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# A professional field? Educational attainments, gender and age among staff in Swedish residential care

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## ABSTRACT

In this article, we discuss residential staff in Sweden. Here, residential care is part of the municipal child welfare system, which covers services targeting juvenile delinquency as well as other residential care services. Children and young people placed in Swedish residential care have diverse needs, from mainly supportive needs to advanced behavioral problems, and the field consists of open and secure residential care units. There is limited knowledge about the staff working in residential care. This article helps to fill this knowledge gap by giving an overall picture of staff educational attainments, age and gender in Swedish residential care between the years of 2008–2020. To reason about staff qualifications, we use theoretical concepts from sociological theory on professions. Findings show that residential care in Sweden can be analyzed as a pre-professional field, dominated by staff with low levels of education. In addition, we show that the field is dominated by women – even if the proportion of men is higher than in other areas of social work – and that the majority of staff are between 30 and 64 years old. Some differences between open and secure residential care were found, the most notable concerning educational levels and gender.

## KEYWORDS

Residential care; residential staff; staff qualifications; Sweden

## Introduction

Residential care is an intensive service targeting children with complex needs, and staff working in residential care are often depicted as key for the success of placements (Cameron & Das, 2019; Farmer et al., 2017; Whittaker et al., 2023). Residential staff interact with young people in diverse ways in all sorts of everyday situations, and the care is often intended to be therapeutic. Internationally, a lack of qualified staff has been described as one of the major problems facing residential child care (Boel-Studt & Tobia, 2016; Crimmens, 1998; Del Valle & Bravo, 2013). Poor education in staff has been linked to an elevated risk for malpractice in care (Konstantopoulou & Mantziou, 2020), poor client outcomes, as well as an obstacle to the development of evidence-based residential care (James et al., 2016). At an

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international level, more standards and definitions of what constitutes good residential care have been elaborated in recent years, and in this context the role of staff – both in terms of competence and personal traits – is described as central (Whittaker et al., 2016). Still, there are few studies about staff's educational attainments and other staff characteristics, in Sweden as well as in other countries.

In Sweden, residential care is provided within the municipal child welfare system. There is a national regulatory framework, but municipalities ( $n = 290$ ) are responsible for placing children in out-of-home care. Foster care is preferred in policy and is used for a majority of children, but of the 26,000 children placed in out-of-home care in 2021 over 7,000 children (mainly teenagers) were placed in residential care (NBHW/National board of Health and Welfare, 2022). Since 2000, the proportion of children placed in residential care (in relation to foster care) has steadily increased during extended periods, mainly due to an increased number of unaccompanied asylum-seeking children (Shanks et al., 2021). Municipalities finance and are accountable to ensure that residential care is of good quality, but other organizations often provide the services. Residential care for children and young people is conducted mainly on the basis of consent and the idea is that coercion should be avoided as much as possible. The children and young people who are placed in residential care have heterogeneous needs, and the service is used for both children with mainly supportive needs (e.g. unaccompanied asylum-seeking children) and children displaying destructive behavior (e.g. externalizing and internalizing problematic behavior, substance abuse, etc.). There is also a small share of residential homes targeting children and their parents. Juvenile delinquency is handled as part of the child welfare system and regulated by the same legislation. Hence, children who commit crime do not primarily face punishment in the penitentiary system, in contrast to countries such as the USA, Great Britain, the Netherlands and Australia (Ainsworth & Thoburn, 2014).

In this article, we distinguish between open residential care units (open RCUs) which in Sweden entails supported housing and treatment facilities, and secure residential care units (secure RCUs) for juvenile delinquency. The open RCUs (supported housing and treatment facilities) are in essence governed by the same legislation and are run by the municipalities themselves or, more commonly, private companies. This field consists of a variety of institutions with different target groups and geographical locations and there is little information about the professional care content. There are about 500 treatment facilities, and of these around 80% are private (mainly for-profit) (Shanks et al., 2021). The number of supported housing facilities are fewer than the treatment facilities, but the exact number is unclear. The secure RCUs ( $n = 21$ ) are run by the state.<sup>1</sup> These units almost exclusively target children who are placed involuntarily in accordance with the Care of Young Persons

Act (LVU) (SiS, 2021). The secure RCUs provide care and treatment where voluntary interventions have proved insufficient. Orders for compulsory care are made by the Administrative Court (*Förvaltningsrätten*), on the application of social services. Here, young people who have committed serious crimes (e.g. murder, sexual crimes) and been convicted with the criminal law legislation, and other children with severe social problems, can be placed in the same institution (Tärnfalk & Alm, 2021). There is no clear international equivalent to the Swedish secure RCUs, nor a common Nordic model (Enell et al., 2018).

The placement of young people in open and secure RCUs is mainly handled within the same regulatory framework. However, a key difference between staff working in open and secure RCUs is that the latter is permitted to use certain restrictive measures. Further, secure RCUs are often closed off from the surrounding community and frequently situated in remote places. Youth placed at secure RCUs are largely confined to their ward, except for medical or district court visits. This is not the case with the open RCUs.

In this article, we draw on statistics obtained from Statistics Sweden (SCB) to discuss central staff characteristics, namely the education, age and gender of the staff in Swedish residential care. In Sweden, gender has mainly been discussed in relation to secure residential care, which has been described as a service that is underpinned by gendered logics – both in terms of young people and staff (Vogel, 2021; Vogel & Gruber, 2018). As for age, little is known about the impact of that on the quality of care. However, it could be regarded as a crude proxy for work experience. During the last decade, the Swedish residential care field has been under some pressure. As aforementioned, there has been a significant variation in the number of children needing placements, largely due to an increase in unaccompanied asylum-seeking children arriving in Sweden (Backlund et al., 2021). Here, we seek to explore if this and other changes have affected levels of staffing and staff characteristics. Our aim is to give an overall picture of staff characteristics in the diverse field of Swedish residential care between the years 2008–2020. The following research questions are posed:

- What was the development of the number of residential staff in Swedish residential care between 2008-2020? Are there any differences between open and secure RCUs in this respect?
- What are the significant characteristics of Swedish residential childcare staff in terms of educational attainment, gender and age? Are there any differences in staff characteristics between open and secure RCUs in this respect?

To reason about staff qualifications in residential care, we use concepts from sociological theory on professions (Brante, 2013). The concepts and classification help to elucidate the grade of professionalization of residential

care. Within this theoretical tradition, organizations that are assigned to handle similar societal tasks are referred to as part of the same professional field. The open and secure RCUs can be said to perform their work in the professional field of residential care. Professional fields can be occupied by different professional groups. Brante (2013) distinguishes between professions, semi-professions and pre-professions. Professions are science-based occupations that share common education, have jurisdiction, are organized into associations and enjoy significant discretion. Classic professions are for example lawyers, physicians, engineers and architects. Social work, which Swedish residential care is part of, has historical roots in the locally administered poor relief services (Panican & Ulmestig, 2016) and is often referred to as a semi-profession (Brante, 2013). Characteristic for semiprofessionals is for instance that their knowledge base is less robust, communicative methods are common and their autonomy in relation to bureaucracy and politics is circumscribed. Residential care is a rather small service in the child welfare system in terms of number of children being affected (NBHW, 2022) and, in comparison with statutory social work, the state to small extent steers the professional development in this field. Overall, the private care providers have significant leeway in deciding on the care content (Pålsson, 2018). As we will argue in the article, residential care qualifies as a pre-profession, which means that the occupational group lack a shared scientific base, do not have jurisdiction and whose practices are often fragmented and heterogenous.

The article continues with a review of Swedish and international literature on residential care staff. We then describe the national regulations on staff qualifications in Sweden. The result section contains a description of the staff characteristics of Swedish residential care, and in the discussion, we relate our results to previous research and theory.

### **Previous Research on Staff in Residential Care**

As aforementioned, there are few compilations of actual staff qualifications. In an international perspective, there is a variation regarding whether residential care is part of the formal child welfare system or not. There are also different traditions regarding the philosophies that underpin care, from social-pedagogy to mental health services (Ainsworth & Thoburn, 2014; Del Valle & Bravo, 2013; Giraldi et al., 2022; Whittaker et al., 2016). What should be counted as important staff competencies and characteristics is much discussed in the literature and there is limited research on the effects of training (see e.g. Eenshuistra et al., 2019). In Sweden, residential care has been depicted as a weakly professionalized service with no particular group having professional jurisdiction of the work tasks (Pålsson, 2018; Sallnäs, 2000). Prior, less comprehensive, studies indicate that there are several professional groups

represented (e.g. social workers, nurses, psychologists), and that a significant proportion of the work force lack post-secondary education (IVO/The Health and Social Care Inspectorate, 2013). Of those with some sort of secondary education, many have undergone vocational training in treatment work.

Working in residential care is often described as a complex and demanding professional task. Smith et al. (2019) point out that staff often learn the work informally, “on-the-job” (see also Andersson, 2020). Heron and Chakrabarti (2002) observe that staff often are ill-equipped to undertake certain key tasks in a manner that meets youth needs, and there is international research stressing the relevance of staff having access to appropriate training, supervision and support (Colton & Roberts, 2007; James et al., 2016). This view is supported by Ahonen and Degner (2014), showing that the majority of treatment staff in secure RCUs in Sweden feel they lack adequate skills to handle the sometimes extremely diverse problems they face. If the staff does not have an adequate basic education, studies (e.g. Ahonen & Degner, 2014) show that it will also be difficult for staff to assimilate further education and supervision on site. Further education has also been described as vital to strengthen the work climate and e.g. to avoid violence (see e.g. McLean, 2015). Denison et al. (2018) stress that newer and less-educated workers are most likely to be involved in situations that could lead to injuries (cf. Andersson, 2022).

In the last decades, there have been stronger calls for ensuring that methods used in residential care are “evidence-based,” meaning that they have been proven successful in treating the problems the children in care may display. Here, staff qualifications and training in methods arguably are important. In the international literature, the evidence of the effectiveness for specific methods (in reducing e.g. criminal behavior among youth) in residential care has been concluded as meager (James, 2017; Whittaker et al., 2016). Despite a variety of treatment programs there are few studies evaluating the results (Eenshuistra et al., 2019; SBU/Swedish agency for Health Technology Assessment and Assessment of Social Services, 2016). In research, it is often highlighted that staff should have a “social pedagogical” education and theoretical basis, however reliable outcomes for this approach are elusive (Cameron & Das, 2019; Timonen-Kallio & Hämäläinen, 2019). In Sweden, the state does not prescribe any treatment method over another (Pålsson & Shanks, 2020), and there is a myriad of treatment methods prevalent (IVO, 2013). Which method should be used is often decided by residential care managers (Sallnäs & Shanks, 2021). Swedish studies have reported low fidelity when specific programs are implemented in the residential setting (Kaunitz, 2017) and that staff often lack training appropriate for the methods (IVO, 2013).

Previous research often underlines the importance of that staff have “relational competence” (Anglin, 2004: cf.; Duppong Hurley et al., 2017; A.-T. Harder, 2018). This is similar to a discourse within psychotherapy where

common factors (e.g. therapeutic alliance, empathy) are recognized as central to the benefits of care (see e.g. Wampold & Imel, 2015). Quality of relations in care milieus and staff's social support to children are often described critical (Eenshuistra et al., 2021; Hoffnung Assouline & Attar-Schwartz, 2020) and increased staff training on such elements has been recommended (A.-T. Harder et al., 2013). In a review of literature on residential care, Steels and Simpson (2017) stress that it is easier to build relationships/treatment alliances with young people if staff has experience as well as education and in-depth knowledge regarding mental illness/psychiatric problems and attachment theory. Relational aspects are often valued by young people (A. T. Harder et al., 2017). Studies show that young people want staff that are empathetic, but who also can show authority and balance between rules and freedom (Moore et al., 2018).

### **Regulations and guidance on staff qualifications in Sweden**

The national regulations regarding staff competence in residential care concern staff in both open and secure RCUs. Managers of all units need to have at least a bachelor's degree in an area relevant to the occupation, for example a degree in social work. For other staff, there are no clear regulations regarding training/educational requirements. However, they are recommended to hold a secondary school diploma; an additional two-year vocational degree in treatment work is considered desirable. In the guidance documents (HSLF-FS, 2016a:56 2016b, p. 55) concerning the staff's competence, there are statements such as: *The staff's overall competence in terms of education and experience must provide the conditions for: 1. meeting the care needs of the target group, and 2. ensuring safe and secure care.* Further, a RCU (supported housing excluded) should always be manned when there are young people there, but there are no regulations regarding staffing levels.

In recent years, the National Board of Health and Welfare (NBHW) has formulated "competence goals" for staff in residential care (NBHW, 2021a). These goals are rather generic and not mandatory, but can be seen as a way for the Swedish state to pinpoint the competences that are needed to produce good quality residential care. The goals include a number of aspects such as knowledge about the life milieu of residential settings, risks, legislation, children's participation, ethical approaches, functional impairments, health, substance abuse, criminality, evidence-based practices, leaving care, etc. The NBHW has also published a "knowledge support"-report about how staff can work to prevent violence in residential care (NBHW/National board of Health and Welfare, 2019).

An independent agency, the national Inspectorate of Health and Social Welfare (IVO), monitors that open and secure RCUs abide by mandatory regulations. Private RCUs (supported housing and treatment

facilities owned by private sector organizations) are obliged to undergo a license procedure before opening. At this point, staff has not been hired and the inspectorate therefore reviews the described intentions of the applicants. Standards on staff qualifications are indistinct and are rarely subject to rejection of applications (Pålsson & Shanks, 2020). Inspections are conducted annually, and the inspectorate occasionally audits staff competence (Pålsson, 2020). However, inspection standards concerning staff qualifications are often dialogue-based rather than mandatory (ibid.).

It should be noted that although the regulations regarding staff qualifications in open and secure RCUs are the same, there are significant differences in the staffs' permission to use restrictive measures. In secure units, staff are legally sanctioned to use "coercive means", such as restricting the youths freedom of movement, keeping a youth in seclusion, restricting the use of certain objects, conducting body searches, etc. (The Care of Young Persons Act 15-20c §§). Such measures are not permitted in open RCUs.

## Method and material

The study is mainly based on data obtained from Statistics Sweden, more specifically statistics from "the Labour statistics based on administrative sources" (RAMS). RAMS includes data from several sources; the information regarding employment status is based on administrative data from the national Tax office, and the information about type of workplace and education is collected from "the Business register" and "the register of Educational attainment of the population". In general, RAMS is considered reliable as it is largely based on administrative sources and updated yearly.

The data used in this article covers all employees in organizations that, according to the Swedish Standard Industrial Classification (SNI 2007<sup>2</sup>, which is based on the EU's recommended standards, NACE Rev. 2.), provided residential care for children and youth<sup>3</sup> during the years of 2008–2020. The reasons for the cut off in 2008 is that the SNI underwent a large restructuring at this point, making reliable comparisons with previous years difficult. The organization's activities are defined by themselves, and they are instructed to choose the classification that they find most fitting to the *primary* activity performed at the workplace. This means that some employees covered in the data may work with other tasks than residential care. However, the majority of organizations that provide residential care in Sweden are small and have few employees, most commonly between one and four (NBHW, 2018). Hence, such small organizations are unlikely to provide other types of services as well as residential care. In addition, the results in this article are much in line with those from a report published by the state inspectorate,



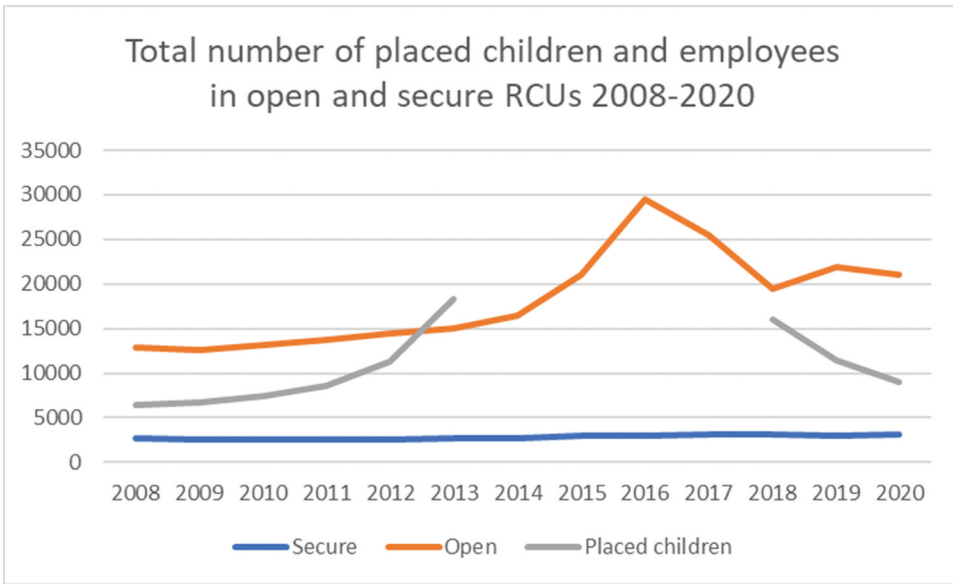
which builds on information regarding care staff provided by the organizations themselves (IVO, 2013). Therefore, we consider the larger picture regarding the employees' characteristics in this article to be valid.

The organizations were further categorized depending on ownership (e.g. state owned, private sector etc.) by statisticians at Statistics Sweden, which made it possible for the authors to distinguish between secure RCUs and other types of residential care – the only units owned by the state are the secure ones. Ideally, we would have distinguished between treatment facilities and supported housing, but the statistics did not allow for this. The rationale for comparing secure RCUs and open RCUs, as it is done in this article, is that these two areas cater for somewhat different target groups and that the possibilities for staff to use coercive measures in relation to the youth differ between them. Compared to open RCUs, the secure RCUs in general target more troubled youth and provide almost exclusively compulsory care. The staff in secure RCUs are allowed to use coercive measures in order to uphold security that staff in other forms of residential homes are not allowed to use. These different circumstances could potentially be of significance for the characteristics of the employees.

As the data covers the total population of employees in the field of residential care, we are able to provide a comprehensive overview of employee characteristics. The data on employees contain information about age, gender and highest education. The educational levels in this context are defined as elementary education, secondary education and higher education. The latter is a quite broad category and includes everything between shorter vocational training to an academic degree. The data on educational attainment is in general considered reliable (SCB/Statistics Sweden, 2021). For people born outside Sweden, and particularly those who recently immigrated, information about educational attainment is however sometimes lacking in the register. Of the employees in residential care, we only lack information about the educational attainment of 0,4%. These employees are excluded from the analysis regarding education. Due to the small share, this should not make any difference to the results.

The data from Statistics Sweden is (in [Figure 1](#)) combined with official data on the number of placed children provided by the NBHW. This data covers all children that, at any point of time during each of the covered years, were placed in residential care. Due to reorganizations and quality problems with the national register during the years of 2014–2017, we lack data for this period (NBHW, 2021b).

In the presentation of the findings, timelines are presented in the figures. This allows us to present the overall tendencies and developments over time in terms of the total number of placed children, the total number of employees in secure and open RCUs and the staff characteristics in these areas.



**Figure 1.** Number of placed children and employees 2008–2020.

## Findings

### *Number of employees in secure and open RCUs 2008–2020*

In Sweden, around 24,000 people had their employment in the field of residential care for children and youth during the year of 2020. Of these, the absolute majority were employed in open RCUs, while around one in eight was employed in secure RCUs (Figure 1). Comparing the proportion of children placed in different types of RCUs and the employees in the different areas, we found that by the 1st of November 2020, approx. 7000 children were placed in residential care, whereof 88% in open, and 12% in secure RCUs (NBHW, 2021b). One way of interpreting this is that the numbers of placed children resonate well with the proportion of employees in respective areas. Another way of seeing it is that the staffing levels in these rather different types of residential care is (surprisingly) similar.

Over time (2008–2020, Figure 1) the number of employees in secure RCUs has been stable, as has the number of children placed in these types of units (SiS, 2012, 2021). When it comes to the number of employees in open RCUs, we can see a general increase since 2008, from around 15,500 to approx. 20,000 today. Also, it is very clear that there was a large rise in numbers that started in 2015, peaked at 2016 and then rapidly decreased again. This increase can be explained by the large number of unaccompanied asylum-seeking children that arrived in Sweden in 2015. The arrival of these children caused a great demand for new RCUs and supported housing facilities, and the market of

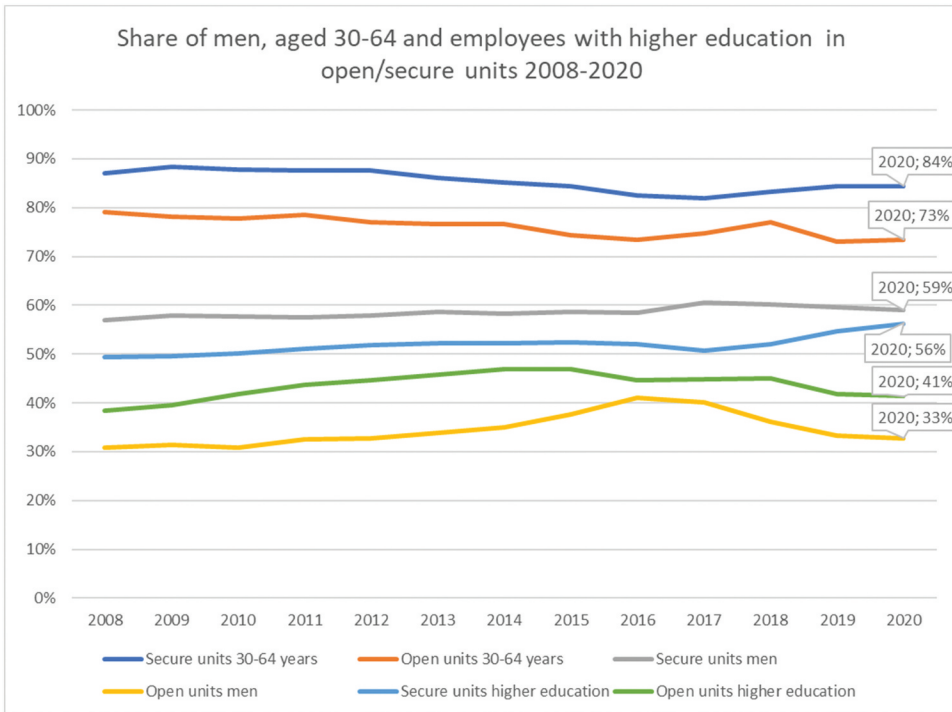
such establishments grew significantly during these years. Today, there are very few such units left in Sweden.

Looking at the numbers of placed children during 2008–2020, we can see that it initially follows the same pattern as the number of employees in open RCUs. From 2011 however, the number of placed children increased at a more rapid pace than the number of employees. There is no data on placed children for the years of 2014–2017, but it is reasonable to assume that the number of children peaked (as a result of a large influx of unaccompanied refugee minors) around the same time as the number of employees (cf. Backlund et al., 2021). Between 2018 and 2020 the numbers of placed children decreased again, more rapidly than the number of staff in RCUs. Hence, it seems as if the upscaling of staff initially did not keep up with the number of children placed in care. Neither did the downscaling of staff keep up with the decreasing number of placed children. Apart from this observation, the data presented in figure one cannot be used to analyze staff-child ratio. Firstly, employees in residential care work around the clock and therefore, the total number of employees says little about how many staff that are present at any particular point of time. Secondly, the data also include persons with relatively low levels of employment (e.g. people who have been paid by the hour during a short time).

### ***Employee characteristics in secure and open RCUs***

Residential care in Sweden (including both open and secured units) can, as it looks today (2020), be described as a field that is dominated by women (64%), and people with relatively low education. Of all employees, 43% had attained higher education, 46% secondary and 11% elementary education. As for age, the largest group of staff was between 45 and 64 years old (approx. 40%). Around one third of the staff was between 30 and 44 years old, whereas around 13% were 16–29 years old or over 65 years old respectively. Hence, there are reasonably few comparatively old or young workers, although the share of such is somewhat higher in open RCUs (Figure 2). None of these characteristics have changed much during the investigated years, although there has been some fluctuation (Figure 2).

Comparing the characteristics of staff in secure and open RCUs, we find several similarities, but also some notable differences. Firstly, the proportion of men is much larger in secure RCUs than in open ones (59% compared to 33% in 2020, Figure 2). The proportion of men in secure RCUs has been stable at approx. 60% over the investigated period (2008–2020). In open RCUs, women are, and have during the investigated years, been in majority (approx. 70% in 2020). There was however an increase in the proportion of men between the years of 2014–2018, during which the proportion peaked at approx. 40%, before it again decreased and stabilized at 30%. This development coincides



**Figure 2.** Characteristics of employees in secure and open RCUs, 2008–2020.

with the arrival of many unaccompanied asylum-seeking children to Sweden (see above). It is likely that these phenomena are associated.

Secondly, a higher proportion of staff in secure RCUs (56% in 2020) have attained higher education (in accordance with the broad definition described above) compared to staff in open RCUs (41% in 2020). As for the type of higher education, we know from previous research that around 60% of the staff in secure RCUs are employed as so-called “treatment assistants”, which is a position that requires a two-year vocational training (Andersson, 2022). Hence, it is likely that the proportion of employees with an academic degree is small. Over the last decade (2008–2020), the proportion of employees with higher education in secure RCUs has been reasonably stable, although there appears to have been a slight increase from 49% in 2008, to today’s 56%.

More than half of the staff in open RCUs lack higher education. This has been reasonably stable over time (2008–2020), although the proportion of employees with higher education increased somewhat for a period and peaked at 47% during 2014–2015, before it decreased again to today’s level at around 40%. It should be noted that the category open RCUs in Figure 2 includes employees in supported housing. Around one fourth of the children placed in open RCUs are placed in such establishments (NBHW, 2022) and it is reasonable to believe that the proportion of employees roughly corresponds to these

numbers. Supported housing does not involve treatment and, although these units need to abide by the same regulations as other residential care, it is reasonable to assume that a greater percentage of staff in these units lack higher education. Nevertheless, other publications confirm that the educational levels in open RCUs in general is low. According to a publication from the Swedish inspectorate, around half of the staff in open RCUs (supported housing is not included) lack education with relevance for treatment (IVO, 2013). On the job training is not included in the data, and RCUs may provide such training. For example, secure units offer staff on the job training in the areas of conflict management, suicidal prevention, and Motivational Interviewing (MI). However, this training is usually short and does not lead to formal qualifications such as academic credits or vocational degrees.

Finally, the differences in terms of age of workers in secure and open RCUs is small. Both types of establishments have relatively few employees under the age of 30. The share of employees between the age of 30 and 44 is slightly higher in secure units compared to open RCU, whereas the group of employees over 65 instead is slightly larger in open RCUs. Over the years, the distribution between age groups has not changed much in either type of residential care.

## Discussion

This article set out to give an overall picture of residential staff characteristics in terms of educational attainments, age and gender between the years 2008–2020. In Sweden, residential care is a diversified service targeting children and young people with different needs, consisting of a large number of open RCUs and a small number of secure RCUs. Caring for and treating children in residential care is a complex professional task, and a high level of informed care management and professional practice is required (Cameron & Das, 2019). In Sweden, the regulations regarding staff competence and staffing levels are rather vague, and do not differ between the types of residential care, despite the rather differing circumstances for work in secure and open units. The vague regulation leaves a substantial leeway for the organizations, may they be municipally owned, state owned or owned by for profit companies, to decide e.g. what type of educational level that the staff should have, and also the staff-youth ratio.

Our article shows that the staffing levels in the secure RCUs have remained stable during the investigated period – as has the number of youth placed in such facilities. The number of placed children in open RCUs has been less static, and the staffing levels appear to mirror the changes in number of children needing placements, at least to some extent. In terms of staff characteristics, we have shown that the field of residential care in Sweden is dominated by staff with reasonably low

levels of education – less than half of the staff had attained higher education. In addition, we have shown that the field is dominated by women and that the majority of staff are between 30 and 64 years old. Comparing open and secure RCUs, we found some interesting differences, namely the somewhat larger proportion of employees with higher education in secure RCUs and the notably larger proportion of men in these units. In general, the proportion of men in residential care (on average around 45%) must be regarded as quite high compared to other social work areas. In statutory social work for example, the proportion of men is only 11% (SKR/the Swedish Association of Local Authorities and Regions SALAR, 2019).

In an international perspective, a lack of qualified staff has been described as one of the major problems facing residential care (Boel-Studt & Tobia, 2016; Crimmens, 1998; Del Valle & Bravo, 2013; Whittaker et al., 2023). This study adds to that picture, by showing that a large group of the Swedish residential workforce lacks formal education relevant for working in residential care, a share that has been stable over the last decade. This stands in contrast to statutory child welfare in Sweden, where a bachelor degree in social work is required. There are few studies about actual staff qualifications in different countries, but there are signs of stronger requirements and higher educational level in other European countries. In nearby countries, such as Denmark and Norway, around 70–75% have post-secondary education (Social- og Aeldreministeriet, 2021; 11650: Barnevernsinstitusjoner. Avtalte årsverk eksklusive lange fravær, etter utdanning, eierskap, statistikkvariabel, år og institusjonstype. Statistikkbanken (ssb.no)). The differences between Sweden and nearby countries can probably be traced to the extensive marketization of services, where the proportion of for-profit open RCU in Sweden is 78% in comparison to Denmark (22%) and Norway (45%) (Shanks et al., 2021). With diminutive state regulation in this respect, there are obvious incentives for for-profit providers to be restrictive in hiring personnel with higher educational attainment, since personnel costs represent a substantial part of the overall costs in residential care. The precise effects of pre-employment training for the quality of care is difficult to evaluate, but formal education has been described as important to assimilate further education and supervision on site, to avoid violence and to be able to correctly implement treatment methods that are used in care (see e.g. Ahonen & Degner, 2014; McLean, 2015). The educational attainments in secure RCUs are slightly higher than those in open RCUs, though in face of the high demands on staff working at secure RCUs and their far-reaching authority (SiS, 2020), we would perhaps have expected a clearer difference.

As for staffing levels, we can see that in open residential care, the number of staff appears to have adapted to the number of placed children, even if the increase in staff never managed to completely match the increase in placed

children. Nevertheless, during the years of a very high influx of unaccompanied asylum-seeking children, the staffing levels increased by almost

100% in two years (2014–2016). Interestingly, the proportion of men increased in parallel. The possibilities to, with such speed, increase the workforce is likely to be related to the low requirements on education – it is of course more difficult to double the numbers of highly educated staff in such a short period of time. The state’s rather low requirements on staff in residential care thus made it possible to rapidly meet the quantitative demand of residential care places.

With regard to age, findings show that the majority of Swedish residential staff are over 30 years old. The importance of age on care quality is difficult to determine. However, age could arguably be regarded as a crude proxy for work experience. Hence, the fact that staff in general are over 30 years old may be a sign of a workforce with experience of working in residential care. The experience may mean that they have developed practical and “relational competences” (cf. Anglin, 2004; Duppong Hurley et al., 2017; A.-T. Harder, 2018) about how to treat and respond to children and adolescents in residential settings. However, there is research showing that education among staff and knowledge regarding, e.g, the importance of attachment makes it easier to form treatment alliances with young people (cf. Steels & Simpson, 2017).

Concerning gender, the study shows that women are in majority, but compared with other branches of Swedish child welfare there is a relatively high proportion of male staff in residential care. There are clear differences between the secure and open RCUs, with more men working in secure than in open RCUs. A plausible explanation for this difference is their respective historical origin. Whereas open RCUs stems from, in terms of workforce, the female dominated social sector (Sallnäs, 2000), secure RCUs originates from the male dominated criminal justice system (Levin, 1998). Historically, and partly now, secure care has clear gender dimensions in that it is mainly designed for boys. The high proportion of men in the secure RCUs has previously been understood as the result of an idea that males are considered to be a necessity in order to uphold security in these units that cater for the most troubled youth. Perhaps that is a partial explanation for why women often have higher education than their male colleagues in this context: i.e. female staff implicitly being required to have a higher degree of training in order to cope with the more male-coded tasks (cf. Bruhn, 2013). It is also suggested in Vogel and Gruber’s (2018) study that female staff are perceived as a concern when they do not meet the physical attributes, such as a large and strong body, that the male staff have. It has been proposed that this could lead to stereotypical gender norms for how work with young people is maintained and reproduced (Laanemets & Kristiansen, 2008; Silow Kallenberg, 2019). Furthermore, Silow Kallenberg (2016) and

Vogel and Gruber (2018) describe that the staff's tasks at these units are coded based on gender, where male-coded tasks (e.g. maintaining order) were valued higher than female-coded ones.

Based on sociological theory on professions, residential care is a professional field consisting of organizations providing group-based care to children in vulnerable life situations. A professional field can be occupied by professions, semi-professions and pre-professions (Brante, 2013). Analyzing available data on the staff in Swedish residential care, residential care mainly qualifies as a pre-professional field; the state has not given jurisdiction to a certain occupational group, the academization of the workforce is low and the organizations have significant leeway to decide what staff to employ. This drives a fragmented and heterogeneous care landscape, where it is difficult to know what professional treatment children and young people are actually provided. The overall low pre-employment qualifications of staff are noteworthy given the difficult societal task they are assigned, namely to provide care and treatment to children and young people with often complex needs. Here, we agree with Heron and Chakrabarti (2002) who have shed light on the noteworthy fact that staff are viewed as having a key role in residential care, at the same time as large groups are unqualified and perceived as low-status workers. A reason behind this may be that residential care serves a marginal group of the population, and the view of residential care as an unwanted service and a last resort. Thus, policy-makers may often not be inclined to invest what is actually necessary to provide the young people with helpful services.

## Limitations

The data used in the study (originating from statistics Sweden) has allowed a broad but relatively rough picture of the characteristics of staff working in Swedish residential care. An important limitation is that the organization's activities are defined by the care providers themselves, meaning that that data may cover certain employees with other tasks than front-line residential care work. Further, the data does not allow differentiation of education levels of different staff (for example managers from front-line staff) and between different types of open RCUs. Also, the data does not give detailed information about the staff, which is important to further strengthen the claims and theoretical conclusions made in the article. For example, data can not reveal actual work experience in residential care, type of higher education, staff density and staff composition (regarding, e.g., educational attainments, age, gender) of different RCUs. Moreover, there is a need of more knowledge regarding how staff conduct treatment and what on-the-job training they actually receive.



## Implications for Practice

Policy-makers and practitioners should take seriously the research indicating the critical role of staff in residential care for the care quality. The low grade of formal professionalization among staff identified in this study warrants policy-makers to invest more in guaranteeing a workforce that is educationally equipped to handle the often complex needs among children placed in residential care.

## Notes

1. The National Board of Institutional Care (*Statens institutionsstyrelse*, or SiS) is an independent Swedish government agency that delivers individually tailored compulsory care for young people with psychosocial problems.
2. <https://sni2007.scb.se/snisokeng.asp>.
3. SNI87901 and 87,202.

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