ABSTRACT

WORKING IN RESIDENTIAL CHILDCARE: WHAT ARE THE CHALLENGES AND THE REWARDS?

by Alanna Wissel

As several studies have shown; stress, burn out, and turn over are frequent issues among residential childcare facilities. Few studies reveal the positive aspects of the field. This qualitative study revealed both the challenges and the rewards among residential childcare workers. Four residential childcare workers from one facility participated in this study through semi-structured interviews asking questions regarding the positive and negative aspects of their line of work. Using grounded theory, four themes emerged including “impacting the lives of children”, “conflict with staff”, “length of shifts”, and “not being listened to”. Two concepts were uncovered with one centering on the worker’s desire to work with youth and the second revolving around the difference between experienced and inexperienced worker’s concerns. Findings for application and future research were also discussed.
WORKING IN RESIDENTIAL CHILDCARE:
WHAT ARE THE CHALLENGES AND THE REWARDS?

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Introduction

House parents, youth counselors, resident counselors, psychiatric technicians, home parents, teaching parents, or house managers; regardless of the title, residential childcare workers or RCWs have one thing in common: to care for children in a residential setting (Bertolino & Thompson, 1999; Hyde, 2001). As one can easily guess, working with children with various past experiences and backgrounds is not an easy task (Whitaker, Archer, & Hicks). Furthermore, there are concerns beyond working with children, examples include low pay, not having enough resources, and high turnover which as numerous studies revealed, is a huge concern for RCWs (Seti, 2007; Whitaker, et al, 1998).

Many studies have been completed on the stressors that residential childcare workers often face. One study by Morch, Robinson, & Neuner (1993) revealed areas that caused stress among residential childcare workers which included children’s behavior, issues of inadequate staffing, undesirable schedules, and low pay. Another study by Del Valle & Bravo (2007) identified causes of stress and burn out and found that the most problematic areas of residential childcare were related to fatigue, job conditions, and job responsibility. Yet another study found 12 sources of stress including caring for children with a wide range of problems, lack of control, not having enough resources, feeling powerless, and high staff turnover or having a large number of employees leave (Whitaker, et al, 1998).

One multi-cultural study was conducted on residential childcare workers and burn out, which is the feeling of being over worked, revealed interesting results in three areas related to this topic (Savicki, 2002). This study showed that the United States had the highest mark for emotional exhaustion, meaning that the RCWs felt that they did not have any control (Savicki, 2002). Yet, another study on burn out and compassion fatigue surveyed 57 residential childcare workers (Eastwood & Ecklund, 2008). Compassion fatigue is described as exposure to traumatic material by providing help to victims and also includes the sense of helplessness, isolation, and confusion. The study found a higher burn out level predicts an increased chance of a higher level of compassion fatigue risk; while higher levels of feelings of being supported outside of work and reading for pleasure both predict a lower level of job satisfaction risk. The study also found that staff perceived themselves as less successful in their self-care strategies and perceive themselves as not spending sufficient time with their families reported higher levels of burn out. It was also found that staff who perceived themselves as stressed reported higher levels of burn out.
Another study surveyed residential staff including residential childcare workers on burn out and reciprocity (an unbalanced working relationship) (Rose, Madurai, Thomas, Duffy & Oyebode, 2010). This study found significant associations between lack of reciprocity, stress, and lack of control (Rose, et. al., 2010). The results from the study also supported the notion that organizational factors can have a more significant impact on stress and burn out in direct care staff than resident-related factors such as challenging behavior (Rose, et. al. 2010). Turnover, which is the amount of staff that leave in a given period, is also an area of concern among staff and residential childcare facilities (Colton & Roberts, (2006). A study conducted by Colton and Roberts (2006) revealed that turnover is a huge concern due to the increase in emotional and behavioral problems of the children and teenagers in care. The study also found that turnover was high because the staff needed more support such as better training and supervision. Staff selection also played a role in turnover rates. The study stated that if facilities were selective and gave realistic expectations during the hiring process, that turnover rates would decrease. Using burn out as a main topic, Chakrabarti and Heron (2002) examined the perceptions and attitudes of residential childcare workers regarding the tasks they undertake in a qualitative study. This study showed that the majority of staff felt that they could not always give the children in their care quality time due to administrative tasks that needed to be completed. The study also found that staff did not have a positive opinion of their management or social workers. Staff felt that management did not give them much feedback or when management did, it focused on the negative aspects of their work as opposed to praise. Staff also felt that social workers did not listen to them because of their lack of educational qualifications. Interesting enough, staff felt devalued by their co-workers. Due to the negative views of residential childcare workers, the authors of this study even questioned the value of residential childcare work (Chakrabarti and Heron, 2002). Although it is important to research the stress and negative aspects of the profession, what about the positives?

Although research consistently reveals the hardships of the profession, it often fails to reveal the rewards, benefits, and motivations. If both negative and positive sides of residential childcare were equally researched it would not only give a more balanced view of the profession but also could encourage residential childcare workers and their facilities to improve. This study aims to not only reveal the stressors of working in the residential childcare field, but the positive aspects.
Literature Review

Residential childcare has changed greatly since its start almost three hundred years ago, however its main purpose has stayed the same: to care for children who have nowhere else to go (Gates, 1994).

History of Residential Childcare in the United States

Before 1800, only six institutions for children in the United States existed (Tiffin, 1982). Children who were orphaned or abandoned were taken in by extended family members or by charitable and religious groups before residential childcare became widely available (Gates, 1994; Savicki, 2002). After the revolutionary war, a new movement began placing children in orphanages, houses of refuge or reformatories, and other institutions specifically for children. (Courtney & Iwaniec, 2009). Orphanages were used for children whose parents could not care for them. Due to changes in culture such as the start of the industrial revolution, the need for residential childcare continued to grow (Savicki, 2002). Impacting children and families, the industrial revolution expanded poverty, created long working hours for parents, and increased crime and poor living conditions all of which made life more difficult (Schmidt, 2011). During the 1800s and early 1900s most residential childcare took place in large facilities with the quality of care ranging from poor to good (Savicki, 2002). During the 1830s, orphan asylums became a popular method of caring for dependent children particular after epidemics (Courtney & Iwaniec, 2009). From 1830 to 1860, the number of orphan asylums increased from 33 to nearly 200. Most of these orphan asylums were affiliated with religious groups. Although the use of orphan asylums was spreading, orphanages was the most common type of institution for dependent children. New York State alone had 27 orphanages, both public and private; yet still had orphans who needed shelter (Gates, 1994). During this time, a shift in residential childcare started taking place, when reformatories that were typically used for children who were not juvenile delinquents, started taking in youth classified as such (Courtney & Iwaniec, 2009). In 1855, New York state starting sending children to Midwest farms, starting a new alternative to residential care. However, families who had no choice but to send their children to an out-of-home placement typically chose an institution as opposed to a Midwest farm in order to be close to their child. The number of orphanages continued to increase from 170 before the civil war to 600 by 1890. In 1910, the census showed that 111,514 children lived in 1,151 institutions with 836 being orphanages. During the 1920s, institutions began changing their
approach toward the treatment of children to a more integrative one. Where once these institutions kept children apart from the rest of the world, institutions started allowing the children to attend public school and church organizations. After World War II Fritz Redl, Bruno Bettelheim, and Al Treischman, among others created philosophies around the therapeutic milieu model which believed that “disturbed” children should live in a “normal” yet also therapeutic setting (Savicki, 2002; Beker, 2001). These men and others also defended the idea that child and youth care work is a distinct field (Savicki, 2002). During the 1950’s and 1960’s, residential childcare facilities changed again and turned their focus from orphans to children with emotional and behavioral issues due to the use of foster care and adoption (Bertolino & Thompson, 1999). This change also occurred due to the decrease in the number of orphans and the spreading belief that children belong in families (Weisman, 1994). Residential childcare facilities of today serve a variety of children with different needs and backgrounds (Hyde, 2001).

Religious Involvement

Since the start of residential childcare, religious involvement has been a part of its history (Courtney & Iwaniec, 2009). During the 1700s, religious organizations were the primary source of most institutions. During this time, most institutions were protestant although Catholics and Jewish institutions were soon established in several American cities. These institutions were privately operated, therefore the government had very little involvement. These institutions’ primary purpose was to educate and provide religious training to the children in care; taking children whose parents were not adequately caring for them. During the end of the 1700s, the views of children in care started to change, as they were viewed more vulnerable than adults. Children in care were now being chosen for their services, most likely as a way to provide social protection for the future. During the 1800s, the expansion of soldier’s orphan’s homes opened mainly due to children becoming orphaned or half-orphaned because of the civil war. At the forefront of these homes was the Catholic Church. Nearly, half of the approximate 50,000 children in care were in Catholic Institutions. Towards the end of the 1800s, state involvement began to increase as several states funded private institutions. By the turn of the century, four types of dependent children’s institutions appeared: publicly subsidized private institutions, county based institutions, state institutions, and private institutions. Until the 1920s, there were more children in residential care than foster care. Although living conditions differed among institutions due to varying funding, the quality of life improved during the progressive era. Children were starting to enter the public school
system and joining church organizations. However, a huge change in 1935 occurred, where the government started giving financial aid to needy families, which meant less funds to institutions. By 1958 there were more dependent children in foster care than in residential care. Despite the drop in residential childcare, the use of residential childcare persisted. Currently, residential childcare continues to be supported by governmental, voluntary, not-for-profit, and private organizations; most of which are ministries of various Christian organizations and denominations (Courtney & Iwaniec, 2009; Hyde, 2001).

*Types of Residential Facilities*

Residential childcare and current treatment services are provided by public, private nonprofit, and private for-profit child welfare organizations (Bullard, Owens, Richmond, Alwon, 2010). Residential childcare facilities are housed in different arrangements including inpatient psychiatric hospitals and units, transitional and independent living programs, community group homes, campus group homes, and wilderness treatment programs (Bullard, Owens, Richmond, Alwon, 2010; Bertolino & Thompson, 1999). Residential childcare facilities, regardless of the arrangement, can provide numerous services to the children in care and their families including in-home services, counseling, education, recreation, health, nutrition, daily living/life skills, independent living skills, behavioral health care, reunification services, after care services, and advocacy (Bullard, et al, 2010).

*Children and Youth in care*

In the United States, most children and youth whose parents cannot or will not care for them are in custody of the state and enter the foster care system (Gallagher & Green, 2012). In 2011, there were 400,540 children in foster care in the United States (U.S. Department of Health and Human Services, 2012). The term foster care implies many different out-of-home care options for youth and usually youth will start out in homes of relative, known as kinship care, or non-relative foster homes (James, Leslie, Hurlburt, Slymen, Landsverk, Davis, Mathiesen & Zhang, 2006). This type of foster care is preferred by the government as it is lower in cost and less restrictive for the children. However, children and youth who are not able to go back to their previous environment often end up in a more restrictive foster care setting such as group homes, residential treatment, or inpatient psychiatric care as previously mentioned (James, et. al., 2006). The reason for the change in a more restrictive setting is the children’s characteristics or psychosocial problems that are too
much for relatives or foster parents to handle (James et. al., 2006). Out of those children in foster care, 6% were in group homes and 9% were in institutions in 2010 (U.S. States Department of Health and Human Services). Prior to foster care, these children and youth were possibly maltreated and possibly experienced violence and physical, sexual or emotional abuse or other harsh conditions in their own family homes (Gallagher & Green, 2012; Kendrick, Steckley & Lerpiniere, 2008). These children and youth may have histories of substance abuse, criminal activity, sexual offending, suicidal ideation, prior psychiatric hospitalizations, and psychotropic medication use (Baker, Kurland, Curtis, Alexander, & Papa-Lentini, 2007). According to Kendrick, Steckly and Lerpiniere (2008), “Children and young people in residential care are some of the most vulnerable in our society . . . They are separated from their families and have to cope with living in a group situation with other young people and staff members”.

**Role of the Residential Childcare Worker**

Residential childcare workers or RCWs work in different types of environments but perform the same main task: taking care of children (Bertolino & Thompson, 1999). The RCW’s job title varies. Some RCWs job titles are known as youth or resident counselors, psychiatric technicians, house parents, home parents, teaching parents, child or resident youth care workers, or house mangers (Bertolino & Thompson, 1999; Hyde, 2001). Most residential facilities require RCWs to have a college degree (. If RCWs work together as a couple, one RCW may be required to have a college degree. Other requirements include passing a background, drug, and reference check, possession of a valid drivers license with a good driving record, and CPR and first aid certifications or the ability to obtain them. Any experience of working with children is usually preferred, including raising one’s own children. Work schedules vary as well with some RCWs working short shifts while others work 24 hour, 36 hour, or even longer rotations (Bertolino & Thompson, 1999). These positions can either be shift work or live-in where the RCWs live with the children and have their own space provided by their agency (Hyde, 2001). Duties of RCWs differs among facilities but will have these factors in common: working as part of a team that may include counselors, case managers, psychologists, nurses, and other full or part time staff; being responsible for the safety and care of a specific number of youth; being responsible for household or residential duties such as supervising youth, providing emotional support and discipline, guiding unit or facility meetings, assisting with homework, and maintaining the upkeep of the facility and van; documenting the child’s progress, conducting intake assessments or interviews regarding admittance, and dealing
with the variety of crises that can arise with children and adolescents (Bertolino & Thompson, 1999; Hyde, 2001; Mabry, 2010). Other possible daily duties also include transporting children to other facilities and programs, appointments, family visits, and meetings; writing case notes; dealing with crisis or emergency hotline calls; distributing medications; and providing basic first-aid care (Bertolino & Thompson, 1999; Hyde, 2001).

The role of a residential childcare worker is influential to the children in care. Portnoy (1973) supported the idea that residential childcare workers are more influential than therapists since they have the most direct contact with the children. One important attribute for workers in residential childcare is building relationships among children in care (Moses, 2000a). “Residential treatment is not magic or medicine, nor can it be automated. It is people helping people, staff helping residents, residents helping one another” (Miskimins, 1990 p. 887).

Not only does a RCW have numerous responsibilities, including knowing how to take care of the children in their care. According to Berridge and Brodie (as cited in Heron & Chakrabati, 2002) there has been an increase in the amount of highly disturbed children and an increase in the severity of their behavior. A study by Dale, Baker, Anastasio, and Purcell (2007) found that there was an increase in the amount of children and youth with serious mental and behavior problems living in residential care by 27% in a ten year span. Another study by Lyons, Libman-Mintzer, Kisiel, & Shallcross (1998) found high rates of mental health problems among youth in 15 residential treatment centers. This study also revealed that more than 80% of the sample met the criteria for a diagnosis in at least one of the five categories on the Children's Severity of Psychiatric Illness (Lyons et. al., 1998). More than half (54.5%) of the children in the sample met the criteria for emotional disturbance (Lyons, et. al., 1998). Recent studies of youth living in residential treatment facilities have found significant increases over the past 10 years in the amount of youth with mental health and juvenile justice histories (Kearney, Ewen, Bloom-Ellis & Jordan, 2010). With this change in the type of children residential childcare workers are caring for, RCWs are faced with particular demands since they have to know how to care for each child according to that child’s needs (mental illness, medical concerns, etc.) and background (abuse, neglect, etc.) (Chakrabarti & Heron, 2002). According to Savicki (2002), a residential childcare worker is expected to have an understanding of child development, the ability to engage empathically, and skills in managing emotional and behavioral issues in children. Childcare workers must have qualities of intelligence,
capacity for relationships, attitudes and commitment to emotionally difficult work (Moses, 2000b). All of these qualities have important therapeutic implications for the severely emotionally disturbed children in residential care (Moses, 2000b).

**Job Stress and Challenges**

Since RCWs are faced with numerous duties and responsibilities and with the diverse needs of the children in care, it is fathomable to believe that RCWs are at risk for stress and burn out. Job stress, as defined by the National Institute for Occupational Safety and Health, can be defined as the harmful, physical, and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (Sauter, Murphy, Colligan, Swanson & Hurrell, 1999). Several studies have shown different factors in the residential childcare profession that lead to job stress. In their quantitative study, Shinn, Morch, Robinson, and Neuner (1993) interviewed 82 residential childcare workers from 14 residential childcare agencies in the greater New York area to find individual, group, and agency strategies for coping with job stressors among RCWs. The sample was compromised of 56 men and 26 women ranging in age from 21 to 62 with the median age of 28. The education level varied from no high school diploma to an MSW. Length of employment varied as well ranging from two months to 17 years. All workers participated in an in-depth interview that lasted between 2-4 hours. Questions were asked that centered on job stressors and the way that the workers, their co-workers, and their agencies coped with stressful situations. Likert scales were used to measure the outcomes. To reveal stressors, childcare workers were asked to describe up to three stressful incidents that happened to them on the job and were also asked about ongoing stressful conditions. Questions covered job characteristics and relationships with the supervisor, co-workers, youths, and the agency itself. Some questions also asked what aspects of the job made the workers depressed, anxious, angry, or bored (Shinn, et. al., 1993).

The study revealed that stress associated with children in the agencies was mentioned 4.4 times more frequently than other stressors (Shinn, et. al., 1993). This included children’s behavior, children’s lack of responsiveness to workers, and the lack of future workers saw for the children. Issues of inadequate staffing, low pay and undesirable schedules were mentioned on average 3.7 times. The third most identified stressor was a tie between three categories including displeasure with the childcare role, inadequacy of administration, and lack of support from administration. The authors concluded that the residential childcare profession is no different from any other profession.
While RCWs described stressors that were unique to the profession they also described stressors that were common among other jobs. Stressors unique to human service work were generally less predictors of distress than were stressors that are common to other professions.

A study on burn out conducted by Decker, Bailey, and Westergaard (2002) found two general problems using alienation theory. This study used the Maslach Burnout Inventory and an informational data survey created by the authors. These surveys were sent to six rural residential treatment facilities in a mid-western state. 160 surveys were sent with 61 participants (38%) responding. Participation included 33 females (55%) and 27 males (44%). The majority of participants were young with 44% being between the ages of 22-28 years old. 90% of the respondents were white. 56% of the participants had their baccalaureate degree. All of the 22-28 year old participants had less than five years of experience in the field and 71% of that group had less than two years experience in their present treatment center. The 29-38 year old group had five childcare workers who had 6-10 years of experience and another three who had over 11 years experience. The 39 to 46 year old group had six childcare workers with over 11 years of experience.

This study used the theory of alienation to analyze the data from the surveys. Alienation theory looks at how an individual identifies himself/herself among the institutions of his/her society. There are five constructs that are used to analyze alienation: powerlessness, role estrangement (the concept that nothing he/she does is valued for itself, but only for its effect on others), cultural estrangement (having full knowledge of values and the means to achieve them, but openly rejects them) meaningfulness, and guidelessness.

As reflected in the answers to the questionnaire, conflict among childcare workers over their role inside the treatment center existed. The childcare workers reported they would like more freedom, responsibilities, and voice in the treatment center but are not sure of the means by which to achieve these objectives. The study suggested that because of this conflict the childcare workers felt that the only available solution was to give in to burn out. Out of the childcare workers who participated in the study, 54% expressed being emotionally exhausted, 55% expressed feelings of low personal accomplishment and 51% had feelings of depersonalization. According to the study, two general problems resulted from this lack of identification: alienation problems and anomie problems (feeling of alienation due to societal lack of support). Therefore problems within the five domains of alienation existed in the data. Childcare workers reported that they had a sense of powerlessness in expanding their roles and responsibilities. Childcare workers reported having a
sense of role estrangement, which is where a person feels that their primary role isn’t in full use. Therefore, childcare workers felt their primary role was that of a baby sitter. Childcare workers reported feelings of cultural estrangement, that administration including co-workers, disapproved of their values, attitudes, behaviors and considered them inappropriate. Childcare workers reported having a sense of meaninglessness, as childcare workers, they desired more freedom and responsibility to create their own identities within the treatment center. Childcare workers reported having a feeling of guidelessness; they have professional needs and goals but cannot find a way to obtain them. Therefore, the authors of the study strongly emphasize that the key to reducing burn out among childcare workers revolves around supportive supervision and a positive relationship between supervisor and childcare workers.

Using burn out as a main topic, Chakrabarti and Heron (2002) examined the perceptions and attitudes of residential childcare workers regarding the tasks they undertake in a qualitative study. This study was conducted in Scotland and included interviewing 30 staff members from seven children’s homes in two different facilities. Each staff member was interviewed in two phases separated by a period of nine months. Each staff member was visited twice per interview phase, separated by a period of three months. In the study, 109 interviews were completed. All interviews were recorded and transcripts were analyzed. The length of the interviews ranged from 50 minutes to 1 hour and 45 minutes. The interviews were constructed using the Role Construct Repertory Test created by Kelly (1955). Also known as the repertory grid or the repgrid, this technique allows the interviews to be conducted in a manner that permits the staff member to have more autonomy, making them able to explore their views and discuss what they believe to be the most significant issues. Two different repgrids were used in the study one to discover the perceptions that staff have of children and the second to explore the residential environment. The data used mainly came from interviews using the second repgrid. The data was categorized according to the conversations started by staff. Key tasks through the use of the repgrid were identified from research on the topic of burnout. Since there is a link between the stressful nature of residential childcare and stress being a dominant feature of burnout, the topic of burnout was chosen.

The study focused on important factors of burnout as discovered by research: workers’ feelings of autonomy, level of control, finding the task a challenge, quality of feedback on performance, and support from colleagues and supervisors. Using these factors, eight descriptors were revealed and used to create elements for the repgrid: succeeded in attaining a meaningful goal, acted
independently, received feedback about work, felt particularly challenged, felt lack of interest in work, support from a colleague, felt in control, and most stress. Using these descriptors as a guide, staff was asked to give an example of a task. The tasks mentioned by staff provided the elements, through the use of triadic elicitation, created the constructs which were then rated on a five point scale. A qualitative method of data analysis was used. Transcripts were organized into themes and subthemes that displayed the main issues mentioned by staff during the interviews. In order to organize workers’ comments, the eight descriptors used in the tasks repgrid were used as category headings.

This study showed that the majority of staff felt that they could not always give the children in their care quality time due to administrative tasks that needed to be completed. The study also found that staff did not have a positive opinion of their management or social workers. Staff felt that management did not give them much feedback or when management did, it focused on the negative aspects of their work as opposed to praise. Staff also felt that social workers did not listen to them because of their lack of educational qualifications. Interesting enough, staff felt devalued by their co-workers. Chakrabarti and Heron (2002) state, “If individuals feel devalued as a ‘residential worker’, then it seems plausible that they might also place less value on the opinions of peers” (p.348). This study revealed how each aspect of the residential childcare profession impact each other, although it can be negative or positive impacts. An example of this would be difficulties workers expressed in attaining meaningful goals were often associated with their lack of independence and support, which related to areas where staff felt a lack of control. The outcomes of the study found an extremely negative account of the residential childcare field. The staff interviewed felt disempowered, leading the authors to wonder about the value of residential childcare. This negative account could be possibly due to low compassion satisfaction or that the worker’s rewards and benefits were not high enough to compensate for the challenges and stress.

In summary, these studies reveal not only the existence of stress and burn out but what generates it: work environment, lack of support, strain of supervision, and behavior of the children in care. Although the main purpose of residential care has remained the same through the years; to care for children, the type of children has changed and has brought challenges and struggles to those facilities including the residential childcare workers. Study after study has shown how job stress, burnout, and turnover affect residential childcare. However, few studies have displayed the positive
aspects of being a residential childcare worker. This study displayed both positive and negative aspects of residential childcare.

Methods

Study Design

This study used a qualitative approach and asked questions regarding the challenges and rewards of the residential childcare field. Semi-structured interviews were conducted among childcare workers at a residential facility (See Appendix A). Grounded theory was used for data analysis.

Sample

20 employees at the organization were employed as residential child care workers also known as Residential Counselors (RCs). Out of the 20 RCs, four volunteered to participate in an interview. All residential counselors were over the age of 21. Residential counselors were either married couples with both spouses working together or individuals who were teamed up with another individual. Residential counselors remained anonymous throughout the study. After being thoroughly informed through emails and a presentation, residential counselors who volunteered to participate in the study signed an informed consent form prior to the interview.

The residential counselor position at this facility was a live-in position with a ten days on and five days off rotation schedule. Some residential counselors had a primary role in that they worked only in one cottage and manage the cottage’s daily schedules and rules. The other role is the relief position where the residential counselors worked in two cottages (five days in one cottage, five in another, and five days off). Regardless of the position of the RC, all residential counselors had the same schedule (ten days off and five days on) and were responsible for the well being of residents which included upholding daily routines, taking residents to appointments, and completing daily paperwork. Qualifications for the RC position included passing background checks, having a high school diploma although a college degree was preferred, owning a valid driver’s license, and being at least 21 years old. RCs were expected to complete a training course before working directly with the youth and to attend 40 hours worth of training classes per year.

Faith-based Facility

The facility used in this study was a non-denominational organization and required the youth and on-duty RCs to attend church that included Sunday morning and evening services and Wednesday evening vespers. A full time pastor was employed and conducted these services on
campus at the facility’s chapel building. RCs were not required to be Christian or hold beliefs similar to the facility’s philosophies.

**Sample Recruitment Procedures**

Residential counselors were recruited on a volunteer basis and were from the same facility. The author of this study was a residential counselor at the same facility and had a working relationship with staff. Two emails were sent to each residential counselor through both their personal work emails and their assigned cottage emails. (See Appendix B). The emails informed the RCs of the study and the presentation. Both emails were identical but sent out a week apart to allow all RCs to view the information while on duty. After the emails were sent out, a presentation of the study was conducted at two staff meetings. As with the emails, the two presentations were given one week apart since not all residential counselors were present at each meeting due to their working schedules. The presentations revealed to potential interviewees what the research study was about, why it was being conducted and how the interviews would be performed. After each presentation, a flyer was handed to each RC with contact information of the researcher, giving each RC the ability to contact the author if they chose to participate (See Appendix C). The recruitment process was kept confidential. The researcher did not disclose who participated in the study to anyone at the facility or elsewhere.

**Instrumentation**

Semi-structured interviews were conducted using open-ended questions that allowed for discussion about the challenges and benefits of being a residential childcare worker. Residential counselors had the option to be interviewed as couples or two individuals who work together as a team, depending on who is willing and/or available to participate. Interviews occurred during a time that was most convenient to them, such as when the residents were at school, at night when the residents were in bed, or during their off time. At the start of the interview, a research consent form was given to each residential counselor (see appendix D). Interviews lasted no more then 30 minutes and was audio taped only for the purpose of the study. The recorded interviews were used to analyze data that was generated from the semi-structured interview questions. During the study, recorded interviews, notes, and any other documents related to the interviews were stored in a locked filing cabinet in the working space of the author when not in use. Once the study is completed, the recorded interviews will be deleted and documents will be destroyed. Questions that residential counselors were asked during the interview included:
• What position do you have (relief or primary)?
• How long have you been working in residential childcare?
• What gender of residents do you typically work with?
• What are the rewards and benefits of being a RC?
• What are the stressors or challenges of being a RC?
• Do you feel that you have support from the organization?

The first three questions aim to answer background information. Questions four through six dig deeper and explores both positive and negative aspects of the field. More questions were added when necessary to the interview as needed and on an individual basis to promote further discussion.

Analysis

Grounded theory, created by Glaser and Strauss (1967) was used to analyze the data collected from the interviews. As stated by Morse (2009), “Grounded theory is not a prescribed method that uses a particular ‘level of data’ and formulistic techniques to calculate a solution…. Grounded theory is a way of thinking about data--processes of conceptualization--of theorizing from data, so that the end result is a theory that the scientist produces from data collected by interviewing and observing everyday life. The grounded theory process as described by Oktay (2012) will be used which involves constant comparison, theoretical sampling, and abductive logic. Thus, the data was analyzed by generating concepts after each interview that guided the upcoming interviews to further develop and verify the concepts. Although theoretical saturation was not reached due to the timeline and nature of the project, enough data to start investigating this rarely explored topic was collected.

Results

Four Residential Counselors volunteered to participate in semi-structured interviews regarding the rewards and challenges of residential childcare. Data analysis of the transcripts revealed four themes or concepts found between the two categories: rewards and challenges. The themes found include “impacting the lives of residents”, “conflict with staff”, “length of shift”, and “not being listened to”. All RCs stated that they had the same job title. The average years of experience of working in the residential childcare field was 5.1 years and the average years of employment at the organization was 1.35 years. 3 RCs who interviewed worked with female residents.

Rewards

The first theme revolving around the topic of rewards of residential childcare was “impacting the
lives of the residents”. All four RCs reported in some fashion how changing the lives of youth and watching that change was rewarding to them. RC #1 stated how this position allowed him to be “a big brother” and how this position gave him the ability to “show them a little bit of faith”. RC #4 stated how the rewards for him was helping youth break behavioral patterns.

The rewards are when you see a kid in bad shape behaviorally and know that if this kid doesn’t change he’s going to continue the cycle of abuse or go to jail and than watching that process change and having faith that they have a really good shot at being successful in breaking the cycles.

RC #2 shared how the “metamorphosis of the kids” was a reward and “watching them transform from what they used to be”. RC #3 stated that the personal growth of the residents was a reward. “Seeing the girls grow and have their moments, that’s one of the most amazing things to have that break through”. Although all four RCs reported how changing the lives of youth was important to them, only one RC felt that the rewards of being an RC extended beyond helping youth. RC #3 stated how the rewards of the field helped her personally.

I’ve come from a background without a lot of problems and seeing them and how they deal with it, it opens your eyes to see the kind of stuff that happens to people and how it really blessed me to have an easy background. Patience. I have learned more patience since I’ve been here and how to deal with my frustration and it’s kinda made me a stronger person. I used to break down at the drop of a dime hearing a sad story and just when something goes wrong I usually shut down but I can’t do that here. It’s just making me grow as well.

Challenges

Three themes regarding the topic of challenges of residential childcare appeared. One theme was “conflict with staff”. A few of the RCs commented on how working with staff was a challenge. RC #3 reported how staff, mainly administrative staff, did not value her opinions.

Since I’ve been here I’ve had more problems with staff in upper (administration) then with my girls. I think that’s my biggest thing. I’ve been told during my first shift that I didn’t know what I was talking about since I’ve only been here a week and to wait until I’ve been here for a year. I felt that was a slap in the face. It kind of gave me a bad taste on my first shift.

RC #1 stated how co-workers presented a challenge.

Most of my challenges here have been with other staff, with working partners, because it’s not an issue as much with the kids it’s I have to work with this person and present a unified front with this person. This person I have zero in common in
our background a lot of times and not much in common as ideology goes. Here’s a person I didn’t fall in love with, didn’t ask them to marry me, didn’t ask them to live with me and I have to work around the clock with this person. From an individual’s viewpoint, I guess that’s a huge challenge.

Another theme was the “length of shifts”. The schedule for all RCs was the same, ten days on and five days off. RC #3 stated, “I hate being away from my family for 10 days . . . I feel that I have no life now”. RC #1 stated how “the demands of the time” was a challenge, “if my property taxes are due and I’m on shift I’m very limited to do stuff that has to be done because of the time restraints of the job”.

Lastly, a theme regarding the support from the organization appeared. Most RCs felt supported by the organization however the theme of “not being listened to” emerged. A few RCs felt that they were not being listened to mainly due to status, which included lack of experience or education. RC #1 commented on how difficult residential childcare can be for individuals.

This organization puts a lot more stock in someone with a college degree and experience somewhat related to the field. I just feel they put way more stock into that opinion than the opinion of people they have hired specifically for childcare”. Another RC stated, “I feel that they don’t listen and that things are going to go their way and they don’t understand simple situations where if we feel like one of the girls is not where she’s supposed to be or something is going on we might need to look out for of this person or help this person. They tell us ok and they never do it.

Discussion

Out of the four themes found, two concepts emerged. All four RCs stated that impacting youth and watching the youth change was a reward. Other studies have shown similar results in that the majority of RCWs wanted to work with youth and saw it as a reward of some form. This desire to work with youth appeared in the study by Moses, (2000) who found that when childcare workers were interviewed, many felt that they were either contributing to the lives of children they served, repaying a debt since someone helped them during their troubled childhood, or that they were contributing to future generations. An explanation is that if RCs or RCWs want to work with youth then the natural desire to work with youth and watch the youth transform and progress will be present. This desire to work with youth could be due to the RCWs own personal experiences growing up as a child and/or due to personal beliefs. This concept aligns with the ecological systems theory created by Bronfenbrenner (1979). According to Bronfenbrenner, interactions with others and the environment are key to development. Bronfenbrenner created four systems, with a
fifth system added later, that described the individual’s environment (Zanden, Crandell, & Crandell, 2007). The first is the microsystem, which is the immediate environment in which a person is operating. This environment could be the family, classroom, peer group, neighborhood, etc. The second is the mesosystem, which is the interaction of two microsystem environments, such as the child’s family and school. The third is the exosystem, which is an external environment in which an individual is not directly involved, but nonetheless affects him or her. An example of this for a child is the parent’s workplace. The fourth is the macrosystem, which is the larger cultural context, including issues of cultural values, expectations, and beliefs. The fifth system is the chronosystem which are events occurring in the context of passing time.

Therefore, through the chronosystem (passing of time) which involves the macrosystems (culture and beliefs) of the RCW, the RCW’s desire to work with youth and to change the lives of youth are present. An example of this would be an RCW who had a rough childhood growing up desires to help youth based on his or her personal experiences.

The second concept revolves around the experience level of the RCs. Although all RCs brought up challenges of the field, RCs without prior residential childcare experience before this job brought up more internal concerns (issues that could be possibly controlled by the organization) than the RCs with previous experience. The challenges brought up by the RCs were common among other studies. A study on burnout by Decker, Bailey, and Westergaard (2002) found that lack of support with administration, lack of education/experience and conflict among staff as well as other concerns were brought up by residential childcare workers. Another study that also examined burnout found that a lack of support from administration was a common theme among RCWs (Devalle & Bravo, 1997). Yet another study that discussed stressors among residential childcare workers revealed how undesirable schedules, inadequacy of administration, and a lack of support from administration were brought up by the workers (Shinn, Morch, Robinson, & Neuner, 1993). However, no studies could be found that discusses the experience level of residential childcare workers and challenges of the field. An explanation as to why inexperienced RCs had more internal concerns is that since the experienced RCs came into the organization already knowing the pros and cons of residential childcare and knew what to look for in an organization that met their beliefs and styles, had more positive comments to say and thus less internal concerns. For the inexperienced RCs who are learning how residential childcare works and have no prior experience to base their opinions on, had more concerns. Even when asked if they felt supported by
the organization, both experienced RCs said, "yes", while the inexperienced gave a lesser opinion, with one RC saying, "yes, for the most" part but gave some concerns and the other RC gave a solid "no". As previously discussed, ecological systems theory can be seen (Bronfenbrenner, 1979). If experienced RCs are comparing this residential childcare job to another residential childcare job (macrosystems) or can use their experiences from that other job, then their views would be mostly positive. However, an RC whose job experiences is not similar to their residential childcare job currently, for an example, an RC who used to be a waitress and now works in childcare, might have more concerns with the job due to their lack of experience and knowledge.

Limitations of this study include the small sample size. Even if all residential counselors agreed to be interviewed, the number of residential counselors at the facility is low. Along with that, all residential counselors were from the same residential facility. Therefore, the findings of this study may not be applicable to all residential work. Another limitation is that the study interviewed current employed residential counselors. If former residential counselors who have left the field of residential childcare were also interviewed, it would offer greater insight as to why they left, especially if they left due to aspects of the field that they did not favor. As with all qualitative studies the limitation of biases on behalf of the interviewer and interviewee is also present, especially since the researcher was also the interviewer. Even though steps as presented by Tutty, Rother, & Grinnell (1996) was taken to prevent bias; bias is a natural human quality. Through bias, data can be manipulated to fit what the interviewer already believes (Tutty, et al, 1996).

Conclusion

This study offered more insight into the rewards and challenges of working in residential childcare. However, due to the low number of participants, this study could not reach saturation. Therefore, additional research is needed to reveal more information regarding the two theories found in this study regarding how RCs felt rewarded by changing the lives of youth and how the experience level of RCs predicted their view of their position.

Implications for residential facilities include providing more support for new employees with no or little experience. Since the residential childcare field can be stressful and challenging, targeting the RCWs who need more support could greatly benefit not only the RCWs but also the administration and the children in care since it might prevent large turnover rates. Another implication for residential facilities is placing staff together who share the same views about residential childcare or have some similarities in order to reduce conflict with staff. This would not
only include staff members that are all co-workers but also co-workers and supervisors, more so if there are multiple supervisors. Another possibility in order to reduce staff conflict is to have staff be apart of the hiring process. This could be done in different ways such as having a team of RCWs who volunteer to be on a hiring committee be a part of the interview process or having the RCWs with whom the future RCW will work with, meet the candidate and provide feedback after the interview. Another factor for residential facilities is to consider is the schedule. Although every facility is different, those facilities with live-in positions might consider how long the shift is for their RCWs and if the possibility of having shorter shifts is out of reach, allowing break time during those shifts as to allow employees to accomplish personal tasks such as paying bills. Lastly, residential facilities should consider ways to promote the benefits of the field to not just potential RCWs but current RCWs. According to this study’s findings, RCWs saw the reward of doing this line of work as changing the lives of youth and rightly so. However, if RCWs identified other rewards, especially rewards that involved themselves, this could help with the RCWs overall outlook of the field, helping the RCWs see more benefits and perhaps less challenges. Rewards would be different for each facility but can include simple activities such as watching a movie with the residents to larger rewards such as having consecutive days off in comparison to someone who works a 9-5 job and has two consecutive days off.
Appendix A

Letter of Approval for Research Study

January 2, 2012
Dr. William Sean Newsome
Associate Professor /Director of Social Work Program
Family and Studies & Social Work
McGuffey Hall, 101
Oxford, Ohio 45056

Dear Dr. Newsome,

This letter is concerning the Master Thesis of Alanna Young Wissel. She wishes to conduct interviews with the Residential Counselors at (name of organization).

Laney and I have met and discussed her current thesis proposal and I hereby approve conducting these interviews. I understand that I will have access to her proposal and will meet with her when it is completed.

It should also be understood by the university that all information is strictly confidential and may not be shared without prior approval by my office.

Sincerely,

Director of Residential Services
Appendix B

Email of Research Study

Dear fellow Residential Counselors,

As some of you may know, I am conducting a research study for the completion of a Master’s degree in Family and Child Studies. The title of my study is, “Working in Residential Childcare: What are the challenges and the rewards?” Interviews will be conducted asking residential counselors questions about stressors and benefits of working in residential childcare. If you are interested in more information about this study or would like to participate in the interview process, a presentation will be given at the staff meeting on [date of meeting].

Sincerely,

Alanna (Lanie) Wissel, Residential Counselor
Appendix C

Flyer with Researcher Contact Information

Working in Residential Childcare: What are the challenges and the rewards?

A research study on the stressors and benefits of working in residential childcare

Residential counselors are needed to conduct interviews for this study!

• Interviews will be held at a time and place that best suits you
• Interviews will last around 30 minutes but any time given will be useful
• Your information will be kept confidential and anonymous
• Interviews will be audio taped for data collecting but will be destroyed after completion of the study
• Your help to contributing to this study will enlarge the knowledge of residential childcare and help improve residential childcare programs

If you are interested in volunteering please contact Lanie Wissel:

Cell(call or text): 123-555-0496
Cottage: ext 456
Email: youngar@miamioh.edu
Appendix D

Informed Consent for Interviews on Thesis Research Study

Dear Residential Counselor:

Thank you for your interest in my research study for the completion of a Master of Science degree. This study aims to reveal the challenges and rewards in residential child care. I will ask you open ended questions about your role as a residential counselor. This interview should take approximately 30 minutes. Your participation and everything you tell me during the interview for this study will be confidential. Your name or other identifying information will not be connected to information you provide for the study. Although the interview will be audio-taped for transcription and analysis, no names will be transcribed or associated with the written transcripts or audio tapes. The audio tapes will be destroyed after completion of the study.

Your participation in this research study is voluntary. Deciding not to participate or stopping the interview once you have started is completely acceptable and will not result in any type of penalty. You can withdraw from the study at any time or simply not answer any questions during the interview that you do not want to answer. Participation is not expected to create any harm or discomfort for you. There are no intended benefits expected to occur for participants as a direct result of participation in this interview, however it is possible that participants might learn more about themselves as a residential counselor. It is expected that your contribution will assist in uncovering negative and positive aspects about residential child care to advance the knowledge of the field as well as to help improve (name of facility) and other facilities. If you have further questions about the study, please contact me at 910-232-0496 or youngar@miamioh.edu.

If you have questions about your rights as a research participant, please call the Office of Advancement of Research and Scholarship at (513)-529-3600 or email: humansubjects@miamioh.edu. You may also contact the Faculty Advisor of this research study: Dr. W. Sean Newsome at (513) 529-3314 or email: newsomws@miamioh.edu. Thank you for your participation. I am grateful for your help and hope that this will be an interesting experience for you. You may keep this portion of the page.

Sincerely,
Alanna Wissel

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I agree to participate in the study of “Working in Residential Child Care: What are the Challenges and the Rewards?” I understand my participation is voluntary and that my name will not be associated with my responses. By signing below, I acknowledge that I am 18 years or older.

Participant’s signature ___________________________ Date: __________

Participant’s Name (Please Print): ________________________________________________
References


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Aldine de Gruyter.
/jobs/house-parent-job-description