a positive picture of their work with regard to staff morale. In addition, three quarters said they were either satisfied or very satisfied with their work, while only nine per cent indicated dissatisfaction. However, respondents reported that when morale is low, it is detrimental in a number of ways. Predominantly it impacts negatively on the quality of the work being carried out with young people, both in terms of the enthusiasm and motivation of staff, and with regard to young people's behaviour and attitude.

Staff were asked to consider a list of factors which have been shown in previous studies to impact on the state of morale in residential care homes. While staff agreed that all of these factors are important, they identified the three factors which are most effective in raising morale as how the team works together, the level of support available to them, and knowing that good quality work is valued.

Teamwork

The importance of teamwork is one of the strongest issues to emerge from the research, identified by respondents as a vital component in all aspects of their work. Teamwork is a key ingredient in creating good morale and enabling

the provision of good quality care. However, when morale is low, teamwork is reduced, sometimes greatly. This creates stress and increased workloads for some staff, and ultimately impacts on the quality of the care provided to young people. Of course, this situation is self-perpetuating: low morale decreases teamwork, and good teamwork is one of the things needed for high morale. This suggests that a concerted effort is required in order to raise morale and teamwork once more. The level of teamwork is also affected by staffing levels, managerial style, and specific strategies to encourage good teamwork, such as team-building days.

Teamwork is also one of the greatest motivating factors for respondents' work. When asked to indicate the top three factors which are important to them in their work, three quarters of respondents said teamwork was one of the most important. This was closely followed by residents' progress and pride in the work.

Interviewees were asked to discuss the factors that are most important in meeting young people's needs, and most identified the staff team as the key ingredient in good quality care provision. Interviewees said that teamwork was vital: that how a team works together has a great impact on how or whether young people's needs are met. As one residential social worker put it:

I don't really know what I'd do without teamwork because there's sometimes really difficult decisions that need to be made and no-one in my place of work ever makes decisions on their own, they ask the team who are there what they think and advise, and then ask the manager. (Residential social worker)

Interviewees identified the elements of good teamwork as consistency, communication and stability. Interestingly, staff defined the 'team' as all members of staff in a home, rather than the wider child care team. While this confirms that staff are working together within homes, it suggests that residential care staff may still be working in some isolation. This is despite a commitment to corporate parenting which was clearly visible in staff wishing for more input from other agencies, including Health and Education. Teamwork within the home is not enough: the team also needs to feel supported by other agencies and higher management within the agency.

I think the intensity of it can really give you low or high morale...our team is proactive. They are a good team yet we can still feel depressed by the general system and the lack of... for example, we will have a whole day discussing what our unit's about and what it will offer, how it will suit the child, what areas it would aim to meet and then we will be directed to take a child who is totally unsuitable. (Residential social worker)

Information and support

There are a number of established practices within homes to ensure information sharing, communication and support. Respondents indicated that they frequently take part in a range of information sharing practices such as staff meetings, and talking with social workers and other professionals. While staff, however, were generally very positive about the usefulness of the various mechanisms available to them, they identified informal discussions with colleagues as the most helpful informal sharing practice. Staff taking part in interviews defined informal discussions as those which take place during hand-overs and occasional spontaneous conversations. Both managers and care staff said that these discussions are very useful in providing support to colleagues and sharing information and ideas. As one residential social worker said:

You might find somebody else that has a really good suggestion for keeping your hands off someone's neck the next day! (Residential social worker)

Staff use informal discussion as a mechanism for reflection on their work, about difficulties they have experienced, what has worked well with a particular child and any other information which, when shared, may be beneficial to their work.

The vast majority of respondents also reported that they can talk to colleagues about work-related problems, and three-quarters said staff work well as a team and have a common approach.

Staff painted a fairly positive picture about information. Most staff felt they have enough information to carry out their jobs effectively and that they know the aims and objectives of their home and how their role contributes to meeting these.

Knowing good quality is valued

The majority of respondents also reported positive management styles within their homes. Overall, managers keep their staff informed about changes taking place, are supportive and listen to staff, are in touch with what happens in the home and recognise staff contributions.

However, while identifying a number of good managerial practices, care staff indicated that managers' actions and approaches do have a great impact on how staff feel and perform. Care staff would like managers to acknowledge their efforts and provide more feedback on their work. Staff sometimes felt as though they were putting a lot of effort into their work, with little acknowledgement that

this is appreciated. In addition, they suggested that communication between homes and higher management within the agency could be improved, and that both sets of managers should be more active in facilitating good relations. In particular, staff would like higher management to be more aware of the work being undertaken within the home.

Commitment to meeting young people's needs

Staff and managers are clearly committed to their work, and aiming to achieve the best possible outcomes for young people in their care. Respondents identified that a key motivation for their work is residents' progress and nearly all staff believe they have a positive impact on residents' lives. When asked to identify one change that would make their jobs more satisfying, respondents suggested a range of changes in the conditions and outcomes for young people, such as improved leisure facilities, or more contact between young people and their social workers.

Staff indicated that while they are working hard to provide good quality care to young people, a lack of provision in other areas sometimes hinders what can be achieved. In particular, limited contact with field social workers, difficulties in quality and access to education, and a lack of foster carers all contribute to slowing down the progress which staff believe some young people would otherwise make.

To be honest, our young people are given an education which for me doesn't set them up to get a job or things like that and a lot of them are 16 and have a standard of education of a six year old. If it were my son then I would have something to say... They need more education staff to provide more one-to-one work and tailor each package to each person. (Residential social worker)

It is very clear throughout the research that most residential care staff are committed to their work. Staff reported undertaking tasks in addition to those required, occasionally outside paid hours, and are highly motivated by assisting young people to achieve their goals. As one senior residential social worker said:

Residential care, you either love it or you hate it. There is no in-between.
(Senior residential social worker)

However, although the majority of respondents were clearly committed to their work and would be reluctant to leave residential child care, nearly a quarter of respondents reported they are not sure they will still be working in residential child care sector in 12 months' time.

The way forward

Overall, the research presents a fairly positive picture of residential child care work today. Despite many recent changes, the low profile of the sector and the inherent difficulty of the tasks undertaken, staff morale does not appear to be as low as previously assumed. In places morale is high, and when it is high, staff indicate that this may lead to better care for children and young people. Nonetheless, the research suggests that several issues relating to both policy and practice need further consideration.

The strongest message from the research was that staff are striving to provide the best possible care for young people they work with, despite external restraints. Interviewees spoke of the satisfaction of working with individual children and seeing their progress or return to families. On the other hand, some pointed to cases where children did not appear to receive the highest quality of care because of lack of contact with social workers, difficulties accessing education, inappropriate placements, and a lack of priority by external agencies around the needs of children in residential care. Staff were clear that training and skill development is necessary in order to equip them to contribute to positive outcomes for young people. However, it also requires recognition by other agencies and the wider community of the crucial role of residential care in generating those outcomes.

Teamwork was identified as a crucial component in high quality care. However, there appear to be few strategies in place within homes which specifically promote close teamwork. Staff meetings are necessarily focussed on children's needs and resource constraints mean that teambuilding days are usually rare events. The importance of teamwork does not currently receive great emphasis within national standards or training strategies. This research suggests that development of the workforce may benefit from examining the social pedagogical model of training used in Europe, in particular its acknowledgement of teamwork as a crucial component in effective practice. Group supervision and training could be used to promote good teamwork within homes; however, additional strategies may be required in order to encourage the wider childcare team to work together to meet the child's needs.

While staff recognised that training and skill development is necessary in order to enable them to work productively with young people, the research raises the question of what is an appropriate level of training for residential workers. Currently much of the training emphasis within homes in England is on NVQ 3 in Caring for Children and Young People. The requirement that staff hold the NVQ is a positive step in professionalising the residential child care workforce; however, the current focus on basic level training, albeit temporary, is sometimes to the detriment of those requiring more advanced or specialist training. In addition, it is currently unclear what the next steps are for those staff members

who wish further to develop their residential care skills in a professional and recognised programme.

Furthermore, the question is raised about the appropriateness of basic skill training taking place after recruitment to a residential care post. Induction training is a valuable requirement for new workers in residential child care homes, and often a necessity given difficulties in maintaining adequate staffing levels. What other profession does not require prerequisite training before working with groups of very vulnerable and often demanding young people? The need for a clear workforce development plan is unquestionable, to enable staff to carry out the work they see is needed by young people and increase the status and profile of the profession itself.

The research findings challenge the perception that residential child care workers are suffering from low morale. It has explored the reality of working in children's homes as experienced by care staff and their managers, and found that most staff are satisfied with their jobs and committed to staying in a job they see as both valuable and rewarding. The discovery that morale in the residential child care sector is not as low as previously believed should encourage managers and staff alike. It should also be noted that staff are working proactively, and with great commitment in a sometimes stressful and difficult field. They want and require support and recognition in order to be able to provide the type of care from which they believe young people will benefit. The children and young people in residential child care deserve the best possible care, and residential staff are keenly motivated to provide this, given appropriate opportunities to do so.

References

Audit Commission (2002). *Recruitment and retention: A public service workforce for the twenty-first century*. London: Audit Commission.

Department of Health (1998). *Caring for children away from home: Messages from research*. Chichester: John Wiley & Sons.

Department of Health (2002). *Quality in social care: The National Institutional Framework*. London: Department of Health.

Howe, Lady (1992) *The Quality of Care: Report of the Residential Staffs Inquiry*. London: Local Government Management Board.

Levy, A. & Kahan, B. (1991). *The pindown experience and the protection of children: The report of the Staffordshire child care inquiry 1990*. Stafford: Staffordshire County Council.

Mainey, A. (2003). *Better than you think: Staff morale, qualifications and retention in residential child care*. London: National Children's Bureau.

Utting, W. (1991). *Children in the public care: A review of residential child care*. London: Department of Health.

Utting, W. (1997). *People like us: The report of the review of the safeguards for children living away from home*. London: Department of Health.

This work is licensed under a Strath-one Licence