



Home Truths: Residential Child Care in Scotland

A Context Paper



April 2008



**We would like to acknowledge the support of the Scottish
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Written by Susan Elsley

Images / Photographs: Margaret Drysdale, Chiaroscuro.

Not all of the young people who appear in this publication have personal care experience.

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Executive summary

This paper describes the current context for residential child care in Scotland. It outlines the main challenges and priorities for residential child care services.

Residential child care is one form of provision for children and young people who are looked after in Scotland. Twelve per cent (12%) of children and young people who were looked after were in residential accommodation at the end of March 2007 (Scottish Government, 2007).

Since 2000, the number of children becoming looked after has increased sharply with most children being placed in foster care or kinship care. There are more young people who have complex and multiple needs being placed in residential child care.

Those working in residential child care want the poor status of the sector to be addressed so that the service becomes a positive choice for those who need it. Children and young people say that they experience stigma from living in residential child care.

There has been broad stability in the balance of providers across sectors in the period 2000 to 2007. The local authority has remained the key provider with the independent sector providing the majority of specialist provision. Purchasers and providers have indicated that there are difficulties arising from the current commissioning arrangements.

Defining what contributes to high quality residential child care is complex and depends on many different elements. Children and young people have a mixed experience of residential child care. Some report that services do not respond consistently and adequately to their needs while others have experienced good quality care.

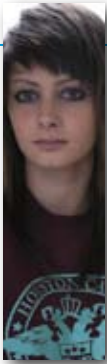
Many placements are unplanned and are made in an emergency when other placements have broken down. This is not in the best interests of children who need stability as a basis for their care.

The training and education of the residential child care workforce is as an important lever to improve the quality of the sector. Since 2000, there has been a strategic emphasis on developing a qualified workforce in residential child care in Scotland. While many staff are undertaking qualifications, 68% staff in 2007 were still unqualified.

There are wider questions about the right mix of skills and competences that are required in the complex environment of residential child care and what training, education and qualifications can be accessed to support residential child care practice.

There is a considerable body of research and evaluation on the residential child care sector in the UK but there is less evidence which looks specifically at the outcomes of children and young people and what works in specialist services.

Those with a commitment to residential child care have aspirations for its future. Professionals want Scotland to be proud of a world class residential child care service with a collective will to make a difference to the lives of children and young people.



Introduction

This paper describes the current context for residential child care in Scotland. It outlines the main challenges and priorities for residential child care services. It draws on the experience of the Scottish Institute for Residential Child Care (SIRCC), research and reports and what the sector is saying about residential child care.

The residential child care sector cares successfully for hundreds of disadvantaged children and young people every year. But it also continues to face considerable challenges in achieving a consistent high quality service for all young people in its care. Many of these young people have experienced other forms of social work support and intervention. These challenges are not unique to Scotland and are, to some extent, related to the difficult task that residential child care services undertake in caring for vulnerable young people.

Concerns about institutional child abuse in Scotland and across the UK, which have resulted in several inquiries, have shown that residential child care services need to ensure that their focus is on children's rights and needs. This was emphasised by the Scottish Government in a statement in response to the Historical Abuse Systemic Review (Shaw, 2007) by the Minister for Children and Early Years to the Scottish Parliament in February 2008 (Scottish Parliament, 2008). In this statement, the Minister affirmed the government's commitment to working with partners 'to make residential care the first and best placement of choice for those children whose needs it serves'.

This task has been made more difficult by recent changing trends. Over the last few years the number of children and young people who are being looked after has increased. Many of these children and young people have complex needs which require specialist support and high level skills from the staff who care for them. These different factors are putting substantial pressures on residential child care services.

What is residential child care?

Residential child care is one form of provision for children and young people who are looked after in Scotland. Twelve per cent (12%) of children and young people who were looked after were in residential accommodation at the end of March 2007 (Scottish Government, 2007).

Children and young people can also be looked after at home, in foster care, kinship care and access short term respite services. Many young people will experience several different kinds of provision as part of their care journey. Residential placements can be short, medium or long-term. Services aim to maintain family contact and involve parents in the care of their child where possible. Although residential care can be regarded as a distinct, discrete form of care, it provides

one of a number of services that young people receive at difficult and traumatic times in their lives. A young person who is cared for within residential care may need access to specialist services such as education provision or mental health services.

There are also an unknown number of young people who are often not classified as looked after but who are in long term residential school care in the disability sector. Figures for the number of young people in this form of care are not currently collected at national level.

High quality care is provided across the sector through a variety of different services. These range from local authority services which provide short and long term care to specialist provision, often provided by the independent sector¹. These specialist services include units which work with young people who have sexually problematic behaviour and support them in a process of change. Others care for severely troubled and sometimes suicidal young people, offering them stability. Some provide a service for younger children who need specialist support before being placed in foster care. Existing specialist provision does not always meet the demand for these services.

Residential child care continues to be wrongly seen as a service of ‘last resort’. The Skinner Report (1992) and subsequent reports on residential child care have rejected this negative approach to the service arguing that residential child care is appropriate for some children and young people who are looked after. Research has identified positive outcomes and the important role of residential child care as a complementary service to other provision (Kendrick, 2008; SWIA, 2006).

Children and young people indicate that residential child care can be a positive choice. Some want to be placed in residential care rather than foster care, preferring not to be in a substitute family environment or because they have experienced breakdowns in foster placements (Barry, 2001; Milligan and Stevens, 2006; Sinclair and Gibbs, 1998).

SIRCC’s recent stakeholder survey found that residential child care professionals wanted a change in poor public, professional and media perceptions of the service (Elsley, 2007). Instead they sought an acknowledgement of good practice in residential care and its contribution to the well being of children. They did not want the young people who were placed in residential child care or its workforce to be stigmatised.

Residential child care is often described as a single sector but is made up a number of sub-sectors. The SIRCC database of 250 organisations classifies these sub-sectors as the following:

- *residential children’s homes*: homes in the community provided by local authorities and the independent sector
- *residential schools*: care and education services for young people with social, emotional, educational and behavioural problems

¹ Independent sector includes voluntary and private sector providers

- *residential homes for children with learning disabilities and complex behavioural needs*: a small number provide long term care but the majority provide respite services only for disabled children
- *residential schools for children with disabilities*: includes children who are hearing or visually impaired. Some also offer respite care or ‘short breaks’ to parents and carers with disabled children
- *close support units*: intensive care for those who have experienced violence, trauma and abuse. This is defined as therapeutic in some services.
- *secure care*: care and education in secure units for young people referred from courts and Children’s Hearings
- *singleton services*: a new type of service where one young person is cared for by a group of staff operating on a rota basis. Usually run by the private sector and often described as ‘crisis services’ or ‘intensive therapeutic services’.
- *other residential accommodation*: includes other residential accommodation as defined by the Scottish Government²
- *young homeless services*: accommodation for young people who do not have a place to live, many of whom will have previously lived in residential care. Provision is generally run by local authority housing services.

There are a variety of other activities undertaken by residential care staff although not all services provide these areas of work:

- *outreach family work*: residential child care staff sometimes undertake family work where a young person is at risk of being admitted to care or provide support to a young person and their parents once he or she has returned home. This is undertaken in partnership with social workers.
- *care leavers’ services*: support to those who have been looked after and are moving on. Some residential services are now developing more leaving-care support services
- *links with fostering services*: the development of fostering services that link with residential provision
- *health promoting units and schools*: targeting poor health of children and young people in care.

2 Other residential accommodation: in women’s refuge, in local authority hostel for offenders, in voluntary hostel for offenders, in local authority hostel for drug/alcohol abusers, in voluntary hostel for drug/alcohol abusers (Scottish Executive, 2005-06 Children Looked After Survey Guidance notes)



Provision of residential child care services

The residential child care sector has decreased substantially in size since the mid 1970s. Since 2000, the number of children becoming looked after has increased sharply, with most children looked after away from home being placed in foster care or kinship care. The proportion of looked after children in residential care has continued to drop to its current 12% with a slight increase in services to respond to recent need.

A total of 1,661 children and young people were living in residential child care at the end of March 2007 (Scottish Government, 2007). The number of children and young people in each establishment varies. Children's units generally have between 3 and 8 places. In most residential schools the number of children ranges from 20 to 40 (accommodated in smaller units) with only one or two larger campuses having more children and also including day pupils.

Although there have not been substantial increases in the percentage of young people placed in the residential sector, there have been some shifts in placements by type of accommodation. The number of young people looked after in local authority homes rose from 669 in 2000 to 756 in 2007³ (see Table 1). Those in voluntary sector residential homes doubled in this period. The number of young people in residential schools has fluctuated with 2007 numbers returning to 2000 levels. The number of young people in secure accommodation increased from 90 in 2000 to 113 in 2007.

Residential services are provided by local authorities, voluntary organisations and by the private sector. Generally, there has been broad stability in the balance of providers across sectors in the period 2000 to 2007. The local authority has remained the key provider with residential schools providing the second highest number of places. Scottish Government statistics include the private sector within the 'voluntary sector' category so changes in both sectors are masked. Scotland has seen a much smaller increase in private sector provision than in England although this sector has recently begun to develop, with the proportion of the residential child care workforce working in private sector provision more than doubling between 2004 and 2007 (Lerpiniere and Davidson, 2007). SIRCC has a complete database of all residential services in Scotland which distinguishes between the voluntary and private sector and is able to map trends.

There has been a small increase in the number of providers from 72 to 81 since 2004. This number of providers means that some authorities have access to only a small number of services locally and that expertise in specialist services is dispersed across local authorities and the independent sector. The number of individual units or establishments providing residential care has increased from 235 in 2004 to 250 in 2007 (Lerpiniere and Davidson, 2007). The type of establishment by number and percentage are shown in Table 2.

³ All figures reflect number of children and young people in type of accommodation on 31 March of year

Table 1. Children looked after by type of accommodation on 31 March, 2000, 2006 and 2007. Scottish Executive (2007)

Year	2000	2006	2007
Local authority home	669	737	756
Voluntary sector home*	54	84	112
Residential school	629	662	628
Secure accommodation	90	78	113
Other residential accommodation	143	77	52
Total	1,585	1,638	1,661

* Includes private sector providers

Table 2. Residential child care establishments as percentage of residential child care services. SIRCC Qualifications Audit (Lerpiniere and Davidson, 2007).

Type of establishment	Number	Percentage
Care homes	156	62.4
Residential schools	55	22
Other services (including respite care)	39	15.6
Total	250	100



The quality of residential child care

Defining what contributes to high quality residential child care is complex and depends on many different elements. Most research has found that everything counts in some way. Specific elements stand out as being particularly important in high quality residential care. These include:

- a strategic role for residential child care
- the different parts of all the relevant services working well together
- a positive culture, ethos and morale both within the residential home itself and among professionals and the wider community
- effective leadership of residential units and staff with a range of skills and competences
- maintaining young people's contacts with family and friends
- good relationships between staff and children and among their peers
- children and young people being treated with respect and having access to the same services as other children as well as the specialist services they need
- stability for children and young people with placements breaking down less often

These points are not an exhaustive list and are drawn from a variety of research reports and evaluations (Berridge, 2002; Brown, Bullock, Hobson and Little, 1998; Happer, McCreadie and Aldgate, 2006; Clough, Bullock and Ward, 2006; Sinclair and Gibbs, 1998). They are confirmed by SIRCC's experience and that of residential child care organisations as reflected in the *No Time to Lose* manifesto on looked after children away from home (Elsley, 2006).

A review of looked after children undertaken by the Social Work Inspection Agency (SWIA) identified five areas which it viewed as being crucial to the success of young people who were looked after (Happer et al, 2006). These were; young people being cared about, having stability in their lives, high expectations of those around them, getting support and encouragement and having the opportunity to participate and achieve.

The Care Commission, the Social Work Inspection Agency (SWIA) and Her Majesty's Inspectorate of Education (HMIE) all undertake inspections of services relevant to residential child care. In addition, a number of small scale research studies have evaluated individual services and have identified good practice. However, a national overview of the state of residential child care services does not currently exist. A strategic analysis of all residential child care inspections has not been undertaken although the Care Commission is grading establishments from April 2008 which will provide much needed national level information.

The Care Commission has published several quality of care reviews relevant to residential child care. The report, *The Quality of Care Services in Scotland (2007)*, highlights that the number of requirements issued by the Care Commission to residential child care homes increased from 49% in 2004/05 to 54% in 2005/06. A third of these requirements was outstanding from 2004/05 and required improvements in the leadership and management of these services. The report also notes concerns about the quality of care planning for children and young people in a number of residential services.

The Care Commission undertook a review of residential special schools which was jointly undertaken with HMIE. This review noted, for example, that there were positive practices in care and protection and approaches to meeting children's learning needs in residential special schools but it had concerns about child protection and weaknesses in the quality of educational provision (HMIE, 2005). The review of looked after children and young people undertaken by SWIA (2006) included residential child care as part of its remit. It identified good practice and also described good experiences for children and young people (Happer et al, 2006).

SIRCC's experience is that, despite the existence of good practice, in many units there is a lack of a clearly articulated philosophy or ethos of care. This is in spite of it being a requirement of the Residential Regulations associated with the Children (Scotland) Act 1995 to have an annually reviewed statement of aims and functions for each residential unit. Having a clear philosophy and statement has been identified as vital for developing a consistent approach which can guide staff and build the teamwork necessary to sustain positive cultures. Those working in residential child care report challenges in overcoming poor organisational cultures and, more widely, negative

attitudes to residential child care. The local authority role of the corporate parent is essential to ensuring that young people who are looked after have a champion at a senior level but this leadership is not consistently provided. Barriers still exist between foster care and residential child care in spite of the fact that there needs to be smooth transitions for young people between these services. Generally, links with other child care services and primary health care professionals require strengthening.

Research into the mental health of young people conducted by the Office of National Statistics found that 45% of all looked after children aged 5 to 17 years had mental health disorders (Meltzer et al, 2004). Research has also shown that social workers and carers often have severe difficulties in getting access to Child and Adolescent Mental Health Services (CAMHS). In response, some health boards have set up mental health services aimed at the looked after population. There is no national strategy to lead and support service development for looked after children and the level of service varies with little or no mental health provision targeted at looked after children in some areas.



Children and young people's experiences of residential child care

Children and young people have a mixed experience of residential child care. Some report that services do not respond consistently and adequately to their needs while others have experienced good quality care (Paterson et al, 2003; Happer et al, 2006). Not all young people in residential child care have access to advocacy services, particularly where children and young people are disabled. Young people are aware of the stigma attached to being in residential care (SWIA, 2006). It is unclear how children's rights are being monitored and implemented while young people are in residential care.

The Care Commission's report (2004) on care homes found that a number of young people had experienced care which had, for example, included good support and caring attitudes from staff, living environments which had improved and participation in discussions about their needs. Two thirds of young people were, however, unhappy with an aspect of their care. Their concerns included not being treated with respect, not enough staff to meet their needs and a lack of trust and privacy. Young people identified that there were sometimes threats to their personal safety and contact with families could be inadequate. Their views were not always taken seriously and they did not think complaints processes worked well.

A significant number of children and young people have several placement moves and therefore experience instability in their care. Scottish government statistics show that 3671 young people had one placement move⁴ (Scottish Government, 2007). But almost a quarter (1874) had two placement moves and another approximate quarter (1746) had 3 to 5 placements. A significant

4 At 31 March 2007

number of children and young people, 597, had six or more placements. Research has found that placements are often made in an emergency rather than as a part of a planned process (Milligan et al, 2006). There are reports that sibling groups are split up when admitted to residential care because of a lack of appropriate placements which can keep families together (Milligan et al, 2006).

Nearly all of Scotland's local authorities have children's residential units with the aim of avoiding placing young people far from home (Milligan et al, 2006). However, these local services cannot meet all placement needs, either in terms of places or in access to specialist services. This means that some children and young people are placed at some distance from where they live or in services run locally by the independent sector.

More young people are being admitted to care than previously because of parental drug misuse (Milligan et al, 2006). There is some evidence that younger children are being placed in residential care. This is due to complex behavioural difficulties which can mean that foster care placements are inappropriate and as a result of placement breakdown (Milligan et al, 2006). There has been an increase in demand for residential therapeutic places for young children.

The educational outcomes for young people in residential child care are poor. Their education is often disrupted and high proportions of this group are excluded from school. Young people say that support for their learning in and out of school is inconsistent (HMIE and SWSI, 2001). Developments in this area are being taken forward by the Scottish Government following the publication of *Looked after children and young people: We Can and Must Do Better* (Scottish Executive, 2007).

A major study in Edinburgh (Residential Care Health Project 2004) revealed that many children had significant physical and mental health needs that were not being addressed. In the past few years a patchwork of Looked After Children nurses have been appointed to try to address these deficits but they have diverse remits and large caseloads, and have often been established using short-term funding. The lack of mental health services generally for young people looked after away from home remains a major concern.

Particular gaps have been identified in services for children and young people with disabilities looked after away from home. There is little research on the experiences of disabled children who are looked after with little available about children's views (Stalker, 2008). SIRCC has noted that some young people who are being placed in secure care are inappropriately placed and require specialist therapeutic interventions. There is a growth in singleton young person's units without the evidence about whether this is in young people's best interests.

The use of physical restraint is contentious (Steckley and Kendrick, 2008; Paterson et al, 2003). Children, young people and staff report having poor experiences arising from the use of physical restraint. In response to concerns about the use of physical restraint, SIRCC was commissioned by the Scottish Executive to produce a guide for practitioners on physical restraint, *Holding Safely*

(Davidson et al, 2005). The Care Commission's thematic review of physical restraint in 2006/07⁵ found that 50% of services needed to improve their practice (SIRCC, 2007).

Being able to access play and leisure opportunities is an essential part of all children's development. However, the play and leisure experiences of young people in residential care are being restricted by bureaucratic procedures and an adherence to rigorous interpretations of risk management and health and safety (McGuinness et al, 2007).

Young people's transitions as they move on from care are not well supported in spite of regulations and guidance which identify corporate responsibilities. Young people are leaving care at a young age in comparison with their peers who are not looked after (Dixon and Stein, 2002; SCCYP, 2008). This group of young people is particularly vulnerable to being unemployed, not being in education or training and being homeless. Half of young people who have left care are unemployed (Scottish Government, 2007). A high percentage, 28% of young people who are eligible for aftercare have a known disability (Scottish Government, 2007). The housing situation of a quarter of young people entitled to aftercare is not known.

Residential child care workforce

Developments in training and education since 2000

The training and education of the residential child care workforce is an important lever to improve the quality of the sector. Since 2000, there has been a strategic emphasis on developing a qualified workforce in residential child care in Scotland.

SIRCC was established in 2000 to improve the quality of residential care that children and young people receive by ensuring that residential child care staff throughout Scotland have access to training, education, consultancy and research. SIRCC has extensive international links, enabling SIRCC to promote its own expertise as well as ensuring that Scotland benefits from international learning. It is funded mainly by the Scottish Government.

SIRCC has established a number of courses, delivered by its academic partners, which meet the Scottish Social Services Council (SSSC) requirements for registration and post-registration training and learning. These offer an intensive focus on residential child care. These include the HNC in Social Care with a focus on residential child care, the Social Work Honours undergraduate degree with a residential child care pathway and a postgraduate degree, the Masters in Advanced Residential Child Care. It also provides a variety of professional short courses which provide underpinning knowledge for SVQs, introductory courses and post registration training and learning.



5 Care Commission thematic review of physical restraint. Findings to be published

The SSSC has established a national baseline for the registrable qualifications for residential child care staff. It stipulates that residential child care staff hold one of a range of care qualifications, supervisors and managers one of a more limited range of care qualifications with managers also requiring a management award. The registration of residential child care staff began in 2005. A closing date for full registration has not been set so it is unclear when registration of the whole workforce will be achieved.

Moving towards a qualified residential child care workforce

Monitoring the qualification levels of residential child care staff in Scotland has been undertaken by SIRCC. Based on the SSSC required qualification levels, 18% were qualified and 29.1% of staff were either qualified or undertaking qualifications in 2004 (Hunter et al, 2004). In 2007, 32% (1053) of staff were qualified and overall 54% of staff working in residential child care were either qualified or undertaking qualifications (Lerpiniere and Davidson, 2007). This reflects a substantial increase from the 2004 audit.

While many staff were undertaking qualifications, 68% of staff in 2007 were still unqualified. However, 51.6% of these unqualified staff held a qualification listed by the SSSC but which was not sufficient to meet qualification criteria. This means that a residential child care worker held one of two required qualifications or that a supervisor was qualified as a care worker but not as a supervisor. This indicates that, although individual staff did not hold the qualifications necessary for registration, staff had some level of qualification.

The number of managers who were qualified has increased significantly between 2004 and 2007. Only 7% were qualified in 2004. This had increased to 39.3% in 2007. The number of qualified supervisors rose from 30% to 39% in this period. The number of qualified care workers rose from 16% to 30.6%.

Disappointingly, the most recent audit (Lerpiniere and Davidson, 2007) shows that the number of staff with social work qualifications has decreased rather than increased. Some local authorities have more staff with social work qualification than others revealing different patterns of recruitment. It also appears that there are different approaches to job grading, with those with social work qualifications getting paid less if they work in residential care than in field work. This has a negative impact on attracting and retaining qualified staff in residential care.

Qualifying the workforce

There have been significant steps made towards achieving a qualified residential child care workforce although there is an ongoing debate about the appropriate level of qualifications for staff. SIRCC and others have voiced concerns about the low level of registrable qualifications. They have called for core qualifications which provide staff with the right skills and knowledge to meet the demands of residential care with the long term aim to introduce a step up approach to higher levels of qualifications. This is a long term strategy since there is still some way to go

before all staff meet current registrable requirements, highlighting the considerable challenge in achieving a fully qualified workforce even at low levels of qualifications.

There is a growing discussion about what is the best possible combination of skills and competences, including those in specialist areas, for those working in residential child care. This is also mirrored in discussions about the wider child care workforce. The current model for residential child care is based on social care and social work. There is some debate about whether the European model of social pedagogy might also be a useful approach for residential child care⁶. Pilot evaluations of the use of social pedagogical practice in England found this approach to be applicable to residential settings (Bengtsson et al, 2007).

Challenges in staffing

Having a skilled and experienced workforce is essential for residential child care. There are, however, a number of problems which affect staffing in residential child care. The SWIA report *Extraordinary Lives* (2006) notes that achieving greater stability in the workforce is a key issue.

There is a concerted effort being made by staff and employers across the sector to achieve a qualified workforce. Some staff require high levels of support to undertake qualifications which in turn is putting pressure on services and training and education providers. This has an impact on the level of support that is required for staff to achieve qualifications.

SIRCC's stakeholder review noted a number of difficult areas relating to the workforce across the sector (Elsley, 2007). There is concern about whether the appropriate leadership and management skills are in place across the sector. Providers report that it is difficult to attract high quality candidates to posts. Getting the right professional leadership in management posts at all levels is regarded as fundamental in order to contribute to improving the quality and culture of residential child care provision.

There are difficulties in retaining staff qualified at social work degree level especially in comparison with other areas of social work. Those working in residential child care state that the level of remuneration and opportunities for professional development are not adequate with disparities in pay across sectors. Providers find it difficult to recruit and retain qualified staff. This is compounded by a shortage of potential employees in some areas. Posts need to be sufficiently demanding to retain qualified and talented staff. This is an organisational issue as high quality residential child care should, by virtue of its task, be professionally challenging.

⁶ Pedagogy can be defined as education in its widest sense, making use of theory and practice that draws on philosophy, psychology and social science. Its approach is holistic and its focus is on supporting the individual so that he or she can develop positively (Cameron, 2006).



Commissioning and inspection of services

Commissioning of services

The relationship between local authorities as purchasers and independent providers of residential services in the voluntary and private sectors has gone through different phases over the past 20 years. The change to unitary authorities in 1996 ended arrangements which ensured funding for a guaranteed number of residential places. This has created difficulties for residential schools in planning services due to an absence of systems for needs assessment, commissioning and managing contracts as have developed in England.

SIRCC has found that there are a number of challenges in developing effective relationships between purchasers and providers arising from the current commissioning arrangements. Purchasers suggest that services are too expensive and query what is provided for children with particularly high levels of need. Providers are concerned that purchasers are not always well informed about what their services actually provide and that local authority social workers do not always maintain contact with young people in their care. Some local authorities have recently indicated that they wish to stop making use of residential school placements for young people. Some high quality provision may be closed as a result. Although local authorities want to place young people close to home, it is not always possible to do this because an authority is too small to run a specialist service or the population is dispersed over a wide area. In order to ensure that young people are not left without access to services, SIRCC believes that there should be a strategic overview of what services are needed and a process which requires longer term commitments to be put in place between purchasers and providers.

Funding of placements can stop abruptly when a young person is 16 years of age with transitions being poorly managed. Difficulties about the age at which young people move on from care to independent living are highlighted in the report, *Sweet 16?: The Age of Leaving Care*, from the Scottish Commissioner for Children and Young People (SCCYP, 2008).

Inspection of services

The Care Commission has undertaken inspection of residential child care establishments since its establishment in 2002. It is committed to inspection of services by Care Commission officers with appropriate disciplines and backgrounds, including those with knowledge of social work, child care and health. They are required to gain an award specific to regulation and to register with the SSSC. Despite these important efforts, SIRCC notes that anecdotally some providers have expressed concern about the lack of detailed knowledge of some inspectors of the residential context, indicating that this may impact on the consistency of inspections. To promote consistency, the Care Commission also works with external bodies to establish specific inspection programmes and focus areas, and shares expertise with HMIE to inspect all the residential schools and the secure units. It has consulted young people about the national care standards, and is working

with Who Cares? Scotland on recruiting young people to directly participate in the inspection process.

The Care Commission has developed a policy which sets out how local authorities and residential homes can provide emergency accommodation when units have exceeded registration numbers. In its recent report on the quality of care, the Care Commission (2007) described a case study where a young person had to sleep on an airbed for three nights in the residential home's recreation room, compromising the young person's privacy and dignity. This is an area of significant concern to staff and one which SIRCC has found happens regularly. No figures have been published as yet which record the number of incidents where registration numbers are exceeded.



Summary of the challenges in residential child care

This paper has highlighted the current position and concerns in residential child care. It has also highlighted areas where there are gaps in services and evidence about what works. The following section summarises the main challenges in making residential care a positive placement of choice for children and young people who need what the service offers:

Changing trends

The number of young people being looked after has increased and is at its highest level since 1982. The growth in provision has been in kinship care and fostering rather than residential care. It is therefore important to consider what strategic role the residential sector should play in response to this need. This is particularly relevant to the commissioning of specialist provision such as residential schools and secure care.

Children and young people's experiences of care

Children and young people state that the care they experience is not always of high quality and that they do not always have access to the services and support they need. It is not clear if all children and young people have access to the advocacy support to which they are entitled.

There is little research undertaken which explores the views and experiences of certain groups of young people such as those with disabilities and younger children. There is also a lack of evidence which highlights what has worked for young people so that it can influence future services.

Complex and multiple needs of children and young people

There are more young people who have complex and multiple needs being placed in residential child care. This includes greater numbers of younger children, children and young people who require specialist support because of behavioural or mental health difficulties and young people who require care because of parental substance misuse. These changes have put substantial additional demands on the service. The impact of these trends requires evaluation.

Status and morale in residential child care

Those working in residential child care want the poor status of residential child care to be addressed so that the service becomes a positive choice for those who need it. Children and young people say that they experience stigma from living in residential child care. Tackling the low status of residential child care and the stigma associated with it would have a significant impact on staff morale and the experience of young people.

Skilled and competent workforce

There has been progress in qualifying the workforce but it will take some concerted strategies to ensure that the residential child care workforce is qualified in the near future. There are wider questions about the right mix of skills and competences that are required in the complex environment of residential child care and what training, education and qualifications can be accessed to support residential child care practice. A debate about different approaches to delivering residential child care such as social pedagogy, linking to other wider childcare workforce developments, would be productive. Tackling ongoing concerns about pay, recruitment and retention in the sector would go some way to ensuring that residential child care has a skilled and experienced workforce.

Supply matches need

Research shows that residential care is used in diverse ways and for a mixture of short and long-term stays as well as responding to the particular needs of individual young people. There need to be different types of residential child care services, including specialist provision, which meets these needs. Those working in residential care report that there is a need for dedicated funding for specialist treatment and work with families. The pattern of providers across sectors and types of service has remained broadly the same since 2000. Resource constraints, and emerging new providers and services indicate that there is a debate to be had about the pattern and type of provision in the future and how this should be planned at national and local level.

Maintaining the stability of placements

Evidence and professional experience tells us that many placements in local authority units are unplanned and are made in an emergency when other placements have broken down. Many of these are very short term. Placements in the independent sector are also sometimes made in an emergency and sometimes abruptly terminated. This is not in the best interests of children who need stability as a basis for their care. There needs to be discussion about how to stop this happening routinely. This should focus on the planning and maintenance of young people's placements and strategic decisions about the funding and commissioning of services.

Developing evidence on what works

There is a considerable body of research and evaluation on the residential child care sector in the UK. There is less evidence which looks specifically at the outcomes of children and young people

and what works in specialist services. Lack of evidence can mean that the planning, development and implementation of services are based on long standing practices rather than current need. Developing more effective methods of monitoring trends in the residential child care population would give more detailed evidence for the planning of services. There is a lack of research on particular aspects of residential child care services such as the experience of disabled and younger children.

A positive future for residential child care

Those with a commitment to residential child care have aspirations for its future according to SIRCC's stakeholder review (Elsley, 2007). Professionals want Scotland to be proud of a world class residential child care service with a collective will to make a difference to the lives of children and young people. They believe that residential child care should be a positive choice for those young people who need it with the service's many successes celebrated. Finally, professionals believe that residential child care should be seen as important and high status with every opportunity taken to promote positive attitudes to young people and to the service itself.

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Appendix One: Residential Child Care in 2020

The following is an extract from *Shaping SIRCC: Stakeholder Consultation Report*

http://www.sircc.strath.ac.uk/publications/papers/Stakeholder_Report.pdf

Participants were asked what residential child care should look like in the year 2020.

The following is a summary of participants' vision for residential child care in the future.

In 2020 there should be:

Widespread support for the residential child care workforce

Participants wanted a professional residential child care workforce which was valued, rewarded for excellence and who actively chose the career. High quality leadership was in place.

Valued residential child care workforce

A professional residential child care workforce is valued, rewarded for excellence and is the career of choice. Residential staff are skilled, of high quality and there is widespread confidence in their abilities. High quality leadership is in place in residential child care.

Child focused and flexible workforce

All residential child care workers are child focused and are clear about what they are doing and what outcomes they need to achieve. Staff skills are flexible enough to meet the real needs of children and young people. Skilled professionals are based in the community in order to prevent the separation of children from families and communities.

Joint training and working together

Residential child care and social work fieldwork staff are being trained together. Residential child care is a compulsory element of the degree in Social Work. The communication skills of residential child care staff are used more effectively.

Positive workplace environment

Units are pleasant places to work and there is a better work-life balance for staff.

Services take the European Working Time Directive into account in planning and resourcing staff shifts, breaks and sleep-ins.

Children and young people at the centre

Today's children

Children being born now may be living in residential child care in 2020 so action to prevent young people coming into care should start immediately. The children of today will be the parents of tomorrow.



Preventative work

There are generally fewer children in care with preventative work taking place before and during young people's time in care. There are more opportunities for children to be placed in respite care and short-term placements. There is recognition that not all young people want to live in foster care.

Valuing young people

Children and young people are valued and there are high ambitions for young people in residential care. Young people have a better experience of being in care. Siblings are able to stay together and no child travels hundreds of miles to access care. Young people are supported for longer.

Nurturing environment

A nurturing environment helps young people to work through issues. There is an opportunity to be 'real' with children, providing love, care and physical closeness without fear of the legislation, thus enabling children to grow. Residential care is seen as a continuum of care. Birth links are actively maintained. Residential child care is a place which young people want to return to when they are older with homes having the space to accommodate them on a visit.

Wide horizons

Young people have higher ambitions for themselves. They have the opportunity to go to university, travel and develop a world view through participation in activities such as Operation Raleigh.

Positive attitudes to residential child care

Scotland's residential child care service

Scotland is proud of its residential child care service and there is a real will to make a difference. Residential care is regarded as a positive choice, not as a service of 'last resort'. Success is celebrated. It is the best choice for some young people and is perceived to be a quality service with high status. Negative attitudes to residential child care that have become embedded over many years have been reversed. Opportunities are maximised to use the media to promote positive attitudes to residential child care.

Residential child care and other services at the forefront

Forward thinking

Residential care still exists. A national strategy is put into practice for residential child care in Scotland and there is forward thinking on residential child care. There is still active debate about the role and place of residential child care.

Investment in the right kind of services

There is a much greater investment in early intervention. Care planning meets individual needs

and does not make young people fit into what is available. Residential child care is provided for smaller groups in smaller buildings and provides a family-oriented home for children and young people. There are, however, a range of options as not all young people want to live in a 'family'-type environment. There is more provision for respite care and preventative services with early intervention so that young people spend the shortest possible time in residential child care.

Resources, innovation and measuring success

Adequate resources are available and planning is part and parcel of residential child care services. Services are able to be innovative and flexible. There is more analysis on how to measure success in residential child care. More information and resources are available on what works and *not* what does not work in residential child care.

Works for all children and young people

Residential child care is child-centred and unique to each child but it is also possible to work out what is best for most children. Residential homes are places of sanctuary, healing and resolution for children and young people, a 'greenhouse' where young people can be nurtured. Services move beyond simply managing and supporting young people to providing more therapeutic services.

Maximising potential

Services are proactive rather than reactive in developing their activities. They are well integrated with other provision and are community-based. Residential child care maximises its potential in contributing to the health and education of young people. There is partnership between foster care and residential child care services. Family based work supports families and a greater family involvement in care. There is more support for those living in poverty. Residential child care staff are involved in supporting families and helping them with parenting skills.

A good place to live

There are higher physical and environmental standards for residential child care.

Residential care has the latest technology with all residential services having access to the Internet.

International leadership

SIRCC takes an international lead in residential child care. There is advice and consultancy on services provided to developing countries. Residential child care draws on international research in areas such as youth justice.



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