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RESIDENTIAL CARE STAFF VIEWS ON THE TRAINING THAT THEY RECEIVE AND THEIR PERCEPTIONS ON PREPAREDNESS IN REGARD TO WORKING WITH RESIDENTS

Deziray Sorieya Marroquin
California State University - San Bernardino

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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Approved by:

Dr. Deirdre Lanesskog, Faculty Supervisor, Social Work

Dr. Yawen Li, M.S.W. Research Coordinator

ABSTRACT

The purpose of this study was to analyze residential care staff's views on the training that they have received at residential group care facilities. Training is an important component of preparing staff to work with children within the child-welfare system. The literature review suggested that there were various factors that hindered residential care staff from being able to provide the necessary care for the residents. Such factors included inadequate training, supervision, burnout, and high turnover rates within residential group care facilities.

The study used a qualitative, exploratory design. The data was collected from in depth interviews with six participants who worked at least one year at a residential group care facility with children in the child-welfare system. Interviews were conducted with a semi-structured interview guide formulated by the researcher. Findings suggested staff yearned for consistent, relevant training to prepare them to work with the children in their care. Staff called for updated, research based training and reliable supervision. The research also explored training suggestions noted by staff and overviewed the concept of training transferability. The results of this study have implications for social work practice related to the training and preparation of staff working within residential group care facilities.

DEDICATION

I dedicate this paper to my friends and family who fully encouraged me and supported me through this process. I extend my deepest gratitude to my parents Erick and Diana, and to my friends, Genesis, Savannah, Alyssa, and Ecstassy who have personally been alongside me throughout my pursuit of higher education. And to my Cane's family who provided a community and safe space through my last year of graduate school. Ultimately, I dedicate this paper to the Lord God Almighty who provided me with the wisdom and understanding to write this paper. To God be the glory forever and ever, amen.

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CHAPTER ONE

PROBLEM FORMULATION

Residential group care is long-term care provided for children involved in child welfare (Eenshuistra et al., 2019). Many residential care facilities provide children with home-like settings that are equipped with multifaceted programs to help improve their behavioral and emotional problems. Most of the children admitted into residential care are around 12-18 years of age. Residential care is typically 24 hours a day and usually encompasses psychosocial treatment. As of 2020, 50,000 children live in residential care in the United States (Izzo et al., 2020). Children residing in residential care are those who cannot permanently or temporarily live at home due to behavioral problems and impeding environmental factors. These factors include but are not limited to, child maltreatment and an absence of parenting skills (Eenshuistra et al., 2020).

Furthermore, residential group care placements are continuing to be widely used despite federal and state attempts to minimize the number of children being placed (Rauktis, 2015). These attempts are due to the concern that residential care agencies are not equipped to meet the intensive needs of the children in their care (Izzo et al., 2020) The cause of such thinking is the result of residential care workers receiving minimal training on how to work with children who have experienced severe trauma. The lack of training thus translates into a paradigm of substandard care that staff provide the residents, resulting in program

inconsistency. Effective training invests in knowledge, skills, and attitude that enhance workers performance. It can lead to commitment, boost morale, and improve work quality, whereas poor training can lead to complications within the organization (Grossman & Salas, 2011). Not only does poor training impact the organization as a whole, but also at the most fundamental level. The children in residential staffs' care are the recipients of inadequate care due to exiguous training and supervision.

Residential care staff who care for foster children at residential group homes typically come from various levels of education. There are many who have little to no experience working with children who have trauma histories (Byrne & Sias, 2010). When it comes to residential care staff within residential group homes, there is a lack of research in regard to their training experiences and perspective of their working environment (Parry et al., 2021). Though, research from Steels and Simpson (2017) suggests staff need an abundance of knowledge and experience to work with children who come into residential group care. Additional research from Eenshuistra et al. (2019) stated that residential care workers receive low pay, and minimum training. Such workers have little autonomy and receive little respect for their performance.

Unfortunately, staff often receive minimal training, the training that residential care workers do receive is forgotten over time due to a lack of evaluation and ongoing training. This leads employees to give and take from what they have learned in trainings (Eenshuistra et al., 2019). The giving and

taking of rules embedded in programs that are intended to help children can lead to major consequences. In research from Rauktis (2015), residents reported that staff taking what they liked from behavioral management interventions and discarding what they disliked, led to confusion and disorder. What staff did use from behavioral management interventions, were used in a way to hold power over children. Residents view staff led interventions as exceedingly controlling, leading children to feel helpless and a lack of autonomy. The inadequate use of interventions resulted in an increase of conflict between residents and staff. These outcomes evidently do not assist children in maintaining and developing healthy relationships. Consequently, the depiction of staff's behaviors such as instability and inconsistency reinforce negative views that residents already have about caregivers. Staff who do not receive sufficient training, nor take interventions seriously, hinder residents' betterment rather than effectively improving it.

Furthermore, working with such children can become increasingly stressful without adequate supervision and training (Eenshuistra et al., 2020; Eenshuistra et al., 2019). This can result in high staff turnover rates which are a large problem in residential care settings. Factors of high turnover rates are poor supervision, low pay, and high workload. High turnover rates contribute to a lack of consistency, inconsistency in the program can affect children's quality of care. Therefore, high turnover rates result in immediate hiring to replace individuals, which can lead to a rush in training where the "training" is

immediately inserting trainees into the workforce. This can lead newly hired staff to be confused and ill equipped when working with children with a history of trauma experiences. The results of such a consequence can turn into a cycle of ill-equipped staff who have high levels of stress, limited to no supervision, and low pay. This evidently leads to a decline in residential care agencies overall.

Consequences

Moreover, there are impeding policy consequences related to residential care. Most recently in 2018, 926 children were experiencing institutionalized abuse from the residential care workers (Chatfield et al., 2020). This institutionalized abuse blatantly goes against The Adoption and Safe Families Act (ASFA) which emphasizes children's health and safety, specifically the safety of children in foster care. These repercussions unmistakably go against their role as caregivers and impede residential care organizations mission to keep children safe. Foster care/residential group care are provided to children who do not have a safe or permanent home. Staff who create an unsafe environment for children threaten the role of residential group care facilities, which is to provide a safe environment and promote the children's wellbeing, healing, and growth.

Relevance to Social Work Practice

In conclusion, being aware of mishaps in residential care settings is of great importance at the micro and macro level. At the micro level, awareness of how the ground floor works and cares for the children can be brought to the

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attention of social workers who work in administrator positions in residential care. Often in residential care facilities there is a gap between administration and the workforce. At the macro level this gap can be detected via administrators' unawareness as to how the workforce functions and operates. Hence leaving staff with insufficient guidance and supervision, performing, and caring for children knowing that those in administration have little insight. Such dilemmas lead to inconsistencies in the program/organization, policy following, and unreliability, ensuing in increased expenses for the organization (Eenshuistra et al., 2019). This study can provide social workers in administrative positions with research that can benefit their supervision and training processes. The findings from this study will bring to light the quality of care enacted by staff members and their reflection of training. This study can bring awareness of the complications in residential group care in an effort to close the gap between administrators and their staff. In result the research question of this study is: How do residential care staff view the training that they receive in preparing them to work with residents?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will overview the difficulties residential care staff working in residential group care facilities face and have trouble overcoming. Thus, emphasizing the importance of adequate training to deter the challenges that come when working with children in their care. The subsections included will explore the importance of adequately training staff to advance the care that is given to residents. Equally significant there will be an overview on high turnover rates that residential group care facilities face and the results of such rates. All in which highlighting the imperative need to sufficiently train residential group care staff.

Training Related to Management of Behavior

While in residential group care, one of the main goals of staff is to encourage children to adopt positive behaviors. Though, many children are reluctant to change their negative behaviors, making the job as a residential group care staff difficult. Staff require an abundance of knowledge and experience to work with children who come into residential group care to understand where these behaviors come from and why they take place. Such children have histories of maltreatment, and mental, emotional, and developmental needs (Steels & Simpson, 2017). The extensive history and needs that these children have often

translate through their behavior. Though not all staff working at residential group care facilities have the education or qualifications necessary to work with children who need therapeutic interventions to manage their behaviors. The training that staff need to fulfill such qualifications are minimal with no guarantee of continuous training throughout the job. Evidently, training can enhance staff's understanding as to why children behave the way they do. This can relieve feelings of frustration that may be experienced by staff that come from the difficulty of behavior management (Steels & Simpson, 2017). The enhancement of a therapeutic environment and improved interactions with children can come to be with appropriate supervision and frequent training. This in turn can improve children's view of self and translate into their own relationships (Parry et al., 2021).

 Training Needed to Increase Competency to Address Emotional Problems

Due to residential group care facilities 24-hour care, staff see the behaviors and personalities of the residents in their care daily. Thus, to help residents improve their behavior, staff should build strong relationships with the residents. Nonetheless, children's reluctance to change alongside their complex behaviors make it difficult for staff to build strong and lasting therapeutic relationships with the children in their care. (Eenshuistra et al., 2019; Eenshuistra et al., 2020). Because of the complex nature of the children's upbringing, there are bound to be defenses built up that complicate and hinder the relationship building process. Such reluctance from residents to change their behaviors can

be seen as defense mechanisms set up to keep staff at a distance due to negative relationships that were formed in the past.

Relationships are complex and individuals tend to act unintentionally based on past experiences which can incidentally guide children's behaviors and actions towards others (Steckley, 2020b). Hence many children in residential group care use negative coping skills and behaviors to protect themselves from toxic relationships. Though, newly hired workers and others who have not been informed through training why residents partake in negative behaviors may find it difficult to manage the residents' behaviors all the while attempting to build rapport with them. Thus, staff often result in using control to maintain behaviors. Such use of control is often a contributor to poor therapeutic relationship building with children in residential group care (Steckley, 2020b; Eenshuistra et al., 2020).

Training Needed to Increase Competency to Address Behavior Problems

Behaviors often depicted by residents include, punching, kicking, biting, and threatening to harm   staff and other residents with various weapons. Because of the harm that can be enacted upon other residents and staff, restraint and seclusion are methods that are often used to keep residents safe (Geoffrion et al., 2021). A restraint is when staff hold or pin down a child to the ground or wall to minimize threats. Whereas seclusion can be seen as a "time out" where a child is separated from the rest of the residents. There have been many instances where staff have not been able to provide a consistently safe environment for residents. This can result in the use of such methods to control and in some

cases abuse residents. Due to such instances, there have been concerns about restraint and seclusion methods as they have often been used for discipline or for the benefit of staff rather than to promote safety. It is important to emphasize that staff's inability to maintain a safe environment is due to the deficit of training and inexperience in working with behaviors that are often depicted by the children in their care (Galvin et al., 2020; Galvin et al., 2021). Furthermore, staff who have little training in de-escalation and trauma informed strategies may also not know how to handle a crisis. This can lead to new hires and staff that are inexperienced to feel threatened or unsafe in a residential group care environment and resort to using restraint and seclusion often (Geoffrion et al., 2021). Such uses of discipline often promote the use of negative coping skills and create an unsafe environment for the residents and for staff.

Feedback and Supervision

Instances of harm or potential harm upon staff can result in traumatic stress (Parry et al., 2021). Staff do not report traumatic stress as often as they should as the result of the normalization of aggressive behaviors displayed by residents. Due to the lack of such reporting, supervisors are unaware of such stress and cannot help staff in that area. This leads to a lack of feedback and supervision between supervisors and staff. Effective and relational supervision can help staff with coping with second hand traumatic stress and provide insightful consultations as to how to maintain a healthy environment for residents (Parry et al., 2021; Hazen et al., 2020). Like the residents, staff come from

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various backgrounds and history. Staff's past can contribute to how they care for residents and respond to behaviors. Supervision is a place where staff gain competence in working with residents through discussing such responses that they may not know are positively or negatively influencing residents (Byrne & Sias, 2010). This can be conducted through reflective practice in which staff process thoughts and emotions that occurred in a particular moment and after a moment. This promotes thinking about one's beliefs and experiences in an effort to improve oneself and increase self-awareness. Reflective practice should be done with a trusted individual such as a supervisor (Hazen et al., 2020). In order to increase awareness of children's behaviors, bolster staff's personal development, and promote a positive living environment, support and supervision is necessary. Though, more often than not, supervision within residential group care facilities is not set at a high importance. Where supervision is taking place, supervisors often ask staff what they are doing and not as often asking how they are doing. Staff reported wanting supportive supervision in which supervisors check in on staff's well-being opposed to work performance (Parry et al., 2021).

Burnout and High Turnover Rates Among Staff

The percentage of turnover rates within residential group care facilities is approximately 20-40% with some experiencing 50% turnover rate (Byrne & Sias, 2010). Inadequate training is a factor that contributes to the percentage of turnover rates. Due to inadequate training, residential group care workers feel the residual effects of burnout which includes emotional burnout and disassociation.

The combination of under trained staff, and newly hired staff with little to no experience of working with children in residential group care facilities, results in staff unskillfully handling violent situations. These situations can and have led many staff to become injured by residents which often leads to physical, mental, and emotional harm (Smith et al., 2018). Secondary traumatic stress most often leads to staff leaving the job and a decrease in mental/physical health, and quality of performance. Working constantly with such behaviors can lead to quick burnout, regardless of advertised benefits such as relationship building and a multitude of tasks to gain experience from (Coll et al., 2018; Hazen et al., 2020). These benefits do not compensate for low pay, minimum training, high overload of work, and lack of supervision. Moreover, residential group care workers have little autonomy and receive little respect for their performance. (Eenshuistra et al., 2019; Smith et al., 2018). In research from Smith et al. (2018), residential group care workers are social workers at the bottom of the pyramid, residential group care staff being viewed as a preliminary/temporary job influences the increase of turnover rates. It has also been vastly argued whether working as a residential care staff is professional or not (Jennings & Evans, 2020). Moreover, high turnover rates cause distress not only to the organization but also to the residents. High staff and resident turnover rate coupled with high staff to resident ratio is counterproductive (Steels & Simpson, 2017). Causing the residents to have low levels of trust thus making it difficult for them to create lasting therapeutic relationships with the staff. For staff to build healthy therapeutic

relationships, it is necessary for workers to stay on the job for months to years to build such skills (Smith et al., 2018).

<div align="center">Theories Guiding Conceptualization</div>

Attachment Theory guides much of the conceptualization surrounding residential group care facilities. This theory conceptualizes that children should form one secure attachment to develop the necessary skills to become successful in life (Chimange & Bond, 2020). There are four types of attachment styles which include secure, anxious, disorganized-insecure, and avoidant. Each type of attachment is formed depending on how the child was raised by their caregiver and is developed to survive and protect themselves (Chimange & Bond, 2020). Consequently, high staff turnover rates are detrimental to residents because it harms their ability to securely attach to others. Unfortunately, staff are not staying long enough to build rapport with residents nor gain necessary experience to provide adequate care (Smith et al., 2017). Children and youth placed in residential group care settings are met with extremely unfamiliar environments and thus seek others to support them in the new environment. Though they often cannot find them from their family because they are no longer able to communicate with them or the relationships are insecure attachments. Staff are placed in vital roles where they can help children form secure attachments. Nonetheless, this is only possible if the staff are caring, trustworthy, and have a true sense of altruism (Pascuzzo et al., 2021). Having various social supports is deemed to be beneficial to children and adolescent's

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upbringing and can bring healing to those from difficult backgrounds. However, some young people are reluctant to form relationships with staff for fear of being rejected or because they feel that staff would soon leave. Staff can change the narrative by becoming secure attachment role models for children in residential group care who otherwise do not have such figures in their life. Residents that have formed secure attachments often felt that staff made them feel safe and protected, finding friendships from the relationships (Hoffnung Assouline & Attar-Schwartz, 2020).

Although the Attachment Theory has guided much of the conceptualization surrounding residential group care and their staff, this study will focus on the Transfer of Training Theory. As stated above, research has validated that forming secure attachments are essential when caring for children in residential group care. Though, such formations of attachment are not attainable when there are instances such as high staff turnover rates, and discrepancies in providing a safe environment. These results are due to the lack in quality of training that staff receive. Evaluating if staff are receiving and positively transferring the training that is being provided is essential to determine whether they are providing adequate care for residents.

According to Blume et al. (2009), positive transfer of training is when a trainee greatly benefits from the training provided and carries the new knowledge and skills into the workforce. The transfer problem on the other hand occurs when an organization puts in time and finances to train their staff but see minimal

progress that benefits the trainees and the organization. This is evidently the opposite of what training should be, which is for organizations such as residential group care facilities to invest in developing the knowledge, skills, and attitudes that enhance their staff's performance. Effective training should produce permanent cognitive changes and develop the necessary skills for the job (Blum et al. 2009; Grossman & Salas, 2011).

Positive transfer of training is vital for residential group care workers for them to have an experienced set of skills to work with children who have been maltreated and carry trauma. Unfortunately, there is not much research on what types of skills or training is required for residential group care workers (Steckley, 2020a). It has been noted that trainees who see training as transferable to the job have positive transfer of training. Though, there is a lack of consistency when it comes to what is being taught in literature of how to care for children in residential group care and what staff are being taught in training. Due to the absence of consistency, staff often resort to using common sense, resulting in a lack of confidence towards residential group care facilities. Combined with its negative history of abuse and poor care takers, residential group care facilities have been left as last resort placements (Grossman & Salas, 2011; Steckley, 2020a). Though, according to Steckley (2020a), needs of children in residential group care facilities can be best met when staff are well trained, leaving some researchers to believe that they are a better fit than foster care. Additionally, it is crucial that tasks taught during training are like tasks that the job requires,

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ensuring quality workers and positive transfer of training (Grossman & Salas, 2011; Blume et al., 2009).

In sum, there is a lack of research when it comes to residential group care workers and the training that they receive (Parry et al., 2021). This has resulted in discrepancies with the way staff care for the children who reside in residential group care facilities. The consequence of unacknowledging the importance of adequate/ frequent training and supervision for staff has resulted in the lack of confidence of such facilities due to the way their staff perform. This paper will overview staff's perceptions of the training that has been provided to them. In order to explore whether trainings are transferable, successfully preparing staff to work with the children in their care.

CHAPTER THREE

STUDY DESIGN

The purpose of this study was to analyze residential group care staff's perspectives on the training that they receive; thus, evaluating if the training is helpful and readily prepares staff to work with residents. This study was exploratory due to the lack of information pertaining to how training influences staff's performance when it comes to caring for residents. Due to the unique position that residential care workers are in, this study was done in the qualitative format. A qualitative study will effectively grasp staff's outlook and provide a new perspective to the research relevant to residential care facilities and their training. To gain such perspectives, this study used in-depth interviews in order to allow participants to recount their experiences.

The use of an exploratory, qualitative design utilizing in depth interviews had many positive factors. Within such a design, participants were given the opportunity to disclose if they thought training was beneficial. They were also able to provide further recommendations that they had when it came to implementing training that would be transferable to their line of work. Furthermore, residential care staff were able to state how they perceived training affected their own performance and their coworker's performance. Another strong factor was that the interviewer was able to ask clarifying questions throughout the interview, giving and gaining different insights on the subject. In

depth-interviews allow for the disclosure of exhaustive information and diverse information.

Costs of such a method include participants' instinct to give socially desirable answers. In relation to this concept of socially desirable answers, the questions asked could have been deemed as intrusive by respondents. For this reason, respondents may have felt uncomfortable or pressured to give answers that they may have thought the interviewer would have liked to apprehend, not truthful answers. Additionally, this way of interviewing was time consuming and resulted in a limited number of participants which can influence the outcome of the data. The findings of this study were intended to evaluate the common perspectives of participants not to determine causes or effects of the viewpoints that will be obtained.

Sampling

The purposive and snowball sampling methods have been used to select informants. Informants were those who have worked at minimum, one year in a residential foster care facility with children in the child welfare system. Such informants were sought out through the researcher's social networks. Such social networks included Instagram, GroupMe, Email, and iMessage. A portion of the participants were the researcher's past coworkers who then informed the researcher of other possible participants. Additionally, the researcher reached out to professors who have connections to residential care staff who would

qualify and be able to participate in the study. There were 7 participants that partook in the in-depth interview process.

Procedures

Participants were contacted through email or through a social media messaging outlet. At first contact the participants were asked to participate in the study and were provided with an infographic that will give information on the study, its purpose, and qualifications. Once participants agreed to participate in the study, they were sent an online calendar in which they RSVP'd options for a 45-1hour interview with various time slots in the morning, afternoon, and evening. The various time slots were provided to the participants to meet a time that best suits them.

Interviews were conducted over zoom in which the researcher discussed confidentiality, consent, demographic information, thanked the participant for their time and gave a brief overview of the study. At the start of the interview the respondent was made aware that the interview was going to be recorded, and the researcher was going to record the zoom interview. Once the interview was over the researcher again thanked the respondent for participating in the study and went on to debrief the participant.

Protection of Human Subjects

Participants' identities were kept confidential, and aliases were used in place of their real name in the report. Additionally, participants were not

able to view who has scheduled interviews on the calendar that will be provided to them. Participants were notified to be behind closed doors when in the zoom interview to protect their identity and information that they disclosed from others. The researcher was also behind closed doors when conducting the interview. Participants were instructed to use aliases for other people's names in order to protect other individuals. The participants signed informed consent forms prior to the interview which also included consent for the zoom interview to be recorded. Once the interview concluded participants were also debriefed. To protect the identity of the participants and the information given, the teleconference program, Zoom was used to conduct and record interviews. Zoom has encrypted services and uses passwords to gain admission to the program and interview meetings. To further safekeep the Zoom interview, the interview was recorded on the cloud which is encrypted, on California State of San Bernardino University provided google drive. Additionally, one year after the study is completed all video recordings and documentations will be deleted.

<div align="center">Data Analysis</div>

Thematic analysis was used to analyze the data that was gathered (Gibbs, 2008). This analysis approach was used due to the qualitative data that was provided through interview form where the respondents were providing their viewpoints, experiences, and opinions. In addition, a deductive approach was used when analyzing data, in which preconceived themes and the transfer of training theory was reflected in the data. Initially the video's audio has been

transcribed using the Zoom caption feature where the researcher took notes on the audio and familiarized themselves with the Zoom interview. Next the researcher coded the data, where various parts of the text were labeled with different codes to describe the text's meaning, and code sentences that were parallel to the codes. Once the codes in each participant's interviews were identified, common themes between the interviews will be identified. Such themes that were identified include transferability of training, benefits of training, and improvement suggestions. The data was again reviewed for accuracy of themes and usefulness. Themes were then refined and written up.

Summary

This study explored residential group care staff's views of the training that they were provided with while working at a residential group care facility. Data from the study was evaluated to analyze whether such trainings were beneficial for the staff. In-depth interviews encouraged participants to divulge their experiences working at residential group care facilities in an effort for future researchers to have knowledge of residential care workers and their perspective on training. The qualitative methods used to gather and analyze this data were the best option to gain information from an area, such as residential group care staff's training, that is lacking research.

CHAPTER FOUR

RESULTS

Introduction

Through the purposive and snowball sampling method the researcher

interviewed six participants from four different agencies. The participants were

interviewed between October – December 2022. All six individuals were

employed at residential care facilities for children in the child welfare system.

Five themes were identified in regard to staff's view on how prepared and

supported they felt working at residential care facilities. Such themes included:

supervision, turnover rate, training, outdated trainings, and training transferability.

In this chapter the demographics of the research participants and identified

themes are detailed.

Demographics

The research participants ages all ranged within their early to late

twenties. Four of the participants identified as Hispanic, one identified as African

American, and one identified as White. Five out of the six participants had

received a bachelor's degree and one had a high school diploma and some

college credits. All participants were continuing to pursue higher education. In

addition, five out of the six participants were female. One out of five participants

had prior experience working at a residential care facility while the other research

participants had none. Lastly five out of six participants had worked at a

residential care facility for about one year, while one worked at a residential care facility for nine years.

<div align="center">Themes</div>

<u>Supervision</u>

Multiple staff would often describe supervision as "checking in." Participant one expressed a desire for supervision to not only be consistent but also have a consistent authority figure, which they did not experience while working at the facility. In addition to constant supervision, participants stated that they would like the supervision process to be a collaborative process, compared to "authoritarian", as participant number two stated. There was also a call for supervisors to be receptive and open to discussion to receive staff's feedback on what is working well within the residential care facilities.

There were also a variety of traits that participants identified as "good supervision." Such traits included, supportive, direct, reliable, receptive, and dependable. Participant four stated, "She would answer questions, she'd reach out to us, and she kind of helped us by giving us like the kind of guidance that we needed with while dealing with the kids." This participant emphasized the fact that staff appreciate and seek supervisors that are not only ready to guide staff but know when they are needed in terms of support. In describing a well-suited supervisor, participant number six stated,

> You're either a leader or you're a boss. What's the difference? The leader gets their hands dirty. A leader is not afraid to get into it, work with you

and help you out in whatever capacity, whereas the boss, a boss, tells you what to do, and that's it.

This participant reiterated the authoritarian approach that most participants saw within supervisors. The "boss" who would tell staff what to do without the collaborative aspect that they were yearning for. Compared to the leader that participant six described, a supervisor that participants sought for.

<u>Constructive Criticism</u>

Half of the participants also brought up aspects of shame, in which supervisors would scrutinize staff's work. As opposed to providing constructive criticism, there was often an overly critical review of work instead of an acknowledgement of what was being done correctly. As participant one states, "you never really got told you were doing a good job. You just got told what was wrong." Participants often stated that they wanted their supervisors to provide constructive criticism and affirmations. Participant five mentioned that staff would often receive feedback though the feedback was not very constructive. Where participant three discusses,

> So, a lot of the admin they use their title kind of like as a weapon and they kind of belittle you, and they expect you to go above and beyond expectations for the position, but you have no training, and when they train you, all they do is criticize versus giving construction criticism.

<u>Safe Space</u>

Due to the lack of constructive criticism, this created an environment in which staff felt as though they were not able to depend on their supervisors and seek support, creating an unsafe space to work in. Participants stated that they did not feel comfortable with asking questions or reaching out for help. As participant five mentions, "like not being able to necessarily rely on the assistance of our supervisors, because at times it felt like when we were reaching out for help. It was more seen as a sign of like incompetence." Participant two also overviewed the idea that asking questions or seeking help was viewed as incompetence,

I was scared to reach out because I didn't want to feel like I was over boarding them or was asking for too much help like I didn't want to be seen as incompetent, because I've heard like stories, too, of like other staff, or like other houses asking for help. And it was so frequently that they were seen as like incompetent or like, if you reach out for help like you weren't doing a good job.

Feelings of an unsafe space were continuing to be reinforced when others were seen as incompetent when asking for help. Participant one also overviews their frustration and confusion when it comes to feeling as though they were unable to ask questions.

We don't have like we don't have access to storage units, so that's kind of a moment of where it was like simple. You should have just been

able to ask, where do you want to put these? But because that like

communication barrier has been broken down it just resulted in like again.

you've done something wrong.

Disconnect

Staff also overviewed the concept of a disconnect between

administrators/supervisors and the staff. Participant three stated,

There were also times when the supervisors would be in there, and they

would try to put in their two cents. But they were like, unaware of the fact

that all these kids like behaviors were different, and triggers were different

and like they tried to be like, oh, I've been doing this for 22 years 25 years

it's like I don't care how long, you're not the one who's getting attacked

you're not the one who's running this for 12 hours.

Participants expressed their thoughts that although authority figures had the

education and experience, they did not have the specific relationships or

knowledge of the residents that were needed to care for them. Participant six

also related to the idea of a disconnect stating,

The supervisor who had all these fancy credentials and degrees and

trainings. He didn't know how to just connect with people. It was more,

these are all my degrees you're going to do what I say, that's not good

supervising.

Participant one also discusses how the disconnect of authority figures resulted in

their unreceptiveness to staff.

I felt like they're not very receptive either like people would tell them, and

they just wouldn't help. Oh, yeah, you don't know anything you're just like

a 20-year-old, and it's like I feel like they thought that their years of

experience was like more beneficial.

Participants felt that authority figures saw their years of experience and credentialing as more beneficial compared to the current knowledge and relationships that staff had with residents.

<u>Turnover Rate</u>

Staff noted high turnover rates within residential care facilities; participants stated that staff would often stay between three to four months before quitting. Participant five stated,

Something that was almost like taken with pride in or something that like

the supervisors there would always say, like, oh, like you're lucky if you

make it to the end. Like this is really hard most people only stay like three

months, or most people barely make it past training.

The supervisors themselves were mindful of the turnover rate and reinforced the idea of turnover. Participants also mentioned various ways that turnover affected them. Participant number four mentioned that due to staff and supervisors leaving, it effected how the facility was ran.

It was a lot for just a few staff that were in the cottage to deal with. I feel

like yeah, we know these kids. We've done it like, but we still need a

supervisor to kind of help lead the cottage, you know.

It was also noted that high expectations of the staff continued to be set regardless of the number of staff that were at the residential care facilities. Participant number three indicates, "They were trying to push for it to be an STRTP, which is a higher level of care, and they got approved but then they didn't come up with the employees." Participants also saw how it affected the outcomes of training, with participant number six mentioning,

> Going back to the whole Pro Act training, like if you're teaching you know the staff how to do restraints with two or more people but you're putting them into a place that only has one staff. What good is it?

<u>Burn Out</u>

Constantly mentioned in relation to the turnover rate was burnout. There was often the common concept of "always being on" when it came to working at the residential care facilities. As participant five stated that they had to "use their energy constantly" and participant one mentioned, "There were no real breaks. You had your times off. But yeah, it was 24/7, you are always on you're in the role of parent". Participant one also mentions how they saw burnout effect remaining staff's work ethic,

> Because you're tired like you have all of these rules you have to follow for like CPS reasons and house rules so you would just you would kind of like slip up on some, you're like I just have to get them fed.

Participant five stated that burnout became "normalized" in the work setting and called for more emphasis and training on the concept of burnout.

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Participants mentioned several reasons for not staying at the residential care facilities. Reasons included, work schedules, pay, residents' behavior, and lack of support. Participant two stated, "they don't pay very well, and they don't treat their staff very well." Similarly participant three stated,

> The reason why they left was because there is a lack of support from the owners of the management. Staff were always by themselves, and if you were sick, you still had to come to work because no one covered your shift and they would like, threaten you with like empty threats.

Participant two also indicated the trauma that the staff experienced while working at a residential care facility, "There is a lot of like trauma, I've heard of people just being like, Oh, I can't handle this too much and leave immediately after their training." Participant three agreed stating, "there's trauma going into working in an STRTP." Alongside this participant five was fascinated that administration would tell incoming staff that they should not expect to make it past training. Participant five stated, "I think that made for us to like believe that we couldn't push through the adversity of it, because we were told from the beginning. Like. Oh, don't expect to last that long."

Reasons for Staying

In contrast, participants also indicated the reasons as to why they thought staff stayed long term at residential care facilities. Such reasons included, loyalty, seniority, comfortability, love for the residents, and determination. Participants

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two and three both indicated that may staff stayed long term due to determination. Participant two stating, "I was like determined I was like I'm gonna make it my year", While participant three stated, "those who stuck it out to actually have that year experience like giving themselves like a time limit." Participants also mentioned their love and loyalty to the residents in their care. As mentioned by participant one, "They would just stay until their kids would leave, if a group of kids would go then they would go with them, so they didn't have to like, leave their children." In relation to loyalty and comfortability, participant four stated that staff had been working at the organization for so long they no longer saw a reason to leave. Participant six also noted how the culture and community feel of the organization impacted long term stay. Where staff respected other's differences and continued to find ways to work together.

<p style="text-align:center">Training</p>

<u>Training Expectations</u>

Participants noted many training expectations that were held and not met by the residential care facilities that they had worked at. Participant one stated, "Oh, I do remember one quote, he said, giving up your child will be the hardest thing you'll ever do, and then they did not prepare us for it, but they told us that would be the hardest thing we'd ever do." Indicating that they did not feel prepared by the trainer. Similarly participant one stated, "They kind of talked about their expectations, for how to parent. But then they just like throw you in to like the most dramatic house, and you just learn on the spot." Participant three

<p style="text-align:center">29</p>

speaks on how the facility that they were working at received complaints on their training. Due to the complaints the facility began to give monthly trainings though they were not to staff's expectations. Participant three stated,

> The last meeting I attended was on zoom with all the employees, but it
> was like I was at work. Some employees have their screens off, they're
> like sleeping because they worked a 10-hour shift. And it's like I was by
> myself, and I had five kids, and how am I supposed to attend a training
> when there's no one else to like watch these kids when it's just me.

Speaking to their disappointment with their inability to be present during training's due to working while the trainings were held. Participants four and six both spoke to the idea of retraumatizing residents due to the Pro Act training that they received. Participant four mentioning,

> I think we're still putting kids through that additional trauma that they we're
> trying to save them from. So, it was helpful in the moment, but I don't know
> if it really made a difference in the end for the kids.

And participant six stating, "like when you had to do a restraint and things like that, that's where I was like there has to be a better system." Both participants were indicating that there had to be another way to de-escalate residents other than using restraints and holds. Participant four also spoke of the disconnect when it came to administration and staff in terms of training. Stating,

> All the people that did the trainings usually don't work in the cottages.
> They don't see how these kids behave; they don't see their behaviors

firsthand. So, the things that they're telling you at the meetings may sound

good like, oh, yeah, do this, and the kid will do that. They'll listen to you,

they'll respond to you, doesn't always work in real life, you know. You

kinda got to know that kid, you gotta build a relationship with them.

Training Suggestions

Participants also mentioned many training suggestions for the residential

care facilities and administration to take into consideration. Such suggestions

included hands on training, shadowing, documentation training, cultural humility

training, relationship building trainings, self-care trainings, and to provide

consistent trainings. In regard to documentation participant one stated, "It was

nice to know how to do paperwork, especially since the paperwork was like

specific to the organization." Many participants went into such organizations with

little knowledge of how to do paperwork and found documentation training as

helpful. A training style that was found to be very helpful to multiple staff was the

hands on/shadowing portion of trainings. Participant four stated, "Yea, I think the

first-hand experience, working with the kids teaches you, I learned more from

being emersed in it, I thought it was better than just given a PowerPoint or

something." They also stated, "I just was able to kind of absorb everything".

Another emphasis was on having consistent trainings. Participant three enjoyed

the fact that there were bi-weekly trainings and that the supervisors would cover

various topics such as "ACE's" or "Crisis" trainings but also overview residents

behaviors and staff's various concerns. Participant four had a similar experience

stating, "The trainings that we had on Wednesday's we would talk about different topics like trauma informed care, kind of get an idea of like new topics that the staff or the therapist would come up with." Participants also brought up the concept of residential care facilities providing cultural competency trainings for staff. Participant five stated, "I'm Hispanic, I have no idea what like the black experiences are like what they go through, it's like I can try to understand but I just will never know what it feels like." Emphasizing that cultural competency trainings should be provided to train not only cultural competency but also cultural humility. An additional training concept was relationship building. Participant four stated, "You got to know the kid. You gotta build a relationship with them. Take them, build that trust with the kid." Indicating that to work with the various children that enter residential care facilities on must build relationships with them. Participant six had a similar statement saying, "I believe that through relationships and through being relatable you avoid getting into situations where you have to restrain a kid." Participant number four also suggested that individuals who are working directly with the residents inside the homes should be the ones to provide the trainings. Given that they have the first-hand experience and have relationships with the residents. Another training topic that was asked to be implemented was "self-care." Participant number five stated, "I think training to also take care of yourself is like just as important as the trainings that go into like taking care of other individuals." Participant five went on to state that they felt if such a training was implemented when they were working

at the organization, they would have known the signs and effects of burnout. Thus, hopefully being able to prevent the burnout that ensued. They also gave topics to go over within a self-care training such as, "self-care practices, mindfulness, and looking out for burnout." Lastly, it was stated to "mix it up a bit" by providing different avenues in which staff can learn. Examples given were, packet work, hands on training, and simulations. Participant six stated, "Nobody's going to learn the same way. Some people need hands on training. Some people need to see it, like mix it up if you are trying to have a successful agency."

Outdated Trainings

More than half of the participants called for the residential care facilities to update their trainings and support them with research. Participant two stated, "Provide us with peer reviewed journals or something. Say we do this because research shows that we're doing this and back it up." This participant continued to go on and state that they would like to know why they are doing such trainings and know the background and research of the trainings. Why was it that administration chose specific trainings compared to others. Both participants five and six called for an update in trainings regarding culture. Participant two asked for trainings regarding cultural competency/humility. This participant mentioned,

> Like we have, like a lot of children in the black community, and the
> trainings that they gave us for like their haircare it was like it's like
> outdated, or things that they think should be done. and it's like you're a
> white person you really don't know about haircare and then we've had our

black coworkers telling them like that's not how you take care of their hair

like I'm telling you like I just I have the same type of hair.

Participant two continues to state, "they weren't integrating new values into the

trainings." Similarly Participant six discussed outdated trainings regarding the

pop culture that residents immerse themselves in. Stating to make the trainings

relevant in terms of talking to the residents, knowing the verbiage that they use

and their interests. Participant six states,

> Aside from helping these kids psychologically, emotionally, socially, we
>
> also have to understand that we are working with kids which means you
>
> have to know how to talk to them. The kid is not going to be receptive to
>
> someone who maybe is outdated.

It was also asked for the organizations to conduct a re-evaluation of trainings.

Participant five stated, "a reevaluation of like the training process and the

program, in general to see whether it's effective or not." Indicating that they want

an evaluation of the trainings transferability and effectiveness when it comes to

working with the residents.

Training Transferability

Regarding training transferability participants noted ways that they thought

training was transferable and gave their thoughts on why they thought at times

trainings were not at all transferable. Many participants discussed how certain

trainings changed their perspective on different topics such as trauma.

Participant five stated, "I learned that certain things you do can trigger a child."

They also noted that trainings on Adverse Childhood Experiences helped them to "have more empathy and understanding of the children's behaviors." Participant four relayed their understanding of trauma informed care remarking, "I learned that due to the trauma the kids could have really intense behaviors towards you, though they weren't always intentional."

Participants also mentioned moments when they realized that the trainings had become transferable in terms of working with the residents in their care. Participant four stated, "they're telling you things in the offices during training and then you're with all these kids later and you're like OH, this is what they were talking about." While participant six goes on to state how he began to understand why the trainings were given, "we were getting constant intakes of young pregnant girls, turns out a week later we get a training talking about how a lot of young ladies were purposely getting pregnant to seek asylum across the border." This same participant continues to go on and discuss how they themselves took the trainings and understood how to make them transferable. "They gave me the ingredients; it was my opportunity to put my training into practice." It was also discussed why they thought that certain trainings were not transferable, overviewing the concept that individuals have different learning styles. "Everyone learns differently, and I think some people will be literal with the training" and stating, "one size doesn't fit all, you really gotta adjust it to who you are."

CHAPTER FIVE

DISCUSSION

The goal of this study was to examine residential care staff's experiences with training. There has been little research exploring staff's experiences and perspectives while receiving training at residential care facilities (Parry et al., 2021). The present study's findings depict residential care staff's experiences and perspectives on training. Furthermore, residential care staff share their viewpoints on various topics such as the supervision and training that they received, and the concept of turnover rate. Staff indicated that supervision and training had a clear impact on the high turnover rate within the residential care facilities and vice versa. Whereas due to the lack of training and supportive supervision, staff would leave. This would leave remaining staff having to compensate for the lack of support on various levels. For example, staff explained that due to the lack of staffing, training concepts that were being taught were not able to be properly implemented. Residential care staff emphasized wanting support from staff and their supervisors in order to provide adequate care for the individuals within the residential care facilities. Similarly, staff called for updated, relevant trainings to be able to provide the necessary care.

In addition, residential care staff gave their thoughts on the concept of training transferability. Participants stated that training should be versatile and that individuals' learning styles should be taken into consideration. Many participants mentioned having "ah ha" moments when experiencing training

transferability, stating that their perspectives would change for the better when it

came to working with the residents in their care. Residential care staff

experiencing training transferability were able to discuss and break down the

trainings that they received and the reasoning behind receiving specific trainings.

Similarly, staff who reported being able to understand the trainings and make

them transferable reported staying long term at the residential care facilities.

As stated in research from Byrne and Sias (2010), there is a 20-40%

turnover rate within residential group care facilities. Such findings are consistent

with this study in which participants stated that staff would stay at residential

group care facilities for 3-4 months before quitting. Burnout is likely a factor in

such high turnover rates, a concept that participants in this study mentioned

repeatedly. According to research from Hazen et al. (2020), working constantly in

such conditions leads to burnout in which staff leave the job due to secondary

traumatic stress and a decrease in mental health. This leads to a cycle where

staff experience burnout and quit due to the lack of support. Consequently,

remaining staff must compensate for the lack of staffing, increasing the likelihood

of experiencing burnout The participants in this study concurred with findings by

Parry and colleagues (2021), confirming that they would have appreciated

training in self-care and consistent supervision to prevent burnout. An additional

finding supported by this study is consistent with the literature which suggests

that   tasks taught during training were similar to those that the job requires,

ensuring positive transfer of training (Blume et al., 2009). Participants in this

study stated that when they were given trainings that they felt were relevant and relatable to the population that they care for they, such as trauma informed and ACE's trainings, they experienced a positive transfer of training.

There is limited research concerning residential care staff's perspectives on the training and supervision that they receive. Gaining such perspectives are among the strengths of this study. The qualitative format of this study adds to the strengths, given that participants were able to give greater insight to their experiences within residential group care facilities. Participants were able to give suggestions for future trainings and to share their thoughts as to how their expectations pertaining to training could be met. An additional strength was participants' thoughts on supervision. Participants shared what was lacking from supervision and what kind of supervision characteristics they preferred. Such insights can be implemented within residential group home facilities to better the training and supervision that is currently being provided.

There were several limitations in this study. First, the sample size was small with only six participants, most of who worked for a short time at a residential group care facility. Although this met the requirements of this study, additional studies may want to recruit a greater number of participants to gain more perspectives, especially from workers with longer tenure at residential care facilities. In addition, future studies might include former employees, as they may have different perspectives than those workers who have chosen to remain at the

facilities. In the gaining of multiple perspectives themes and findings of the research can be expanded.

Second, participants worked at four different agencies, and workers at other agencies may have different viewpoints and experiences.

Although training was the focus of the study it was evident that many factors came into play when it came to providing quality care for residents living at the residential care facilities. Participants reported that training affects the care they provide to patients, as do supervision and turnover. Participants perceived that training, supervision, and turnover rates had a great effect on staff's overall performance and care of residents.

One interesting finding in this study was the emphasis that residential care staff put on the need for quality supervision. More curious were the comments stating that supervisors often criticized staff in non-constructive ways, creating what felt like unsafe spaces for residential care staff. Participants reported feeling as though supervisors would use their positions of authority to dictate how staff worked. Participants relayed feelings of frustration stating that although supervisors had the education to work with the residents, they did not promote relationships with staff that would allow them to properly work with the residents. Participants acknowledged a disconnect not only between residential care staff but also the residents who reside within the residential care facility. This disconnect displayed a cycle that affected the staff, which then led to disparities of care for the residents, causing supervisors to interject.

This study suggests that poor staff support is detrimental in a residential care facility. Participants often called and yearned for support when it came to working with residents. Lack of support came in forms of training, supervision, and loss of staff. Staff could not effectively implement trainings due to the lack of staff and lack of quality supervision. In addition, staff often stated that trainings that were implemented did not meet expectations in which they were often seen as outdated, calling for relevant and researched based trainings for staff. Furthermore, staff associated transfer of training with relatability of training topics to the work setting. Training is vital when it comes to working at residential group care facilities where staff care for children who are in the child welfare system. Staff work with children who have experienced severe trauma and often display such trauma through their behaviors. Residential group care facilities should provide the tools for staff to know how to work with and de-escalate such behaviors.

APPENDIX A

LETTER OF INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to analyze residential group care staff's perspectives on the training that they receive. The study is being conducted by Deziray Marroquin, a graduate student, under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to analyze residential group care staff's perspectives on the training that they receive.

DESCRIPTION: Participants will be asked of a few questions on their perspectives on the benefits and transferability of training.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential. The data will be analyzed without personal identifiable information.

DURATION: It will take 45 minutes to 1 hour to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lanesskog at (909) 5377222.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 20XX.

****

I agree to have this interview be recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____   _____
Place an X mark here   Date

APPENDIX B

INTERVIEW GUIDE

The following interview guide was created by Deziray S. Marroquin.

Demographic Questions

1. What is your age?

2. What is your ethnic background?

3. Gender: Male   Female   Prefer not to answer

4. What is the <u>highest</u> level of education you have completed?

5. What is your prior experience related to residential group care?

6. What is the number of years you have worked at a residential group care facility?

Interview Questions

1. Tell me about your role at the location you were at

    a. How long have you worked there?

    b. How long have you worked in this field in general?

    c. What training or education have you had in preparation for this role?

2. Describe the training you received at the residential group care organization. What types of training did you receive?

3. How many training sessions did the organization provide? Describe how training was beneficial or non-beneficial?

4. Describe the supervision that was provided. How was supervision helpful or not helpful?

5. How long do workers usually stay at residential care placements?

6. What would you say contributes to workers deciding to stay long term or temporarily?

7. How prepared did you feel to work with residents in your care when you first began working?

8. Describe how training prepared you to work with children in the child welfare system.

9. What ways were you able to relate trainings to working with residents?

10. What else would you like me to know about your work/ training in this field that I didn't ask?

11. Do you have any suggestions for improvement?

APPENDIX C

IRB APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

September 2, 2022

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-203

Deirdre Lanesskog Deziray Marroquin
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Deirdre Lanesskog Deziray Marroquin:

Your application to use human subjects, titled "Residential care staff views on the training that they receive and their perceptions on preparedness in regard to working with residents " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

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