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Group Care for Children in California: Trends in the '90s

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ABSTRACT: Based upon a cross-sectional mailed survey of all group home providers in the state of California, this study provides current information on the size of group home settings, the cost of care, and the staffing in various group home arrangements. Issues such as staff turnover are discussed in addition to the need for a commitment to ethnic and cultural diversity among staff. Agency administrators' views of the future trends in group home care are provided along with recommendations for change.

Group care facilities have traditionally been used to serve varying proportions of children in need of out-of-home care. At times, large numbers of children have been served in such settings, corresponding to popular belief in the convenience and appropriateness of this form of supervision for children (Kadushin, 1980). At other times, however, popular and professional concerns about the importance of child rearing in the most home-like environment have shifted the emphasis on care for dependent children to foster family care, and away from group care (Ashby, 1984; Lerman, 1982; Wolins & Piliavin, 1964). Although that debate continues to provoke controversy, many see group care as an appropriate alternative for children who might not otherwise be served in foster family homes. Seen as one residential alternative along a continuum, the group home offers one more option for hard-to-place children. It is also the placement of choice for many adolescents who, under the supervision of their county probation department, might otherwise be served in far more restrictive environments.

The study reported here provides descriptive information about

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group care settings in the state of California. In the paper, group care will be variously referred to as group care, group home care, or residential treatment. Residential treatment represents the far end of the continuum in group care in terms of restrictiveness, intensity of services, and cost. Although the nomenclature and the intensity of services varies, the feature all share in common is a group residence for dependent children and youth. Children in the study reported here are served in group care settings under the auspices of the child welfare system, although some children are also served under the auspices of the juvenile justice system and the children's mental health care system. The group homes can range in size from six beds to facilities where hundreds of children are housed (groups of 12 or more must be divided into distinctive living arrangements, although these "cottages" may be located on a single "campus"). Group homes may be managed as single units, or one agency may have administrative authority over numerous group homes. Children are supervised 24 hours a day, usually by staff who are not residents of the home. With higher staffing ratios than foster family care and a wider variety of services available to children and families, it is expected that more challenging children can be served in these settings.

Group care is often considered a last attempt to serve children who are unlikely to remain in a stable placement elsewhere. For many adolescents, group care may be an appropriate transition to independent living after emancipation. Group care may also serve as a time-limited placement for severely emotionally disturbed children. The basic assumption (and growing evidence—Small, Kennedy, & Bender, 1991) suggests that children in group care are more disturbed, more aggressive, and far more difficult to serve than children in foster family care. Some agencies provide around-the-clock awake staff to supervise these children out of concern for their acting-out behavior at all hours of the day or night; others provide general supervision and a reduced staffing ratio. Group homes may not be the ideal placement for all children, but they are inevitable for some children who cannot be served in other forms of out-of-home care.

But popular acceptance of group homes has shifted again, just over the past twenty years. Dore and associates' (1984) study of group care, nationwide, found a major shift, not in the total number of beds available to serve children, but in the size of the facilities. The greatest growth occurred among the smallest facilities (housing seven to 12 children)—a growth of over 800 percent. Similarly, the most dramatic decreases were seen among facilities serving over 500 children at a time. The total number of these facilities was reduced by almost 50 percent over the twenty year period. While the size of institutional

facilities has shifted, smaller group homes are still used in great numbers.

In the 1960s, Pappenfort and Kilpatrick (1969) found that children were often placed in group care settings under less-than-ideal circumstances. Due to administrative problems or the lack of more appropriate alternatives, many children found themselves in group homes without careful regard for their true needs. Shortly after that study, however, Maluccio (1974) found that the decision to place children in institutional care often occurred after other alternatives in the community first had been exhausted. Today, we know very little about the decision making process that occurs when children are placed in group care settings. According to Wells (1991) placement criteria are vague and vary considerably across agencies.

We know even less about the quality of care children receive in group homes. Cohen's study (1986) of group homes in Los Angeles, California, was not encouraging. Although his study included a small sample size and the generalizability of the results cannot be fully determined, it is interesting to note his findings. Cohen observed that children received basic supervision and care, yet the majority of group home administrators themselves rated the overall quality of group homes as either "fair" or "poor." Furthermore, Cohen found that the cost of care was not associated with quality nor with the difficulty of the children served. In fact, he found a surprising reversal. Children who appeared to be more disturbed were placed in settings with fewer children where reimbursement rates were low. It is unclear from his study whether or not higher cost facilities were better able to screen out difficult children, however, the results may suggest that social workers may refer inappropriate placements to lower cost facilities.

In 1989, California spent over \$700 million on out-of-home care (including group care, specialized foster care, foster family care, and kinship care) serving more than 80,000 children (Barth, Berrick, Courtney, & Pizzini, 1990). Of the total out-of-home care budget, about 65 percent of total costs are allocated to group care settings (County Welfare Directors' Association, 1990) but only about 14 percent of all children in out-of-home care are served in group care. The County Welfare Directors' Association (1990) estimates that the average cost of care in group homes increased by almost 45 percent from 1985 to 1989. Yet in spite of the high costs, policy makers and administrators know very little about group care; they are largely unaware of the staffing in these facilities, the turnover rate, and the ethnicity of social workers and child care staff.

Ethnicity matters when it comes to services for children in out-of-

home care. Children of color are over-represented in California's out-of-home care system (Barth, Berrick & Courtney, 1990; Watahara & Lobdell, 1990). For example, although African-American children only represent nine percent of the child population as a whole, they represent about 40 percent of the out-of-home care population. In group care, we generally find 50 percent of children are Caucasian, 30 percent are African-American, 17 percent are Latino, and three percent other (County Welfare Directors' Association, 1990). The extent to which agency administrators can recruit and hire people of color to work directly with children, the greater the likelihood that other issues of culture and ethnicity may be considered in serving these vulnerable children.

This study was designed to answer some of the questions regarding staff characteristics and agency characteristics while looking to the future of group care.

Method

Subjects and Procedure

This study was based upon a cross-sectional mailed survey conducted under the auspices of the Berkeley Child Welfare Research Center, School of Social Welfare, U.C. Berkeley. A list of all licensed group care agencies (agencies which supervise, organize and administer several group homes, and independent, individual group homes) in the state of California, including the addresses, telephone numbers, and the name of the agency administrators was provided by the State of California, Department of Social Services.

A letter describing the study and an 18 page questionnaire¹ was mailed to the administrator in each agency (n = 630). Approximately five percent of the agencies surveyed were no longer in business, lowering our sample size to 598. In all, 196 surveys (33%) were returned, following a postcard and a reminder telephone call.

The group care facilities participating in this survey represented a range of service providers. Analyses of returned surveys indicated that the sample was representative of the range of group homes across the state. Following state guidelines regarding rate classification levels (i.e., allowable costs per child), the distribution of this sample mirrored the state population very closely. Analyses of those agencies responding to the survey and those who chose not to respond revealed no differences along the dimensions of agency size, or cost

¹For a copy of the full questionnaire, please contact the author.

per child. Although the response rate was lower than hoped, these analyses suggest that the sample was representative of the overall state population of group care agencies.

Measures

The survey design built upon previous studies in the out-of-home care field (i.e., Cohen, 1986; Fanshel, Finch, & Grundy; 1989; Fitzharris, 1985; Hulseley & White, 1989; Lawder, Poulin, & Andrews, 1986). The survey was also reviewed by four residential treatment providers who are prominent in the two state-wide group care associations. Their comments regarding the content and wording of questions provided additional face validity to the questionnaire.

Questions in the survey centered on seven areas: (1) the size of the agency, number of beds, child care workers, social workers, and administrators; (2) costs per child; (3) the types of services provided within the agency; (4) the types of services available to children outside of the agency, and the adequacy of these services; (5) staffing matters such as turnover, pay, educational status, age, ethnicity, and language spoken by staff; and (6) administrators' general comments about the future of group care. Administrators were also asked to share the survey with the head social worker in the agency for responses regarding the characteristics of children served in the agency.²

There are relatively few studies of group care which include a review of agency size, services provided, staffing patterns, turnover rates, ethnicity of workers, and educational status of workers. Some studies have been designed to draw a portrait of the typical child in group care (Fitzharris, 1985; Hulseley & White, 1989; Wells & Whittington, 1991), but few studies have combined agency-level data with child-centered information. This study was conducted to describe the current state of group care in California, a state which claims more children in out-of-home care than any other state in the nation.

Results

Agency Size

Approximately 31 percent of group homes provided care for no more than six children at a time and on average, group care agencies gen-

²Results regarding the behavioral characteristics of the children served in group care are not reported here. For more information regarding this aspect of the study, please contact the author.

erally cared for 50 children or fewer ($M = 25.74$, $s.d. = 38.84$). One group care agency provided care for up to 410 children (although as mentioned above, groups of these children are housed in separate "cottages"). The median number of children per group home agency was 17.

Costs per Child

The price-tag for serving these children was high. Among the agencies surveyed, the monthly rate of reimbursement ranged from \$725 per month, per child, to a high of \$4,423 per month, per child. This translates into an annual cost of approximately \$8,700 to over \$53,000. The mean rate of reimbursement was \$2,877 per month ($s.d. = 591.9$).

Group Home Services

Although group homes must provide care and supervision for children, many also provide additional services to the child or the family. As might be expected, the more services the agency offers, the higher the reimbursement rate per child. (The number of services provided to children was modestly correlated with reimbursement rates ($r = .24$, $p < .001$.) The types of services provided varied only slightly by agency. Of 16 possible services (pre-determined by the survey) the mean number of services provided to children and families (beyond general care and supervision) was about seven ($M = 7.07$, $s.d. = 2.9$). Most common among the services provided to children and families were: transportation for children (89%), group psychotherapy (83%), individual psychotherapy (80%), family therapy (72%), and independent living skills (70%). Other services provided included diagnostic services and assessment (64%), substance abuse treatment (36%), non-public schools (33%), job training (33%), special health services (22%), programs for pregnant teens (9%), and child care (5%).

In addition to this rich variety of services, time with their agency social worker is also a service which children receive from their agency. On average, providers report that social workers carry a caseload of about 12 children and that they spend about one hour per week with each child.

Services Outside of the Agency

Over half of the sample suggested that their children exhibit a "great need" for mental health and health services. Yet the availability and quality of these services outside of their agency boundaries is

Table 1
Administrator Ratings of Services

| | Mental Health Care Services | | Health Care Services | |
|-------------------|-----------------------------|---------|----------------------|---------|
| | Availability | Quality | Availability | Quality |
| Very Good or Good | 16% | 32% | 42% | 66% |
| Fair | 25% | 34% | 27% | 25% |
| Poor or Very Poor | 59% | 34% | 31% | 9% |

somewhat limited. Table 1 shows agency administrators' responses to the following questions regarding the availability and quality of mental health and health care:

How would you rate the *availability* of health care services for your children?

How would you rate the *quality* of health care services for your children?

How would you rate the *availability* of publicly provided mental health services for your children?

How would you rate the *quality* of publicly provided mental health services for your children?

Group Care Staff

Child Care Staff. The average child care worker is fairly young. Table 2 provides a description of the age breakdown of child care workers.

Table 2
Child Care Workers' Age

| | |
|--------------------|-------|
| Less than 20 years | 2.7% |
| 21-30 years | 52.8% |
| 31-40 years | 31.7% |
| More than 40 years | 12.7% |

As shown, the majority of workers are in their 20's (although there are a few child care workers younger than that). In addition to their youth, child care staff are well-educated. About 40 percent of workers are college graduates and another 30 percent have some college background. But turnover is high. Agency administrators reported that about one quarter of their child care workers had been on staff for less than six months; and another quarter had been employed for more than six months but less than a year. This turnover rate suggests that a full 50 percent of all child care workers leave their group home on a yearly basis. Part of the turnover may be explained by the rather low salary scales of these workers. The average hourly rate of pay for child care workers is \$7.47 per hour (s.d. = 1.2), although some workers make less than minimum wage (\$4.25) and some make far more (\$17.00).

In this study we found a relationship between salary rates and turnover ($F = 8.16$), $p < .01$). The strongest predictors of turnover, however, were the size of the agency and the ratio of children to workers. The larger the agency, the greater proportion of workers who left within the first six months of employment. Similarly, the lower the worker to child ratio, the more workers were inclined to leave rapidly. Table 3 provides a description of the variables predicting staff turnover in a regression model. The strongest predictor of group care workers' salaries was the rate of reimbursement agencies received

Table 3
Factors Predicting Child Care Workers' Turnover
Within Six Months

$R = .63, R^2 = .39, F = 31.98^*$

| Predicted by | Beta | <i>t</i> | Sig <i>t</i> |
|--------------------|------|----------|--------------|
| Agency size | .62 | 8.69 | .001 |
| Staff Ratio | .41 | 5.88 | .001 |
| Reimbursement Rate | .15 | 2.35 | .02 |

* $p < .001$.

Stepwise multiple regression with individual workers as the unit of analysis. Specified model: Step 1: agency size, including total number of children per agency; Step 2: Child care worker staff to children; Step 3: Reimbursement rate per child.

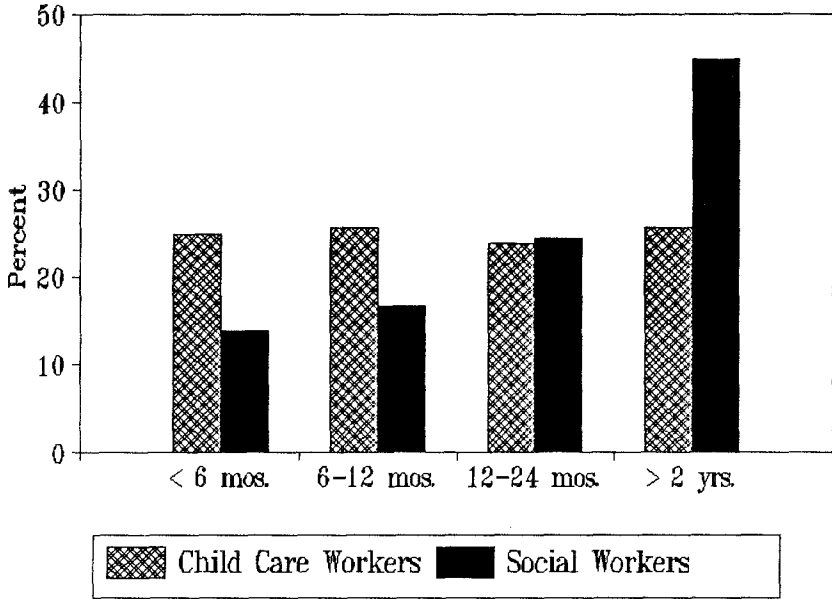


Figure 1
Stability of Employment

per child ($R = .52, F = 8.11, p < .001$). Not surprisingly, resource-rich agencies pay their workers better.

Social Worker Staff. In contrast to the group care staff, social work staff were older, better educated, more stable in their employment with the agency, and they commanded higher pay. A surprising 15 percent of social workers possessed a Ph.D. About one quarter had an LCSW (Licensed Clinical Social Worker) license, and another 22 percent had an MFCC (Marriage, Family, Child Counselor) license. Social workers were also more likely to have been employed in the agency for more than two years. Figure 1 compares the stability of employment between child care workers and social workers. Education, salary, and job satisfaction probably all contribute to social workers' longevity with their agency.

The hourly rate of pay for non-licensed social workers ranged from \$5.00 per hour to \$50.00 per hour; the average was \$15.00 per hour (s.d. = 5.3). There were no differences in the salaries of social workers in larger agencies as compared to smaller agencies. And unlike the findings for child care workers, social worker pay was not predicted by the rate of reimbursement. In fact, although length of employment

Table 4
Ratios of Child Care Workers to Children by Ethnicity

| | Ratio |
|---|------------|
| All Child Care workers to all children | 1.0 to 1.5 |
| Caucasian Child Care workers to Caucasian children | 1.0 to 1.2 |
| African-American Child Care workers to Afr-Amer. children | 1.0 to 2.0 |
| Latino Child Care workers to Latino children | 1.0 to 3.0 |
| Other Child Care workers to other children of color | 1.0 to 0.1 |

was related to social worker salaries, no other variables could predict social worker salaries.

Ethnicity of Staff. Of course, group care staffing cannot be discussed without some serious consideration for the issue of ethnicity. Table 4 provides a description of child care workers as compared to children in group care. As the table suggests, agencies match fewer Latino child care workers to Latino children. Overall, however, we do see a high ratio of workers to children (almost one to one). This ratio must be understood as referring to the total number of staff, rather than an average working ratio of line-staff to children at a given time. Thus, it does not necessarily indicate that individual children are always supervised one-to-one, but rather may indicate staffing patterns which require eight hour shifts per worker.

The ethnicity of social workers and children is also displayed in Table 5. We also computed the ratio of ethnic social workers to all

Table 5
Ratios of Social Workers to Children by Ethnicity

| | Ratio |
|---|------------|
| All Social Workers to all children | 1.0 to 8.1 |
| Caucasian Social Workers to Caucasian children | 1.0 to 5.0 |
| African-American Social Workers to Afr-Amer. children | 1.0 to 8.3 |
| Latino Social Workers to Latino children | 1.0 to 6.9 |

Table 6
Ratios of Ethnic Social Workers to all Social Workers

| | Ratio |
|---|------------|
| Caucasian Social Workers to all Social Workers | 1.0 to 1.3 |
| African-American Social Workers to all Social Workers | 1.0 to 3.2 |
| Latino Social Workers to all Social Workers | 1.0 to 4.9 |
| Other Social Workers to all Social Workers | 0.0 to 7.0 |

social workers (Table 6). Caucasians generally dominated social worker staffing.

The Future of Group Care

Child Care Staffing. Agency administrators suggested that they currently face numerous difficulties in hiring qualified workers. Twenty seven percent of the sample said that there were “very few” qualified child care workers to fill positions in group care. Their outlook for five years from now was worse. Thirty five percent of these respondents were concerned that there would be “very few” qualified workers in 1996.

When asked what factors would draw more qualified applicants to the field, the majority of agency administrators (64%) suggested that increased pay for child care workers would accomplish a great deal toward this end. Another fair proportion of respondents (46%) said that increased training and education for potential workers would make a great difference as would recognition of the work as a “profession” (21%). Some of their thoughts are captured below in the following comments:

- It’s difficult to assess this industry. It does not attract highly qualified staff. Maybe more direct services and classes in colleges would help.
- AFDC-FC rate setting requirements limit the available pool of candidates severely so that qualified people cannot be hired. Schools do not teach the skills required for child care work. The field of child care work does not have prestige or publicity among the community college and college population.
- It would help if we could pay better wages and provide more benefits.

- A program in college that would lead to a certification. Then it would become a more well-known and respected profession.

Social Worker Staffing. A similar outlook was shared with regard to the future labor force of social workers, although agency administrators were somewhat more optimistic in this regard. Only 12 percent of the sample felt that there were “very few” qualified social workers in the field today and their outlook for five years from now was essentially unchanged as 13 percent of respondents felt that there would be “very few” qualified social workers available. Nevertheless, a significant number of respondents ($n=19$) changed their response from “some qualified workers” now, to “few” or “very few” qualified workers” in five years ($X^2=269.5$, $df=9$, $p<.01$). Again, the barriers administrators reported regarding locating qualified workers were pay and training.

Program Development. Over 61 percent of respondents suggested that they planned to develop new programs within their agencies in the near future. The majority of these respondents planned to further develop the bed capacity of their agency. A sizeable proportion of the sample (17%) also expected to open a non-public school, 14 percent hoped to develop a specialized foster care program, and 12 percent listed a subacute treatment facility for severely emotionally disturbed children.

Issues for the 90s. As these agency administrators face the next decade, we asked them to share their thoughts on the “major issues” facing group care. Forty two percent of respondents reported that funding would be the primary issue throughout the next decade. Twenty seven percent were concerned about finding competent staff, and 21 percent were worried about the severity of the problems children would bring to out-of-home care, such as:

- The impact of drug use on infants and children.
- HIV positive children.
- An ever growing number of dysfunctional and ill prepared kids who will not fit into the world.
- Gang involvement spreading to younger ages.

Similarly, when administrators were asked how group homes would differ in the year 2000, about five percent of respondents were pessimistic, noting a decline in the profession, and 22 percent were troubled about the increase in “needy” children. Yet the vast majority of agency directors saw growth in the profession noting more spe-

cialized care for children (25%), more skilled staff (18%), and an increase in the availability of supportive services (15%).

Discussion

Agency Size

Results from this study suggest several issues with regard to the current state of group care, and prospects for the future. Corresponding to Dore and associates' study (1984), the size of the average group home is shrinking. In California, that average now stands at about 17 beds, far fewer than the large child-serving institutions of the past.

Cost of Care

Although this study did not attempt to measure quality of care, we know that the care children receive in group care settings is expensive. The average cost of care in this study was almost \$2,900 per month. Assuming that a child were to remain in group care over a period of one year (not an unlikely scenario), the government will spend over \$34,000 per child, per year. For the average resident of a group home facility, this is well beyond the cost of a college education in the most exclusive private universities (these costs do not include additional court and social service agency expenses). Of course, these figures pale in comparison to the costs associated with mental health hospitalization, the California Youth Authority, or County Juvenile Correction Camps, but these are the costs we bear as a result of serious emotional abuse and neglect of children.

Services Needed

By the time children are served in group care settings their needs for mental health and health services are great. This is not surprising. Weston, Klee and Halfon (1989) report that "between 30 and 80 percent of foster children examined for psychological problems are moderately to severely impaired." They also suggest that children in out-of-home care are ten times more likely to use Medi-Cal mental health services than other Medi-Cal eligible children. Similarly, as the majority of dependent children come from poor families, the incidence of poor health is also greater among children in out-of-home care (Halfon & Klee, 1991; Halfon, et al., 1989). Children coming to the attention of group care administrators reportedly have significant needs for health care services as well.

Staffing

With regard to group care staffing, we find that child care workers bear certain similarities to child care staff working in daycare and preschools. Staff are generally fairly young, poorly paid, and highly mobile. The National Child Care Staffing Study (Whitebook, Howes, & Phillips, 1989) showed that 41 percent of all child care staff left the job within one year. This rate is comparable to the rate we found in the group home survey, as well. In fact, these data show that group home staff may be even more mobile than child care staff, as a whole, with a 50 percent annual turnover rate. The reduced quality of care that results from high turnover in daycare has been well documented (Anderson, Nagle, Roberts, & Smith, 1981; Phillips, 1987); we can expect the consequences for emotionally disturbed, abused, and neglected children to be equally problematic.

Staff turnover among child care workers was related to agency size and ratio of children to workers. This may indicate that the intensity of the work and proximity to large numbers of disturbed children may contribute to worker burnout. Unlike studies of daycare, however, group care workers' wages were not the primary factor determining their length of stay in the field. Nevertheless, child care workers are not paid a great deal. The average full-time group care worker in our study made an annual salary of \$15,538. Certainly length of stay was related to wages, however it is unclear from the data whether or not higher wages were a result of a worker's length of stay, or whether higher paying agencies, in general, kept workers longer.

Insuring quality care and safety are two of the most important features of group care for children. Yet in our multi-cultural communities it is important for agency administrators to provide ethnic diversity of child care staff and social workers for children to develop appropriate cultural identities. Although agency administrators were quite successful in recruiting and hiring people of color in their child care positions, they were more challenged in this regard in hiring ethnic social workers. In particular, administrators faced serious difficulties in recruiting and hiring social workers who are either Asian, Pacific Islander, or American Indian. Although these ethnic groups are not widely found among children in out-of-home care, their complete absence among social workers in our sample is a matter of some concern.

Future Issues

As we move through the next decade, group care staff will be challenged to meet the needs of more difficult-to-serve children. Funding

for group care is not likely to increase substantially, especially in light of the continuing recession. Therefore, administrators may face serious near term challenges. Few resources are currently available in the community to train potential group care workers, so agency administrators may need to take on this responsibility themselves or urge community colleges and continuing education programs to take an active role in child care training. As the disparity between funding and needs increases, administrators may also need to redouble their efforts in locating qualified staff who will take on the responsibility of child care and who will be willing to make a stable commitment to the children in their care.

Although only 14 percent of California's children in out-of-home care are currently served in group care, that number will probably not fall to zero in the near future. In the '90s, group care administrators will focus their work on accessing quality mental health and health care services, locating and training culturally competent workers, and appropriately serving increasingly challenging children.

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