

**UNIVERSITY OF STRATHCLYDE  
FACULTY OF EDUCATION  
DEPARTMENT OF EDUCATIONAL STUDIES &  
DEPARTMENT OF SOCIAL WORK**

**The Effectiveness of Scottish Vocational Qualifications as a  
Method of Qualifying Residential Staff in Children's Homes**

**Gavin Heron**

**A thesis submitted in partial fulfilment of the requirements for  
the degree of Doctor of Philosophy**

**2000**

The copyright of this thesis belongs to the author under the terms of the United Kingdom Copyright Acts as qualified by University of Strathclyde Regulation 3.49. Due acknowledgement must always be made of the use of any material contained in, or derived from, this thesis.



## ACKNOWLEDGEMENTS

I will always be grateful to my supervisors:

Andrew Johnson  
Professor Mono Chakrabarti  
Donald Christie

Without the participation of staff and the co-operation from the social work departments this study would not have been possible.

I would like to thank Charlie Heaney, Anna Harvey and Lindsey Gracie-Murray for sharing their experience as practitioners and giving invaluable advice in the design of this study. Jane Dobie, Margaret Davies and Delsia Maddocks were very helpful in solving my administration problems. The deliberations of Marion Marsh in proof reading this thesis were greatly appreciated.

Fellow PhD student, Kevin Pilkington, made my life as a researcher much less isolated. Stuart Ainsworth inspired me throughout this study and is a constant reminder of how much I have to learn.

I am equally indebted to the library staff at Jordanhill campus.

Finally, I would like to thank my wife and family for their love and support, and of course, for allowing me to 'take a year out'.

Dedicated to 'Karen'

Do you remember Karen? She was here the last time you were here. She died a few weeks ago. She committed suicide- fell out of a window nine floors up. We think she was involved in drugs and prostitution. What did we do for her?

(quote from a residential worker)

All names in the text have been changed to protect the confidentiality of staff and children.

## Abstract

Working in children's homes is widely recognised as one of the most stressful and demanding roles within social work. Yet, unlike their fieldwork colleagues, residential staff have traditionally remained unqualified. This situation was altered in the early 1990's with the introduction of Scottish Vocational Qualifications (SVQs) as a method of qualifying residential child care workers.

At the heart of SVQs is 'competence'. SVQs are 'independent' of learning and training and are designed to enable staff to be assessed as competent within the workplace. Whilst the need to have competent staff is clearly desirable, how it is achieved, or indeed measured, is far less evident. Essentially, any definition of competence will reflect a particular view of the responsibility of social work within contemporary society; a role that has been subject to considerable debate. Should social work, for example, focus on helping 'individuals' and, or, does it have a responsibility to challenge the status quo, especially when structural inequalities prevail within society? In determining the nature of social work, the ability of any group to exert control over education and training has been central.

Although SVQs have been widely implemented within social work, there has been minimal research regarding their impact on practice. This study examined *SVQ Care: Promoting Independence (level III)* within children's homes. The study focuses on the extent to which SVQs enhance practice and their function within a 'learning society'. The evidence presented in the study suggests that there are considerable deficiencies, both in terms of the SVQ format and the way in which children's homes are structured for the assessment of 'competence'. Rather than address the history of 'failure' within children's homes, SVQs have enabled the status quo to be maintained whilst creating an 'illusion' of change.

# CONTENTS

*Abstract*

*Acknowledgements*

<b>INTRODUCTION</b>	<b>1</b>
<b>CHAPTER ONE</b>	
<b>Emergence of SVQs and the Competence-based Approach in Social Work</b>	<b>5</b>
A new qualification	5
Evidence supporting the SVQs	15
A critique of competence-based qualifications for social work	20
Limited learning and de-skilling within the SVQ framework	24
<b>CHAPTER TWO</b>	
<b>Competence-based Approach, Theory and Practice</b>	<b>30</b>
Theoretical origins of the competence-based approach	30
Developments in British education: the impact of 'new vocationalism' within schools, further and higher education	35
Responsibility of social work	43
Theory and practice	49
<b>CHAPTER THREE</b>	
<b>Contemporary Aspects of Children's Homes</b>	<b>60</b>
Recent developments in residential child care	61
Social deprivation	69
Residualisation of service provision	74
A high risk environment	77
<b>CHAPTER FOUR</b>	
<b>Methodology</b>	<b>88</b>
Section 1	89
Focus of study	91
Study design	91
Analysis of the repgrid	99
Using the repgrid with residential child care workers	107
Section 2	115
Applying the repgrid to the study	115
Specific questions regarding the SVQs	120
Pilot study	122
Gaining access to Social Work Departments	127
Methods of analyses	138
Starting point for the analysis	142



## **CHAPTER FIVE**

<b>Staff Perceptions of SVQs</b>	<b>144</b>
Views of the SVQs	144
Degree of new learning	147
Increased levels of awareness	161
An over-emphasis on written work	165
Repetition involved in evidencing performance criteria	170
The irrelevance of jargon to practice	174
The significance of support	178
Discussion	187

## **CHAPTER SIX**

<b>Staff Perceptions of Key Tasks Associated with Competence</b>	<b>196</b>
Succeeded in attaining a meaningful goal	197
Acted independently	202
Received feedback about work	208
Felt particularly challenged	215
Felt a lack of interest at work	220
Support from a colleague	226
Felt in control	234
Most stress	237
Discussion	249

## **CHAPTER SEVEN**

<b>Case Study 1</b>	<b>255</b>
Selecting the SVQ units to be examined	255
Case study 1: phase 1	258
Case study 1: phase 2	270
Discussion	276

## **CHAPTER EIGHT**

<b>Case Study 2</b>	<b>282</b>
Case study 2: phase 1	282
Case study 2: phase 2	286
Discussion	293

## **CHAPTER NINE**

<b>Case Study 3</b>	<b>299</b>
Case study 3: phase 1	299
Case study 3: phase 2	306
Discussion	317

## CHAPTER TEN

<b>Conclusion</b>	<b>323</b>
Value and Originality of this study	323
'Failure' of the SVQs	324
SVQs and the different manifestations of power	325
Consequences of the 'technicist' approach for the child-worker relationship	329
Consequences of SVQs for staff	332
A 'new' residential qualification?	335
An alternative to children's homes	338
Ending the requirement for a 'residential qualification'	341

### Appendices

Appendix A List of units in SVQ <i>Care: Promoting Independence</i> (level III)	
Appendix B The eight fundamental principles established by the Skinner report	
Appendix C Template for 'tasks' repgrid	
Appendix D Template for 'children' repgrid	
Appendix E Letter requesting access to social work departments	
Appendix F Letter of reply from a social work department	

### Bibliography

# INTRODUCTION

This study aims to examine the impact of Scottish Vocational Qualifications (SVQs) for residential child care workers. SVQs were given official endorsement from the report by Skinner (1992) 'Another Kind of Home: a review of residential child care', as a method of qualifying residential child care workers. Despite the widespread implementation of SVQs within social work departments, there is minimal research evidence regarding their effect on practice. This study examined the impact of 'SVQ Care: Promoting Independence (level III)' within children's homes.

A literature review examining the emergence of SVQs and the competence-based approach to education and training forms the basis of Chapter One. The main functions of SVQs within residential child care are outlined along with some of the issues underpinning the competence-based approach. A defining feature of SVQs is the notion of 'competence'. Yet, despite 'official' definitions and the array of literature supporting vocational qualifications, there remains considerable controversy and ambiguity surrounding the term 'competence'. The main criticisms of the competence-based approach will be considered, with particular reference to SVQs.

Chapter Two considers how the competence-based approach has emerged within a general transformation of the British education system. A central feature of this transformation was the emergence of the 'new vocationalism' and the government's commitment to 'a learning society'. The function of SVQs within this learning society, given they are 'independent' from learning, is somewhat ambiguous. It will be suggested that the ambiguity of meaning surrounding the term competence, is located in differing perspectives of what social work is



responsible for within contemporary society. In fact, much of the controversy surrounding the competence-based approach, reflects long-standing debates about the relationship between theory and practice in social work.

Chapter Three provides an insight into the children's homes in which residential staff are assessed as competent. As with all qualifications, the context in which any learning or knowledge is to be applied is extremely important. However, unlike more traditional qualifications, which involved students attending college or university, the evidencing and assessment of competence for SVQs occurs within the workplace. The context in which SVQs are applied may therefore, be of particular significance in understanding their impact on practice. Children's homes are complex environments and are one of the most emotionally charged areas of social work. The evidence of many research projects and government reports provide an overwhelmingly negative account of the effectiveness of residential child care. The history of 'failure' which characterises residential child care and the lack of research specific to children's homes, present a number of issues for a study investigating the impact of SVQs.

Chapter Four outlines the methodology for the study. The ambiguities surrounding 'competence' and the complexities of children's homes, shaped the exploratory approach of this study. The 'repertory grid' technique was used to structure interviews with staff. Views of staff were also elicited using specific questions. The main theoretical issues underpinning the repertory grid will be discussed in section one. Consideration will also be given to how the data from the repertory grids was analysed, especially the interpretation of transcripts produced during interviews. Section two focuses on how the data for the study was compiled. Data was collected from interviews with 30 residential workers; the intention was to interview each individual on four



occasions. The data was collected from two phases of interviews. In the first phase, workers were interviewed using a different repertory grid in each of the interviews. The second phase repeated this process 9 months later. Staff were at various stages in their careers and progress with SVQs; the majority were undertaking SVQs at the first phase of interviews. From a possible 120 interviews, 109 interviews were carried out.

Responses to questions about SVQs, particularly any learning associated with the programme, are analysed in Chapter Five. The main themes arising from the responses given by staff were categorised. There were no pre-set categories prior to the interviews. Although these categories are presented separately to enhance clarity, it was also necessary to integrate many of the issues in order to gain a full appreciation of the views expressed by staff.

Chapter Six presents an analysis of the transcripts provided by staff when compiling the 'tasks' repertory grid. The aim was to examine the way staff undertake certain tasks, as well as the situations in which such tasks are performed, in order to gain an insight into the environment in which they are being assessed competent for SVQs.

Chapters Seven, Eight and Nine present separate case studies, each focusing on different children's homes and a particular unit(s) of SVQs. The data in each case study is presented in two 'phases'. The first part of the case study is based on data collected from the 'children' repertory grid during the first phase of the interviews. The second part of the case study examines the data collected from the 'children' repertory grid during the second phase of interviews. Comparisons are made between the two phases of interviews in order to ascertain any changes in working practices that might be attributable to SVQs. In addition to the transcripts, the case studies also include a selection of completed repertory grids; which are examined in relation to the way certain children are viewed by

the staff, including an analysis of the `constructs' and the `ratings' given to children.

Chapter Ten concludes the study and asserts that there are fundamental problems with SVQs as a method of qualifying residential child care workers. In addition to deficiencies in SVQ design, there are problems in the organisation and structure of children's homes as environments for assessing and demonstrating competence. Essentially, staff are disempowered within children's homes; which serves to undermine any autonomy or control they have in responding to the needs of some of the most vulnerable children in society. Implementing SVQs within a workforce which has remained amongst the least educated and qualified in social work, is unlikely to alter the history of `failure' in residential child care.

# CHAPTER ONE

## **EMERGENCE OF SVQs AND THE COMPETENCE-BASED APPROACH IN SOCIAL WORK**

### **Introduction**

The introduction of Scottish Vocational Qualifications (SVQs) for residential child care workers who have traditionally remained an unqualified sector of the work force, was given official endorsement by the government report 'Another Kind Of Home: a review of residential child care' (Skinner, 1992). Although there is a vast array of literature promoting SVQs/NVQs, considerable controversy surrounds the competence-based approach upon which these qualifications were founded. In particular, there is ongoing debate about the actual meaning of the concept of 'competence'. Within the SVQ framework, there is a predominant focus on measurable outputs or 'outcomes', with less consideration given to the process of intervention. Unlike more traditional social work qualifications, SVQs are also 'independent' of any learning or training. Despite the widespread implementation of SVQs, fundamental criticisms have been levelled at the competence-based approach. Highlighting the main features of SVQs and the controversy surrounding the competence-based approach, is central to understanding the way in which this study aims to explore the impact of SVQs within children's homes.

### **A New Qualification**

Residential child care workers have remained an untrained sector within social work departments. This situation has not gone unnoticed. For example, the CCETSW (1992, p.14) document 'Setting Quality Standards For Residential Child Care' states that:



The historical background against which this Group has been asked to report is one of repeated failure. Readers will not need reminding in detail of the litany of inquiries and reports which have called for more and better training for residential staff (Barr, 1987, lists 50 such reports between 1946 and 1985 alone), and they will be aware of how painfully slow progress has been. The number of residential child care workers without a social work qualification ... must be regarded as an indictment of the record of social work training in the UK.

The report listed a number of recommendations. Recommendation 2 (p. 19, emphasis in original) stated that:

**The Group recommends that all residential child care workers should hold a professional qualification at DipSW level.**

The recommendation to qualify residential child care workers with the Diploma in Social Work (DipSW) was seen as a 'minimum standard of qualification' because of the 'exceptionally complex and demanding nature of residential child care' (ibid., p. 19). Attaining the DipSW would therefore, provide the basis for a 'depth of understanding and breadth of vision required to produce an adequate level of critical reflective practice' (ibid., p. 19).

The recommendation to adopt the DipSW as a minimum qualification was, however, overshadowed by the Skinner report (1992) which gave official endorsement for SVQs as a method of qualifying residential child care workers<sup>1</sup>. The report provided a comprehensive review of residential care and reaffirmed the need to address the low level of

---

<sup>1</sup>The expectation of radical change in the wake of 'Skinner' is perhaps best reflected in the report's status, in some circles, as the 'bible' of residential child care (see for example, Burton et al., 1998, p. 356).

qualifications held by staff. A survey commissioned by the review, showed that 83% of residential staff were unqualified in 1991. In response to the low level of qualified staff, the report set national training targets and offered the following recommendation regarding SVQs (Skinner, 1992, p. 73, emphasis in original):

**Recommendation 48: Local authorities and independent organisations should aim to achieve a position in which 60% of residential child care staff are assessed as competent at HNC/SVQ level 3.**

The aim was to provide residential workers with a level of training on a 'platform for the sustained progress that is required' (ibid., p. 71). The value of SVQs, according to the report, is that they enable staff 'to develop along a continuum ... and enhance the quality of services and career structure of the work force' (ibid., p. 73). Therefore, the report not only endorses SVQs as a suitable qualification, it also promotes SVQs as enabling access to higher qualifications. Whilst there is widespread support for qualifying residential staff, considerable controversy surrounds SVQs. Before exploring some of these issues, it is useful to outline the main features of SVQs.

### What are SVQs?

The National Council for Vocational Qualifications (NCVQ) was established in 1986 and was responsible for developing the NVQ framework. The new NVQ was defined in the Coombe Lodge Report (1987, p. 295) as:

a statement of competence clearly relevant to work-related activities and intended to facilitate entry into, or progression in, employment, further education and training, issued by a recognised body to an individual.



SVQs were introduced in 1989 as part of a strategy to improve the skills of the workforce (SCOTVEC, 1996). Although most people have heard of SVQs<sup>2</sup>, fewer people actually understand what they are, or how they have been implemented within the workplace. Such levels of ignorance and lack of awareness surrounding SVQs is evident in many workplaces and educational institutions, including higher education (Gokulsing et al., 1996). Contrary to popular belief, SVQs are not specific training courses or education programmes (ibid.). The Scottish Vocational Educational Council (SCOTVEC) (1996, p. 1., emphasis in original) states that:

**SVQs** are based on *standards* of competence. These standards are drawn up by organisations called **lead bodies** on behalf of industry, and tell you exactly what you have to do to prove you are competent in the occupation the **SVQ** covers. This means that if you have an **SVQ** you have a qualification which is a guarantee that you have the skills, knowledge and abilities you need in your occupation.

The fundamental difference between SVQs and more traditional qualifications is highlighted by Fletcher (1991, p. 26, emphasis in original):

The key is *assessment of performance*. How people learn, what training programme they undertake or what method of training or

---

<sup>2</sup>Generally, the literature, including that produced by the National Council for Vocational Qualifications (NCVQ), considers NVQs and SVQs as identical in every way, except that the latter refers to the Scottish national system. Whilst recognising the overwhelming similarities, Hyland (1994) does highlight some differences. For example, he points out that the role of 'awarding body' and 'accrediting body' under the one organisation, namely, the Scottish Vocational Educational Council (SCOTVEC) is different from the English system. Nevertheless, in terms of the fundamental nature of the two systems and particularly the extent to which they are influenced by competence-based education and training, NVQs and SVQs are treated as the same. Within this

learning is employed is, in effect, irrelevant. To achieve an NVQ, an individual must *demonstrate competent performance*.

Assessment in the NCVQ framework is for Jessup (1991, p. 101) 'a natural and integral part of the learning process'. Unlike more traditional forms of assessment which focused on sitting exams, Jessup (*ibid.*, p. 135) states that in the NCVQ framework:

Assessment is being brought into the real world and de-mystified within the new model of education and training. We shall, I hope, see the demise of the last minute swotting of information soon to be forgotten for examinations. We shall not need to play those games in the future- games which few enjoy and where the majority finish up losers.

The assessment process is based directly on 'elements' of competence within a particular 'range' and the associated 'performance criteria'.

The SVQ unit-based structure should not therefore, be confused with more traditional modular courses or with GNVQs<sup>3</sup>. SVQs consist of various 'units of competence', each representing 'a discrete activity or sub-area of competence which has meaning and independent value in

---

study, any analysis of the literature on NVQs will be considered directly applicable to SVQs unless otherwise stated.

<sup>3</sup>There are important differences between NVQs and GNVQs, as noted by the NCVQ (1993, p. 7): 'a GNVQ will not imply that students can perform competently in an occupation immediately on qualifying. Students will, however, have achieved general skills, knowledge and understanding which underpin a range of occupations.' The developments in the GNVQs are most apparent in that the: (1) GNVQs are occupational 'related', whereas the NVQs are occupational 'based'; (2) focus on 'competence' in the NVQs is superseded by the notion of 'attainment' in the GNVQs; (3) GNVQs have a greater emphasis on 'knowledge and understanding' compared to the NVQs; (4) NVQs limit assessment of 'performance', whereas assessment in the GNVQs is much broader, including externally set written tests; and (5) NVQs are completed primarily in the workplace, whereas GNVQs are undertaken in for example, Further Education colleges with students attending a work placement.



the area of employment to which the SVQ relates' (NCVQ, 1989, cited in Gokulsing et al., 1996, p. 37). These units are broken down into 'elements of competence' which should be 'stated with sufficient precision to allow unambiguous interpretation by different users', but 'not be so detailed that they only relate to a specific task or job, employer or organisation, location or equipment' (ibid.). Each element of competence is made up of 'performance criteria' which should specify the standard at which the tasks must be evidenced. Later developments in the SVQ format incorporated 'range statements'. According to Fletcher (p. 52, 1991 ), 'Range statements describe the limits within which performance to the identified standards is expected, if the individual is to be deemed competent.' The number of units required for the qualification will depend on the occupation and level at which the NVQ is taken. There are five levels within the SVQ framework. Workers in this study were undertaking SVQ Care: Promoting Independence (level III) (Appendix A). The 'SVQ Handbook' (1996, p. 9) gives a guide to the standard of performance required at SVQ level III:

At this level, you have to perform a broad range of activities in a variety of contexts, most of which are complex and non-routine. You will usually be working with considerable responsibility and autonomy, and may have control or guidance of others.

SVQs are accredited by SCOTVEC and awarded either solely by SCOTVEC or jointly with the Central Council for Education and Training in Social Work (CCETSW).

#### Comparisons between SVQs and traditional qualifications

The Government White Paper 'Education and Training for the 21st Century' (1991) compares the different levels of NVQ framework with existing qualifications: level 1 being 'semi-skilled', similar to National Curriculum attainment; level 2 is equivalent to GCSE standard at 'Basic



Craft Certificate' level; level 3 is broadly equivalent to A level for the technical, advanced craft or supervisor function; level 4 is pitched at the higher technical or junior management level, equivalent to a degree; and level five is equivalent to postgraduate qualifications aimed at professional and middle management groups. These 'broad equivalencies' were intended to give an indication of standards at different levels, however, Gokulsing et al, (1996) argue that the differences in, for example, level 3 with an A level are so considerable that comparison is almost meaningless.

The difficulty in making comparisons between more traditional qualifications and SVQs is particularly evident when considering the assessment process. For Fletcher (1994) the assessment for NVQs differ from more traditional approaches in six ways: the primary focus is based on standards relating to outcomes of learning; the individual is assessed against the NVQ criteria, rather than the performance of others; with no percentage pass mark, the student is deemed either competent or not; the task of assessing the student is usually done in the workplace; there is no specified time limit for the completion of the qualification; and there is no specified course for student learning or study. The shift in focus to assessment of 'outcomes' compared to the emphasis of more traditional qualifications on learning and 'process' serves to highlight some of the difficulties in making comparisons. Nevertheless, for Jessup (1991, p. 115) the NCVQ model provides the individual 'with more control over the process of learning and assessment.'

Specific to social work, confusion surrounding SVQs and their relationship to other forms of education and training has persisted. This confusion is evident, for example, in Kent (1997, p. 60), author of the 'Children's Safeguards Review', who states that:

SVQ3 or its equivalents are seen as essential training for basic grade care staff.

Although SVQs are viewed as a form of 'training', Kent points out, in the following paragraph, that:

SVQs are not training at all. They are a system for assessing competence; there is no requirement at present to train those who are not yet competent so the system concentrates on those who are competent at the expense of those who are not. There is an SVQ (HNC) which means that you have been assessed as competent as well as having some teaching and learning. CCETSW, quite properly distinguishes between the two.

The quotations above serve to highlight the confusion surrounding the extent to which SVQs are viewed as training programmes. It is also important to recognise that SVQs, as indicated by Kent, have been of little value to the least experienced members of staff. How do these individuals become sufficiently skilled so that they can be assessed at SVQ standards of competence? Confusion over SVQs is further compounded by the relevance of the HNC and INSET programmes.

#### Relevance of the HNC and INSET programme

Prior to linking SVQs with the HNC to form a 'residential' qualification, the HNC (Social Care) was validated by SCOTVEC and CCETSW.

However, the HNC was not officially endorsed by CCETSW as a relevant qualification in social care. It is therefore, the possession of both the HNC and SVQs which is being promoted by Skinner (1992) as the recognised qualification.

Social work departments have differed in their implementation of SVQs and HNC. Some departments, according to Kent (*ibid.*, p. 60), 'have



invested heavily in the HNC while others have concentrated on the SVQ alone.' For other departments, the HNC and SVQ level 3 are the minimum requirements deemed necessary for candidates to be recognised as qualified residential workers (ibid.). According to Kent (1996), there appears to be a significant degree of controversy amongst employers regarding both the value of training and the process of assessing workers as 'competent'. This is complicated further by those employers who no longer provide opportunities for workers to attend college, on a day release basis, to undertake the HNC. Instead, some employers provide an 'INSET'<sup>4</sup> programme prior to workers commencing SVQs.

The aim of the INSET programme is to provide individuals with the 'underpinning knowledge' which 'is necessary where the performance evidence is insufficient to infer that the worker understands' (Workplace Assessors Manual, 1994, p. 19) their practice in relation to the particular SVQ unit. Those individuals undertaking SVQ level 3 who already possess a relevant HNC are offered a shortened INSET induction programme (five days) as they are considered to have already developed the necessary underpinning knowledge. Given the recent implementation of INSET programmes by social work departments, there appears to be no documented evidence suggesting the possible merits of any one particular approach.

At present, there are fundamental issues surrounding the potential value of SVQs and their implementation, either with the HNC, or INSET programme. Is the INSET programme being viewed as equivalent to an HNC? It is not clear if employers are providing the INSET programme

---

<sup>4</sup>INSET' programmes have been adopted as the preferred method with both of the social work departments in this study. The INSET programme is approximately twenty-six days in duration; an 'introductory week', followed by one day per week of teaching input.

because it is considered more relevant than the HNC and, or, a cheaper option.

In addition to the apparent confusion surrounding SVQs and the different approaches taken by employers, there is little understanding about the impact of 'assessing' for competence. What does the process of assessment involve and what impact does it have on practice? In particular, it is unclear if the assessment procedure undertaken by candidates involves them learning anything new, or merely demonstrating what they already do in practice. If SVQs are not training, does the candidate simply become competent following the assessment procedure without learning anything new? SVQs are promoted on page 1 of the Workplace Assessor's manual (1994) as qualifications that:

- incorporate national standards and are recognised and valued throughout the United Kingdom
- are designed to meet current and future employment needs
- are structured into levels and so encourage progression and access to further learning
- are available at centres all over Scotland
- are "passports of excellence" which enable the holder to improve skills and advance in the workplace.

Despite claims that SVQs are 'passports of excellence' which enable individuals to 'improve skills' and 'encourage progression and access to further learning' the research evidence is much less evident. For Hyland (1994, in introduction):



One of the most worrying aspects of all this is the fact that the relatively few critical studies of NVQs are almost totally overshadowed by the massive public relations exercise mounted by the NCVQ and its supporters ...

### **Evidence Supporting SVQs**

In a 'Review of 100 NVQs and SVQs' the Beaumont report (1996, p. 10) 'found widespread support for the NVQ/SVQ concept of work-based qualifications.' Although the report does state that 'there is much criticism of their implementation' (ibid., p. 10), it does not specify any particular work settings and as such, there is no way of knowing if the study examined SVQs in the context of residential child care. A report by Toye and Vigor (1994), from the Institute of Manpower Studies, examined the implementation of NVQs within 15 large employers and also found widespread support for the NVQs. The main criticisms of the NVQs/SVQs related to: the unnecessary use of 'jargon' and excessive 'paperwork'; and that they were more suited to newcomers, rather than more experienced workers. Again, there was no social care employer listed in the report, with most being business and industry (e.g. mechanical engineering, telecommunications) and one 'health and nursing' employer. A study which did include 'Health and Social Work' was conducted by Callendar (1997). The study, sponsored by the Department for Education and Employment, examined the factors which influenced the take up of NVQs/SVQs. The findings, however, are 'general' and are not specific to any particular work settings. Nevertheless, the study does raise a number of issues. A factor considered particularly significant in the low uptake of NVQs/SVQs was the lack of 'choice' individuals had in selecting vocational qualifications. For Callendar (1997, p. 47):

The majority could not pick and choose their qualification as they wanted... [which] brings into question the whole notion of a 'training market'.

The report highlighted a variety of positive experiences by individuals, especially the learning and satisfaction from the training they had received when undertaking NVQs/SVQs. However, there were criticisms about the amount of personal time individuals had to invest in gaining the qualification. Specific to NVQs/SVQs and links with other learning or training, Callendar (ibid., p. 47) concluded that:

There was no evidence to suggest that the NVQs/SVQs compared to other qualifications increased motivation to undertake additional training among those who had completed or were still doing an NVQ/SVQ. In fact, there was evidence to the contrary.

A common problem with these reports, in terms of this study, is that they do not incorporate social care settings, let alone residential child care, or, they presented the findings in general terms with no specific reference to any particular work settings. A small scale study by Cairns-Smith (1995, p. 60) which did focus specifically on social care, concluded that SVQs 'improved practice and confidence' of workers. The study, however, included only 3 interviews with child care workers and it did not specify if these were from children's homes. The difficulty with such research and the aforementioned reports, is that despite recognising the work-based nature of SVQs/NVQs, they are treated almost as if they were 'context free'.

Despite the various studies, important questions about the value of SVQs, especially in relation to learning, remain unanswered. In particular, if SVQs are based on assessment and are 'independent' of any 'mode of learning' (NCVQ, 1988, p. v) then how can they help create the



`autonomous learner' (Jessup, 1991) or `encourage progression and access to further learning'? (Workplace Assessors Manual, 1994, p. 1). In order to examine these issues in more detail, it is necessary to consider what is actually meant by the term competence.

### Defining Competence

Much of the controversy surrounding SVQs is linked to the conflicting array of definitions regarding what is actually meant by `competence'.

Competence is not a new term. It has had common usage both in ordinary language and in industry long before it became dominant within the NCVQ and social work. Berkovitch (1977) for example, cites the use of `competence' within the coal mining industry in the mid nineteenth century. More recently, definitions of competence have tended to vary in terms of their focus on the individual or work environment. Boyatzis (1982, p. 21) for example, adopts a person centred notion of competence:

A job competency is an underlying characteristic of a person in that it may be a motive, trait, skill, aspect of one's self-image, or social role or a body of knowledge which he or she uses.

The NCVQ (1988/89, quoted in Fletcher, 1991, p. 32) produced a broader definition which tries to merge the person centred notion of competence with work-related notions of competence:

competence is a wide concept which embodies the ability to transfer skills and knowledge to new situations within the occupational area. It encompasses organisation and planning of work, innovation and coping with non-routine activities. It includes those qualities of personal effectiveness that are required in the workplace to deal with co-workers, managers and customers.

Such 'all encompassing' definitions have however, been criticised for being too vague. For Woodruffe (1991) the existing vagueness of competence suggests it could mean almost anything. Within the field of social work, such vagueness may be particularly problematic. When examining the meaning of competence in the HNC (Social Care), Chakrabarti and Connelly (1996, p. 287) believed the government definitions of competence produced 'a range of difficulties about its logical status.' Confusion centres on the extent to which competence is (ibid., p. 287):

composed just of pieces of behaviour or actions? Or, is it a particular outcome of behaviour which is the focus of a competence- an overall product, irrespective of the details of how it was arrived at?

Similar criticisms have been levelled at the meaning of competence within the DipSW. Clarke (1995), for example, argues that there was no internal validity for the notion of competence in terms of meaning, coherence or consistency. Its coherence, at least externally, was established not by any significant research findings, but by a consensus of 'experts' (ibid.). Yet, the failure to develop any consensus over a definition of competence does not appear to have adversely affected the proliferation of competence-based education in social work.

For Hyland (1994), despite the 'positive overtones' in everyday usage of the term competence, it is imbued with meaning associated with the 'lowest common denominator', such as, 'sufficient', 'adequate' and 'suitable'. These overtones, in which competence refers to a minimal or basic level of performance, clearly contrasts with the 'excellence' promoted within SVQs. Hyland believes that the potency of competence as a term, is derived not so much from competence, but rather the desire not to be seen as 'incompetent'. This may be particularly significant in



understanding the rapid expansion of the competence-based approach in social work, especially in residential child care where increasing public attention surrounding the numerous scandals resulted in various government reports (e.g. Utting, 1991; Skinner, 1992). Adopting Hyland's perspective, a combination of an unqualified workforce and the scandals in residential child care would make 'competence' a persuasive solution to the problem.

The failure to provide unambiguous definitions of competence does raise a fundamental problem for evaluating SVQs. Carr (1993) differentiates between competence as a 'capacity' and a 'disposition'. Competence as a capacity refers to the person and their overall ability and potential to achieve certain standards. It is in this sense that the person is, for example, a competent doctor, lawyer or social worker. Alternatively, competence as a disposition, refers to the aspects of work for which an individual may be considered competent. In this sense an individual may be competent, for example, in communicating with clients, yet unable to deal with health and safety issues in the workplace. Although such distinctions are not considered within the NCVQ definition, it would appear that within the SVQ framework, it is the accumulation of competences (as a disposition) which results in competence (as a capacity). The Workplace Assessors Manual (1994, p. 2) states that:

While the candidate is developing competence, he/she may be able to perform to standard on some occasions, or in some situations, but not others. Competence cannot be attributed until you are confident that the candidate will be able to perform to this standard consistently across the required range of situations.

Becoming a competent residential worker is therefore dependent on the individual's ability to meet each 'element of competence', of which there are many. The assumption within SVQs, is that the accumulation of

competences, in terms of elements or units, leads to competence. This assumption is not necessarily justifiable. In fact, Dominelli (1996) states that:

competencies separate out various elements of complex social interactions and take frozen snapshots of dynamic processes, they fragment the qualitative nature of social intercourse and abstract it out of existence

From Dominelli's perspective, the sum of the parts (competences) does not equate to the whole (competence) <sup>5</sup>.

The confusion and ambiguity surrounding the meaning of 'competence' underpins many of the criticisms levelled at the competence-based approach. Some of the main criticisms will now be considered.

### **A Critique of Competence-Based Qualifications for Social Work**

Although the report by Skinner (1992) offered no significant analysis of competence-based education and accepted SVQs without any apparent evidence regarding their effectiveness, competence-based education has been subject to criticism. Criticisms of competence-based education in social work often relate primarily to the DipSW, with much less focus on SVQs. Given that both qualifications are influenced by competence-based education, many criticisms levelled at the Diploma are equally relevant to SVQs. However, it is important to recognise that there are fundamental differences in the way these qualifications are designed and

---

<sup>5</sup>To illustrate what is meant by the 'whole' being greater than the 'sum of the parts', consider an exercise in which you are to examine one page from a text that you had not read before. You are instructed to 'cross out', for example, every letter 'e' in the text and you only have a few moments in which to do so. Having reached the end of the text, with every letter 'e' crossed out, ask yourself the extent to which you understood the meaning of the text. Although searching for the letter 'e' requires you to examine every 'individual' letter on the page, it does not provide you with an understanding of the text; it is the 'joining up' of letters into words and then sentences, which gives the 'whole' meaning of the text.



implemented <sup>6</sup>. The competence-based approach within social work has been criticised on the following grounds: it is reductionist; limits reflective practice; is fragmented; de-prioritises the learning process; and is oppressive. The criticisms will now be outlined separately in an attempt to enhance clarity; however, in reality, these issues are interrelated.

Firstly, competence-based education is a reductionist approach in that the fragmentation of complex tasks and judgements undermines the 'essence' of social work (Dominelli, 1996). This essence is its commitment to the centrality of the 'relationship' as a means of effecting change in clients' lives. Ensuring the importance of the relationship requires highly skilled judgements which provide a holistic, not a fragmented, picture of the problems, needs and resources effecting clients' lives. The 'piecemeal' nature of competence-based education has been determined by the need to impose a narrow assessment process, focusing primarily on observable behaviours relating to specific criteria. The exclusion of certain kinds of knowledge raises the issue of who is determining what is excluded and the nature of knowledge perceived to be integral to the profession. For Hodkinson (1995, p. 61) 'the currently rampant managerialism upon which NCVQ conceptions of competence are based' and the Government's 'insistence that funded courses must use the NCVQ competence structure reinforces the managerial approach'. Such top-down managerialism effectively 'disempowers the very people who have to provide a professional service' (ibid., p. 61-62).

Secondly, the process of reflection by the competent practitioner requires a wide range of knowledge, necessary for integrating specific ideas,

---

<sup>6</sup>Although SVQs and the Diploma are influenced by competence-based education, SVQs are a lower level of qualification. The main differences are: (1) outcomes for SVQs are specified by SCOTVEC, whereas the Diploma is less rigidly tied to outcomes listed by the CCETSW; and (2) evidence for SVQs is dependent primarily on observation and writing

concepts, theories and skills and applying these in alternative settings (Cannan, 1994). Concern is that the assessment process within competence-based education has been narrowed to a 'tick-box' exercise, whereby students focus disproportionately on identifying work simply in order to produce the necessary evidence for each unit of competence (ibid.). The reflective practitioner, however, must be concerned with the holistic and dynamic complexity of social work, which is more than simply the sum of the individual parts (Schon, 1987; Tuxworth, 1989; Issit and Woodward, 1992).

Thirdly, the fragmented and prescribed nature of the competence-based approach may undermine the creativity and innovation of workers' practice (Ramsay, 1993). The application of a dynamic integration of theory and practice to novel situations, evident in previous social work qualifying courses, is marginalised in the DipSW (Cannan, 1994). In its place, is a mechanistic and impersonal implementation of behaviourism and functional analysis, which denies practitioners the necessary autonomy when responding to the often complex issues affecting clients' lives (Chown and Last, 1993). Hyland (1995, p. 50) argues that the behavioural base of the competence-based approach is a 'minimalist and impoverished conception of human thought and action', which is unable to 'account adequately for key aspects of human reasoning, understanding and learning'.

Fourthly, the competence-based approach demotes student learning. This criticism refers to the skewed focus on 'outcomes', with the actual process of learning becoming of secondary importance (Davies and Durkin, 1991). The effectiveness of student learning becomes measured in terms of the number of people passed through the education system instead of the nature and quality of their experience (de Maria, 1992). As a result,

---

'logs' within the workplace, whereas the Diploma uses more traditional methods such as, essays, projects and exams to assess practice, both in the 'classroom' and on placement.



superficial and narrow learning becomes the focus, rather than the continuous process of learning as the basis for good practice. For Kolb (1993, p. 144) such narrow learning has consequences:

When viewed from the perspective of experiential learning, the tendency to define learning in terms of outcomes can become a definition of non-learning, in the process sense that the failure to modify ideas and habits as a result of experience is maladaptive.

From Kolb's perspective, competence-based education may in fact undermine the learning experiences of individuals.

Finally, the criticism of competence-based education being oppressive, relates to its inherent individualistic and technocratic rationale which serves to perpetuate oppressive structural inequalities (Issit, 1995). Instead of linking the complex and varying aspects of oppression and discrimination that permeate organisations and institutions, the competence-based approach focuses on the 'individual' worker and the 'individual' client (ibid.). Hence, social work values become 'individualised' with little consideration afforded to their 'collective' meaning. The narrow focus of SVQs on specific employment-led tasks is, for some writers, linked to 'post-Fordism'. Hyland (ibid., p. 14) cites Edwards, who in relation to NVQs, argues that:

open learning can be articulated as another aspect of post-Fordism, strategically arranged to normalize a view of the future of work ... persons will be disciplined into certain forms of behaviour and more readily managed within a social formation of structural inequality.

The allegation is that competence-based education has a role in concealing the very causes of institutionalised and structural forms of oppression, whilst promoting the appearance of greater equality.

The criticisms outlined above question the extent to which a model of competence-based education derived from the industrial sector (of which there has also been considerable criticism, for example Smithers (1993)<sup>7</sup>) can be successfully applied to a 'care' setting, such as residential child care. A central dimension within all of these criticisms is the limited learning available from the competence-based approach and its potential for de-skilling workers.

### **Limited Learning and De-skilling Within the SVQ Framework**

In relation to social work, various writers (e.g. Cannan, 1994; Clarke, 1995; Jones, 1996; Dominelli, 1997) have argued that competence-based education is essentially a method of de-skilling certain sectors of the work force through the fragmentation and routinisation of certain tasks. The critique of de-skilling is based on two dimensions. Firstly, the implementation of five levels of qualification (ranging from basic care at level one, to managerial functions at level five) serves to increase the divisions of labour within existing hierarchical structures, which were less acute in previous social work qualifications<sup>8</sup>. Within the SVQ framework, managers are attributed with higher levels of competence than residential workers. Why? Do the people who work directly with

---

<sup>7</sup>Smithers (1993) found fundamental problems with NVQs in the industrial sector, for example, in relation to methodological inadequacies of the assessment process.

<sup>8</sup>Prior to the Diploma, the CQSW, a two year generic training course, was the recognised formal qualification for social workers. The CQSW was established in 1971 under the auspices of CCETSW and signalled a powerful impetus to the provision of training (Ford, 1988). Ongoing shortages in the level of qualified staff however, led to an in-house training system in the mid 1970's, and the Certificate in Social Service (CSS) was eventually recognised by CCETSW as an equivalent qualification to the CQSW. The development of the CSS was considered to be better designed to meet the needs of residential staff than the CQSW, which had been criticised for being too 'theoretical' and for giving insufficient consideration to residential care (Brown et al., 1992). However,



the children in residential care need to be at a lower level of competence than the people who manage them? Secondly, it has been suggested that the focus on outcomes reflects an impoverished view of learning. Critics of SVQs believe that workers' autonomy and learning opportunities are limited by the narrow focus on evidencing the necessary performance criteria. Hyland (1994, p. 49), for example, states that:

Once learners have opted for particular NVQ units, their subsequent learning and development must be subordinated to the gathering of evidence to satisfy predetermined competence criteria.

Hyland does not appear to be suggesting that workers have no autonomy or that no learning occurs. He does, however, believe that autonomy and learning are extremely limited within the NVQ framework (*ibid.*, p. 14):

It may be that some useful learning does take place during the gathering of evidence (though this will be unsystematic and not an integral part of the whole enterprise), but this pales into insignificance beside the need to satisfy all the pre-specified units and elements of competence, performance and supplementary criteria required for certification.

The focus on 'outcomes' rather than process or learning would correspond to what Apple (1993) terms the separation of 'conception' from 'execution'. The marginalisation of conception (tools for understanding) and skewed focus on execution (tools for doing) not only undermines learning, but increasingly alienates the individual, because their primary aim is to achieve externally imposed outcomes over which they have minimal control. Therefore, like Kolb, Apple's perspective

---

the CSS never gained the same status as the CQSW and was generally viewed as a lower qualification (*ibid.*).

would suggest that SVQs may not only limit new learning, but the marginalisation of the tools for understanding, may lead to the atrophy of existing skills.

In stark contrast to such criticisms, writers such as Jessup (1991), do not believe the focus on outcomes or the dominance of employers alters the potential for SVQs to give workers more 'control' and 'flexibility' in relation to 'learning and assessment'. Specific to the DipSW, O'Hagan (1996) believes that the competence-based approach is the way forward to establish a more comprehensive framework for social work education and training. In considering many of the above issues, O'Hagan (1996) argues that the revised Paper 30 has addressed the main thrust of the criticisms. Similarly, any criticisms not addressed by the revised Paper 30 are identified as being equally problematic in previous courses. O'Hagan (1996, p. 21) goes on to conclude that:

It is quite evident now that some of the criticisms are unjustified, and are based upon (1) unawareness of the meanings and origins of the concept of competence; (2) a long-standing antipathy towards CCETSW; (3) a knee-jerk reaction to some of the jargon associated with competence-based education and training (CBET); a failure to differentiate between competence-led social work training and CBET in general; (5) perceiving competence-led training as nothing more than another manifestation of Thatcherite ideology.

O'Hagan clearly distances himself from the criticisms outlined above and while he does not view the current competence-based approach to be perfect, he argues that (1996, p. 22): 'those involved in social work training should at least attempt to make it work, disregarding the often heated, largely ill-informed, debate which has preceded it.' Not only does O'Hagan reject the major criticisms, he seems to wish to ignore the fundamental debates. He further states that 'We must now accept the



challenge of competencies ... social work students and the professions to which they aspire cannot afford to do otherwise.' Horder (1998, p. 118) argues that O'Hagan's defence of the competence-based model is 'lame and half-hearted'. What precisely are the consequences of rejecting the competence-based model in social work? O'Hagan does not specify his views on this issue; however, he appears to be advocating a particular view of education without offering any research to support his position.

### Evidence of learning

A basic problem in trying to examine the merits of the different perspectives is the limited research available. Similar to SVQs, the number of research studies specific to competence-based education in social work are minimal. A study, previously cited, by Chakrabarti and Connelly (1996) made comparisons between DipSW students who held an HNC (which is competence-based) and students with more traditional qualifications. Their findings suggest that students accessing the DipSW with the HNC (Social Care) experienced more difficulties on the course than their peers who had taken the more traditional route, namely SCE Highers. Such findings raise fundamental issues for SVQs given that a 'pathway' to the second year of the DipSW is being offered to applicants with an HNC and SVQ level 3<sup>9</sup>.

Another study which evaluated a competence-based model of education was the ASSET programme (Winter and Maisch, 1992). The programme consisted of a partnership between Anglia Polytechnic and Essex Social Services (funded by the Department of Employment) and aimed to establish in-service training modules, using specified competences and workplace assessment, leading to degree level in social work. Despite using their research findings to establish what appears to be a

---

<sup>9</sup>Due to the costs of seconding workers for the two year Diploma, an alternative 'pathway' was designed for certain staff with the HNC and SVQ level 3; staff could access the

comprehensive and coherent set of competences, Clarke (1995) criticises their interpretation of the findings in terms of the degree to which it supports a competence-based approach. Firstly, the finished product became consumed in the encyclopaedic listing of competences similar to the daunting prescription offered within Paper 30 (CCETSW, 1989)<sup>10</sup>. Secondly, the fourteen propositions offered by Winter (1992) which constitute a theory of professional social work practice, virtually excluded the entire notion of competence. Not only is the term 'competence' absent from the fourteen propositions, the concept of competence as an observable behaviour, subject to objective assessment and explicitly defined criteria in the workplace, as detailed by the NCVQ model, is jettisoned by references to more subjective matters such as reflective understanding, incomplete knowledge, judgements as interpretations and moral purposes. Although the ASSET programme makes an important contribution to the research surrounding competence-based education in social work, Clarke (1995) argues that the contradictory nature of their findings and proposals reflect difficulties in defining what is meant by 'competence'.

In examining the issues surrounding competence-based education, the contradictions and criticisms of this approach cannot be understood simply in terms of education. For Issit and Woodward (1992, p. 48):

contradictions about competence cannot be resolved by merely refining the terms used and communicating more efficiently, but have to be understood in relation to fundamental debates about methods and ways of explaining social reality that have been raging within social science for several decades.

---

second year of the Diploma course, providing they had successfully completed their department's In Service programme.

<sup>10</sup>Paper 30 (CCETSW, 1989) produced a list of over 100 competences.



The central debates in social work education and the role of the competence-based approach in re-shaping the relationship between education and training will be examined in Chapter Two.

### **Conclusion**

The task of legitimising SVQs as appropriate qualifications within social work has been relatively unproblematic. Traditionally, residential child care has remained an untrained sector within social work departments and residential workers have endured a much lower status compared to their qualified field-work colleagues. Although SVQs have become the preferred method of qualifying residential child care workers, there is minimal research evidencing the actual impact they have on practice. Moreover, there remain fundamental questions about what is meant by the term 'competence' and how it can be measured or 'assessed'. The debate surrounding SVQs has been compounded by the confusion regarding the nature of learning, either integral to SVQs, or the compatibility of SVQs in relation to learning on other educational or training courses, such as the HNC, or departmental INSET programmes. Unfortunately, much of the literature in social work education does not address these issues and tends to focus on the competence-based approach in relation to the DipSW. Nevertheless, the complexities surrounding the definitions of competence present fundamental problems for any attempt to explore the impact of SVQs.

The issues surrounding SVQs and the competence-based strategy on which it is based, cannot simply be understood in terms of education or training, but must be considered in relation wider developments within education in British society. SVQs are part of a transformation of the education system which has impacted on schools, Further and Higher education. Chapter Two will examine how these changes have altered the nature of social work education.

# CHAPTER TWO

## COMPETENCE-BASED APPROACH, THEORY AND PRACTICE

### Introduction

The aim of this chapter is to explore the theoretical underpinnings of SVQs and their relationship to recent developments in British education. A defining feature of the educational system is the emergence of 'new vocationalism' and the government's commitment to a 'learning society'. The function of SVQs within this learning society, given that they are 'independent' of learning, is unclear. It will be suggested that the ambiguity surrounding 'competence' is located in differing perspectives of what social work is responsible for within contemporary society. In fact, much of the controversy surrounding the competence-based approach reflects long-standing debates about the relationship between theory and practice in social work.

### Theoretical Origins of the Competence-based Approach

Competence-based education and training (CBET) is located in two theoretical orientations; behaviourism and functional analysis (e.g. Clarke, 1995; Usher and Edwards, 1994). The aims of these theoretical perspectives are similar in that they 'identify what individuals should ultimately be able to do' (Melton, 1994, p. 286).

Functional analysis <sup>11</sup> has enabled the NCVQ to design employment-led qualifications. As Fletcher (1991, p. 167, emphasis in original) states:

---

<sup>11</sup>Functionalism is widely associated with the work of Durkheim and Parsons and is a theoretical perspective based on an analogy between social systems and organic systems. It asserts that the nature of society's various institutions should be understood in terms of the function each performs in enabling modern industrial societies to operate smoothly within society as whole. However, functionalism and its emphasis on the benefits of consensus, integration and harmony within capitalist society has faced much criticism. For example, from a Marxist theoretical perspective (which views society in terms of the unequal distribution of wealth, power, resources etc.), rather than harmony and consensus, society



Standards are developed at *sector level* and through a process of *functional analysis*. This involves beginning with the *key purpose* of the sectoral occupation and identifying the *key functions* undertaken.

This theoretical perspective is equally evident in the DipSW. Daphne Statham, the Director of the Institute for Social Work, and Geoff Carroll from Mainframe, represent the two organisations responsible for revising the DipSW. Both publicly acknowledge the centrality of functional analysis within the revised DipSW (Community Care, 1994):

The approach we contracted to use- functional analysis -takes as its starting point an overarching key purpose for the profession, then identifies all functions that workers are expected to carry out to achieve this. The form of analysis is generally considered to result in models of good practice, which reflect emerging trends, rather than 'snapshots' of current practice which may be uneven or dubious in quality.

But why functional analysis? Is this the most useful, or indeed the only perspective on which social work training should be based? For O'Hagan (1996, p. 6) the actual perspective seems to matter less than the outcomes:

The competence-based approach (whatever its debt to functional analysis) specifically addressed the task of assessing and/or measuring what individuals do in a variety of workplaces. It identified areas of competence and established performance criteria.

---

is characterised by the conflict of interests between the advantaged and the disadvantaged.

A problem with shifting the focus of analysis solely to outcomes, as proposed by O'Hagan, is that the actual competence-based approach tends to be treated as the 'normal' or 'best' way, as if somehow, it can be separated from the ideological <sup>12</sup> grounds from which it emerged. Moreover, what concerns Chakrabarti and Connelly (1996, p. 287) is the 'attempt by some educationalists to institutionalise their ideology by claiming complete objectivity in assessing competent performance'. O'Hagan's uncritical acceptance of the 'assessment' or 'measuring' of competence and performance criteria fails to recognise that competence-based education is neither neutral nor free from ideology.

The influence of behaviourist ideas upon competence-based education also raises issues for examining the impact of SVQs. According to Norris (1991, p. 332)

The most prevalent construct of competence is behaviourist. It rests on a description of behaviour (sometimes called performance) and the situation(s) in which it is to take place (sometimes referred to as range statements) in a form that is capable of demonstration and observation.

Perhaps the most influential feature of behaviourism within competence-based education is the assessment of objective criteria or outcomes. The shift from 'process' in traditional learning programmes to 'outcomes' in competence-based education, is noted by Fletcher (1991, p. 49, emphasis in original).

Unlike traditional, curriculum-based (input) standards, which are linked to a specific training or learning programme, (and also

---

<sup>12</sup>The concept of ideology is complex, however, its importance in education cannot be understated because, as Eagleton (1991) points out, it deals with peoples' perceptions of



linked to predefined forms of assessment), new competence-based standards are *completely independent* of both training and assessment processes.

The attempt to create measurable outcomes by fragmenting competence into smaller component parts was, as in Chapter One, criticised by Dominelli (1996) for failing to encompass the complexity of social work. Such fragmentation of measurable outcomes, which are employment-led, may not only reflect the influence of behaviourism and functionalism, but that of postmodernism <sup>13</sup>.

#### The influence of postmodern ideas on the competence-based approach

According to Dominelli (1996, p. 163):

The reduction of social phenomena to their individual components is a feature of postmodernism.

An essential feature of postmodernism which 'fits' with the competence-based approach is the inherent tendency towards reductionism.

Postmodernism is a critique of the 'grand narrative' or 'totalising' explanations as a means of understanding social progress (Lyotard, 1984). Lyotard's perspective is a critique of the potential authoritarianism of grand theory, such as Marxism (Smart, 1993). This rejection of 'grand theory' is equally evident in social work theory. Attempts to generate 'unifying assumptions', a set of 'integrated methods', or a 'common base'

---

reality and ways of thinking, their social interaction and the ways in which they are conditioned.

<sup>13</sup>The term 'postmodernism' refers to a specific cultural and intellectual movement (e.g. Lyotard, 1984; Baudrillard, 1988) which rejects any 'grand narrative' or 'totalising' view of how society develops or should progress. It says that all of the theories, ideas and explanations of the world are created by human beings and are therefore symbols of the world around them. As such, postmodernism regards all truth or knowledge claims as competing narratives. This celebration of diversity and difference locates understanding in a mosaic of different interpretations set against each other. It should be noted however,



of social work (Bartlett, 1970; Goldstein, 1973; Pincus & Minahan, 1973; Specht & Vickery, 1977) was a significant feature dominating much social work literature in the 1970's. Yet, according to Jeffries (1996, p. 95-96), 'in this postmodern time the very search for unifying assumptions seems strangely old-fashioned and out-dated'.

It is, therefore, important to consider the extent to which the fragmentation inherent to competence based-education represents 'deconstruction' in a postmodernist sense. The deconstruction of 'elements of competence' in a way that makes practice more understandable, may not initially appear dissimilar to more traditional qualifications. However, the fragmentation within competence-based education, as with postmodernism, seems to view the process of deconstruction as an end in itself. As highlighted in Chapter One, it is the ability to demonstrate the range of SVQ competences as a 'disposition', that leads to an overall competence as a 'capacity'. How this overall or holistic sense of competence is attained without a reconstruction of the individual elements of competence is not clear, especially when:

NVQs have nothing whatsoever to do with training or learning programmes.

(Fletcher, 1991, p. 51):

Although competence-based education may have originated from functionalism and behaviourism, these perspectives are located within specific ideological positions. Postmodern ideas also appear to have influenced competence-based education. However, in addition to the theoretical influences, it is important to recognise that the competence-based approach of SVQs has emerged within a general transformation of

---

that the notion of postmodernism has not remained uncriticised, and writers such as Giddens (1990) and McLennan (1992) provide a detailed account of the debate.



the British education system. The key features of this transformation will be considered.

### **Developments in British Education: the Impact of 'New Vocationalism' within Schools, Further and Higher Education.**

Whilst vocational education and training existed long before the emergence of the NCVQ, it attracted little public or political interest and was marginal to mainstream education (Gleeson, 1990). However, following a combination of economic and political conditions in the 1970's, vocational education and training were placed firmly at the centre of the political agenda. At an economic level, the prolonged recession which followed the 1973 oil crisis resulted in the Labour government reducing public expenditure, thereby necessitating, amongst other things, a re-evaluation of education and training policy (Halsey et al., 1997). The increasing youth unemployment, caused by the prolonged recession, was accompanied by mounting political attacks by the far Right on the alleged falling standards in schools (ibid.). The then Prime Minister, Callaghan, responded in a speech at Ruskin College, Oxford, in October 1976, and launched what has since become commonly referred to as the Great Education Debate (1976-79). In his speech, Callaghan argued that the employment and training sector should make a greater contribution towards Britain's economic performance. The complexities of the economic and political factors in the 1970's were reduced to a 'skills gap' in the 1980s and 1990s (e.g. Skilbeck et al., 1994).

The 'new vocationalism' became central to the debate, focusing initially on young people and the transition between school and work. Training initiatives, such as the Youth Training Scheme (YTS), were directed primarily towards the 40 per cent of pupils who leave school with the minimal level of qualifications (Ainley, 1985). The curriculum changed from general education, with its emphasis on a culture of broad-based learning, to vocational training more directly linked to employment



(ibid.). Supporters of the new vocationalism viewed it as a means of providing a range of 'generic skills' training, required by the workplace, to those school leavers who would have otherwise left with minimal or no qualifications (Hayes, 1993). Alternatively, critics viewed the training initiatives as a mechanism used by government to reduce official unemployment statistics, attack traditional apprenticeships, craft working practices and union power (e.g. Moos, 1983; Ryan, 1984). For many young people, the new training initiatives narrowed their options whilst enabling the government to provide employers with a cheap and more compliant work force (Chapman and Tooze, 1987).

What the different perspectives highlight is that the new vocationalism cannot be understood simply in terms of training, because as Skilbeck et al., (1994, p. vii) point out, the new vocationalism is:

a complex amalgam of ideas, policies, legal and regulatory structures and practical endeavours whereby the nation's education and training systems have been reformed and restructured through government-led, partnership-type initiatives.

A significant feature of the new vocationalism is the way it has been legitimised, not from evidence of its own merits, but in terms of the alleged failures of the conventional curriculum. Gleeson (1990, p. 190) asserts that:

the eagerness with which the New Right [<sup>14</sup>] has attacked the apparent inadequacies of progressive and humanistic education

---

<sup>14</sup>The New Right is a strand of Conservatism, often associated with Thatcherism, which has echoes of nineteenth-century liberalism and is concerned primarily with the non-interference of the state. A persistent theme of the New Right is the need to encourage more responsibility at the level of the 'individual' and reduce the over-dependence on the welfare state.



has, somewhat ironically, created the space in which the skills-based approach has been allowed to flourish.

It is also important to recognise that the transformation of the educational curriculum is not unique to Britain. Although Apple (1993; 1997) focuses on the USA, his analysis of education is relevant to most Western industrialised countries. Apple (1997) argues that a new 'power bloc', combining New Right ideas with business, has initiated the shift away from a more liberal humanistic curriculum and replaced it with a curriculum of 'technical-administrative knowledge'. This 'power bloc' (ibid., p. 596) has its interests in:

providing the educational conditions believed necessary both for increasing international competitiveness, profit, and discipline and for returning us to a romanticized past of the 'ideal' home, family and school.

According to Apple (1997, p. 596), this transformation is attacking the educational foundations for 'critical citizenship':

No longer is education seen as part of a social alliance which combined many 'minority' groups, women, teachers, community activists, progressive legislators and government officials, and others who acted together to propose (limited) social democratic policies for schools ...

Attempts to limit 'critical thinking' is a key dimension of the new vocationalism, which is quite distinct from the ethos underpinning the more traditional academic courses.

## Continuing the 'academic' and 'technical' divide

Whilst legislation shaping the new curriculum in schools has transformed mainstream education, Gleeson (1990, p. xi) argues:

The danger is that the disparate range of curricular and institutional reforms set in motion in the 1980's is more likely to reinforce traditional differences between academic, technical and general knowledge, a factor which was recognized as a blockage to social, political and economic progress in the 1950's and which has been a major source of conflict in education and society ever since.

The second class status of 'technical' and work-related subjects, compared to 'academic' education, has continued within the new vocational system (Spours and Young, 1990). For example, despite attempts to give the 'Advanced' GNVQs 'parity of esteem' with 'A'-levels, the actual relationship between the different qualifications remains ambiguous. This is perhaps best demonstrated in the refusal of medical schools to accept GNVQs as entry qualifications (McQueen, 1995). The ability of the medical profession to exclude the new vocationalism contrasts sharply with those young people on the Youth Training Schemes, who are amongst the least protected in terms of employment rights and support from trade unions or professional bodies. The failure of the 'Advanced' GNVQs to gain equal status with 'A'-levels may, according to Gokulsing et al., (1996, p. 29):

deepen the new binarism in higher education between an Ivy League of research-centred universities nationally recruiting 'A'-level entrants from 'good' schools and a long tail of teaching-only institutions fed by local, working-class, ethnic minority and mature students from access and vocational courses at associated FE colleges.



Much of the debate about the merit of vocational qualifications within education reflects varying interpretations of terms, such as 'practical' and 'applicable knowledge', upon which the new vocationalism is rooted. What in fact 'practical' or 'applicable' actually mean is 'frequently unclear' and neither 'self-evident nor incontestable' (Skilbeck et al., 1994, p. 18). To illustrate this point, it would seem highly unrealistic to assume that medical schools reject the new vocationalism because medicine is neither practical or applicable. After all, medical schools surely aim to produce competent doctors within the workplace. The point, is that despite the proliferation of the new vocationalism within education, it has not had the same impact throughout all occupations and professions.

#### 'A learning society'

In the 1990's the new vocationalism was widened to include adults and re-entrants to the workforce. The government proposed to transform Britain into 'a learning society'. The demise of traditional heavy industry and working practices where there had been a division between mental and manual labour, conception and execution, was replaced in the emergent technological and service sectors by 'a learning society' (Gokulsing et al, 1996). Within this society there has been a blurring of the distinction between education and training (ibid.). The learning society was to be driven by a 'skills revolution' in which a 'new training culture' would empower individuals to have 'real buying power' within the employment market (ibid., p. 5). The rationale for a learning society was based on the rapid rate of change in the technological and service industries. Employers now required a more flexible worker, who rather than expect a job for life, would compile a portfolio of their occupational experiences as they moved from one job to another (ibid.). Britain's potential to compete in a global economy was, therefore, underpinned by the government's commitment to put 'lifelong learning' at the heart of its training and educational initiatives.



Of course, attempts to create a 'learning society' are not unique to the New Right. For example, philosophers since Aristotle have promoted ideas for a learning society (Gokulsing et al., 1996). A more humanistic interpretation of a learning society views learning as valuable in its own right, which is linked to equality of opportunity and essential to an informed democratic society. For Gokulsing et al, (1996, p. 8) the present 'learning society' which is narrowly linked to the market, has not led to a general 'upskilling' of the workforce, but instead to a 'skill polarisation' which reflects the 'heightened academic differentiation in education'. Under the paradigm of 'lifelong learning' there is minimal reference to individual learning about society or the need to acquire knowledge beyond the immediate and narrow confines of the workplace (Gleeson, 1990). Shaping the nature of lifelong learning is a 'new managerialism' and a market ideology.

#### A 'new managerialism' and the ideology of de-regulation

A new managerialism emerged within the public sector throughout the 1980's and 1990's (e.g. Exworthy and Halford, 1999). Whilst professional-managerial relations are diverse and complex, writers have focused on the relationship between professionals and managers and the degree to which managers are increasing their remit over the professional practitioner, either by eroding their power base, or ensuring that the practitioners themselves undertake an increasingly managerial function (ibid.). Essentially, this new managerialism has increased the regulation and control over practitioners (ibid.). Integral to this is the view that the welfare state is antagonistic to enterprise ideals. A particular aim is to increase the level of private-led investment in the public sector (Cannan, 1994). Creating such conditions, along with the new life skills training was intended to alter social relations within employment, by promoting entrepreneurial values and creating a spirit of individualism in the labour market (Gleeson, 1990). The vocationalism of the New Right attributes the learner with essential skills, giving the individual the



necessary flexibility to meet employer needs, hence escaping unemployment.

Essential to this ideological position is the ability to shift responsibility for unemployment to the workers themselves, which in turn abdicates any blame from the employer or the state; as it is the principles of a deregulated market system which determines the skills required (Dominelli and Hoogvelt, 1996). The real choice on offer is the freedom for the employer either to hire or not, without giving any substantive reasons why. Individuals are left with the 'freedom' to remain unemployed. This is, for Cohen (1984, p. 119), 'the savage presumption behind the humanistic idioms of social-and-life-skilling.'

#### A 'low skills' equilibrium

Although the transformation of education under the new vocationalism was in response to the 'skills gap' of the 1970's, it has not generated a highly skilled workforce. Its failure to educate and train the workforce to levels reached by international competitors, leaves Britain, according to Finegold and Soskice (1990, p. 18):

trapped in a low skills equilibrium, in which the majority of enterprises staffed by poorly trained managers and workers produce low quality goods and services. The term 'equilibrium' is used to connote a self-reinforcing network of societal and state institutions which interact to stifle the demand for improvements in skill levels.

This is not to suggest that all British companies produce low quality goods or services, or that all individuals are inadequately educated or trained. A 'low skills equilibrium' should not be confused with low economic production, as Britain's economic growth in the latter half of the 1980's increased faster than all other major industrial nations,



excluding Japan (Finegold and Soskice, 1990). This growth has, in part, been achieved by the government securing a low cost production and efficient service economy. For example, labour mobility and company profit have been maximised through the introduction of employment security legislation (including the abolition of wage councils), subsidising low wage employment (such as YTS and family credit), reducing trade union power and a series of supply side measures, such as financial assistance to entice foreign investment (Hutton, 1996). Such changes have been more inequitable for the most disadvantaged and marginalised groups in society (ibid.). The increasing inequality serves to highlight the difference between a learning society under the new vocationalism and more traditional humanistic learning.

The re-shaping of social relations under the new vocationalism is of particular significance given the failure of the private sector to invest in training. Many private companies were not only unwilling to spend the necessary money, but were equally unwilling to commit to any long term training programmes (Hutton, 1996). For Hutton (1996, p. 188), the failure of private-led investment in training:

exemplify the malfunctions of the whole system ... political structures that might support properly independent public/private partnerships, so meeting local labour market requirements, simply don't exist; there are no incentives in the unchecked market-based system for individuals or firms to invest in the acquisition of skills; and the pressures from the financial system reinforce this trend by emphasising the gains from financial engineering, rather than investment in human capital.

A 'learning society' in which greater inequalities have occurred, raises fundamental issues for the remit of vocational qualifications within social work. In particular, given that SVQs are 'independent' of learning,



their actual function within a 'learning society' is unclear. Whilst SVQs and the theoretical orientation on which they are based reflect a particular view of social work, what social work is in fact responsible for within contemporary society, remains a highly controversial matter.

### **Responsibility of Social Work**

The role and function of social work within society has been subject to ongoing controversy. In his analysis of the competing influences defining the purpose of social work, Payne (1996) identifies three elements which embrace the debate: individualism-reformism; socialist-collectivist; and reflexive-therapeutic. Essentially, the debate about responsibility or purpose can be located in the degree to which each of these perspectives should contribute to the nature of social work.

- **Individualism-reformism:** from this perspective, social work focuses on the individual and their practical needs. It maintains that the unmet needs of individuals can be best met by institutions based on a hierarchical structure which view the client as a consumer of services. The institution or organisation is paramount in determining the nature of resources for individuals and accepts the socially controlling nature of social work as a central purpose.
- **Socialist-collectivist:** this view focuses on the structural aspects of society which are iniquitous and oppressive. It seeks to promote co-operation and participation with disadvantaged groups to achieve power over their own lives. Social work therefore, has a key role in offering support by creating institutions which empower people through involving them in the process of learning and support. Central to this view, is the removal of power from those 'elite' groups who dominate existing power relations and resources for their own interests. As such, social work should be involved in helping to

address the unequal power structures by aiming to bring about a more egalitarian set of social relationships in society.

- **Reflective-therapeutic:** this view focuses on the importance of the well-being of individuals, groups and communities in society and strives through a process of personal development and self-realisation to help them achieve their full potential. Unlike the controlling element within the individualism-reformism perspective, the reflective-therapeutic perspective focuses more on voluntary, therapeutic and non-directive practices; enabling people to influence and be modified-reflexivity-through interacting with others. By developing peoples' own personal power and control, they are better equipped to overcome the problems and disadvantage in their lives.

Elements of the individualism-reformism, socialist-collectivist and reflexive-therapeutic are present to some degree in virtually all perspectives of social work. However, there is no general agreement over what element should dominate, or how the tensions between them should be judged most relevant for the profession. This is particularly complex when the parameters of social work are in a continual state of flux. Payne (1996) illustrates this point by comparing two CCETSW 'working' definitions of social work.

Social work is a form of intervention which encourages social institutions to respond to individual needs, enabling individuals to use their resources and in turn to contribute to them. It holds that the capacity and dignity of the individual are enhanced by participation in the life of the community. To achieve this end, it contributes to adjustments in the distributions of power and resources and attempts to help people, whether as individuals or



groups, to have sufficient control over their lives to increase their opportunities for personal choice and self-realisation

(CCETSW, 1975, p. 17).

This definition promotes a strong reflective- therapeutic element; focusing on the individual with 'personal choice and self-realisation'. It also incorporates a sense of the socialist-collectivist view in acknowledging unequal power relations. Over fifteen years later, there is a shift in emphasis, according to Payne, which is particularly significant in that it followed a period of reconstruction of social work education, culminating in the implementation of the competence-based approach.

Social work is an accountable professional activity which enables individuals, families and groups to identify personal, social and environmental difficulties adversely affecting them. Social work enables them to manage these difficulties through supportive, rehabilitative, protective or corrective action. Social work promotes social welfare and responds to wider social needs promoting equal opportunities for every age, gender, sexual preference, class disability, race, culture and creed. Social work has the responsibility to protect the vulnerable and exercise authority under statute

(CCETSW, 1991, p. 8).

Payne (1996) argues that the former balance of the reflective-therapeutic and socialist-collectivist perspectives have been overshadowed by a stronger emphasis on an individualism-reformism element. In particular, the focus on personal development has been consumed by need for accountability and control. Although there is also a limited recognition of power relations, thus incorporating an aspect of the socialist-collectivist view, care and altruism are promoted in terms of meeting need within a context which social work controls the provisions.



—  
Payne concludes that the dominance of the reflective-therapeutic view, particularly in the post-war period, has been superseded since the 1980's by a stronger emphasis of the individualism-reformism view.

Maintaining the status quo and changing the 'individual'

Davies (1994, p. 40, emphasis in original), who is a proponent of the individualism-reformism view, argues that the nature of social work is:

*maintenance*: society maintaining itself in a relatively stable state by making provision for and managing people in positions of severe weakness, stress and vulnerability; and society maintaining its own members, without exception, by commitment to humanist endeavour.

This view is significant to education for two reasons: the nature of social work as an institution; and the role of social work in maintaining the status quo.

Brandon and Jordan (1979) argue that it is the institutional pressures which serve to deny innovation and creativity in practice by restricting the role of social workers. Therefore, the responsibility of workers to rigorously test knowledge through systematic research procedures, is more limited by the individualism-reformism perspective, as it is overshadowed by the rules and regulations of the institution. For many writers (e.g. Cooper, 1993; Clarke, 1995; Dominelli, 1996) the government, via CCETSW, has played a key role in a range of training and educational developments in social work. Cooper (1993, p. 11, emphasis in original) argues that 'instead of *enhancing* social work it apparently preferred to *regulate* it by the introduction of increasingly detailed procedures and guidelines through the 1980s'. Such regulations took the form of increased supervision via new guidelines, inspections and greater accountability to the legal profession (Cooper, 1993; Webb, 1992). The



increasing controls over workers were accompanied with more reactive, individualistic and authoritarian responses to child protection (Dominelli, 1996). Training also became increasingly reactionary, focusing on child protection services with minimal concern for preventative services or generic skills training (ibid.).

The second feature, maintaining the status quo, is an important issue for education and training, because it defines the boundaries of intervention strategies for social work. As Schorr reminds us (1992, p. 8):

The most striking characteristics that clients of the personal social services have in common are poverty and deprivation. Often this is not mentioned, possibly because the social services are said to be based on universalistic principles. Still, everyone in the business knows it.

Problems such as poverty and deprivation, according to the individualism-reformism perspective, have structural causality, however, the responsibility of social work, is not to challenge or question such structural issues, but instead to intervene with particular strategies at the level of the individual. Not dealing with the underpinning causation of social problems forces the practitioner, according to Howe (1996, p. 88, emphasis in original), to view clients in a particular way:

Behaviour is no longer analysed in an attempt to explain it. Rather, it is assessed in terms of administrative procedures, political expectations and legal obligations. Social workers now ask *what* clients do rather than *why* they do it - a switch from causation to counting, from explanation to audit. Depth explanations based on psychological and sociological theories are superseded by surface considerations. It is the visible surface of



social behaviour which concerns practitioners and not the internal workings of psychological and sociological entities.

The purpose of social work and its responsibility to clients should not be viewed as a fixed entity within contemporary societies. The main issue for understanding the impact of SVQs, is whether it reflects a managerial and employer agenda, with less concern for workers and the clients, or an important shift towards giving residential workers a meaningful qualification.

Such conflicting perspectives are not unique to SVQs, but are also embedded in wider debates about 'professionalism' in social work. Social work has never had the high status of professions such as medicine or law. Instead, it has remained a 'sub profession', similar to other occupations such as teaching and nursing. The reasons why social work has not developed a more recognised professional standing has been subject to ongoing debate. According to Sibeon (1991), it is social work's 'woolly thinking', evident in its failure to establish an intellectually stringent knowledge base, which has undermined its professional standing. Sibeon's critique places the primary responsibility for failing to professionalise upon social work. Alternatively, Dominelli (1997, p. 153) criticises the oppressive patriarchal base on which the traditional professions have operated, and argues that social work has sought an 'alternative professional paradigm to the prevailing masculist orientated ones.' In essence, what is being debated, is the degree to which professional bodies have control over their own activities.

According to Hodkinson and Issitt (1995, p. 62), for a professional body to sustain control, it must have 'status preservation and boundary management through rites of passage.' Having the control to define a profession's remit, requires the maintenance of sufficient levels of power, status and authority within a particular field. At the heart of



professionalism, at least in terms of education and training, is the ability of social work to define and develop a unique theoretical perspective and knowledge base. Put simply, does social work represent an activity that requires practitioners to have specific education and training, or is it something anyone with the necessary 'common sense' can do? Critics have argued that the focus on 'doing', rather than 'thinking', and the 'employer-led' nature of the competence-based approach serves to undermine notions of professionalism. In order to understand educational issues and professionalism, particularly in relation to the competence-based approach, it is necessary to examine the theory-practice debates in social work.

### **Theory and Practice**

The relationship between theory and practice has been a 'perennial' problem for social work (Lee, 1982). The impetus to develop a theoretical perspective in social work can be located to the Charity Organisation Society (COS) which aimed '... to transform philanthropy from an unskilled "duty" of the rich to an expert and professional activity undertaken only by those who were prepared by social theory and trained in the appropriate methods' (Jones, 1983, p. 81). The professionalising ethos of the COS was 'a definite attempt to induce people not to shrink from applying theory to practical work' (Bosanquet, 1914, p. 404-405). Bosanquet also noted how the 'intellectual' learning necessary for training was condemned by many for being a barrier to doing real work.

This 'anti-academic' dimension appears to have remained a persistent feature of social work training. For example, Satyamurti (1983, p. 36), expressed frustration not only in students' rejection of contributory disciplines, namely the social sciences, but also in that, 'The students do not ... feel that they will get anything that is important to them from a book' and even reject theory 'directly related to social work intervention'. Such scepticism regarding the use of theory and social science knowledge



for social work has been noted by a number of studies (e.g. Carew, 1979; Cox, 1982; Waterhouse, 1987). Generally, these studies argue that social work is based on practical 'common-sense' and 'practice wisdom' learned from on the job experience (Carew, 1979). Secker (1991), however, questions the methodological design and approach of these studies. For Secker, the studies imposed a methodological framework derived from the positivist tradition, and it is this approach which reflects the 'gap' between theory and practice, rather than the real experience of practitioners. The few studies not to adopt a positivist approach offer, according to Secker, some evidence to support the view that social workers did in fact use theory, including social science knowledge, to inform practice.

At present, it should be recognised that the evidence regarding the complexities surrounding the use of theory to practice is quite minimal and inconclusive (Jones, 1996). Yet, the studies negating the relevance of theory for practice, seem to have been highly influential in shaping recent changes in social work education and training, particularly in relation to the expansion of the competence-based approach <sup>15</sup>.

#### 'Where' should Social Work be taught and 'what' should be taught

Controversy in developing an accepted theory-practice framework also stems from ongoing conflict over who is best suited to teach social work. The location of social work training within higher education, especially

---

<sup>15</sup> The current framework for the DipSW can be traced to the CCETSW proposal in 1986 for a three year training course for social workers (in alignment with other European countries). The rejection of the proposal by government went against the findings of various inquiries which had correlated the poor practice in residential care to inadequate training (Cannan, 1994). Similarly, various child abuse investigations had cited the inadequate training as a crucial issue for the failure of social work departments to protect many children at risk (ibid.). What is of particular interest, it that the prevalence of malpractice was also used to criticise existing social work training despite the fact that such incidents primarily occurred where staff had not received any formal training (ibid.). Therefore, contrary to the evidence and the findings of various inquiries, it was the training, namely, the CQSW, which had become the 'problem', and the new DipSW



the universities, has remained controversial. Since the first British social work education programme in the COS's School of Sociology in 1903, the relationship between social work practice, academic knowledge and academic institutions has been highly contentious (Seed, 1977). The involvement of academic lecturers (who were not social work tutors) following the re-location of the course to the London School of Economics in 1912, was accompanied by concerns from the COS about their loss of control to the academic social sciences (Mowat, 1961). The conflict of interests appears to centre on the desire of social work tutors to be seen as 'professional', and as such, be located in academic institutions with the necessary autonomy to influence the input of other courses and academic knowledge within social work education. This attempt by social work to have the status from higher educational institutions whilst striving to exclusively control 'their' training course, has led to a 'separate' existence from the wider academic community (Donnison et al, 1975).

The COS were also concerned about the external influences upon their training. In particular, the ideology of the COS's professional casework model conflicted with the collectivist politics of the socialist reformers of the late nineteenth century (Seed, 1977). The philosophy underpinning the COS approach was that of 'personal inadequacy', and the function of casework was to remedy any 'defect' or 'deficiency' in the citizen's character (Bosanquet, 1914). Underpinning the casework model and included in the COS training curriculum, was Spencer's 'social Darwinism' of the 1870's (Leonard, 1966). However, Pinker (1989) questions the extent to which any 'scientific' teachings, as advocated by the COS leadership, actually filtered into direct practice, and argues that the practice of these early social workers was a combination of accumulated experience influenced by specific moral considerations. An

---

with its orientation on the 'practical' was to be the solution, albeit not for residential child care workers.



indication of their moral philosophy is evident in the highly influential writings of Octavia Hill (1884, p. 10), who, on the subject of housing reform advises that 'the tenants' habits and lives are what they are. Transplant them to healthy and commodious houses and they would pollute and destroy them'. For Payne (1996, p. 20) underpinning such morality, was the desire to impose control:

The method was one of moral influence on people who had fallen into difficulties, through no fault of their own. Those who took no personal responsibility were consigned to the rigours of the Poor Law. Organised charity and Poor law oppression were thus two sides of the same controlling philosophy.

The political philosophy of the COS was diametrically opposed to the social reformists, influenced by the work of Edwin Chadwick, Charles Booth and the Fabians, who focused on the need for structural change brought about by a more interventionist state (Townsend, 1911). This conflict between 'professional' casework theorists and those who advocate structural reform have established social work education 'as a significant institutional arena for the expression of conflict over social work politics' (Sibeon, 1991).

Although controversy has remained over the role of welfare (especially since the development of the welfare state), the intense debate characteristic of the COS and the social reformers did not re-emerge in the arena of social work education until the 1970's (ibid.). Criticisms of professional social work in the post-war period first emerged in the late 1960's, particularly in relation to the dominance of psychotherapeutic techniques and the failure of welfare to eradicate poverty and move towards social equality (Sainsbury, 1985).



### Moving towards a professional status

Despite such criticisms, the early 1970's is often viewed as a high point in the professionalising of social work. The Seebohm Report (1968) paved the way for the emergence of unitary social work departments in Scotland (in England, social work was part of social service departments). Other important developments included a strong movement towards a professionally unifying 'generic' form of practice (e.g. Goldstein, 1973; Specht and Vickery, 1977) ; a national professional association was formed (the British Association of Social Workers established in 1971); the emergence of the Certificate of Qualification in Social Work (CQSW) as a nationally recognised qualification (regulated by the newly created CCETSW) resulted in the expansion of many new social work courses in universities and polytechnics.

The dominant factions within social work which are committed to 'professionalism' are located within the academic institutions and professional associations, such as the British Association of Social Workers (Sibeon, 1991). The role of education in social work, for those seeking professionalism, is seen as encompassing a broad base of social science within a professional model of practice, theoretical development and research (e.g. Stevenson, 1971; Coulshed, 1991). As such, social work is viewed as a highly complex activity, with considerable intellectual demands giving its practitioners 'professional' expertise (Butrym, 1981). Opposing the academic-professionalism constituency, is the employers constituency which consists of organisations such as the Association of Directors of Social Services (Sibeon (1991). In contrast to the view promoted by the academic-professionals, the employers constituency have advocated a more practical form of occupational training- to be controlled by employers (Sainsbury, 1985). In an attempt to strengthen their position, the employers constituency have argued that the needs of clients were being subsumed by the academic-professionals' interests, namely their eagerness to achieve higher professional status (ibid.). These



conflicting views continued from the late 1970's to the mid 1980's, during which important changes occurred within the arena of social work education; not least of all, the CCETSW shifted its allegiance towards the position of the employers <sup>16</sup> (Cannan, 1994).

### Indeterminate knowledge

Many of the tensions underpinning the debates in social work education relate to the concept of 'indeterminate' knowledge. For Jamous and Peloille (1970) there is a ratio between the amount of 'indeterminacy' and 'technicality' in professional practice. Jamous and Peloille (1970, p. 113) claim that professions emerge from those occupations or activities who have a high ratio of indeterminate knowledge compared to technical knowledge. Indeterminacy refers to the element of work which is founded on specialised knowledge and its interpretation through the use of professional judgement. Such skills and knowledge can only be acquired through education, training and experience. Technicality refers to those aspects of work which emerge when tasks are viewed as relatively unambiguous and straightforward. This approach configures the work in a way which is highly conducive to programming and routine practices. Technically systematised work minimalises the practitioners need to interpret knowledge, impose judgements, or use expertise to perform a job well. The importance of being able to influence what constitutes as knowledge cannot be underestimated, as noted by Atkinson (1983, p. 238):

---

<sup>16</sup>An illustration is the compositions of the members of the CCETSW's governing body. Since its emergence in the early 1970's, the educationalists representing social work have been increasingly reduced in numbers. New appointments to the CCETSW have tended to be individuals representing employer interests, rather than issues pertinent to social work education (Cannan, 1994). Those representing employer interests have increased their influence over education and training in social work, not least of all with the sanctioning of the CSS in the mid 1970s and changing the constitution of CCETSW in 1986: the council was reduced in numbers and the Secretary of State appointed a greater proportion these members (ibid.). This dominance of employer expertise within CCETSW was not a temporary manifestation. In 1990, only seven members of CCETSW, from a total of twenty six, were from educational institutions (ibid.).



The definition of “indeterminate” knowledge and its preservation is part and parcel of the politics of professional knowledge and professional power.

Within social work the level of academic input has been a key feature in determining the level of indeterminate knowledge. The shift in control of education towards employers was accompanied by increasing anxiety about the content of academic input, and sociology appears to have been singled out for particular criticism.

Criticisms generally referred to Marxist sociology, and concern was voiced over what the Gould Report (1977, p. 12) perceived to be the ‘Marxist penetration’ of higher education and social work training. Perhaps the most vigorous, if not persistent, critique of the alleged politicising effects generated by sociology, came for Davies (1981a), who warned against social work being subverted by politically left wing social science academics. Although Davies’ (1981b) main criticism is reserved for sociology, he argues that social science knowledge was ‘debilitating’ for students who when exposed to ‘critical perspectives’ were becoming ‘critical, questioning, even sceptical’ (ibid., p. 19). He further argues that unless the politically radicalising effects of social science could be contained, and in particular, the removal of sociology from social work education, ‘it is theoretically possible that sociology might undermine or destroy social work’ (Davies, 1981a, p. 196). For Sibeon (1991) Davies’ critique not only lacks empirical evidence, it is based on a defamatory assumption which portrays students as extremely gullible, naive and unbelievably susceptible.

Moreover, such ‘intellectual purging’ is, according to Jones (1996, p. 205-206), not without its political ramifications:



... CCETSW, under pressure from both employers and successive Conservative governments, has proceeded to rip out the social science disciplines from the curriculum and remove the control of the academy over professional courses. In doing so it played on the philistinism of the New Right and its fear of intellectuals and education. Universities are sneered at as being ivory towers far removed from the pressures of everyday life; theorisation is deemed as escape, or even a symptom of cold and uncaring personality; what is demanded of state welfare workers is obedience and loyalty, not thought.

The greater level of control by employers over education has, according to Jones (1999, p. 47), contributed to 'a fundamental shift of focus in British state social work, in which the needs and demands of the agencies-rather than those of the clients- are given primary consideration'. The NCVQ model of competence, which is independent of any 'training and learning' and where the assessment process takes place in the workplace, would appear to be, from Jones' perspective, both intellectually purged and outwith the control of academic influence. The role of the employers has been central to shifting the emphasis from education to training, to skills attainment and 'competence' rather than knowledge and understanding (ibid.). The employers represent a new 'class' of manager who is concerned with quantitative performance indicators and assessments, geared to increase control over practitioners, rather than managerial theories and qualitative methods aimed at helping practitioners meet the needs of clients (Cannan, 1994). Changes in the ratio of indeterminate/technical knowledge do not therefore simply affect the balance of power between practitioner and manager, it alters the nature of the way in which clients' needs are defined and met.



## A 'consumerist' approach to student feedback

The CCETSW shift to employers' demands was also reflected in a 'consumerist' approach to students' educational needs: 'Consumer research studies by Shaw and Walton, Davies, and Faires have emphatically concluded that supervised practice on placements is the most useful part of CQSW courses (CCETSW, 1987a, p. 6). It is interesting to note that Davies (previously mentioned) has changed his position somewhat dramatically, as Sibeon (1991, p. 51, emphasis in original) points out:

In a seemingly remarkable reversal of virtually all of his earlier critical condemnations of students' attitudes, Davies (1989) stated that the time had come to actively seek (not reject!) social work students' opinions through the use of consultative opinion-survey methods, with a view to students' expressed opinions, attitudes, and political preferences being incorporated into the design of social work training curricula! ... instead of criticizing students' ('radical') attitudes ... he had now moved to the diametrically opposed view that in social work training it had now become essential to take steps to ensure that `... the development of vocationally -orientated higher education ... gives ... (students) ... an unaccustomed say in the creation of the product they are consuming'

This process of consulting students and gaining their 'consumerist' opinions has become a regulated feature of the DipSW, and courses will not be validated unless student feedback about the course is evidenced (CCETSW, 1989a). What is it about the shift towards a more competence-based approach to social work education that welcomes the feedback of students, as opposed to the discarded CQSW and the 'radical' social science knowledge?



### SVQs, learning, theory and practice

The 'narrowing' of learning within the 'new vocationalism' has taken a particular form with SVQs. Unlike the CQSW or DipSW where debate has focused on the merits of such qualifications being taught at college or university, SVQs have been excluded from these establishments. Even the 'underpinning knowledge' for SVQs, as noted in Chapter One, is being delivered within social work departments using their own INSET programmes. Locating SVQs solely in the workplace and making them 'independent' from training and learning would appear to marginalise any traditional notion of professionalism for residential child care.

Perhaps somewhat paradoxically, a 'learning society' has been envisaged in which certain qualifications, for the least qualified staff, are 'independent' of learning. This situation, using Apple's (1993; 1997) analysis, reflects the ability of the 'power bloc', which in this case, is the government and employer-led factions in social work, to marginalise educational interests and exert control in defining the 'official' or legitimate knowledge for the SVQ curriculum. The actions of this 'power bloc', especially the exclusion of learning from SVQs, would appear to reflect the 'individualism-reformism' view of social work, whereby institutions maintain the status quo and are primarily concerned with changing the 'individual', rather than those structural aspects of society which generate and sustain inequality.

Whilst low skills training in industry may find a niche in the market place, what are the implications when the 'new vocationalism' is transferred to residential child care? Will the low skills 'equilibrium' within the technological and service sectors, generated by the 'new vocationalism' simply be transferred to the care sector, or are SVQs 'passports of excellence' which actually enable residential workers 'to develop along a continuum'?



## Conclusion

The issues surrounding SVQs and the competence-based strategy on which it is based cannot simply be understood in terms of social work education and training, but must be considered in relation to wider changes within the British education system. The role of social work within contemporary society is both controversial and complex, yet SVQs are employer-led and have been criticised for reflecting a top-heavy managerialist approach. Whilst SVQs are relatively new, the controversy over educational input to courses, especially the ratio of indeterminate/technical knowledge, reflects long-standing debates about the relationship between theory and practice. Issues of control therefore, cannot be separated from the notion of 'competence', and attempts to portray competence-based education as neutral, or free from ideology, are inadequate.

The lack of research specific on SVQs within social work and the confusion surrounding the definitions of 'competence', present a range of problems for examining the impact of SVQs in residential child care. This study aims to examine the impact of SVQs within children's homes. Given SVQs are an 'assessment of competence' within the 'workplace', it would seem particularly important to understand the working environment in which individuals actually undertake SVQs. The next chapter will explore the main features of contemporary children's homes in which workers are being assessed as competent.

# CHAPTER THREE

## CONTEMPORARY ASPECTS OF CHILDREN'S HOMES

### Introduction

Children's homes present some of the most sensitive and complex issues for social work departments. Implementing SVQs in residential child care reflects, as highlighted in Chapter One, a shift towards qualifying what has traditionally remained an unqualified sector of social work. As with any qualification, the context in which learning or knowledge is applied, will greatly determine the practitioner's effectiveness. However, unlike more traditional qualifications which involved students attending college or university, the assessment of competence for SVQs occurs within the workplace<sup>17</sup>. The context in which SVQs are applied may therefore, be of particular significance in understanding their impact on practice.

This chapter will focus on contemporary aspects of residential child care and the most salient features coinciding with the emergence of SVQs. As such, it is not the intention to provide a comprehensive literature review of the historical developments in residential child care<sup>18</sup>. Instead, research evidence will be presented to provide an insight into the working context in which residential staff are assessed as competent. Although there are many similarities between children's homes in Scotland and England, the child care systems are by no means identical<sup>19</sup>.

---

<sup>17</sup>As noted in chapter one, the only aspect of SVQs which takes place outwith the children's home is the INSET programme; the duration of which depended on whether or not staff had a relevant HNC.

<sup>18</sup>For a summary of main developments in residential care in the post-war period, see for example, Holman, B. (1996) 'Fifty Years Ago: the Curtis and Clyde Reports'.

<sup>19</sup>Historically, Scotland has a distinct system of social work child care which is based on a separate legislative framework; the Social Work (Scotland) Act 1968 and the Children (Scotland) Act 1995. The differences between the Scottish and English child care systems is perhaps exemplified by the Children's Hearing System in Scotland, established in 1971.



Nevertheless, there is a greater volume of research specific to England and this has influenced the policies and practice in Scotland. Many of these policies have been driven by reactive responses, often in the form of government sponsored reports, which have highlighted a range of deficiencies and scandals within residential child care.

### **Recent Developments in Residential Child Care**

In the late 1980's residential care was increasingly brought to public attention as a result of a series of scandals involving the abuse of children, some of which had continued 'undiscovered' for many years. As 'Government hates scandal and abhors being repeatedly criticised for the failings of the past' (Ward and Preston-Shoot, 1998, p. 270), it is perhaps not surprising that inquiries would be set up. In fact, there has been at least eight independent inquiries in response to scandals: including two in Leicestershire following the conviction of Frank Beck, and; the Staffordshire 'Pindown' inquiry (Frost et al, 1999). By the early 1990's the government had commissioned three reviews in England (Utting, 1991; Howe, 1992; Warner, 1992) and one in Scotland (Skinner, 1992). These reports have highlighted similar themes; residential provision is an important part of child care services, yet there remains a lack of clarity about its value. More specifically, the reports documented significant failings in residential care. Whilst the lack of qualifications amongst staff is a recurring feature, it is only one aspect of a wider problem.

The CCETSW (1992) document, 'Setting Quality Standards For Residential Child Care' (which, as noted in Chapter One) recommended the DipSW for all residential child care workers and identified the lack of training as one of the 'failings'. The report (ibid., p. 14) identified other aspects of residential child care in which there had been a history of failure:

- failure of national and local government to provide appropriate salaries and conditions of service and to fund comprehensive training programmes;
- a failure of will on the part of employers, who have only rarely invested sufficient professional expertise and managerial commitment to sustain a fully professional residential child care service;
- failure of the social work profession as a whole (and of the social work training “establishment” in particular) to take responsibility for the training of residential child care workers or other equivalent groups;
- failure of the social work profession to remedy the stigma and discrimination against residential child care which persists within some parts of the profession, and which disadvantages those living and working in such settings.

In an attempt to address such widespread failings, the Skinner report (1992) listed eight ‘fundamental principles’ (Appendix B) which provide a framework for understanding residential child care. The report’s list of principles conveys a holistic approach which emphasised the need to: treat children as individuals who have rights and responsibilities; create a feeling of safety by providing good basic care as well as meeting the child’s education and health needs; and to work in partnership with parents and collaborate with other professionals. Underpinning the set of principles was the need for residential care to be a ‘positive choice’ within the range of child care provision. Whilst highlighting the importance of making residential child care a positive choice, the report (*ibid.*, p. 17) also highlighted lack of research, especially in children’s homes:



Little research had been done in Scotland in relation to what we have termed the cluster of community-based residential establishments.

Therefore, despite the comprehensive nature of the various reports, it is important to recognise that there is no definitive model or theoretical approach underpinning the various forms of residential child care (Bullock et al, 1993). Some of the main research developments and findings will now be considered.

### Research on residential child care

In a review of the post-war research into residential child care, Bullock et al (1993) present a rather pessimistic account regarding children's homes<sup>20</sup>. Prior to 1975, interest in residential care generally focused on specialist residential establishments, such as those dealing with children with physical and/or mental health problems, while 'ordinary residential homes in England and Wales, which in 1971 sheltered over 30,000 children, were virtually ignored.' (ibid., p. 6). The children's homes seemed to generate little interest and were considered 'generally ineffective' (ibid.). Despite the limitations of research, Bullock et al., suggests that the main findings indicate that: (1) the level of care varied greatly within residential establishments; (2) more positive outcomes were evident for children when child-centred and caring regimes were adopted; and (3) different regimes produced marked differences in the behaviour of children, especially in relation to violence and absconding.

Research since 1975 has provided greater insights into residential care, however, Bullock et al., argue that there remains a considerable 'gap' in knowledge about children's homes:

---

<sup>20</sup> It should be noted that the majority of studies reviewed by these authors were based in North America and Britain.

- the `research since 1975 has been patchy' (ibid., p. 11). There have been few studies specifically on residential child care. Studies often focused on wider social services and simply `touched on' residential care.
- although most children are in care for short periods of time, `very little is known about the nature and effects of short-stay residential care' (ibid., p. 12).
- there is a lack of research documenting the quality of care provided for children, which is a `serious omission' in terms of assessment procedures.
- there is a lack of research into the long-term outcomes for children who have been in residential care.
- comparative research exploring the merits of, for example, fostering compared to residential care has been minimal.

Despite the lack of comprehensive research into children's homes, important findings have emerged from a number of studies and reviews of residential care. More recently, these reports have documented the changes in residential child care provision.

#### A reduction in `numbers'

Perhaps the most significant change has been the reduction in numbers of children in residential care since the mid 1970's. In Scotland, between 1976 and 1989, the number of residents fell from 6,336 to 2,364 and the number children's homes fell from 288 to 163 (Skinner, 1992). The greatest reduction has been in relation to younger children, especially the under 5's, and to a lesser extent the 5-12 age group (ibid.). The Skinner report concludes that there may be a `levelling out' in terms of the



reduction in numbers of children in residential child care, yet despite the lower numbers, residential child care remains a major element in any authority's child care budget <sup>21</sup>.

The disproportionate decrease in the numbers of younger children has meant that the overall age of children in residential care has increased. Borland et al., (1998) found fifteen year olds comprise of the largest group (28%), 14 year olds are the next biggest group (19%), with children under 12 comprising of 10% of the residential population. Of the children in care, 60% are boys <sup>22</sup>. Therefore, the overwhelming majority of children in residential care are aged between 12-17. In 1989 this group of children consisted of 86% of the total children in residential care (Skinner, 1992). This trend appears to have continued in the 1990's, as noted by Kahan (1995, cited in Aiers and Kettle, 1998):

The picture in children's homes ... was of an overwhelmingly adolescent population- from mid to late teens- but with a small number of much younger and much older children and young people in residence.

---

<sup>21</sup>The costs per child per year have risen 3-fold between 1976 and 1990' (Skinner, p. 30). The cost per child per year in 1990 was £30,600 (ibid.). More recent figures from Carr-Hill et al., (1997) have estimated the cost of each residential place at £61,000 per year.

<sup>22</sup>Although the study provides figures on the gender differences of the residential population, there is no information about the number of black and minority ethnic children in residential care. This lack of information is not uncommon in the literature. An illustration is the report by Skinner (1992), which provides a detailed breakdown of the residential population, including for example, the number of children with disabilities, yet there is no figures specific to black or minority ethnic children. Without such figures it is impossible to know the extent to which black or minority ethnic children may be over represented or underrepresented within children's homes. The structural omission of such data raises questions for practitioners. In particular, if government organisations lack sufficient interest in monitoring this type of data, then how can it be incorporated into practice?



## The residential population

Young people in children's homes are 'among the most damaged and disadvantaged in our society' (Berridge and Brodie, 1998, p. 119) However, it is important to recognise that children in care are not a static population and are not easily distinguished from other children. The majority of children who experience residential care will spend most of their childhood in their parents care. That is, for most children, they will live at home prior to being admitted to residential care, and return to the family home following their discharge. Research by Naumann (1996, p. 85) showed that 86% of children 'accommodated' by the local authority were 'eventually reunited with their parents'.

There are a variety of legal arrangements within the Children's (Scotland) Act 1995, under which children can be 'accommodated'<sup>23</sup>. Residents of children's homes can be 'looked after' by the local authority<sup>24</sup> on a voluntary or compulsory basis. Local authorities managed approximately three quarters of residential child care provision in Scotland (Borland et al., 1998). The remaining establishments are managed by the 'independent' sector (voluntary and private organisations), with most placements being provided in residential schools (ibid.). These residential schools are generally larger establishments providing greater numbers of placements than the local authority children's homes. Borland et al., (1998) provide a breakdown of the numbers of children in the different types of placements in Scotland.

---

<sup>23</sup>In the past few years changes in terminology, endorsed by the Children (Scotland) Act 1995, have occurred: 'accommodated' replaces previous terms such as 'in care' and 'Reception Into Care'.

<sup>24</sup>Local authorities have specific duties and responsibilities towards children being 'accommodated' irrespective of whether they reside in local authority establishments or the independent sector. Local authorities, under the Children (Scotland) Act 1995, have a responsibility to safeguard children and promote their welfare, which includes ensuring they have access to those services (such as education) used by children living with their own families. This support must continue until the child is no longer looked after, or has received the necessary 'Through Care' support for independent living.



Local authority home	1020
Voluntary home	85
Residential school	602
Special school	53
Hospital	8
Other, e.g. hostel	103
Total in residential care	2052

The reasons for entering a children's home are varied. From their examination of Scottish Office figures, Borland et al (1998) show that for over half (55%) the children entering care on a voluntary basis, the main reason for their admission was their parents' inability to cope. For those children admitted on a compulsory basis, the main reasons were:

Beyond parental control	38%
Truancy	28%
Lack of parental care	17%
Offending	9%

Approximately two thirds of children in care at any given time are subject to some form of compulsory order (ibid.).

When examining the statistics regarding children in residential care, Borland et al (1998) urge caution, as they only reflect the 'main' reason for admission into care, whereas in reality, there may be a complex array of factors which result in a child being accommodated. For example, although these figures suggest that few children entered care directly resulting from abuse or neglect, these were common experiences for many children (ibid.).

For most children, their experience of residential care is short-term. Borland et al, (1998) found that approximately two thirds of children discharged from care, irrespective of whether they were on a voluntary arrangement or compulsory order, had spent less than three months away from home. For a significant minority of children however, their stay in residential care is much longer in duration; with almost a quarter of children having remained in residential care for at least three years (ibid.). It is important to recognise that many of these children have often experienced several different placements. A study by Biehal et al., (1992), for example, found that children, prior to the 'care-leaving' stage, averaged more than four placements in care.

In examining the reasons why children enter residential care, some researchers have attempted to distinguish between children in terms of their own 'responsibility' for being admitted to care. Packman (1986), for example, differentiated between groups of children using the terms 'villains', 'victims' and 'volunteered'. 'Villains' were received into care primarily as a result of their own behaviour. At the 'opposite end of the spectrum' were the 'victims' who were admitted to care, not because of behavioural difficulties, but because of extreme levels of family disruption. The 'volunteers' occupied the 'middle ground' and comprised of children who shared similar characteristics of both 'villains' and 'victims'. Although it is useful to identify common characteristics between different children, the classifications used by Packman, may be



somewhat misleading. In particular, the focus on behaviour as the 'measure' of children's responsibility for entering care, may fail to incorporate the complexity of problems affecting the child's life. Moreover, classifications such as 'villains', 'victims' and 'volunteered' may also serve to exacerbate problems associated with the stereotyping of children and the stigma frequently associated with residential care. Such stigma has been evident from professionals and lay persons. For example, in Fletcher's (1993) study, many children spoke of the stigma they experienced from teachers as a result of being in care.

Given the diversity of children's experiences, Sinclair et al., (1995), suggest that children in care should be thought of as 'children in need' who require a range of supports which include being 'looked after' away from home. This classification is enshrined in the Children (Scotland) Act 1995 and is considered more useful because it moves away from classifying children in an insensitive or stereotypical way.

### **Social Deprivation**

Whilst recognising the diversity of children's needs and the complexities surrounding why they enter care, there are dominant features within the residential population. In a survey of 2,500 children, Bebbington and Miles (1989) showed that children from socially disadvantaged backgrounds were greatly over-represented in the numbers of children in care. The most 'striking' findings about the children were:

- only one quarter were living with both parents;
- almost three-quarters of families received income support;
- only one in five lived in owner-occupied housing;
- over one half were living in poor neighbourhoods (wards)

The social deprivation experienced by children is likely to manifest itself in a myriad of ways. The vast majority of children entering residential care have experienced a range of problems such as: family difficulties; behavioural problems; neglect; and physical, emotional or sexual abuse (e.g. Triseliotis et al., 1995). In addition to the extreme stress and turmoil experienced by children when removed from the family home, many go on to experience, as noted above, unsuccessful placements such as fostering or other residential settings. Given such experiences, it is perhaps not surprising that researchers such as Berridge and Brodie (1998) found high levels of behavioural and emotional problems among children entering residential placements.

#### Complex needs of children

In a recent survey, Sinclair and Gibbs (1998, p. 24) summarised their main findings regarding young people entering children's homes:

Their family situations were highly disrupted; less than one in six had families where both their natural parents were living together. Their behaviour was problematic. Seven out of 10 had been excluded from school or frequently truanted, six out of 10 had at least some involvement with delinquency, sizeable proportions (four out of 10 or more) had been violent to adults, violent to other children, run away from care, run away from their own homes and put themselves or others at risk through sexual behaviour; and more than a third had attempted to commit suicide or harmed themselves.

Although these children did have various positive attributes, for example they were healthy and 'could look after themselves', they were also viewed by social workers as 'having low self-esteem and poor educational attainments, and as lacking friends' (ibid., p .24). For Sinclair



and Gibbs (1998, p. 253), four major problems prevailed within the children's homes:

- (1) many of the children were 'extremely unhappy or moody'
- (2) they behaved in 'disturbed and delinquent' ways
- (3) many children lacked any integrated educational input and their long-term employment prospects were 'dismal'
- (4) most children came from 'disrupted families' in which high levels of conflict remained.

The impact of such negative experiences meant that despite their socially deprived backgrounds and family difficulties, the majority of children would have preferred not to be in children's homes. Sinclair and Gibbs (1998, p. 239) stated that:

Roughly two-thirds of each group [young people, their parents and social workers] would have preferred the young person to have remained in the community or to have been looked after somewhere other than in their current children's home.

The social deprivation experienced by many children and the difficulties the children experience when in care, is for a number of researchers, evidence of tenets of the Poor Law remaining within the residential care system.

#### Poor Law, power and politics

Frost et al., (1999) highlight two dominant elements of the Poor Law which have continued to influence residential child care. Firstly, they argue that the 'long shadow' of the 'less eligibility' principle remains

over residential child care. The principle of less eligibility within the Poor Law meant that those who entered the workhouse did so because it was absolutely necessary. Such necessity in the Poor Law has been mirrored in residential child care in that it has tended to be viewed as a 'last resort', only to be used when there is 'no alternatives'. Secondly, the strategy of separating children from their families was a dominant feature of the Poor Law. This separation, even for those who enter care on a voluntary basis, remains a feature of residential child care.

According to Frost et al., separating children from their families to a place of 'last resort' puts issues of care and control at the centre of debates about residential care. This creates a high level of tension which presents in uniquely different ways within each children's home. For Frost et al., (1999, p. 36):

We would argue that a residential situation is a complex whole where the divisions of our social formation are to be found; it is a site where there are struggles over power between staff and young people, and within the groups of young people and staff group.

The exercise of power in dealing with the tensions arising from the care and control of children make children's homes intrinsically political. Children's homes therefore, cannot be understood in isolation from the wider social and political context. Within the wider community, care and control issues are equally pertinent. However, the emphasis on 'children in need', which as noted above, is enshrined in the Children (Scotland) Act 1995, may be less evident. As Hendrick notes: (1994, emphasis in original, cited in Garrett, 1999, p. 293):

It is important for a proper understanding of social policy in relation to children (and adolescents) that we recognise just how



much of so-called protective legislation has been concerned with their presence as *threats* rather than as suffering *victims*.

The political concern over children's anti-social behaviour rather than their suffering, is particularly evident for Garrett (1999), in policies such as the child curfew in Lanarkshire, the piloting of electronic tagging schemes for 10-15 year olds and the Medway Secure Training Centre; which has been referred to as Britain's first 'child jail'.

In their analysis of care and control issues in residential child care and the power struggles which shape it, Frost et al., (1999) examine various theoretical frameworks, namely 'interactionist perspectives' (e.g. Goffman), 'Foucauldian perspectives' and 'Social control perspectives'. They argue that whilst each perspective offers some valuable contributions to our understanding of institutions, power, and social control, they have limitations when applied to residential child care. For Frost et al., the 'central focus' of their analysis is the 'empowerment of children'. Children who enter care are essentially 'dis-empowered'. Therefore, the purpose of residential care should be aimed at empowering the children. They warn however, of 'empowerment becoming a meaningless slogan' (ibid., p. 39) unless it can be embedded within the very fabric of the residential establishment. An essential ingredient is the empowerment of staff, primarily through 'supervision' and 'support'. Using empowerment in meaningful way can for Frost et al., (1999, p.127):

bring about a practice which will not be polarised between a shallow and token legalism which rejects all *needs* in favour of *rights* or conversely a crude and narrow pathologising which reduces young people to a receptacle of professionally defined needs.



In recognising the role of power within residential child care, it is necessary to understand that it is not always wielded in obvious or entirely recognisable ways. In fact, it is often the opposite.

In his analysis of power, Lukes (1974, p. 19) argues that control is frequently wielded in institutions to 'suffocate', 'destroy', or 'suppress' key issues with the intention of 'redefining the boundaries of what is to count as a political issue'. Power, from this perspective manifests itself in complex and often subtle ways. Lukes presents power in 3 'dimensions', which are often, although not always, entwined. In its first dimension, power is most obvious and visible, usually in the form of direct action where force is used, or when decision making occurs within an open forum. The second dimension of power is used to stifle or suppress an issue, or reshape it into something less threatening. The third dimension of power is most difficult to detect and is used to manipulate people's perceptions, so that they are unaware of the control being exerted. The benefit of Lukes analysis when examining the residential context is that it highlights the complexity of power and the need to move beyond 'surface' appearances.

### **Residualisation of Service Provision**

When examining the different nature of placements and the reason why children enter the residential care system, it is important to recognise that there is often little choice available in placing a child. Kendrick (1995) noted that social work departments tried to use residential care for the more short-term aims (e.g. assessment, emergency protection and respite) and medium-term aims (e.g. education, treatment and preparation for longer term placements), whilst foster care was the preferred choice for long-term aims of 'care and upbringing'. However, in reality Kendrick found considerable 'overlap' between the purposes for which different types of placements were used.



This lack of choice raises fundamental questions about the contemporary nature of residential provision. According to Aiers and Kettle (1998), the drive to reduce residential provision was shaped primarily by 'cost-cutting' and changes in professional attitudes regarding the importance of the family in providing care. Changes in attitudes towards residential child care has increased the focus on alternative strategies, particularly foster care or maintaining children within their own homes, using supports such as Intermediate Treatment and Family Centres (e.g. Triseliotis, et al., 1995).

Yet despite changes in attitudes and increasing cost of residential child care, alternative options have not offered a solution to the needs of extremely vulnerable children. For example, although fostering is considered highly beneficial to older adolescents, the limited availability (and priority given to younger children) frequently means that residential care is the only option (Triseliotis et al., 1995). In addition to the limitations in choice between different forms of placements such as fostering or residential care, Triseliotis et al., (1998) found little opportunity to make a choice within a particular type of placement. Put simply, there was little scope to actually match the child's needs with the most appropriate foster parents. Such limited choice means the reality for many vulnerable children, given that they are increasingly older than previous populations entering residential care, is that by the time they reach the place of 'last resort' they are confronted by 'preparation for care-leaving'<sup>25</sup> (Milligan, 1998, p. 280).

---

<sup>25</sup>Preparation for 'throughcare' or 'leaving care' can begin for many children living in children's homes when they are between 15-16 years old. Research (e.g. Stein, 1986;1990) shows that young people leaving the family home do so between the ages of 20 and 25, often moving into group residencies (i.e. halls of residence, shared flats etc.) and continue to receive ongoing support from their parents. For those leaving children's homes and not returning to their family home, they are generally between the age of 16-19 years and live alone and/or with much less support. This move towards 'independence' without the necessary supports, especially when the children have been so disadvantaged in, for example, education, is a major factor in their over representation in the statistics for homelessness, drug misuse, prostitution and prison.



## De-institutionalisation

In the post-war period, attitudes towards residential care have been significantly influenced by principles of de-institutionalisation. Both the Clyde (1946) and Curtis (1946) reports emphasised, for example, the need for small residential child care establishments. The Clyde report (1946, p. 15) stated that:

The answer is certainly not to be found in the large Institution. That is an outworn solution, and some of them have left a bad impression upon the Members of the Committee who have visited them. The uniformity, the repression, the impersonality of these cold and forbidding abodes afford no real consolation to the children who grow up in them, and constitute a sorry preparation for entry into a world where the child must ultimately fend for itself.

Despite these concerns, progress towards less institutionalised establishments has been inadequate and similar themes continued into the 1990's. The Utting report (1997), for example, emphasised the importance of developing smaller children's homes, keeping staff ratios high and ensuring the proportion of qualified staff is as high as possible. The report by Skinner (1992) made similar recommendations and there has been a strategy within most local authorities in Scotland to reduce the size of children's homes, with most having between 6-25 children (Borland et al., 1998). Despite the shift to smaller units, a third of children in care live alongside at least 25 other children (ibid., 1998). Moreover, the occupancy rates of establishments both in the local authority and independent sectors were 'high' at over 90% <sup>26</sup> (ibid.).

---

<sup>26</sup>High occupancy rates mean that when a child leaves the children's home, their 'bed' is filled very soon after their departure. This has implication, not least of all, for the



Whilst reducing the size of children's homes may be an important goal for local authorities, the impact in terms of de-institutionalisation may be limited without wider changes in provision. Utting (1991, p. 29) argued that many children enter or remain in residential care, not because it is a suitable option, but because there is no alternative:

the impression has grown of homes becoming residual, accommodating those children with behavioural or other characteristics which make them hard to place.

The 'residual' nature of residential care has a considerable impact on staff and children, especially in generating a high risk environment.

### **A High Risk Environment**

Researchers in the 1980's and 1990's have consistently highlighted the increased ratio of highly disturbed children and the increasing severity of their behaviour within the care system (e.g. Triseliotis et al., 1995; Sinclair et al., 1995; Kahan, 1995; Berridge and Brodie, 1998). Kahan (cited in Aiers and Kettle, 1998, p. 12) states that:

Some children in residential care at times can present behaviour which is bewildering, unpleasant, frighteningly hostile, self destructive and undermining of all attempts at control. The confusion which gives rise to it is particularly evident in young people who have experienced placements in foster homes, children's homes, in-patient psychiatric units and secure accommodation.

---

stability of the children's home and the ability of children to come to terms with another child's departure before experiencing a 'new' arrival.

Such changes in the residential population mean that staff are now working with older, more disturbed and disruptive groups of children than previous generations. However, of crucial importance, is the link between the residualisation of residential care and the behaviour of the children. Utting (1997, p. 22) warned that:

Shoe-horning children into vacancies in unsuitable establishments exposes them, other children, and even the establishment itself to the danger of unforeseen harm.

Therefore, children's disruptive and negative behaviours cannot simply be understood in terms of the 'individual' child.

Despite the range of proposals in various reports and changes designed to increase safety, fundamental questions remain about the nature of residential care and the working practices of staff. Utting's (1997, p. 11) review of Safeguards in England stated:

Information has since come to light ... about serious and systematic abuse of children in children's homes over a period of many years ... It therefore becomes necessary to ask whether the safeguards instituted since 1991 are strong enough to prevent similar abuses occurring.

The failure to provide the necessary safeguards for children in residential care was, according to Utting (1997, p. 22) inextricably linked to the problem of 'residualisation':

It is probable that residential child care has shrunk as a national service to a level below that at which a reasonable choice of placement is possible for any child.



Not only are residential establishments receiving children who are 'hard to place', there is little choice in terms of placing them in the most suitable residential establishments.

Such residualisation seriously questions the extent to which the emphasis for residential care to be a 'positive choice', as outlined in various reports (e.g. Wagner, 1987; Skinner, 1992), has become a reality. The concerns raised by Utting, coincided with a Scottish Office review of safeguards to protect children away from home (Kent, 1997). The report by Kent shared many similar findings to those identified by Skinner (1992), including the need for: better recruitment arrangements; increased status of staff; more detailed information regarding what happens in units; and a more open culture. The consistency with which the various reports have highlighted the need for change in key areas of residential care is considerable. The ongoing failures in residential care may be less related to a lack of understanding of children's needs, than a lack of political will. As the report by Skinner notes (1992, p. 118):

Research is only of use if there is a political will to respond to its findings. Many of the issues described in this paper are not new. For example, the pay, status and training of residential workers has been on the agenda for many years. In 1975, Newman and Mackintosh commented that residential workers doubted whether their report and recommendations would change things. Their doubts seem justified.

The lack of political will reflects some of the ambiguities and contradictions within residential child care. Essentially, the desire to reshape residential care was driven by principles of de-institutionalisation, importance of the family environment and desire to reduce costs. To make residential care a 'positive choice' however, would require substantial improvements in child care services and much

greater levels of financial investment in services which 'accommodate' children.

### Demands on residential staff

High levels of behavioural and emotional problems among young people entering children's homes, particularly in the past decade, combined with the residualisation of resources, makes residential work complex and highly demanding. The history of 'failure', noted above, has not gone unnoticed by the various staff providing residential services. As highlighted by Frost et al., (1999, p. 1):

To many of those working in the system- residential carers, field social workers and managers- homes can be perceived variously as ineffective, lacking in purpose and, compared to foster and other services, very expensive to run.

Although there are a number of different personnel involved, it is the residential worker whose day-to-day contact with the children will greatly determine the quality of care provided. As noted in the report by Skinner (1992, p. 68):

If ever there was a labour intensive industry it must be residential child care. Staff are the really important ingredient in the care package offered to children and families; much depends on their personal and professional skills and knowledge, and the confidence which comes from them.

Residential staff undertake a variety of tasks and duties. These include: providing meals; getting children ready for school; participating in recreational activities; supervising and providing reassurance; liaison with others, such as families and schools; various administrative tasks, for example, updating care plans and report writing; dealing with



conflicts and disorder; and attending meetings. Sinclair and Gibbs (1998, p. 137) categorised the main tasks and duties of staff as 'keeping order and general supervision, showing concern for young people, social training and acting as a keyworker'. Although staff were satisfied with many of these activities, they wanted greater involvement in more therapeutic work, working with families and after-care for the children (ibid.). Irrespective of the tasks and duties workers undertake, Hicks et al., (1998, p. 362) believe their work:

is based on an understanding of a young person and his or her current situation. This is 'think-work' and it is extremely important because work is not based on the observable events themselves but on the meaning which staff members place on events, including, importantly, the young person's behaviour. If the understandings and meanings are wrong or incomplete, what follows will be faulty.

Staff perceptions therefore, are crucial to understanding practice as well as the process which leads to the desired outcomes.

Whitaker et al., (1998) highlighted the most positive and negative experiences of staff. The positive experiences related to: working in a cohesive team and in a home with a distinct purpose; making progress with young people and building relationships with them; being involved in organising special events and activities; a belief that they had performed well; being listened to by management; and having access to necessary resources. In contrast, the negative experiences of staff included: difficult relationships with young people, especially when there was violence, abuse and fear of allegations; lacking control over admissions; inadequate support from management; lack of cohesiveness from staff team and a high turnover of staff; and when work affected their own personal lives. The experiences of staff do not of course occur

within static environments. The culture within children's homes, is often extremely dynamic, as noted by Hicks et al., 1998, p. 365):

Differences occur in consequence of the composition of the staff group itself, including gender and ethnic mix, and the rate and turnover of staff; and factors in a staff group's environment, such as the particular 'mix' of young people at any given time, the turnover of young people, the proportion of planned or emergency placements, the proportion of young people not attending school, how secure or not the staff group feels within the organisation, and the presence or absence of conflict with managers, field social workers and others.

The working culture of the children's home raises particular issues for understanding the diversity of children's needs. It may be particularly crucial to understanding racism, as noted in 'Valuing Diversity' (Scottish Office, 1998, p. 23):

Most of the residential homes and schools in Scotland have all white staff groups and a very high majority of white residents. The potential for racist bullying and abuse is high within groups of young people who all have difficulty in their lives. Where there is no choice but to place a child in an all or mainly white environment, issues such as the willingness of staff to find out about and meet the child's needs and their commitment to challenging racism will be critical.

Despite the complexities of children's homes and the central function of staff, they are frequently over-worked, have little say in decision making and are underpaid (e.g. Baldwin, 1990; Skinner, 1992; Utting, 1992; Wardhaugh and Wilding, 1993; Kent, 1997). Such working environments



are unlikely to be conducive to dealing with the diverse cultural needs of children, or tackling racism.

The conditions in residential care do not appear to be particularly attractive to qualified workers. Lyons & Wallis-Jones' (1998) survey of 160 practitioners five years after qualifying (DipSW or CQSW) found only two individuals working in residential care. This raises a fundamental issue. If qualified workers do not want to work in residential child care, do residential staff remain there because they have no way out? Given the low level of qualified staff in residential child care Milligan's (1998, p. 283) view may have some currency:

there is often an unspoken assumption or message that you must be 'mad' to want to go into residential work after qualification.

#### Inadequate levels of support

Whilst the ability of staff to care for children will depend on numerous and often inter-related factors, researchers have identified key features. Sinclair and Gibbs (1998) found that training, supervision and support were amongst the most crucial features in ensuring staff were able to work effectively in residential care. As detailed above, despite the recognition of the importance of training, residential staff have remained poorly trained. Overall, the level of staff supervision within children's homes appears to be equally inadequate. The Warner report (1992, HMSO, p. 95) stated that:

Many employing authorities report that the bulk of supervision in children's homes is 'informal'. By this we can only assume that they mean it is unplanned, ad hoc and irregular.

Such inadequate levels of supervision are frequently linked to low levels of support in many establishments (Frost et al., 1999). Although there is



considerable variation in the levels of supervision, support and training in children's homes, the deficiencies are frequently linked to institutional practices. That is, given the widespread nature of these problems, they cannot be viewed as separate or isolated events, but instead, are embedded in the working practices of the children's home.

The issue of institutionalisation has, as previously noted, been significant in shaping alternative strategies to residential care and in reducing the size of children's homes. However, it is also important to recognise the impact of institutionalisation upon staff. Institutional work undermines good child care practice (e.g. Durkin, 1982). Baldwin (1990) reviewed research findings which showed how the views of inexperienced staff toward the children gradually became more 'punitive'; in alignment with other workers who had been in the job longer. Changes in workers' perceptions of children, in an environment where they are over stressed and lack sufficient support, may be linked to 'burnout'. Various reports have highlighted the highly stressful nature of residential environments and the risks of staff burnout (e.g. Kent, 1997). Kent (1997, p. 15) discussed the issue of 'poor practice in care establishments' and noted that:

Staff who were previously able and capable can be so adversely affected by low morale, depression, exhaustion or burn-out that they cease caring properly for children.

Burnout may have a particular impact on the quality of care provided in children's homes because of the centrality of the 'relationship' between the worker and the child. Research into the concept of burnout, although not specific to children's homes, highlights the extent to which burnout distorts the helping relationship. Essentially, the research shows that burnout is often characterised by workers adopting increasingly negative perceptions of clients, which can result in a process of depersonalisation and dehumanisation (Maslach and Pines, 1977; Maslach, 1978; Maslach,



1982; Maslach and Jackson, 1984). The link between burnout, low morale and the nature of the working environment cannot be underestimated. Berridge and Brodie (1998) showed that staff morale was almost perfectly correlated with the quality of care in children's homes. Ascertaining the views of residential staff has therefore, the potential to provide key insights into the quality of care.

### Residential work, 'competence' and SVQs

Having examined the research evidence and the findings from various reports, there exists a fundamental issue for this study. As noted in the previous chapter, considerable controversy surrounds the definitions of 'competence'. Such controversy is perhaps most salient in complex working environments, such as children's homes. More specifically, there are issues for researching the impact of SVQs and competence in a work context which has been characterised by a history of 'failure'. It was against this background of failure that NVQs/SVQs were implemented. Several years later, during which time many workers have been qualified in the NVQs/SVQs, Frank Dobson, the Secretary for State for Health, gave his response to the Children's Safeguard Review, (in Foreword, 1998):

It painted a woeful tale of failure. Many children who had been "taken into care" to protect and help them had not been protected and helped. Instead some had suffered abuse at the hands of those who were meant to help them. Many more had been let down, never given the attention they needed, shifted from place to place, school to school and then turned out when they reached 16.

Can there be 'competence' in such child care systems, and if so, how can it be examined or measured? As Frank Dobson (ibid.) reminds us:

This wasn't just a failure by care staff... The whole system had failed.

The failing of a whole system is the 'context' in which this study aims to examine the impact of SVQs. Of course, it would be misleading to suggest that all children's homes are consumed by bad practice. Nevertheless, the good practice which does exist, does so against a backdrop of organisational and professional failure. More specifically, in terms of SVQs, it was noted in the previous chapter that the relationship between SVQs and learning is somewhat ambiguous. This is not insignificant in examining children's homes, as noted by Hicks et al., (1998, p. 369, emphasis in original):

*effective* residential child care takes place within a continuous culture of learning.

Although various studies have examined children's homes, few have, as noted by Hicks et al., (1998) focused on the perspectives of staff. This study will examine the views of staff who work in children's homes, with particular reference to the impact of SVQs on their practice.

### **Conclusion**

The reasons why children enter residential care are complex and tend to be linked to behavioural, family and educational difficulties. However, a common characteristic for many children is their socially deprived background. It is therefore, impossible to understand children's homes without locating the residential care system within a wider social and political context. To date, there exists no comprehensive body of research documenting the quality of life for children in residential care. The main findings show: that an increasing proportion of older adolescents with more serious difficulties are being admitted to residential care; inappropriate placements are often made; many children separated from



their parents on a long term basis will experience residential care, and; the problems resulting in admission to care are often compounded by the child's experience of being in residential care. Moreover, the research suggests, that 'what actually happens' in children's homes varies considerably within different establishments.

The complex nature of children's homes and the controversy surrounding the meaning of 'competence' raises a number of issues for researching SVQs. Examining the views of residential staff would appear to be crucial, both in terms of understanding the quality of care and the way SVQs are applied within children's homes. The next chapter will outline the methodological approach of this study and the methods used for examining the views of staff.

# CHAPTER FOUR

## METHODOLOGY

### Section One

#### Introduction

The purpose of this chapter is to give an understanding of how the data for the study was collected and analysed in relation to exploring the impact of SVQs within children's homes. The Role Construct Repertory Test (commonly referred to as the repertory grid or 'repgrid') was the main technique used to structure the interviews with residential staff. In reviewing the existing literature, there is no single best way to undertake research in the field of education (e.g. Giddens, 1991; Miles and Huberman, 1993). The decision to use the repgrid was based on the nature of the area under investigation and in particular, the ambiguities surrounding SVQs and the complexities inherent to children's homes.

The first section will focus on the methodology used in the study and the validity of the repgrid as a technique. Given its flexibility of design and application, the key strengths and weaknesses of the repgrid will be discussed. There is considerable controversy surrounding the use of the repgrid, especially the validity of certain associated statistical analyses. For this study, emphasis will be placed on the value of the repgrid as a 'conversational' tool, rather than a 'test' or, form of individual 'assessment'. This approach places more emphasis on the process of 'doing' the repgrid, rather than a statistical analysis of the 'end result'. In addition to compiling the repgrids, workers were asked specific questions in relation to SVQs. The complexities surrounding the interpretation of data generated from the questions and the repgrids will be considered.



Section two will examine the way in which the study was designed. Access to social work departments and the number of staff involved in the study will be outlined. A pilot study was implemented to test the repgrid procedure and feedback from participants resulted in a number of changes. Finally, the methods of analysing the data will be presented.

### **Focus of Study**

The focus of this study was shaped by what was considered to be the issues most relevant to both SVQs and children's homes. Firstly, it was noted in Chapters One and Two that considerable confusion and ambiguity surrounds the concept of 'competence' and the precise relationship between SVQs and more traditional qualifications. With such ambiguity underpinning the essence of SVQs, it is difficult to pinpoint with any real precision what practice is being assessed or the way in which the process of assessment might impact upon practice. Secondly, Chapter Three highlighted the complex nature of children's homes as contexts in which workers are assessed for SVQs. The lack of detailed research about what actually happens within children's homes adds to the uncertainty about what criteria is being used to assess competence for SVQs. Given such issues, any attempt by this study to establish and control specific variables with the aim of 'measuring' changes in practice which might be attributed to SVQs was unrealistic. Consequently, an exploratory approach was adopted for this study.

It was of course, not possible to explore every aspect of SVQs or children's homes. The starting point for the study was the assumption that SVQs impact on residential workers in such a way that only through eliciting their views could they be best explored. Interviews with residential staff provided the data for the study. Concentrating exclusively on residential workers is based on the premise that they have a unique insight into the way SVQs are applied in practice. (The decision to use staff as the sole source of information will be considered in section two.) Within social



work, residential workers are in Becker's (1996) terms, the 'subordinates'. As Becker (quoted in Gilborn, D., 1996, p. 64) observes:

it's using the view of subordinate as a lever, as a wedge, a way to find out things that you need to know, to understand the organisation fully. You are not accepting their point of view ... you know, there are some terrible people who are subordinates sometimes- politically speaking- its not that they are such wonderful people. But they, after all, know more about certain things than the people above them ... I systematically question as a routine matter whether the people who run any organisation know anything about it. I don't say they don't, I just say it's a question ... it's not that you do this for political motives you do it for scientific ones. But it has political consequences and the political consequences is almost invariably in the direction of the anti-establishment.

Three areas were identified as being particularly important to understanding the experiences of residential child care workers in relation to SVQs.

#### (1) Workers' views of SVQs

Investigating the views of residential workers towards SVQs is important because they have a unique insight into the way they are implemented through practice. In particular, given the confusion surrounding the degree to which SVQs themselves enhance learning or 'encourage progression and access to further learning', the experiences of workers when undertaking SVQs have the potential to provide useful information about any learning.



### (2) The context in which staff are assessed as competent

Unlike more traditional qualifications, workers were assessed for SVQs within the workplace. It was suggested in Chapter Three, that understanding the nature of children's homes may be particularly important in determining the impact of SVQs. In particular, if residential child care is documented as having a history of 'failure' and continues to remain a residualised service in which increasing demands have been placed on staff, then to what extent can staff demonstrate 'competence'? By examining the context in which staff are assessed as competent, it is also possible to consider the extent to which the everyday working practices of children's homes might mediate upon the workers' progress with SVQs .

### (3) The way workers' perceive children

Residential staff were, as highlighted in Chapter Three, the 'really important ingredient' in the overall care package. The workers' role is particularly crucial in establishing meaningful relationships with the children; a function which is integral to SVQs and underpins many of the units (Appendix A). Eliciting workers' perceptions of children would give an insight into the child-worker relationship and certain aspects of their practice on which they are assessed for SVQs.

These three areas provided the focus for the study and shaped the way in which data was collected and analysed.

### **Study Design**

In order to investigate the impact of SVQs on practice, the repgrid was used as the main method of eliciting workers' views about the children and key tasks undertaken in the children's homes. The repgrid is an exploratory tool used to structure interviews. A particular quality of the repgrid is that it allows the participant to focus on a specific area or 'domain' without the researcher being overly directive. The potential for



workers to discuss what they believed to be important was considered particularly appropriate given the focus of this study. When used in an exploratory manner, the repgrid provides 'the researcher with an abundance and a richness of interpretable material' (Cohen & Manion, 1997, p. 309). In addition to the repgrid, interviews also incorporated specific questions about SVQs. Before listing the questions and their purpose, it is useful to examine the main methodological issues surrounding the repgrid.

### The repgrid

The Role Construct Repertory Test (commonly referred to as the repertory grid or 'repgrid') was outlined by Kelly (1955) as a technique for exploring the way individuals interpret their experiences. The repgrid takes the form of a matrix and provides information about the way a person perceives a particular 'domain', such as events, situations or people. According to Kelly, individuals continually strive to make sense of the world around them by interpreting their own version of experiences and events. This personal way of 'construing' experiences represents an individual's unique view of the world. For Kelly, each individual's personal view represents, what he called, their own 'construct system'. Each construct:

is an intellectual hypothesis devised to explain or interpret life's events. We behave in accordance with the expectations that our constructs will predict and explain the realities of our daily lives. Like scientists, we constantly test these hypotheses; we base our behaviour on our constructs, and we evaluate the effects. (Schultz & Schultz, 1998, p. 337)

It is these constructs that give individuals the ability to observe and reflect on their experiences and alter their world view. For example, an individual may alter a range of constructs in order to make sense of new



situations and events. Therefore, changes can be made to a person's existing inventory of constructs, by adding or discarding constructs, depending on their usefulness in helping to explain the individual's particular view of the world. Constructs, therefore, are not static or fixed entities, but are continually revised when presented with new experiences. It is this ability to revise or replace existing constructs, which Kelly (1991, p. 11) called 'constructive alternativism'.

We take the stand that there are always some alternative constructions available to choose among in dealing with the world. No one needs to paint himself into a corner; no one needs to be completely hemmed in by circumstances; no one needs to be the victim of his biography. We call this philosophical position constructive alternativism.

It is this philosophical position of constructive alternativism which underpins the methodology of the repgrid.

Repgrids are 'seductive', according to Easterby-Smith (1981, p. 9) because they offer 'accurate measurement of subtle perceptions, while being based on a technique which appears quite simple.' Fisher et al (1991, p. 46) define the repgrid 'as a set of representations of the relationship between sets of things a person construes (the elements) and the sets of ways that the person construes them (constructs).' It is important to understand the difference between elements and constructs within the repgrid. For Smith (1978) the elements are the objects of peoples' thoughts, whereas the constructs are the different qualities that individuals attribute to those objects. Whilst repgrids have been used in a range of settings, Beail (1985) reminds us that no one grid is capable of providing information about a person's entire construct system. Each grid can only provide information about a specific purpose or domain, such as the people,



events or situations known to a person. The important features of the repgrid will now be considered.

### Elements

The selection of elements for a grid will depend on its purpose. This is the 'vital' first step, for Pope and Denicolo (1997, p. 3), 'since the repgrid is not a standardised test, but a procedure which requires the development of a grid for a specific purpose'. There is no 'best way' of generating elements. Stewart and Stewart (1981) outline the strengths and weaknesses of three methods which have relevance to this study. Essentially, the methods differ in the balance of control between the researcher and interviewee when generating the elements. The three options are: provide the element sets; provide a category; use questions, statements or descriptors to create elements.

Providing elements gives the researcher the greatest degree of control in determining the focus of the grid. However, supplying the elements in this way requires a high degree of certainty about their relevance to the domain being explored. Problems may arise if the interviewee does not agree with the selected elements, is not familiar with them, or would prefer alternative elements in the grid. It is also important to recognise that the meaning the researcher attributes to a selected element may be quite different from the interpretation the interviewee gives the same label. Therefore, when elements are provided it is necessary to clarify any assumptions and meanings in order to ensure there is a common understanding of the labels used.

Offering a specific category enables the researcher to have some control in defining the domain for the repgrid and it also allows the interviewee to choose the elements. The main value of this strategy is that the researcher can be more certain that elements are known to the interviewee. A disadvantage is that an element the researcher may think



is relevant to the domain, may not be included in the interviewee's selection.

Using questions, statements or descriptors to generate elements enables the researcher to direct the interviewee towards the domain to be explored whilst enabling them to select those elements which they find most relevant. The benefit of this strategy is that the interviewee, having generated the elements, will feel greater ownership. The answers to the element questions can also provide useful information. A disadvantage of using element questions is the length of time taken to provide answers.

Although these strategies have been presented separately, they are not mutually exclusive and it is possible to use a combination of strategies (Stewart and Stewart, 1981).

Given that relatively little is known about the way in which SVQs impact on practice, it was important that the study should maximise the 'freedom' of participants when doing the repgrid. The rationale for this approach was to get the participants to focus on particular aspects of practice, without significantly influencing their perceptions in terms of how they generate constructs. In order to achieve a balance between subjects freedom and the need to focus on a particular area of social work, it was decided to use various descriptors as a means of generating elements. Although, as noted above, the use of descriptors are not an essential aspect of the repgrid, they do enable the researcher to direct the interviewee towards the domain to be explored, whilst allowing the interviewee to select those elements which they find most relevant. Not only does this strategy give the interviewee greater ownership of the area being discussed, the answers to the element descriptors can provide useful information and allow for certain comparisons between the different repgrids. (The descriptors used will be listed in section two.)



## Constructs

Eliciting constructs is achieved by asking the interviewee about the way in which they perceive the elements. As with elements, there are several ways of construct elicitation. Constructs can be supplied, with the intention of exploring how the individual sorts the elements in relation to the constructs provided. This approach is the quickest, but effectively limits the use of the grid for 'semantic differentials' (Osgood et al., 1957) since the constructs are supplied, rather than generated from the interviewee's meanings of the elements. The most common way of producing constructs for the repgrid is 'triadic elicitation', referred to by Kelly as the 'minimum context form'. The method involves presenting the interviewee with three elements and asking for a significant way in which two elements are alike and yet different from the third<sup>27</sup>. This provides the 'emergent' pole of the construct. Having identified a characteristic, the interviewee is asked for a contrast<sup>28</sup> to that characteristic. These answers form the 'bipolar' nature of the construct, and it is on this dimension that all of the elements will be placed.

It is also possible to elicit constructs by selecting two elements (dyads). This technique is deemed to be more appropriate for people who have difficulty generating constructs using the triadic method, or when administering the grid with children. The limitation is that it is more likely to produce logical opposites rather than opposites of meaning, which tend to be viewed as more interesting (e.g. Phillips, 1989). Triadic elicitation is therefore designed to elicit a construct which is a 'deeper'

---

<sup>27</sup>The elements are usually written on separate cards. This allows the subject to physically sort the elements when eliciting the constructs.

<sup>28</sup>Some writers differentiate between the use of the term 'contrast' and 'opposite' in the elicitation process. For Easterby-Smith (1981, p.12) asking the interviewee for the opposite of the emergent pole tends to produce 'logical opposites rather than opposites in meaning'. To explain this difference Easterby-Smith (ibid., p.12) offers the following example: 'The *logical* opposite of *ambitious* is *not ambitious*; but the subject may think of the *real* opposite of *ambitious* as being *does not trample on colleagues*. Clearly, the latter, contrasting approach indicates far more about the meaning of the construct.'



notion than a straightforward surface label, which might be more readily attached to any one element using the dyad form. Using triads challenges the subject to examine the qualities or characteristics of the elements in order to identify similarity.

Having obtained the first construct, the interviewee is then requested to repeat the procedure with different elements. Again there are variations as to how the next three elements should be selected and whether it might contain one or even two elements from the previous set. A 'sequential form' was suggested by Kelly, whereby one element would be changed each time. Alternatively, a particular element could be retained throughout the entire elicitation process, or a random selection procedure could be used. There are no fixed rules for the procedure, each method will depend on the purpose of the grid.

In addition to triadic elicitation, alternative methods include the 'full context form' in which interviewees are not restricted to three elements when eliciting constructs. Techniques such as 'laddering' (Hinkle, 1965) can also be used separately or in conjunction with the 'triadic' form.

Workers in the study used triadic elicitation to produce the constructs for the repgrid. This method was chosen because it was considered more straightforward than examining all of the elements at the same time (full context form). Triadic elicitation allows the interviewee to physically sort each set of three elements (written on cards) when identifying the emergent pole and contrast pole of the construct. Using triads rather than dyads would reduce the potential for interviewees to generate constructs based on logical opposites rather than opposites of meaning. In an attempt to minimise the demands made on interviewees when compiling the repgrid, laddering techniques were not used in conjunction with the triad form.



## Sorting elements

Another consideration in the repgrid design is the way in which the elements should be sorted between the poles of the construct. There are three main ways of sorting elements. Firstly, dichotomising was the original format used by Kelly, which involves each element being linked to either pole of the construct. The main limitation of this approach was that it 'does not allow for shades of grey' (Beail, 1985, p. 7).

A second form, rank ordering, requires the interviewee to place each element on a different position, usually on a 5 or 7 point scale, between the construct poles. Whilst this format provides for a more detailed analysis, it is often viewed as somewhat limited as it may force the interviewee to identify differences between elements where he or she sees no real difference (Easterby-Smith, 1981). There also may be a tendency for elements to be considered only in relation to one of the poles, with less consideration given to the other (ibid.). This is not insignificant, as the meaning of a construct is determined by its bipolar dimension; ranking risks the element being likened to a 'label' rather than the 'pole' of a construct (ibid.).

Rating is the most popular form (Beail, 1985) and incorporates the middle ground between the dichotomous and ranking forms. Rating the elements can be done, as with ranking, on a chosen scale, usually on 5 or 7 points, depending on the level of discrimination required. The benefit of ranking is that it allows the interviewee to make relatively fine discriminations, without forcing the person to place all the elements in different positions. Moreover, there is a greater tendency for the elements to be rated in terms of both construct poles (Easterby-Smith, 1981).

Given the benefits of rating, this form was used for the study. A five point scale was selected; it was hoped that this would provide sufficient



detail without being unnecessarily time consuming or demanding for the interviewees in the study.

### Compiling the repgrid

The purpose of the repgrid was explained to each individual in the study. Without an understanding of the nature of the repgrid and the domain being made explicit, the repgrid, as noted above, can have little value. After this had been explained, participants were asked to write down on separate cards, the elements which they had generated from the descriptors. From these cards, three were selected and the participant was required to provide a construct using the triadic elicitation form. Having done so, another three cards were selected making sure that no combination of three cards was selected more than once. The procedure was repeated to produce another construct. After the required number of constructs had been elicited (the number of elements and constructs for the repgrids used in the study will be outlined later) the participants rated every element on each construct. To make this task more manageable, a long piece of card marked with a scale of 1-5 was used. This enabled participants to physically place all the elements on the scale between the poles of the construct. This process was complete once every construct had been rated.

### Analysis of the Repgrid

The flexibility in design of the repgrid is a major attraction for the researcher. However, certain assumptions, which are less evident at the design stage, may become more salient when analysis and interpretation of the completed repgrid is required. In its original form, the Role Construct Repertory Test was a conversation tool, not a 'test'. However, the development of computer systems and statistical packages have significantly increased the range (and speed) of potential analyses of repgrids. Winter (1992) reviews a range of the main methods, ranging from 'eyeballing' the grid to more complex forms involving specialist



computer programmes. Given the wide range of possible analyses, it is not possible to consider the merits of each. Nevertheless, it is important to recognise that considerable controversy surrounds certain forms of analysis. Much of the debate revolves around the degree to which the repgrid should be used outwith the philosophy of personal constructs.

Phillips (1989) warns against use of the repgrid without an understanding of the underlying principles of personal construct theory. For Philips (ibid., p. 194), some 'studies are often so inconsistent with the inherent principles as to be unrecognisable.' Essentially, the repgrid has been adapted along two main lines; as 'conversational' tool, and as a 'test'. Shaw (1980, cited in Winter, p. 37-8) differentiates between these approaches:

Used as a tool within a physical science paradigm, the grid is no more than a test in the same way as a personality inventory or an attitude scale is a test. That is, the results are collated by the psychologist and interpreted by him without reference to the meaning system of the subject, who then feels distanced from the content and less inclined to commitment. Much of the use of grids in psychotherapy and educational research has fallen into this category. However, used as a tool within a conversational paradigm, the elicitee can use the grid to become more aware of links he is implicitly making in his interactions with the world, so becoming more deeply involved and committed to the content of the grid and the elicitation stage.

In many respects, what is being debated is whether the repgrid should be viewed as a method or methodology. Differentiating between these terms is important. Cohen and Manion (1997), although not referring specifically to the repgrid, offer a simple and concise definition: method refers to the act of gathering data, whereas methodology reflects an



understanding of the actual research process. This distinction is useful in understanding how the repgrid can be administered and analysed. Using the repgrid as a 'method' of data collection emphasises the 'end' result, with little regard for the way in which the data was collected. In contrast, viewing the repgrid as a tool for conversation, highlights the significance of 'process' rather than simply the finished product. The approach in this study was to use the repgrid as a conversational tool which focused on the process of compiling the repgrid, rather than simply analysing the finished product. Emphasising the importance of actually doing the repgrid, instead of the need to produce a completed repgrid, places much less significance on certain limitations of the repgrid. Some of the criticisms levelled at the repgrid, particularly in terms of its validity, will now be considered.

### Validity

The main criticisms regarding the validity of the repgrid relate to: (1) the differences in meaning between the researcher and subject when generating elements and constructs; and (2) the use of statistical analysis for understanding the relationships between elements and constructs. Perhaps the most cited critique of the repgrid is provided by Yorke (1985).

Yorke's critique of the repgrid is comprehensive. Yorke examines the validity of the repgrid, especially the way in which data is processed and interpreted. In examining the validity, Yorke, focuses on the repgrid context or domain, generating elements, eliciting constructs and the use of statistical analysis. Each of these areas will now be considered.

Establishing the context for the repgrid is problematic. Yorke cites studies, such as Mair (1967), Pope and Keen (1981) and argues that they have failed to clearly establish the context in which the repgrid data is to be collected. Although the literature emphasises the importance of clarifying the repgrid context, Yorke (*ibid.*, p. 386), argues that in practice:



‘It is often difficult, however, to specify grid contexts with sufficient precision to eliminate ambiguity of response’. A problem therefore, is that subjects might vary the context in which the elements are perceived, thus the meaning attributed to an element may change during administration of the grid.

Generating elements can also present problems. Yorke (1985, p. 387), states that unless there is a strong degree of homogeneity between the elements, the grid will do little more than provide ‘statistical noise’. Elements that are not homogenous are likely to fall outside ‘the range of convenience’ of constructs, resulting in blank cells which undermines any statistical analysis.

In relation to constructs, Yorke argues that they are often ambiguous both in terms of semantics and structure. Yorke points out that the meaning of a pole such as ‘extrovert’ is less than obvious. The meaning a researcher associates with such a term may be quite different from the meaning intended by the interviewee. Moreover, constructs are not always presented in a clear cut dichotomous way. For Yorke (ibid., p. 389), ‘peculiar’ constructs are often elicited ‘in which the oppositions would not easily be recognised in terms of dictionary meaning’. What is being suggested is that the poles might indicate that two different constructs are in fact entwined. To illustrate the problem, Yorke provides an example of the construct ‘happy/businesslike’ which is problematic as someone could be both happy and businesslike.

Perhaps the most fundamental criticism of the repgrid relates to the various forms of statistical analyses used. Essentially, Yorke is questioning the degree to which the positivism, inherent in certain forms of statistical analyses, can be valid for what is held by some to be a non positivist methodology. This issue has been particularly acute since the emergence of computer packages. The development of computer



packages has, for Bannister (forward in Beail, 1985) 'turned the grid into a swift and handy tool while generating complexities of analysis so elaborate that it became difficult to see the connection between the final scores and the original thoughts and dreams of the subject who completed the grid.' The validity of any statistical analysis depends on certain assumptions about scales of measurement. Some of these assumptions will now be considered.

The two most common forms of computer analyses designed for the repgrid are cluster analysis (e.g. Shaw's FOCUS programme) and principal component analysis (e.g. Slater's INGRID programme). Although principal component analysis and cluster analysis present the data in different forms, they share a fundamental assumption regarding the numerical scaling of elements. Both of these packages assume that the rating of elements on the repgrid is based on 'interval' measurement (Easterby-Smith, 1985). This means they assume that the distance between, for example, 5 and 3 is the same as between 3 and 1. A lower level of measurement, such as an 'ordinal' scale, would only consider the order in which the numbers occurred and would make no assumptions about the absolute distance between them. For example, 4 would be treated as more than 2, although, it would not necessarily be the same as the difference between 5 and 3. Differentiating between these two levels of measurement is important, because the criticisms of statistical analyses of the repgrid are most acute when an 'interval' scale of measurement is used. Yorke (1985), for example, argues that the analyses assuming equal interval scales are not necessary justifiable.

### Response to criticisms

The criticisms relating to the various forms of statistical analyses and the ambiguity of meaning surrounding elements and constructs are considerable. However, as Yorke (1985, p. 397) recognises, no one repgrid will 'be subject to all of the flaws'. The criticisms will vary, both in terms



of repgrid design and the way in which it is used. Essentially, many of the limitations identified will depend on whether the repgrid is viewed as a 'process' or a means to an 'end'. Similarly, the limitations of the statistical analyses are less evident when the repgrid is used as a means of structuring the interview, rather than an assessment or test. It is on this theme that Pope and Denicolo (1993, p. 530), warn of the 'danger of seeing the Grid with its matrix of numbers as a quantitative technique' and argue that, 'it is best seen as a procedure that facilitates a conversation.' Adopting a conversational approach minimises many of the criticisms levelled at the repgrid. How these criticisms mediate upon the repgrid when used to facilitate a 'conversation' will now be considered.

As previously noted, Yorke presents a comprehensive critique of fundamental aspects of the repgrid. Minimising the ambiguity surrounding the context of the repgrid, the elements and constructs is central to the meaning of the data produced in the repgrid, hence its validity as a technique. Yorke is successful in highlighting the importance of checking meaning, rather than assuming that a particular element or construct has an obvious or commonly shared meaning. Of course, it is important to point out that such ambiguity is not restricted to the methodology of the repgrid. Alternative forms of data collection, such as questionnaires, interviewing or observation are also confronted with ambiguities of meaning. How might a researcher know that a respondent interprets a questionnaire in the way intended? How might an interviewer be sure that the interviewee understands the language used? Might an observer always interpret an event in the same way as a colleague? Ambiguity is a feature of all data collection processes, and is not unique to the repgrid (issues central to interpretive perspectives will be considered later). However, when certain forms of statistical analysis are used, as with the repgrid, such ambiguity may be particularly problematic.



An illustration is the procedure for dealing with elements which do not 'fit' the range of convenience of the constructs. When a construct does not apply or 'make sense' to a particular element, it presents problems particularly for computer programmes designed to re-organise the data on the grid. Yorke points out that the procedure of giving element a mid-point rating, when a construct cannot subsume an element, has serious implications for any interpretation. Yorke also argues that Slater's (1977) approach of removing either the element, if it applies to several constructs, or the construct in which the blank cell exists, is somewhat 'puritanical', as it deletes considerable data from the grid, thereby creating additional difficulties for interpretation.

Whilst there is no answer to the problem of 'gappy' grids, the significance for the grid will depend on the purpose of the grid and the form of analysis adopted. For example, the issue of gaps in grids can become a point of conversation rather than a 'problem' for analysis. This is not an insignificant point for those who view the repgrid as a means of generating a conversation. Viewing gaps as a point for conversation, emphasises the need for the interviewer to make sense of the subject's experiences, and if necessary, ask them to revise certain elements so that they meet the range of convenience of the construct(s) concerned. The alternative approach, which interprets gaps as a problem, reflects a strategy more concerned with having a finished product to apply a particular analysis.

Emphasising the process also minimises much of the potential ambiguity in construct elicitation. For Yorke (1985, p. 389), if a 'peculiar' construct (Resnick and Landfield, 1961) is elicited (i.e. 'happy/businesslike') then such construing represents 'the emergent poles of two conflated logical oppositions.' Such peculiar constructs, according to Yorke, may be more likely to occur when opposites in meaning, rather than logical opposites are asked for. It is important to recognise that what Yorke labels



`peculiar', other writers, such as Phillips (1989), refer to as `complex' constructs. Phillips states that constructs which are opposites in meaning, often referred to as `complex constructs', may be more interesting for the researcher, but also present more difficulties in terms of interpretation. Perhaps the degree to which a construct is `peculiar' or `complex', depends on the extent to which the researcher has clarified meaning with the interviewee. If an individual is using the poles of two separate constructs, then they need to be `unravelling'. However, for Winter (1992), whilst unravelling an opposition pole may be important for the repgrid, it is important to recognise that the interviewee may not view it as illogical. Any ambiguities must, as Yorke reminds us, be resolved at the elicitation stage, otherwise analysis of the finished grid is undermined.

As this study adopted a conversational approach which emphasises the importance of the process for compiling the repgrid, any ambiguity of constructs is not only viewed as less problematic, it actually provides an opportunity for a more in depth discussion. Essentially, it allows for assumptions regarding what is logical or illogical to enrich the conversation, rather than ignoring it until it proves problematic for a particular form of analysis.

The criticisms of the different forms of statistical analyses also raise important issues. The limitations of both principal component analysis and cluster analysis are varied and reflect the different ways each method re-organises large quantities of data into a more easily interpretable form. As Yorke points out, many of the limitations can be overcome by checking back to the data in the original grid. Generally, cluster analysis is considered more appropriate when the repgrid is used as a tool for providing further discussion with the subject, as it is easier to explain how the original data was re-organised (e.g. Easterby-Smith, 1985; Pope & Denicolo, 1993). Basically, the programme re-orders the original grid data in terms of similarity, and places adjacent to one and other those



elements and constructs rated most similar. The re-organised data is shown in correlations of percentages and is also visually represented in the form of a diagram. Although principal component analysis can also be used to give feedback, it is considered more difficult to explain to the subject how the data was reorganised. (ibid.). Given the limitations of certain statistical analyses, especially when the data focuses on the 'end' result, the analysis used in this study was based on the conversations of workers. (A cluster analysis was however, used to give workers feedback on certain repgrids; the rationale for doing so will be considered in more detail in section two).

### **Using the Repgrid with Residential Child Care Workers**

Gould (1991, p. 39) states that 'reported uses of repgrid in social work research are ad hoc and form less than an integrated body of knowledge.' Studies cited by Gould tend to suggest that research has focused on exploring the differences between students undergoing training and qualified social workers. Few, if any, of these studies focused specifically on residential child care, or SVQs. Although the studies highlight the value of the repgrid within a social work environment, Gould (p. 40) criticises much of the research for failing to involve the subjects in a more participative way:

they are limited in their contribution to personal construct psychology as Kelly intended, that is as a reflexive, humanistic project within which research is a shared, joint collaboration between 'personal scientists'.

Despite such limited use of the repertory grid, Gould asserts that social work and the constructivist approach have much in common. Gould aligns the 'participatory' nature of social work with Kelly's root metaphor



`man-the-scientist' <sup>29</sup>. Although the repgrid has value for research applications, Gould believes its essence is lost if it does not engage with the interviewee in a more reflexive way: interviewees are not `objects' to be tested or assessed in a positivist sense. Unfortunately, Gould does not explore why repgrids have not been used in a more participatory way in social work. Perhaps part of the difficulty in adopting this type of approach in social work research is the prevalence of certain misconceptions.

According to Trinder (1996), for example, those who view the researcher and the researched as having dichotomous positions tend to hold a stereotypical notion of social workers being active in the `real world' unlike researchers who are `outsiders' occupying a privileged position. Perceptions of such clear cut differences are not unique to social work, but are in fact entwined within social sciences. Hammersley and Atkinson (1983, p. 14, italics in original) state that: `the distinction between science and commonsense ... tends to imply that science is quite separate from the society, and that scientists, *qua* scientists, are quite different from other people'. Similarly, Gouldner (1970) argues that social researchers are very much part of the human environment they study. Kelly's metaphor of `man-the-scientist' shares this view and highlights the similarities, rather than the differences, between the researcher and the researched. Although misconceptions regarding the role of researchers may have some relevance, they alone do not account for the failure of repgrid studies, in social work, to take a more participatory approach. The point perhaps, is that the choice not to adopt a more participatory approach is, like the decision to implement SVQs for residential child care workers, not a `neutral' one.

---

<sup>29</sup>For Kelly, the processes which scientists undertake in their work, namely hypothesising, testing, making theories and adopting the most appropriate course of action, were similar to the way people make sense of their everyday lives.



Research perspectives are not ahistorical, and methodologies are not innocent sets of techniques. Certain methodologies matter because they sustain and support particular approaches to social work practice. Furthermore, the core components of each research perspective are profoundly shaped by particular shifts within social work, which in turn relate to the wider social, political and intellectual developments ...

(Trinder, 1996, p. 234)

What then, are the implications of adopting a more participatory approach to a study? Although participatory approaches using the repgrid have not been a feature of social work research, it has been a central feature of other perspectives in social work.

Involving subjects in a more participatory manner, rather than at the level of 'object', has been central to the philosophy of much feminist research (e.g. Rose, 1982). In attempt to develop a theoretical framework between research and practice, feminist researchers have played a leading role in questioning the appropriateness of theories generated from a male perspective in explaining the experiences of all clients. In a critique of much mainstream research, which essentially devalues or ignores women's experiences, Spender (1985, p. 5) notes that:

there is no one truth, no one authority, no one objective method which leads to the production of pure knowledge. This insight is as applicable to feminist knowledge as it is to patriarchal knowledge, but there is a significant difference between the two: feminist knowledge is based on the premise that the experience of all human beings is valid and must not be excluded from our understandings, whereas patriarchal knowledge is based on the premise that the experience of only half the human population



needs to be taken into account and the resulting vision can be imposed on the other hand.

This feminist perspective provides crucial insights into issues of power and inequality inherent to many mainstream methodologies. Essentially, it emphasises inclusion. Not to adopt a participatory approach when using the repgrid risks excluding or minimising the significance of the experiences of residential workers. Selecting a more conversational approach for this study is not simply a reflection of an arbitrary choice between qualitative versus quantitative forms of analyses. A conversational approach when using the repgrid has greater potential to involve the interviewee in a more participatory way. This is not to imply that any method for analysis is unimportant, but rather, its appropriateness should be assessed against the extent to which it accurately reflects the experiences of residential workers. The intention of using the repgrid in this study was to maximise the participation of interviewees in order that they might feel more empowered to share their practice experience and views of SVQs.

Whilst highlighting the centrality of the experiences and views of residential workers to this study, there remains a number of issues regarding interpretation. Some of the main issues will now be examined.

#### Interpreting the experiences of workers

When considering some of the criticisms levelled at the validity of the repgrid as a conversational tool, it was noted that issues regarding ambiguity of meaning between the researcher and subject was a particularly salient feature. In examining ambiguity of meaning and the subjective nature of peoples' accounts of their experiences, it is important to recognise that the philosophy of personal constructs shares key similarities to other interpretive perspectives, most notably, phenomenology and symbolic interactionism.



Phenomenology is a theoretical perspective which advocates the study of the experiences of individuals within their social context, and is perhaps most frequently associated with the work of Husserl (1960) and Schutz (1976). Rather than view knowledge or facts as being 'out there' in a conventional positivist sense, phenomenologists advocate that any understanding can only be gained from the phenomena of experience. That is, investigating the conscious and subjective meanings attributed by individuals to their actions is the basis for understanding. Similarly, symbolic interactionism focuses on the way human interaction works through the use of subjective meanings and the symbols by which they are sustained. Researchers from this perspective are interested in their subjects' perceptions. It is important to point out that there is no common agreement by proponents of symbolic interactionism regarding specific assumptions or concepts within this theoretical approach. Nevertheless, its value, evident from the early studies, carried out by researchers such as Hughes (1958), Becker (1963) and perhaps most notably Goffman (1959, 1967), is in 'getting in amongst' the subjects to try and understand how they make sense of the world.

While these theoretical perspectives have highlighted the importance of giving greater consideration to the intentions of subjects and their point of view, they have faced considerable criticism. For many, the interpretive perspectives reflect a limited view of social science. Rex (cited in Cohen and Manion, 1997, p. 34) states that:

Whilst patterns of social reactions and institutions may be the product of the actors' definitions of the situations there is also the possibility that those actors might be falsely conscious and that sociologists have an obligation to seek an objective perspective which is not necessarily that of any of the participating actors at all... We need not be confined purely and simply to that ... social



reality which is made available to us by participant actors themselves.

Therefore, although certain detailed knowledge can be gained from studying individuals specific to their situation or context, there remains a role for the researcher in collating the information and organising it into a body of knowledge, which moves beyond the partial comprehension of the lay subjects in their particular situation (Giddens, 1976). However, as noted previously, constructive alternativism is the philosophy underpinning the repgrid. If Kelly asserts that 'no one needs to be completely hemmed in by circumstance', and there is a vast array of alternative ways of making sense of the same event, how can a study present anything more than a myriad of different opinions with no way of knowing if one is more valid than another? This issue is of particular importance to qualitative approaches, such as symbolic interactionism, which strives to empower individuals by making their voices heard. Valuing the viewpoints and dignity of individuals, such as the 'inmates' in Goffman's institutions, might seem an important element in shaping a research methodology, but what if the subjects express, for example, racist or sexist views. There are consequences to inequality whether or not the subjects are conscious of them, or define them as such. Clearly, there is a need to incorporate other factors as well as the definitions of subjects within research.

Adopting the repgrid as a technique to structure interviews is therefore, not a way of unconditionally accepting or condoning everything a person says: that could never be a realistic or desired feature of research. It is crucial to differentiate between what is considered 'important' and what is 'true'. As Giddens (1993, p. 4) points out: 'what seems obvious, or what 'everyone knows', may not only not be obvious at all, it might actually be wrong'. Using the repgrid to elicit the views of workers is not to accept everything they say is true, but rather, it recognises that they have a



unique insight and that what they say, despite any bias, may be of importance.

Interpreting data not only requires an insight by the researcher into the experiences of the interviewee; it also demands insight into his or her own life experiences. Can, for example, a white male provide accurate interpretations of the experiences of 'subordinates', or black people or, women? Some feminist researchers (e.g. Ball, 1992) have stressed the benefits of the female researcher being able to share the subordinate position of the female respondent in a patriarchal society. However, in recognising the importance of sharing similar experiences between the researcher and researched, Ball also notes the relevance of potential differences such as social class, ethnic origin, and sexuality. Moreover, there is the reality that being female does not automatically afford an insight into female subordination, and some white males might argue that they have developed a credible anti-sexist and anti-racist perspective (West, 1985). Therefore, although membership of a particular grouping may provide the basis for an adequate study of that group's experience, Siraj-Blatchford states that, it is not 'a *necessary* or *sufficient* quality in its own right' (1995, p. 212, emphasis in original). Similarly, Hooks (1989) points out that imposing such categories may in fact serve to further marginalise particular groups by portraying them as so different, that any analysis from 'outsiders' is impossible. Such perspectives may serve to increase oppression, as Hooks (1989, p. 47) notes:

While I think it a meaningful gesture for young white women in a white supremacist culture to seek to hear from black women, to wish to listen and learn from black women, I caution them against turning the spheres of discussion on racial topics into yet another area where we as black people are called upon to take primary responsibility for sharing experiences, ideas and information. Such

a gesture places black and ethnic minority people once again in a service position, meeting the needs of whites.

To minimise the tendency for such oppression and the compartmentalising of researchers and researched, Hooks stresses that the `ideal situation for learning is always one where there is diversity and dialogue, where there would be women and men from various groups'. The use of the repgrid is intended to structure the interview in a way that creates opportunity both for diversity and dialogue.



## Section Two

### Applying the Repgrid to the Study

Two separate repgrids were adapted for the study. As previously noted, the study focused on three main areas:

- (1) Workers' views of SVQs and the extent to which they might contribute to future learning.
- (2) The working environment in which staff are assessed as competent for SVQs
- (3) The perceptions workers have of the children and the practices which they are assessed for SVQs

The first repgrid was adapted to explore the way staff perceive the children. A second repgrid was adapted to explore the context in which staff are assessed for SVQs. In addition to compiling the repgrids, specific questions were devised in an attempt to elicit the staff's views of SVQs and their learning experiences. Before outlining the questions, the way in which the repgrids were adapted for the study will be outlined.

### The 'children' repgrid

The 'domain' of the first repgrid was the children within the children's homes. Given the central role of staff within children's homes, their perceptions of children would provide an insight into the nature of relationships between the staff and children and hence the quality of care provided. A repgrid was adapted to explore the way in which staff perceive the children. Elements for the repgrid were derived from descriptors based on those factors considered most significant to the client-worker relationship within social work literature.

Following from Biestek's (1957) work, and other influential writers on the helping relationship, most notably Keith-Lucas (1972), Compton and Galaway(1994) list seven essential features to the social work relationship: concern for others; commitment and obligation; acceptance and expectation; empathy; genuineness; authority and power; and purpose. Purpose is a special element according to Compton and Galaway (1994) because when it is consciously and deliberately determined and communicated within the profession's value base, it will make the social work relationship unique from other kinds of relationships. Eliciting the perceptions which workers have of children in relation to these factors is significant because:

- Concern means that the worker sincerely cares about the child, and that they accept the necessary responsibilities in dealing with the difficulties that the child is experiencing.
- Commitment and obligation refer to the involvement and investment the worker brings to the relationship with the child. These factors allow the child to develop trust in the worker.
- Acceptance and expectation means that the worker has a belief in the worth of the child. In doing so, the strengths and weaknesses of the child must be understood along with a recognition of the potential for growth and change.
- Genuineness demands that the worker be open and honest with the child. That is, the worker should be trying to help because they want to, not because they are instructed to do so.



- Empathy is the ability of workers to understand the child's feelings and experiences. By entering the child's `world' workers can begin to help establish co-operation.
- Authority and power ultimately reside with the worker as they are the adult. Imposing certain boundaries and controls enables the child to gain a sense of safety and security.
- Purpose requires the child to have an understanding of what the worker is striving to achieve with them. This demands a degree of mutuality. Unless the child had a sense of why they are being brought together with the worker, then the relationship is unlikely to have any real meaning.

From these features, 10<sup>30</sup> descriptors were developed to enable the worker to provide names of children (elements) they worked with. The intention was that each worker would supply the name of a child, no name being used more than once, which he or she most associated with the descriptor. Each participant was asked to identify a different child in response to the following descriptors:-

- (1) a child you care about
- (2) a child you're involved with
- (3) a child you understand
- (4) a child you expect a lot from
- (5) a child you empathise with
- (6) a child you can be most honest with
- (7) a child you can influence or persuade
- (8) a child who understands your role

---

<sup>30</sup>It was decided to design a repgrid with 10 elements and 10 constructs. It was hoped that a repgrid this size would provide sufficient information without being too time consuming for residential workers.

(9) a child you find challenging

(10) a child you have helped

A second repgrid was adapted to explore the `context' of the children's homes by eliciting the views of staff towards certain tasks.

### The `tasks' repgrid

The `domain' of the second repgrid focused on key tasks performed by workers in the children's home. This tasks repgrid was adapted to explore the views of staff towards certain aspects of their working environment. Given the complexity of children's homes and the myriad of variables which shape practice, it was necessary to select specific factors which would provide an insight into the environment in which staff were assessed as competent for SVQs. These factors were derived from research in the area of `burnout'. As noted in Chapter Three, residential child care is considered one of the most demanding types of work within social work. The idea of using the concept of burnout was derived from the link between the stressful nature of residential child care, and that stress was a dominant feature of burnout. Key factors linked to the area of burnout were used to provide descriptors of tasks from which elements could be elicited.

Research into burnout suggests that the most important factors to consider are workers': feelings of autonomy; level of control; finding the task a challenge; quality of feedback on performance; and support from colleagues and supervisors. (Cherniss, 1993; Drory and Shamir, 1988; Leiter and Maslach, 1988; Maslach and Jackson, 1984). Eliciting the perceptions workers have of certain tasks relating to these factors is significant to SVQs because:



- Autonomy relates to the extent to which workers have freedom to alter their input according to the changes and developments that may occur in their work.
- Control must be of a sufficient level, in that workers need to have responsibility to make decisions relating to their work.
- Workers must feel challenged by tasks, otherwise the potential for creativity is lost to the more mundane, repetitious and boring features of work.
- Feedback is crucial in minimising role ambiguity and role conflict, which have been identified as important sources of stress in the workplace. Unless workers have some degree of clarity about their role and consensus from colleagues over goals, then confusion regarding responsibilities is likely to prevail.
- A support system, especially involving colleagues and supervisors, is essential in sustaining the energy necessary for the constant and often intense demands for emotional involvement in the helping relationship.

From these factors, 10 descriptors were identified and were used to generate elements for the repgrid. Each participant was asked to give an example of a task in response to the following descriptors:-

- (1) succeeded in attaining a meaningful goal
- (2) acted independently
- (3) felt in control
- (4) felt particularly challenged
- (5) received feedback about work

- (6) support from a colleague
- (7) given feedback from a supervisor
- (8) felt lack of interest in work
- (9) most stress
- (10) effected change

Examining the perceptions of workers in relation to these elements would give an insight into the types of work on which they were being assessed as competent, and how the residential context might mediate upon their progress with SVQs.

### **Specific Questions Regarding SVQs**

In addition to compiling the repgrids, staff were asked specific questions. There were, as noted above, three areas which formed the focus of the study. Two different repgrids were adapted to explore: (1) the perceptions staff have of children; and (2) the context in which staff are assessed for SVQs. The third area of the study focused upon the workers' views of SVQs and the extent to which they were associated with any learning. In order to explore this area, workers were asked two specific questions:-

(1) What is your opinion of SVQs?

(2) Do you think you have learned, or, will learn anything from doing SVQs?

The first question, which was more general, would hopefully allow the staff to express their views about SVQs. The second question was more specific and was intended to explore any learning that might arise from the SVQ assessment process.

Although each of the questions would provide useful information, it was hoped that responses by staff would provoke further questions, primarily



with the purpose of clarifying initial responses. For example, if someone's reply to question 1 was, 'I don't like SVQs', the worker would be asked to explain 'why' they did not like SVQs and to give an example of 'what' exactly they did not like about them. Similarly, if a reply to question 2 was 'yes', the worker would be then asked 'what' they had learned and were requested to give an example of how the learning related to their practice. Alternatively, if someone replied 'no' to question 2, the worker would be asked 'why' they might not have learned anything.

The aim of using such questions was to elicit workers' views on the actual process of 'doing' SVQs, and in particular, to what extent it linked to a 'continuum' of learning. As with the repgrids, the questions were exploratory, without prompting participants towards any particular aspect of SVQs.

The role of the researcher when questioning participants in this manner is important. In order to maximise validity, Cohen and Manion (1997, p. 281) emphasise the need to 'minimize the amount of bias as much as possible'. These authors (*ibid.*, p. 282) identify the main sources of bias as:

the attitudes and opinions of the interviewer; a tendency for the interviewer to see the respondent in her own image; a tendency for the interviewer to seek answers that support her preconceived notions; misconceptions on the part of the interviewer of what the respondent is saying; and misunderstandings on the part of the respondent of what was being asked.

When using these questions within an interview setting, it was important for the researcher to attempt to minimise the degree to which they might influence the responses of the participant. As noted above, when interpreting data, the researcher requires insight not only into the



participant's experiences but also their own actions and thoughts. Such insight is particularly crucial within the interview setting. It was important therefore, that the researcher allowed the participants the freedom to discuss what they considered to be most relevant when responding to the questions. This requires an appreciation of the factors noted above, and also how verbal comments or body language might influence the nature of the responses. Clearly, it is impossible for the researcher to eradicate any bias, or have 'no' impact in influencing certain responses in an interview situation. Nevertheless, it is important that the researcher be aware of how their 'presence' might inadvertently influence certain responses.

### **Pilot Study**

A pilot study was implemented in order to test the repgrid procedure and to give the researcher some 'practice' in administering the repgrids. Four individuals, all friends of the researcher, participated in the pilot study (none of whom were part of the main study). Three of the participants had experience of working in residential child care, and the other individual had experience of working with children in a day care setting. Participants completed each repgrid on separate occasions; giving a total of eight interviews. The participants provided considerable feedback which resulted in a variety of changes to the original study design.

### **Feedback**

The feedback from the individuals who participated in the pilot study supported the use of the repgrid as a technique for generating data. However, certain changes were necessary because of: (1) specific limitations in the original design of the repgrid; and (2) a more realistic appraisal of the available time and resources. Initially, both the children repgrid and the tasks repgrid were to include 10 elements and 10 constructs. It had been hoped that repgrids of this size would provide sufficient data without being too time consuming.



Participants took approximately one hour to complete the children repgrid and approximately one and a half hours to complete the tasks repgrid <sup>31</sup>. Feedback from participants suggested that the elicitation process for the tasks repgrid was more difficult than for the children repgrid. The time difference for completing the two repgrids arose primarily because participants took longer to think of elements for the task repgrid. In general, participants were able to identify a child from the descriptors with relative ease (although there were certain problems which will be discussed later), whereas, eliciting elements from the descriptors provided in the tasks repgrid was more time consuming. The difference seemed to relate to the small number of children whom staff could choose from, as opposed to the greater number of choices relating to questions in the tasks repgrid <sup>32</sup>.

Participants also experienced more difficulty generating constructs for the tasks repgrid. The problem was that elements were often too abstract. As noted previously, the 'concreteness' of the elements is a crucial feature. Therefore, participants had to alter or redefine the elements in a more concrete manner. The additional time required to further clarify or redefine elements, left participants more fatigued when generating constructs. Only two of the four participants managed to generate all ten constructs in the tasks repgrid. Given these factors, it was evident that this repgrid was both overly demanding and too time consuming.

The options were: (1) to discard one of the repgrids altogether; or (2) reduce the size of one or both. Feedback from the pilot study supported

---

<sup>31</sup>This period only reflects the actual time 'doing' the repgrid. Explaining the purpose and guidelines for administration of the repgrid and answering any questions added at least another 15 minutes.

<sup>32</sup>The number of children in each of the units varied from 6 to 14. In the larger units, staff were requested to select children who were currently in the unit. The units with less than 10 children meant that staff had to choose from children who were currently in the unit and children they had previously worked with.



the complementary nature of the information generated from the repgrids. Therefore, rather than use one repgrid, it was decided that the original benefits of acquiring data from two could be maintained if the size of the tasks repgrid was reduced.

The size of the tasks repgrid was reduced from a 10 by 10 to an 8 by 8<sup>33</sup>. It was necessary to discard two element descriptors. Those descriptors which were most similar in meaning were discarded. The descriptors 'given feedback from a supervisor' and 'effected change' were discarded because a similar meaning could be conveyed by the descriptors, 'receiving feedback about work' and 'succeeded in attaining a meaningful goal' respectively. Reducing the size of the repgrid was an attempt to make it more manageable, whilst maintaining its potential to provide sufficient information. The revised list of descriptors were:-

- (1) succeeded in attaining a meaningful goal
- (2) acted independently
- (3) received feedback about work
- (4) felt particularly challenged
- (5) felt lack of interest in work
- (6) support from a colleague
- (7) felt in control
- (8) most stress

A template for the tasks repgrid was devised (Appendix C).

Changes to the children repgrid also related to the list of descriptors. As previously stated, the participants were initially requested to provide the name of a child whom they most associated with the particular descriptor. As these descriptors were developed from features of the

---

<sup>33</sup>The tasks repgrid would have 8 elements and 8 constructs.



client-worker relationship, it was hoped that this would provide detailed understanding of workers' perceptions of their relationship with children and important aspects of their practice in which they were assessed for SVQs. A problem with the initial use of the ten descriptors was that individuals tended to view certain children as reflecting more than one descriptor. For example, one individual felt that a particular child was most associated to the descriptors, 'child you care about', 'child you involved with' and 'child you have helped'. Having to choose another child, instead of repeating a previously named child who they thought best represented the descriptor was problematic. Essentially, 'forcing' an individual to name a different child when he or she would have preferred to repeat the name of a previously mentioned child, undermined the value of using the original list of descriptors.

In an attempt to maintain features of the child-worker relationship within the design of the repgrid, whilst preventing staff from feeling coerced into associating children to particular descriptors, it was decided to use only three descriptors. The descriptors were: 'a child you care about', 'a child you find challenging', and 'a child who understands your role'. It was hoped that these three features of the client-worker relationship would provide important information about certain key aspects of staff's perceptions of children and still allow for certain comparisons between repgrids.

The main point for comparison related to the second descriptor, a 'child who understands your role'. It was previously noted that 'purpose' is a special factor which encompasses and helps to define the meaning of the other aspects of the client-worker relationship. Purpose, within the child-worker relationship, could only be meaningful if the child understood what the worker was trying to achieve in terms of their involvement. Without a sense of this understanding from the child, there could be no mutuality within the relationship and any scope for effective



intervention would be limited. Examining the perceptions of staff towards the children, in relation to the degree to which the child understood their role, would hopefully provide an insight into their involvement with the children. By focusing on 'understanding' there was an attempt to differentiate between involvement in a general sense, and forms of involvement where the child recognised and understood the worker's actions and intentions. This distinction was considered crucial to ascertaining information regarding the client-worker relationship.

The other two descriptors were 'a child you care about' and 'a child you find challenging'. These descriptors were more general. As it was not possible to use the original descriptors individually, it was hoped that two more general descriptors would incorporate certain aspects of the original ones. Therefore, the descriptor, 'a child you care about', was selected because it incorporated the features relating primarily to 'concern' and 'commitment'. Similarly, the descriptor 'a child you find challenging' incorporated the features primarily relating to 'obligation', 'acceptance' and 'authority'. These two descriptors were further altered in order to ensure maximum clarity. The altered descriptors were: 'a child you particularly care about' and 'a child you find particularly challenging'. It was hoped that adding the word 'particularly' would minimise any misinterpretation: by naming a child the worker 'particularly cares' about, rather than simply 'cares' about, lessens the potentially misleading inference that to name one child means that they do not care about the other children.

The revised set of descriptors for the children repgrid were:-

(1) a child you particularly care about

(2) a child who understands your role



(3) a child you find particularly challenging

In addition to the names of 3 children elicited from these descriptors, workers were to include the remaining 7 children in the repgrid based on those children they 'know best' or were most 'involved with'. This had a practical benefit in that it would make the elicitation of constructs easier, but it would also identify those children who the worker knew well, or had more involvement with.

A template for the children repgrid was devised (Appendix D).

### **Gaining Access to Social Work Departments**

A proposal outlining the study was sent to four local authority Social Work Departments (Appendix E). The local authorities were all within the West of Scotland. Of the four social work departments contacted, three replied and two were willing to permit access, pending further discussions regarding the remit of the research. One department did not reply to the request, and no further contact was sought. It would have been useful to know why no reply was offered however, given that two other departments had shown interest in the research proposal, it was decided to focus on these local authorities. The remaining department rejected the request and replied with a brief letter (Appendix F).

It is difficult to ascertain from the contents of the letter why the research proposal was refused. The letter states that the department is 'undergoing a second internal restructuring which will result in a change in central and local management arrangements'. This is perhaps an indication of the ongoing state of flux within the department following the cessation of Strathclyde Regional Council in 1996. Although 'restructuring' may generate confusion about the future, there is still the issue of why an external research project should be given such a low priority? This is



particularly significant considering the existing low levels of research within social work in general, but also given that the restructuring of large organisations can impact on 'arrangements' for many months or years. Both of the departments who accepted the research proposal were also undergoing restructuring. As no further correspondence took place, the full reasons as to why the department rejected the proposal is unclear.

Although local authorities must prioritise the many tasks they have to undertake, the denial of access for research purposes or the failure to reply to such a request, does raise certain issues about the nature of some social work departments, especially, in this case, regarding their openness in relation to children's homes. The 'closed culture' of many children's homes has been widely criticised. For example, recent research by Aiers and Kettles (1998, p. 36) into the complaints procedures in residential care, led them to conclude that:

For many young people the complaints procedure appears to be a closed system without recourse to anyone outside who will take an impartial view or support them, and this is often the reality.

Within such closed systems, what factors influence decisions to allow research to be carried out?

In terms of the study, it is difficult to know if those local authorities who did give access, had higher levels of care within their children's homes, or were simply more open. Nevertheless, the lack of information about such issues, presents difficulties in making wider generalisations based on the findings from those departments who gave access to the study.

#### Access Permitted

Access was granted by two local authority Social Work Departments following separate meetings with representatives of each department.



The discussion at these meetings focused primarily on the research proposal and the issues that might evolve from conducting the research. The representatives of each department demonstrated a keen interest in the research and requested updates in terms of any findings. Moreover, support was forthcoming in terms of providing the names of personnel who were able to assist in the study. For example, one department suggested that the researcher could attend a session of the INSET programme <sup>34</sup>. Similarly, administrative tasks, such as names of individuals undertaking SVQs were provided, and managers of children's homes were notified of the study. While such issues may seem quite trivial, having the appropriate personnel informed about the study saved considerable time.

Although both departments were highly supportive in terms of the study, certain requests in the proposal were denied. These related primarily to access to clients, clients' files and direct observation. Although no request was made to interview any children, both departments were explicit in stating that it would not be possible to interview children. The reason underpinning the decision was not clear: one department did not give any reason; and the other department stated that it would be 'too disruptive' for the children. Involving children directly in research clearly raises a complex array of ethical and moral issues. However, despite the complexity of such areas of research, they are not insurmountable. Moreover, not to involve children in research may raise equally complex ethical and moral dilemmas.

The issue of 'observation' was also contentious for one department. The request to undertake direct observations was to provide a greater insight in which to interpret the data generated by the interviews with staff. It should be noted however, that some confusion may have been generated

---

<sup>34</sup>As previously noted, the INSET is an induction programme for workers commencing SVQs.



by the lack of clarity of the proposal in terms of what was intended by 'direct observation'. The representative from the department had assumed that 'direct observation' meant observing in a more formal sense. For example, in relation to SVQs, observation of the worker by a 'third party', usually the assessor, is in an essential aspect of the assessment procedure. Such observations are formal and, as with any assessment, can be anxiety provoking for the worker. In terms of the study, the direct observation was intended to be much less formal. The intended observation for the study would have involved spending some time, prior to or after interviews, talking to staff and observing them in the context of the children's home. The value of such observations is that it would have given the researcher a greater insight into the 'contexts' in which to interpret the data from the interviews.

Despite clarifying what 'direct observation' meant in terms of the study, it was still considered 'too disruptive'. In order to minimise any disruption, interviews were to take place when the children were at school; in the smaller children's homes, staff were to be interviewed at another venue<sup>35</sup>.

Access to children's files was the third request which was denied. Gaining access to children's files would have created the potential for cross checking the validity of certain data generated from the interviews. The reason given for denying access to files, was the length of time involved in gaining permission from the children and their parents.

Given these restrictions, interviews with staff was the source of data collection for the study<sup>36</sup>.

---

<sup>35</sup>All of the interviews actually took place within the children's homes.



### Staff involved in the study

A total of 30 residential staff were interviewed from seven children's homes <sup>37</sup>. At the beginning of the study: 17 staff were in the process of doing SVQs; 5 staff had completed SVQs; and 5 staff were not involved in SVQ. In addition to these groups, 3 workers, qualified with the DipSW participated in the study. Two of them were workplace assessors for SVQs, and the other had completed SVQs prior to gaining the DipSW. It was hoped that these workers might provide additional insights into SVQs. Of the thirty staff interviewed, only 4 worked permanent night shift <sup>38</sup>.

Initially, eight children's homes had been contacted and seven participated in the study: five were from Local Authority A <sup>39</sup> (which represents all the children's homes in that authority) and two from Local Authority B (which had seven children's homes in the authority <sup>40</sup>). In Local Authority A, all of the staff undertaking SVQs were approached and requested to participate in the study.

---

<sup>36</sup>Additional information was attained from an interview with the 'SVQ Co-ordinator' for the two social work departments and also the researchers attendance at an SVQ In-service day.

<sup>37</sup>There were in fact 8 children's homes, as one closed down and another opened during the duration of the study. However, the participants at the beginning of the study were from 7 different children's homes.

<sup>38</sup>There are many duties specific to night shift in children's homes which make it quite different from day shift. It was hoped that by involving night staff, further comparisons would be possible in terms of the impact of SVQs on work practice. It should also be noted that many of the day shift had some experience of doing night shifts, mainly from undertaking over-time. Therefore, many of these workers were equipped to consider the differences that might occur between day shift and night shift workers when undertaking SVQs.

<sup>39</sup>In order to maintain confidentiality the two local authorities will be referred to as 'A' and 'B' respectively.

<sup>40</sup>One of the children's homes contacted in this local authority did not participate in the study. Although initial contact and agreement had been made with the manager of the children's home (and staff also agreed to participate), plans to organise interviews proved to be problematic due to the manager refusing further contact with the researcher. Several attempts to negotiate access failed, and it was decided not to include this children's home in the study. It was not clear why this individual refused to co-operate, however, no attempt was made to pursue this issue.



The number of staff were not equally divided between each local authority; twenty-one staff were interviewed from Local Authority A and nine from Local Authority B. More staff were selected from Local Authority A because this social work department was quicker to give permission to undertake the study <sup>41</sup>. When the Local Authority B gave permission, it was decided that a smaller number of staff would be sufficient for the overall aims of the study.

One person from Local Authority A refused to participate and no reason was given. In Local Authority B, two of the staff did not participate: one of whom was undertaking SVQs, stated that he was 'too busy'. The other member of staff, not undertaking SVQs, was not available for two consecutive interviews, hence, it was decided to exclude the individual from the study. When identifying workers for the study <sup>42</sup>, two staff, both of whom were not undertaking SVQs, requested to participate in the study. Both requests were accepted. The main reason for their interest seems to have centred around their curiosity, stimulated through discussions with colleagues, regarding the repgrid. Later in the study, three more workers requested to be involved. Again their interest seemed to be stimulated by discussion with colleagues regarding the repgrid. Unfortunately, these requests had to be declined, because of the length of time the study had been in progress. The numbers of staff participating within each of the children's homes varied from a minimum of three to a maximum of seven.

---

<sup>41</sup>Ideally, it would have been more appropriate to wait until both local authorities had given permission, as this would have enabled a more equal number of staff from each authority. However, limited time scales meant that workers were identified in Local Authority A prior to the remaining authority giving permission for workers to be contacted.

<sup>42</sup>The manager of each children's home provided the names of workers who were undertaking, or who had completed, SVQs.



### Format of interviews

The exploratory approach underpinning this study was, as noted above, influenced by the availability of staff and the variations in terms of their experience of SVQs. Staff participating in the study were at different stages of SVQs<sup>43</sup>. As such it was not possible to establish a common baseline of practice from which to measure any change that might be attributed to SVQs. Nevertheless, it would be possible to examine individual worker's views of their practice and SVQs.

In order to ascertain a more detailed account of the views of individual workers, a longitudinal study including cohort analysis was adopted. The data was collected from two phases of interviews separated by a period of approximately 9 months<sup>44</sup>. In each interview phase, workers were visited on two separate occasions. The children repgrid and questions specific to SVQs were completed in the first visit. At the second visit, usually one or two weeks later, the tasks repgrid was completed. This procedure was repeated in the second phase of interviews. The only difference being that workers were given feedback -regarding the completed repgrids from the first phase of interviews using Shaw's (1985) FOCUS programme (cluster analysis) - after they had completed the final tasks repgrid. The benefit of a follow-up phase of interviews was that it allowed for two 'snapshots' of workers' experiences.

---

<sup>43</sup>Some staff had completed SVQs; others were in the process of doing them and some staff had not commenced the SVQ programme. Within the social work departments, each induction programme for SVQs included workers from a range of settings. For example, at an induction programme attended by the researcher, only four of the twenty staff were from residential child care. The remaining staff were from other social work settings, such as elderly care and day care centres. Unlike a classroom setting or on more traditional courses, it was not possible to identify a group of workers at the same stage of SVQs.

<sup>44</sup>A time scale of 9 months between each phase of interviews was selected mainly because of the time constraints on the study. Therefore, although workers were expected to complete the SVQ programme in one year, it was hoped that a period of 9 months would be a sufficient time to re-examine their views of SVQs and any impact they might have on practice. It should be noted however, that the time between the first and second phase of interviews varied from 8-11 months. This was due to difficulties in gaining access to staff usually because of staff absence or annual leave.



The original plan was to visit each individual on a fifth occasion in order to give feedback on all of the repgrids. However, this was not feasible. The time taken to analyse the repgrids and interview transcripts from the first phase of interviews took almost seven months. If the time to analyse all of the data from the second phase was the same as the first phase, then the feedback would be given over 18 months after the first repgrid was completed. This was considered inappropriate. An alternative strategy, would have been to provide feedback to individuals after each interview phase was complete. However, this was also considered inappropriate. It would have required six visits to each individual (one visit after both interviews were complete) which would have been very time consuming for the staff. It was decided that feedback from the first phase of interviews would be provided on the fourth visit.

#### Variations in SVQ experience and practice

The main cohort consisted of workers currently in the process of doing SVQs. They could provide a unique insight into the their practice and experience of SVQs. The remaining cohorts, although smaller in numbers, also had the potential to provide useful information. The group of workers who had completed SVQs would be useful in ascertaining the impact of SVQs after completion. Put simply, if SVQs had a positive impact on practice, did it continue after the process of assessment was complete? Finally, those workers with no experience of SVQs would allow for comparisons about their views of the children and practice with those workers who had experience of SVQs.

In attempting to examine the impact of SVQs, it was also important to recognise that simply identifying different cohorts within a longitudinal study design was problematic. Ideally, the cohorts of workers would have been at the same stage, both in terms of their SVQs and residential experience. The reality was quite different. Within each cohort (except for those who had not yet commenced SVQs) workers were undertaking



SVQs, or had completed them at different periods. For example, at the time of the first interview, the length of time workers in the main cohort had been undertaking SVQs varied from a few months to over three years. In addition to workers being at different stages of SVQs, their residential experience also varied considerably; from approximately one year to over fourteen years. The rate at which workers progressed with SVQs during the two phases of interviews also varied and some of the workers with no experience of SVQs commenced after the first phase of interviews. Finally, there was the issue of varying levels of qualifications. Some workers in each cohort had other relevant qualifications, for example, the HNC in Social Care. This is significant, as previously noted, in terms of the learning associated with SVQs and how it links with other educational programmes. These variables highlight some of the complexities involved in investigating SVQs, and also the caution required when making comparisons between different groups.

Whilst recognising the relevance of such variables, it is also important to highlight certain ongoing influences within a residential environment that need to be taken into consideration when examining SVQs. Chapter Three highlighted how factors such as morale and enthusiasm, working within a team and different management styles need to be considered in any attempt to examine how SVQs might impact on practice. In considering such factors, it was clear that there were many influences which could not be predicted (e.g. variations in individual motivations and abilities, staff absence, influences of other training courses) let alone be 'controlled' in any precise way.

#### Response from staff

Those individuals participating in the study were informed about the nature of the interviews and time scales. Pope and Denicolo (1993) stress the importance of the researcher's ethical responsibility when using the repgrid, particularly the importance of negotiating a contract with the



participants. Individuals were informed that they could withdraw from the study at any time, were not required to give any justification and that their withdrawal would not be communicated to any other social work personnel. The purpose of the repgrid was explained to each individual in the study. Perhaps for this study, the most crucial issue, especially in the first interview, was trying to convey to participants that the repgrid was not a 'test', but rather, a way of exploring their views.

Despite informing workers of the use of the repgrid, there was considerable anxiety about its intended purpose. Such anxieties can in part be explained by the unfamiliarity of participants with the repgrid; none of the workers had ever compiled a repgrid prior to this study. The level of anxiety was greatly reduced after the first interview and many participants seemed much more relaxed once they had provided several constructs. Essentially, workers gained an insight into what they were doing and as such, felt more confident about the process of compiling the repgrid. It is also important to recognise that whilst anxieties were generated by the unfamiliarity of the repgrid, being interviewed as part of a research study also generated apprehensions. Comments by several workers suggest that they rarely participated in any research. A comment by one worker highlights this point, 'nobody ever asks us anything'. This was even more evident for night staff; a worker, with over ten years experience stated, 'you're the first person ever to visit me at night time'. Therefore, whilst the unfamiliarity of the repgrid did generate considerable anxiety for most workers, it is also important to recognise that being interviewed and asked 'their' opinions, seems to have been a relatively uncommon experience.

Although the repgrid was used in this study as a 'research' tool, it maintains a strong 'therapeutic' component. When using the repgrid for research, 'the onus is upon the researcher not to probe too far' (Pope and Denicolo 1993, p. 531). For several workers, the administration of the



repgrids and discussion of completed repgrids was extremely stressful. As such, it was crucial that the researcher offer support. More generally, the opportunity to discuss their practice and have someone listening may have been quite significant in the tendency for many staff to 'off load', usually after they had completed the repgrid. Such off-loading had also been evident in the pilot study, however, for staff in the main study, it often involved highly emotional accounts of their working experiences. Exploring an individual's perceptions of children and his or her role as a residential worker often generated very negative feelings. 'Looking' at their own repgrids enabled workers to 'see things for themselves'. Reflecting on their personal viewpoints, as captured in the repgrid, was for many workers 'quite depressing'. The repgrid highlighted their awareness and insight about aspects of their work which, as one individual pointed out: 'I mean, I guess I know it, but I just don't think about it anymore'. Gaining a balance between using the repgrid as a 'research' tool and 'not probing too far' was extremely difficult. Whilst support can be offered, it is impossible to know how staff might feel, or react, after the interviews were finished. Yet, whilst it is important to highlight the potentially negative implications of using the repgrid, almost all of the workers felt it was a positive experience. This is perhaps evident in that only one worker withdrew from the study (after the third interview). Moreover, given that five workers requested to become involved in the study, it suggests that the experiences of their colleagues being interviewed was relatively positive.

#### Number of interviews

Thirty staff participated in the first phase of interviews, giving a total of sixty interviews. Of these, 5 workers did not complete the second phase of interviews; 3 were on long-term sick leave (stress related) <sup>45</sup>; 1 was in a car accident; and 1 terminated his employment. One individual also

---

<sup>45</sup>This reason for absence was given by colleagues and no attempt was made to verify it with the Personnel Department.



withdrew from the study (no reason was given) after completing the children repgrid in the second phase of interviews. Of the 120 interviews originally planned, 109 interviews were completed.

The interviews were tape recorded (audio) and transcripts were analysed in conjunction with the repgrids. The duration of interviews ranged from 50 minutes to 1 hour and 45 minutes. The time taken to complete the repgrids varied from approximately 40 minutes to 1 hour and 30 minutes. Within this period, responses to the questions specific to SVQs varied; some staff gave brief answers, lasting only a few moments, whilst others provided very full accounts of their experiences, lasting for over 20 minutes.

Most of the interviews occurred between 9.00 a.m. and 2.30 p.m.: this being the period when the children's homes had the least amount of residents, as the majority of them would be at school. Interviews were also arranged for the weekends (usually Saturday mornings) if this was more suitable for staff. For night shift workers, the interviews were arranged to commence at midnight during the week, as this was a relatively 'quiet' time.

As noted previously, staff would not be able to receive feedback from the cluster analysis of the second phase of interviews. However, a summary of the overall findings of the study would be forwarded to those people who participated.

### **Methods of Analyses**

Any method of analysis requires the researcher to be selective. Whilst judgements in the selection process can never be entirely free from bias, the researcher should aim to be as impartial as possible in presenting an accurate account of the data. The methods of analyses used in this study



were intended to reduce large amounts of data and organise it in a way that would accurately reflect the views of staff.

The emphasis on analysing the transcripts produced by residential workers when compiling the repgrids and responding to specific questions, made this study qualitative in nature. As noted above, staff were given feedback on the repgrids completed in the first phase of interviews using cluster analysis from Shaw's (1985) FOCUS programme. Although cluster analysis was not included in the results of this study, it was used to generate further discussion. As previously noted, the main benefit of cluster analysis is that it is easier to explain to participants, and therefore is of greater potential in providing feedback and generating additional information. The programme re-orders the original repgrid data in terms of similarity, and places adjacent to one and other, those elements and constructs rated most similar. The data is presented in a diagram. Comments generated from the feedback were incorporated in the main body of results. For example, a cluster analysis of the children repgrid might generate discussion about why a number of children were construed very similar, or why one child is 'seen' as very dissimilar to other children. The aim of using the following forms of analyses, was to remain as 'close' to the transcript data as possible.

Having collected the transcripts, it was necessary to classify, order, evaluate and interpret the content of the transcripts. Analyses of the transcripts is presented in five separate chapters.

#### The analysis used to present the findings in Chapter Five

Responses to the questions regarding staff's opinions of SVQs and any learning associated with SVQs is presented in Chapter Five. The main themes arising from the responses given by workers were categorised. There were no pre-set categories prior to the interviews. It should be noted that the quotations taken from transcripts often contain issues that



may be relevant to several different categories. As a result, some passages, especially the lengthier ones which include a number of issues, may appear less clear in developing a particular theme. An alternative would be to 'cut' these passages down to the most 'relevant' part, however, this strategy would risk misrepresenting the complexity and diversity of what was often being said. Workers did not, for example, respond in 'cold' and 'clinical' ways to the questions. The vast majority of workers gave very full accounts of experiences, many of which were highly emotive. Subsequently, it is important to maintain a 'feel' for the particular theme being discussed. By giving workers' accounts, it is hoped that an insight into their views of SVQs reflected their 'reality'.

#### The analysis used to present the findings in Chapter Six

The transcripts provided by workers when compiling the tasks repgrids form the basis of Chapter Six. By examining the comments made by staff when compiling the tasks repgrid, it is hoped that the situations in which workers undertake certain tasks, as well as the way in which such tasks are performed, will give an insight into the environment in which staff are assessed as competent for SVQs. Examining how workers undertake these tasks, would also provide a basis for understanding the way in which the residential context might impact on workers views of SVQs. The 8 descriptors used in the tasks repgrid were used as category headings in which to organise workers' comments. Although each of the categories is presented separately, it is important to recognise that many of the issues overlap with other categories.

#### The analysis used to present the findings in Chapters Seven, Eight and Nine

Chapters Seven, Eight and Nine examine some of the existing working practices in which staff were being assessed as competent. The aim was to explore in detail how the concept of 'competence' was incorporated into practice, and the extent to which working practices might change as a



result of staff undertaking SVQs. Each chapter uses a different case study as a method of presenting the transcripts of staff when compiling the 'children' repgrid.

The case studies focus on what Cohen and Manion (1997) refer to as an individual 'unit', for example, a child, a classroom or a school. The unit in each of the case studies was a children's home. For Cohen and Manion (*ibid.*, p. 106), the purpose of the case study:

is to probe deeply and to analyse intensively the multifarious phenomena that constitute the life cycle of the unit with a view to establishing generalizations about the wider population to which that unit belongs.

The children repgrid was used to elicit the staff's perceptions of children and give an insight into the nature of the working practices within the children's homes. Each of the case studies focused on a different children's homes and a particular unit(s) of SVQs. The data in each case study is presented in two sections. The first section of the case study is based on data collected from the children repgrid during the first phase of the interviews. Section two of the case study examines the data collected from the children repgrids during the second phase of interviews. Comparisons are made between the two phases of interviews in order to ascertain any changes in working practices that might be attributable to SVQs.

In an attempt to present a more detailed account of the perceptions of staff towards the children, the case studies include repgrids produced by certain workers. The repgrids are examined in relation to the way certain children are viewed by the staff; including an analysis of the constructs and the ratings given to children.



### **Starting Point for the Analysis**

When exploring the impact of SVQs, it is necessary to consider how any change in practice which may be attributable to SVQs, might be identified and measured. As noted previously, this is particularly problematic given the complexity of children's homes and the myriad of factors which shape workers' practice. Such complexities in examining any change are compounded by certain aspects of the study; workers were at various stages of their SVQs and some workers were not available for the second part of the study. However, given that SVQs are promoted as "passports of excellence" it would seem plausible to assume that if workers were being assessed as competent, then there would be evidence of 'excellence' in the workplace. A useful starting point for exploring such excellence, is provided by Frank Dobson, who as Secretary of State for Health, emphasised in the Government's Response to the Children's Safeguards Review (foreword, 1998), the need:

to look at things from the point of view of the children and to ask "would this have been good enough for me when I was a child" or "would this be good enough for my children".

What actually is 'good enough' is highly subjective. Nevertheless, it is the starting point for examining the data provided in this study.

### **Conclusion**

Examining the views of residential workers in order to investigate the impact of SVQs, especially when there remains considerably ambiguity of meaning in relation to the concept of competence, raises a number of issues for any data collection and analysis. Given the complexities involved, any method of data collection could not simply focus on a limited set of variables, but would have to be sufficiently flexible to incorporate the dynamic nature of children's homes. The repgrid was chosen because of its potential as an exploratory tool which could provide



in-depth and rich data about residential workers' views. Whilst there are limitations to the repgrid, its validity as a technique is perhaps greatest when it is used as a conversational tool, rather than an 'assessment' or 'test'. Also, the use of the repgrid as a 'process' that generates information for discussion, instead of a finished product to be 'taken away' and analysed by the researcher, emphasises a qualitative approach in which the subject is a participant, rather than an 'object'. The questions specific to SVQs were also intended to elicit the views of workers without being overly directive. The forms of analyses within the study reflected this approach.

Limiting the data collection to interviews with residential staff excluded other potentially valuable sources of information. Additional sources, such as observing workers in the children's homes, attending meetings and access to clients' files was, as previously noted, not feasible.

Nevertheless, the use of residential workers reflects a fundamental premise to this study: the only way to understand SVQs is to listen to the people who are implementing them within their daily practice. It is at this level of implementation that residential workers are, in Kelly's terms, the 'scientists'. It is the residential workers who know certain 'things' about SVQs that no other individual can. Only they are experiencing SVQs within the workplace. It is this 'experience' that this study strives to explore.

# **CHAPTER FIVE**

## **STAFF PERCEPTIONS OF SVQs**

### **Introduction**

This chapter examines the responses made by residential staff to the questions regarding their views of SVQs. Particular focus was given to any learning associated with the process of being assessed as 'competent'. It is important to restate that SVQs are not specific educational or training programmes, and as such, are 'independent' of any learning. However, as noted in Chapters One and Two, there is considerable ambiguity surrounding the relationship between SVQs, more traditional qualifications and how they link to 'underpinning knowledge', or provide a 'continuum' along which staff can develop, or enhance 'further learning'.

Exploring staff's experiences, especially in relation to any new learning would therefore, appear particularly relevant given the low level of qualifications amongst this sector of social work. The responses by staff were examined firstly in terms of a positive-negative dimension. That is, the responses were categorised into whether they conveyed a positive, negative, or 'mixed' view of SVQs. The main themes generated from these responses were then arranged into separate categories. Although the categories are presented separately, many of the issues overlap.

### **Views of SVQs**

As noted previously, staff's perceptions of SVQs were elicited from two main questions:

(1) What is your opinion of SVQs?

(2) Do you think you have learned, or, will learn anything from doing SVQs?

Staff gave a wide range of responses to the questions. Before examining the actual content of these responses, it may be useful to highlight a particular feature of the



responses. When analysing the responses, it emerged that a significant majority of staff were almost entirely negative about SVQs. That is, they had virtually nothing positive to say about SVQs in terms of their own experience. Not all staff however, expressed such negative views of SVQs. Although every single worker expressed some significant criticism about SVQs, several workers also identified strongly with certain positive features, and several staff identified a range of both positive and negative features.

In relation to question 1, the responses of staff were as follows:

- Three staff expressed mainly positive views about SVQs
- Five staff expressed mixed (positive and negative) views of SVQs
- Twenty two staff expressed mainly negative views about SVQs

Question 2 also prompted a significant number of negative responses. Although many of the staff held almost exclusively negative views about the potential for learning, there was a greater proportion of staff who were more positive, or had mixed views, compared to responses to the first question. The number of staff in each of these categories were as follows:

- nine staff believed they had learned, or would learn something new
- fifteen staff did not believe they had learned, or would learn something new
- two staff were unsure if they would learn anything new as a result of SVQs

(Note: four staff were excluded in relation to the second question; two of the staff with the DipSW, although SVQ assessors, had not previously undertaken SVQs; and two staff had not commenced SVQs.)

The responses indicate that the majority of staff viewed SVQs primarily in negative terms. The majority of staff also believed they would not learn anything new, or were unsure if they would learn anything new as a result of SVQs. The responses to the second question, whilst incorporating a significant number of staff with exclusively negative views, did have a higher number of staff who were more positive when compared to responses from question 1. Therefore, it would appear that even though most staff held negative opinions about SVQs in general, some were able to acknowledge that they offered some specific learning.

Staff perceptions of their learning experience, or potential to learn, as a result of SVQs, raises important issues. Thirteen of the staff who were in the process of doing SVQs did not believe they had learned, or would learn anything new. If an individual does not believe they are learning anything whilst doing SVQs, then it raises questions about how they might apply themselves. It should be noted however, that six of the staff currently undertaking SVQs, did believe they were learning. Of the five staff who had completed SVQs prior to the first interview, three believed they had learned (although two of these workers were unsure of what they had learned) whilst two did not believe they had learned from SVQs<sup>1</sup>.

These responses are useful in giving an indication of the magnitude of positive and negative attitudes of staff. However, they do not inform about the nature of these attitudes, nor do they give any information about the differences between individuals. That is, 'why' do some workers perceive SVQs in a much more positive

---

<sup>1</sup>Given that six workers were not available for the second phases of interviews, it was not possible to make direct comparisons between the first and second phase of interviews specific to any changes in workers' views. However, for the majority of workers interviewed, their responses to both questions remained relatively unchanged between the first and second phase of interviews.



way than their colleagues? In order to understand some of the reasons why staff held these views, it is necessary to examine the content of staff responses.

From the responses given by workers, a range of themes emerged, which were categorised as:

- Degree of new learning
- Increased levels of awareness
- An over-emphasis on written work
- Repetition involved in evidencing performance criteria
- The irrelevance of jargon to practice
- The significance of support

Although many aspects of these categories are in fact inter-related, each will be considered separately in an attempt to enhance clarity surrounding the staff's perceptions of SVQs

### **Degree of New Learning**

Workers' experiences of SVQs, specific to their learning, varied considerably. The majority of staff, as previously noted, did not believe they had learned anything new and several were uncertain about their learning experiences. For example, one worker stated that:

I'm not quite sure of their value, to be quite honest with you. They go into minute detail and a lot of it is common sense. I'm not sure what it's going to achieve. I mean this is my personal view all right, but you

know workers and what they're like before they do SVQs and afterwards, there's no difference in their work practice. I think you'll learn something; what, I don't really know.

Such uncertainty was common, but so too was the view that SVQs were unlikely to have any significant influence on practice. A worker who had been undertaking her SVQs for over one year said:

I haven't come across anything that's made me handle work in a different way. Well I don't think there is.

For most workers, what they considered to be learning was related to the extent to which SVQs made any difference to their practice. A worker who had been doing SVQs for over 3 years commented:

It's just so difficult to do, so boring. And it doesn't help any practice. Those who've finished it, all credit to them because they put the work in. But no one here says it makes any difference to their practice.

Similar points were made by other staff. According to a worker who was nearing completion of his SVQs:

I don't think there is anything there that I didn't already know of. That might sound a bit up yourself, but there's been nothing in it where I've thought, I didn't know that or that's useful.

Not all staff however, expressed such negative views about their learning from SVQs. A minority of workers believed SVQs did enhance their practice.



The most cited areas where SVQs helped practice were in relation to 'legislation', 'policies and procedures' and 'discrimination'. Specific to policies and procedures, one worker commented:

I'm still new to social work and although I've been here four and a half years, the SVQ helped me understand policies and procedures and guidelines for certain things. I find it helpful in that way.

For another worker, the main learning related to her understanding of anti-discriminatory issues:

... it does make you aware of some things like anti-discriminatory practice. The O unit [<sup>2</sup>] in particular, it highlights it. It's the things we do on a day to day basis it highlights.

A similar point was made by another worker who expressed very positive views about the extent to which SVQs had helped her anti-racist practice:

... doing the PCs does make you think about it. It makes you aware of the smaller things that make a difference. Like when the kids call someone a black bastard, it reinforces the need to do something about it. Not only do you tell them such language is unacceptable, but it highlights the need to look at the issue a bit deeper.

Although a minority of workers expressed positive views about the learning associated with SVQs, they were often less clear about the precise nature of any learning. For example, a worker who maintained positive views about his learning from SVQs stated:

---

<sup>2</sup>The 'O Unit' deals with the 'value base' and is intended to be an integral feature of all the other units.

I think the SVQs are worthwhile... To say you can do the job, or revisit certain practicalities. It's good for the legalities, checking out the correct legislation.

When asked to give an example of the 'legalities' and how SVQs had helped the practicalities, the worker was less certain.

I would say there's many things that I've learned... There's nothing that jumps out. The INSET was useful because you mixed with people from different settings, elderly and that. It was good to discuss things and listen to other peoples point of view.

Although the worker gave no definite examples of any actual learning, he appears to associate learning with the INSET programme, especially discussions with other workers, rather than anything specific to SVQs. Given he had completed the INSET programme over a year ago, it is perhaps not surprising his recollections may be rather vague. However, there was no evidence from the worker comments that more recent learning had occurred.

Another worker who was positive about the learning associated with SVQs also appeared to be unsure of the precise way in which they enhanced his practice:

It's good revision. Putting things on paper helps you to think clearer. It helps to show the different variations about the young people we work with.

When asked to give an example in terms of how his thinking was 'clearer', he replied:

It's hard to say. It definitely makes you remember things. Like anti-discriminatory practice. I was doing that anyway. So it just reinforced what I was already doing.



Again, given this worker's comments, it is difficult to pinpoint anything that could be considered as 'new' learning. What the worker initially referred to as learning, was on further discussion, aspects or features of his practice he had forgotten, or had become less aware of.

Comments by another worker who expressed positive views about her learning did indicate that she was more conscious of her practice:

Things I've been doing in the past automatically, I now think a lot more. I look at my own work practice and think, rather than just going in there. You plan out more. It makes you more child centred. I've not learned anything new, but I think more about what I do.

It would, as she acknowledges, appear that her more conscious approach to practice and emphasis on planning reflects a greater awareness, but in terms of new concepts, ideas or theories, there is little evidence of new learning.

#### Learning in relation to the HNC

When workers discussed their learning experiences associated with SVQs, they often made comparisons to other courses, particularly the HNC<sup>3</sup>. Those workers who had undertaken the HNC generally believed they had learned a range of skills and developed a greater understanding of social work issues, especially in relation to policy and procedures. Any learning linked to direct work with children was less evident. Only three workers stated that the HNC had helped their direct work with children. A particular distinction noted by staff, in terms of learning between the HNC and SVQs, was the differences in 'format'. A worker who had completed the HNC and who was currently undertaking SVQs, points out some the main differences:

That's [ HNC] totally different. I enjoyed that. I liked the format for the HNC. Being in a classroom situation allowed you to discuss things with others. And you were learning things with others, reading books and trying to understand different people's points of view. For me that's a better way of learning, rather than SVQ. I mean I couldn't come up with a better way myself, but the SVQ, you just don't learn anything. Really, you've just got to make it look good, that's all there is to SVQs.

Although workers did discuss SVQs within the workplace, it tended to be brief exchanges regarding specific technical <sup>4</sup> aspects of SVQs, rather than practice issues, of which they were unsure. This 'individual' approach was deemed to be less productive in terms of learning when compared to their experiences on the HNC. Although SVQs were designed to allow candidates to 'work at their own pace', many workers said they often felt quite 'isolated'.

Another factor which several workers used to differentiate between their experience of SVQs and the HNC was 'choice'. A worker who expressed what he considered to be the positive features of SVQs highlights the point:

I think they're helpful in some respects, but they're very cumbersome. There are a lot of work to get very little education out of them... I have learned some stuff. There's no doubt about that. It helps you to recognise things that maybe you did on instinct, so in that way it makes you more aware. But as I said, the actual learning is limited and that's obvious. If you did learn a lot, then why would they be forcing us to do SVQs?

---

<sup>3</sup>Eleven workers with experience of SVQs had completed the HNC and one worker was 'nearly finished'.

<sup>4</sup>The use of the term 'technical' refers to the way in which the layout of the 'candidates manual' seemed to demand more effort in knowing where to evidence performance criteria, rather than how it related to practice. This issues will be addressed in more detail later, especially in relation to 'navigating' the manual, and support from assessors.



All of the workers who undertook the HNC appeared to have chosen to do the course. In contrast, workers expressed much less choice in terms of their decision to undertake SVQs. The vast majority of workers believed their job security and future training opportunities would be dependent on completing SVQs. For many workers, SVQs were a 'stepping stone' to the DipSW course, as commented upon by a worker currently undertaking SVQs.

I think a lot of people have the wrong motivation for doing them. They're not thinking about how it will improve their practice. Instead they want the SVQ because there's a better chance of getting on the distance learning route for the DipSW.

In particular, there was a belief that refusing to do SVQs was frowned upon by senior management. Therefore, although workers requested to do SVQs, it was less to do with the value of SVQs, than the alternative. A worker who'd completed SVQs makes this point:

I'm glad I done it, although I did moan about it all the time when I was doing SVQ. You definitely need training, it's the way forward. I don't know if SVQs is the right training, but there's nothing else on offer.  
What's the choice?

Deciding not to do SVQs was, according to several workers, an effective way of ending any career opportunities. Workers also believed that SVQs might become compulsory, whereas at present they are merely 'desirable' for working in residential care. Therefore, if they did not undertake SVQs 'now', they believed they could eventually lose their jobs.

#### Value of the INSET programme

Some of the differences between SVQs and the format of the HNC also appeared to share some commonalities with differences between SVQs and the INSET

programme. As previously noted, the INSET programme was designed to give the necessary 'underpinning knowledge' for workers who did not possess a relevant HNC. However, rather than provide the underpinning knowledge, the INSET programme was viewed by some workers as being something quite separate from SVQs. In fact, those workers who were most positive about the INSET programme, tended to marginalise its relevance to SVQs. The distinction is expressed in the following comment by a worker, who, regarding SVQs, pointed out:

I don't know if I learned very much. It's certainly not made any real difference to my work.

He further stated that:

The INSET course was brilliant. That reminded me of a lot of stuff I'd forgotten about. And you get to learn with other people.

Paradoxically, most of those workers who were most negative about the INSET programme, were the ones who attempted to utilise it in the way it had been intended by the training department. That is, these workers tried to integrate their understanding of the INSET programme in order to progress with SVQs. These workers did not express the same level of satisfaction about the INSET programme and seemed less confident about whether it had helped their practice in any significant way. One such worker noted:

The INSET was a problem. It confused me. It took me two months to recover from it. It was a total waste of time. Nothing constructive came of it. More time to do logs <sup>[5]</sup> would have been better. I know a lot of people who found it useful, but I think it was a waste of time.

---

<sup>5</sup>The 'logs' are documents, written by workers and are a primary means of evidencing their competence in the various areas specified in SVQs.



An interesting aspect of this worker's comment is that he would have preferred more 'time to do logs'. His overriding concern was to 'get the logs done'. In contrast, those workers who viewed the INSET programme as being more useful, tended to be enthusiastic about learning and how it might help their practice, rather than how it related to SVQs. Doing their logs was of secondary importance, whereas for those who said they got little benefit from the INSET programme, doing logs was the 'means to the end'. For these workers, anything that detracted from getting the logs done, seemed to be more of a hindrance, despite its potential for learning and helping practice.

#### Workers who had completed SVQs

The learning experiences of those workers who had completed SVQs also raises important issues. Irrespective of their precise views about SVQs, those workers who had completed SVQs expressed a definite sense of accomplishment. A worker who had recently finished his SVQs stated:

But really, it doesn't help your practice. Well, it didn't when I was going through them, but when I got my portfolio back and had passed there was a great sense of achievement there and my ego was boosted.

This sense of accomplishment was expressed by most of the staff who had completed SVQs. For many, SVQs was the first occasion their written work had been formally assessed in many years<sup>6</sup>. Entwined in the sense of accomplishment, was the satisfaction gained from knowing that SVQs were now something of the 'past':

I don't know if SVQs are useful. At the end of the day, I don't know how helpful it's going to be. It's something I've done and I want to put it away and forget about it.

---

<sup>6</sup>The age of staff ranged from 25-53, with a mean of 37.4 years. For many workers, undertaking SVQs involved their written work being formally assessed for the first time since they had left school.

The extent to which workers 'forget about' SVQs once they had completed them varied considerably. A worker who had finished SVQs over two years prior to the interviews and who had very positive recollections about her experiences stated:

I think it does make an impact on your practice. It depends on, I suppose, the individual. Some people might just do it for the wrong reasons.

When asked to give an example of how it impacted on her practice, she replied:

It made me more aware of the legal stuff. Mind you, if I went back to the SVQs, I couldn't tell you anything much about the units. I wouldn't know what each unit was for.

When asked if she had learned anything new from SVQs, the worker stated:

Health and safety was useful. First Aid. The aggressive one [unit] as well. I can't remember the unit, but it made you look at how you dealt with aggression.

Comments from this worker suggest that despite having completed SVQs for some time she remained confident in recalling those aspects of SVQs which had helped her practice.

In contrast, a worker who had completed SVQs less than a year prior to the interviews was quite explicit about being unable to recall the content:

I think when you're doing the SVQs you're very conscious of it. And when you stop doing it, you're not... I think you become more aware of rights and discrimination and things, but you're so busy getting on with what you're



supposed to do, I don't know if you reflect on it really. It was a piece of work which I was glad to get done and out my road.

Asked if there was anything particularly useful that she remembered, the worker replied:

I remembered some of the stuff on discrimination. You say to children, you can't say that sort of language, because it's degrading. Maybe that stuck, but nothing else.

Why this worker only seemed to remember the 'stuff on discrimination' is not clear. Essentially, anything 'useful' appears to have been limited to the process of doing SVQs, with much of it being forgotten afterwards.

It is not clear why some workers were much more able to recall certain aspects of SVQs than their colleagues. Whilst individual characteristics such as motivation and enthusiasm are likely to be significant, a factor undermining the ability of staff to remember central features of SVQs may be related to the extent to which it focused on the 'trivial'.

#### Dealing with the trivial

Workers undertaking SVQs and those who had completed them often stated that many aspects of what they were expected to write in their logs was quite demeaning or trivial. A worker who had completed SVQs highlights the point:

It did show me the job I was doing. I was capable of doing it. But actually teach me anything, no. It's a load of rubbish. I've been on different training courses and it's the worse. I've never heard anyone saying that it was any use. I think they've really got to look at that. They're spending a lot of money, and there's the time it takes people to do, and people hate it. Writing logs, total rubbish... For the Health and Safety log, I wrote about making a

cheese and onion toastie and how people had to be careful because the oven is hot. I'm a mother for Christ sake. How stupid do they think I am. Writing logs about emptying bins. It's an insult.

Essentially, SVQs did not help workers deal with what they considered to be the most important aspects of practice. The most commonly cited areas which workers deemed to be the greatest priority were the excessive levels of violence and the inadequate resources available. Rather than deal with these issues, SVQs focused on what they considered trivial.

#### Appropriateness of SVQs for more inexperienced staff

Although only a minority of workers believed SVQs had helped them learn anything new, several workers did believe that they might be of more use to inexperienced workers<sup>7</sup>. The following comment highlights this view:

I think it might be useful for new people starting in residential care, maybe let them do it after their first year in the job. It gets them to think about their values and write things down and it would help their communication skills.

As previously noted, SVQs were designed to assess the competence of experienced workers. It is not a method of training, yet some workers sceptical of the value of SVQs, believed it may be more suitable for less experienced staff. It is difficult to know why workers believed SVQs would be beneficial for inexperienced workers, particularly in light of some of their criticisms of SVQs. For example, one worker stated that new members of staff would 'benefit from writing about certain aspects of practice', however, she also stated that SVQs were not 'relevant' to residential work. Another worker who believed SVQs might be of some value to new workers also stated that SVQs did not help her 'practice with the children':

---

<sup>7</sup>The range of residential experience of workers at the time of the first interview ranged from 8 months to over fifteen years, with a mean of 6.9 years.



I don't know if they're particularly relevant for the job. I don't think its relevant. Every kid is different and they've all got different needs. You're not relating to the kids with SVQ, you're just dealing with the book. You're not learning how to relate to the kids, how to question them or get things out of them.

Given such apparent contradictions, it not clear why several staff, despite being highly critical of SVQs, still viewed them to be potentially beneficial to new members of staff.

#### Workers with no experience of SVQs

Irrespective of why more experienced staff held such views, it would appear that their experience of SVQs had considerable influence on workers who had not commenced SVQs. For example, a worker who had no experience of SVQs, stated:

I think they're a waste of time. Speaking to the ones who have done them, or those still doing them, they all say they find them very repetitive. You're asked to make different PCs and things like that, but it's all stuff you've already done. So its not training because you've already done something and you've just to note it in a log. It might be different for someone who's just coming into the job and starts the SVQ straight away. That might be more beneficial. But just now, for people who have been doing the job, the SVQs are just like saying prove to me this is what your doing. I just think its a waste of time.

In contrast, another worker who had not commenced any SVQs believed they would be highly beneficial:

I was told I wouldn't be starting the SVQs just now because I've got an HNC. I would rather have started it... You need to keep assessing yourself

and your work. I think the SVQs would help that. I'm going to ask again why I have to wait.

Another worker, who despite wanting to undertake SVQs, was much less sure of how much difference they would make to her practice:

I don't think I'll learn anything. There's people in here, I mean most of them try their best, they've done the SVQs, and its not improved their practice.

Such negative views may have considerable implications for workers' progress, especially at the early stages of SVQs and the extent to which they value the process of being assessed as competent.

#### 'Independence' of SVQs from learning

The belief by the majority of staff that SVQs did not provide any new learning is not necessarily a weakness of SVQs, as they are, as previously noted, 'independent' of learning or training programmes. However, the limited learning experienced by staff would appear to be at odds with the ethos underpinning the 'new vocationalism' of the 1990's and the commitment by the government to 'life-long learning'. The exclusion of learning for staff undertaking SVQs contrasts with the format for the DipSW. Why should staff who have traditionally remained unqualified, and who work in one of the most complex and demanding areas of social work, be given a qualification which excludes learning? Moreover, within this 'learning society' there appears to be little choice in terms of the qualifications available.

The strategy of making SVQs 'independent' of learning may have certain 'unintended consequences'. In particular, it might explain why so many workers expressed such negative views towards them. The remaining themes provide an insight into other aspects of SVQs and highlight some of the implications of making learning 'independent' from the SVQ format.



### **Increased Levels of Awareness**

All of the workers who made positive comments about SVQs referred to increased levels of awareness. In fact, the potential to increase awareness was the most cited positive feature of SVQs. Workers did differentiate between 'awareness' and 'learning'. Becoming more conscious of what they may have already known, but were doing instinctively, or had forgotten, was generally viewed as raising awareness. Alternatively, learning was more associated with 'finding out' or 'knowing something' that had not been known or previously understood. Therefore, the main distinction for workers was that awareness tended to involve being more conscious about certain practices, whereas learning involved both awareness and having new understanding.

Several staff currently undertaking SVQs believed they did, or, had the potential to raise awareness about their practice. The increased awareness was generally attributed to writing logs:

It makes you think about the things that you do. Because there are some things that you do instinctively ... but you just don't think about it, you don't realise it, or you've just not had the time to think about it. When it comes to writing in your log, it makes you think about your practice.

Raising awareness however, was not a constant experience for staff. Instead, any awareness about practice tended to be characterised by 'peaks' and 'troughs', which tended primarily to reflect the motivation of individuals toward their SVQs.

The first significant trough for many workers occurred a few months after commencing SVQs. This period reflected a decline in workers' initial enthusiasm for them. A member of staff currently undertaking SVQs stated:

... there were parts of my practice which I recognised needed improving. Sometimes when you're on the job so long, it's good to take a step back and think why your doing what your doing. It did help clarify my thinking on some things. I did enjoy it. It was hard work and I put a lot of work into it. But after a while I just got sick of it.

Why staff actually got 'sick of it' is complex, and will vary according to a range of factors. Of course, declining levels of enthusiasm, especially after the first few weeks or months, may be common to many qualifying courses. There was however, a particular factor unique to SVQs.

### Searching for PCs

A factor specific to SVQs, which might account for the declining levels of enthusiasm, is the increasing difficulty workers experience when evidencing competences. The following comment, although intended to be humorous, also makes an important point about the 'trivial', an aspect already noted, when evidencing PCs:

The hardest part is when you've come to near the end and you're trying to find situations that fit in for what PCs you need. That's when it becomes more difficult. In the beginning you just bash through it. But now, I've got to look for situations... I remember one girl saying, I need to write a letter, and two staff shouted, I'll do it, I'll do it. There are plenty PCs in a letter- do you have a pen, would you like to check and make sure your pen is working, appropriate equipment, paper. It can be funny. In some scenarios it's a laugh. Somebody spills milk on the kitchen floor and you can tell who's doing SVQs- spilled milk is a good Health and Safety PC.

Focusing on the trivial aspects of practice, may in fact, become more pertinent as workers progress through SVQs. Moreover, the significance of 'trying to find situations that fit in for what PCs you need' may be quite considerable in



understanding the awareness raising potential of SVQs. That is, the starting point is not 'practice', but rather, the 'performance criteria'. The 'situations' are not analysed and understood in terms of practice, and then evaluated in order to determine if they provide a relevant performance criteria. Instead, the required performance criteria tends to be at the forefront of the worker's thoughts, and awareness is related to the degree to which the 'situation' has the potential for evidencing a performance criteria. This tendency for prioritising PCs over practice, was not unnoticed by workers:

I've seen people doing the SVQ actually looking for things during their shift; oh I need this PC. All you should be doing during the shift is caring for the young folk. Looking about for PCs just gets in the way.

Awareness then, on occasion, may be more related to searching for PC's than understanding the actual practice. This may explain, to some extent, why many workers did not believe SVQs made any significant difference to their practice.

Any increased awareness generated from SVQs might also be restricted to the process of actually searching for PCs and writing logs. A worker who had completed her SVQs highlights this point:

I think when you're doing the SVQs you're very conscious of it. And when you stop doing it you're not... I think you become more aware of rights and discrimination and things, but you're so busy getting on with what your supposed to do, I don't know if you reflect on it really.

If awareness is limited to searching for PCs rather than practice, then it may explain why some workers tended to have difficulty recalling features of SVQs after they had completed the programme. The comment noted above, raises an important question. To what extent is any potential of SVQs in terms of increasing workers' awareness undermined by the residential environment? If workers do not have the

opportunity to reflect on practice because they are `so busy`, then any potential that SVQs might have for increasing awareness may be undermined.

#### Generating discussion amongst staff

A crucial aspect of the environment in terms of any reflection may be the conversations amongst staff regarding SVQs.

I think it makes people more aware. Whether or not they remember it, I'm less sure. I guess it's up to the individual on how much they take on board. People talk about the SVQs, so it's good for sharing information.

Although the worker believes any benefit from SVQs depends on the `individual`, he also notes the importance of SVQs for generating discussion. However, not all workers held this view. It would appear that there is considerable variation in the degree to which SVQs are used as a means of generating discussion within children's homes. A worker who had recently commenced SVQs and who did not experience the `sharing` of information, said:

The INSET was good because you could help each other. Everyone was in the same boat. But when you're on your own, you don't like asking people who've done it, in case they think you're stupid.

Factors such as confidence or support from colleagues may therefore, be significant in determining any discussions about SVQs; a process which may be particularly significant in raising awareness. Hence, the actual SVQs are not necessarily the significant dimension in raising awareness. SVQs may be the `topic` which brings some workers together for discussions they might not otherwise have had. As such, it may be this interaction between workers which might be most significant in raising awareness, rather than the actual content of SVQs.



Given the individual differences in workers' experiences and the range of environmental factors mediating upon their practice, it may be somewhat simplistic to reduce issues of awareness to the 'content' of SVQs versus the 'process' of engagement between workers. Even if the process of engagement between workers is most significant in raising awareness, it would appear to be a highly positive feature of SVQs. The problem however, may be that once SVQs are completed, the sharing of information associated with them ceases, effectively terminating the process which generated the higher levels of awareness.

Awareness levels may also be undermined by the overall focus on the more 'technical' aspects of practice. When workers discussed any increased levels of awareness, it tended to relate to those aspects of work that were relatively straightforward and unambiguous. The routine nature of such work had often diminished their awareness of the task; it was SVQs which made some staff more conscious. However, as there was no learning, or what was referred to in Chapter Two as 'indeterminate' knowledge, then the ongoing routine remained unchanged and the process of diminishing workers' awareness was simply repeated. With such a low ratio of indeterminate/technical knowledge, it is difficult to foresee how any increased awareness in more complex issues, such as racism or abuse, might be generated, let alone sustained, by SVQs.

### **An Over-emphasis on Written Work**

The belief that SVQs placed too much emphasis on writing was a recurring theme:

Too much emphasis is placed on written skills, and people good at writing are not necessary the ones with the best practice.

Staff did not believe writing to be unimportant, or a skill that they need not develop. What concerned most staff, was the importance attributed to written work over actual practice. Essentially, staff believed it was their writing skills that were being assessed, rather than their practice. It is important to recognise however, that much



of the anxiety generated by written work was, in part, due to many workers' inexperience and lack of confidence regarding their own writing abilities. Compiling logs for SVQs was, as previously noted, the first occasion when many workers had their written work formally assessed since leaving school. The standard of written work was often considered problematic by assessors:

Often candidates have difficulty expressing their views on paper, whereas verbally they can do it. That does create problems.

Although having to produce written work was a significant factor in generating anxiety for workers, it was not writing *per se* that was the main problem. Staff recognised the importance of good writing skills, but they did not view SVQs as a suitable method for developing their writing. Of particular concern, was the value of the written work for SVQs. In particular, some staff believed that many of the logs used as evidence for SVQs were not genuine:

Putting people on small training courses or allowing people to go on training courses where they can make up fake logs that gives them a qualification ... is not acceptable to me.

It is difficult to ascertain the extent to which faking was a feature of providing the evidence for SVQs. Workers who discussed the potential for faking evidence for log entries, generally referred to 'other people'. It was also pointed out that it was very easy to do:

It does make you think about your practice. But it's easy to lie doing it. I remember at the INSET, people copying each other... Anybody could cheat, especially if you can write well.

Only a few workers openly admitted to faking logs. When finding it difficult to 'find' the necessary evidence, one such worker stated:



Doing the SVQs really was a trauma. My assessor just told me to be inventive, so I was.

Whether or not the faking of evidence was widespread, is perhaps secondary to the belief by workers that it was. The predominance of such views are unlikely to enhance any value attributed to SVQs by workers. A factor which fuelled the view that faking was a common occurrence, was the inadequate checks on the validity of written work by assessors.

How can an assessor who's full-time [<sup>8</sup>] really know what you're doing? Anybody can write anything in their logs. Work practice is not being assessed by SVQs.

However, comments from assessors would suggest they were very much aware of what was being assessed. An assessor, who recently finished SVQs stated:

All the early stuff people produce is true and honest, but as time goes on they start to fit things into the book. They say, I need an example for that, so they doctor it a bit. They make it fit the book. But that may not happen as much with the new standards, because you don't have to repeat as much, so workers will pick their best piece of practice.

Similar points were noted by other assessors. Another worker who recently completed SVQs, and had become an assessor, said:

For new workers they could look at their practice as they do it. But even with them there is an innate problem. People tailor their written work to the SVQs. You simply provide the information for the SVQs.

---

<sup>8</sup>Not all workplace assessors were full-time. For example, the assessors cited in the study worked within the children's homes and undertook the remit of assessor as an additional role.

Whether or not that reflects actual practice doesn't matter. You simply manufacture the material for the SVQs. That's what the bulk of people eventually do. You do things a certain way and just change it to suit the SVQs. But you don't actually change the way you work. Peoples' practice isn't remotely like the SVQs. It's not that simple. This work is complex. How people perceive things. How people feel things is important. The SVQs don't deal with that.

The `gap' between written work submitted for assessment and actual practice raises fundamental questions about the validity of the SVQ assessment procedure.

#### Validity of the assessment process

If evidence is being submitted which does not accurately reflect practice, then the assessment process is seriously flawed. Any subsequent checks by Internal or External Verifiers would be unlikely to detect this discrepancy, especially if the written work had been manufactured with a degree of competence.

Clearly the gap between written work and practice is a crucial issue, and it raises the question as to why assessors would collude with the doctoring or manufacturing of evidence. However, it is important to recognise that the format and structure of SVQs may contribute to the problem of distancing practice from the written work. An assessor's comment highlights this point:

... I also think the way it [SVQs] is structured is wrong. It's broken down into remote parts, so the worst worker in the world could get through it because at some point, even by accident, they're going to get things right. And they can write about it in the logs. Their practice can be crap, so long as they write a certain way then it's okay. There's loads of paperwork and that's demanding, but the actual quality of work isn't demanding.



If this assessor believes SVQs do not reflect practice, then he may have little incentive for challenging a candidate who manufactures evidence. If the assessor also believes SVQs are designed in such a way that bad practitioners can complete the programme, then questioning the accuracy of written work may seem a rather futile task.

Understanding why assessors might collude with the manufacturing of evidence may also be linked to the nature of the assessment:

Being an assessor is just like doing it [SVQs] again. It's soul destroying. You've got to go through the candidates written work in so much detail. So it's soul destroying... I will not be taking anymore candidates. If I was, it would be as a favour to someone, because someone was stuck. I wouldn't do it simply because I'm an assessor. It's not worth it.

Getting through SVQs appeared to be the overriding goal, not only for workers, but also for assessors. While this in itself is not problematic, if the process of becoming assessed as competent has little bearing on actual practice, then it would appear that workers are performing an `exercise', as noted in this assessor's comment:

I get the feeling now it's a paper exercise ... to get the number of qualified staff up, rather than being used to improve practice. It's not used to develop staff, because it's not looking at practice, not real practice. But they can send the numbers back to the Scottish Office and it looks as if things are improving...

In addition to the distancing of written work from practice and the issues surrounding the assessment of work, the low value attributed to SVQs may also be linked to the fact that many workers did not seem to do SVQs primarily for

themselves. They expressed no real sense of pride in the written work they produced. Instead, written work was almost exclusively done for the assessor.

I don't think I've learned anything. You can coast through it without having to think. You only need to know what to give the assessor.

Giving assessors 'what they want', may be an inevitable aspect for any assessed course in any discipline. However, part of the problem underpinning SVQs, was that the qualification was viewed as having no real intrinsic value. Despite 'official' attempts to portray SVQs as work-based, many staff experienced them as 'paper exercises', with little relevance for improving practice. The point therefore, is that many workers' reasons for doing SVQs, are not related to any internal motivating factors. With so few opportunities for learning, maintaining the incentive to complete SVQs may be particularly problematic. 'Over-emphasising writing' skills may be an important factor, but it may be more related to the difficulty workers have in feeling genuinely involved in their work. As a result, 'writing' may be a symptom of that difficulty. Recognising this distinction is not unimportant: reducing the written work involved in SVQs may not resolve the real problem; whereas, dealing with why workers feel SVQs are of little intrinsic value, may reduce the problem of 'writing'.

### **Repetition Involved in Evidencing Performance Criteria**

The repetition involved in evidencing work to meet the performance criteria was an issue raised by every single worker. A worker at the early stages of SVQs, believed the repetition to be the 'biggest' problem:

The biggest thing is they're repetitive. There's no need for splitting the sections up and having to evidence certain practice again and again.



The problem of repetition did not appear to subside as workers progressed with SVQs. In fact, for many workers, it became more problematic as PCs became more difficult to 'find'. For example, a worker nearing completion of SVQs commented:

I've two units to complete and that's me finished. I hope to finish in 4 weeks time. It's so laborious sometimes. It's like V2 or X2, you've got to use 8 different occasions for the same thing. Surely if I can do it 4 or 5 times, I can do it well. Trying to get different clients to fit into that. Considering we're a small unit as well. Trying to get 8 different clients is almost impossible.

Another worker, who had finished her SVQs, also cited the repetition as being particularly problematic:

But there was too much writing ... repeating yourself up to 8 times. If there was less repetition, people would get through it much quicker. It took me nearly two years to complete it. But that was to do with the lack of time I got in the unit. I've heard there's much less repetition now.

Although workers welcomed the reduced need for repetition, as outlined in the new SVQ format, several workers who had the opportunity to change to the new format, chose not to do so. One of these workers gave the following explanation:

Finding the time to do it is the most difficult. The new style is much easier; much less repetitive. But I'm doing the old system. It would be too confusing to change, so I'll just stick to the old system. It's probably much more work, but I'll stick to it.

Those workers who had experienced other courses, made clear distinctions between the structure of these courses and that of SVQs. The following comments by workers on two different courses highlight this point.

Previously, I'd done the K254, which was a thirteen week course and I got more out of that than all of the SVQs, and it helped my practice. I hate the way the SVQs are written. They ask for too many examples, seven and eight times.

The SVQs are very repetitive. It's all in bits. The HNC, although separate subjects such as psychology and sociology, all interact with each other. SVQs are all the same. It just overlaps.

The combination of repetition and, as noted above, the exclusion of learning, appears to be particularly frustrating for workers.

#### Repetition of existing skills

Much of the frustration surrounding the repetition centred on the belief that rather than help them learn, SVQs simply made them repeat what they already knew.

I'm not impressed by the SVQs. They need to change the format. The book is too thick, its repetitive and it frightens people off. From the amount of work you have to put in, you don't get very much back. You don't learn anything new. I mean it does help you question things about your work, but I do that anyway. It's not helped with things like social work values. I struggle with that and the SVQs haven't helped me with the values in social work.

Not all workers shared this perspective, and as previously noted, a minority of workers did believe SVQs helped with practice issues such as values. However, even those workers who were positive regarding the learning from SVQs were equally critical of the need for repetition.



Repetition was not only problematic for the reasons noted above, it was also resented because the time and energy required to meet the necessary criteria excluded opportunities for other learning. This point is made by a worker who had completed SVQs and was now an assessor:

I could see them far away enough. I think they're very demanding on the candidate. I mean it's not like you produce an assignment showing your understanding of a particular area of work- that you've learned something. Instead, they're asking you to produce evidence over and over again. That's very tedious and demanding. And it puts pressure on the candidates to find the evidence or PCs. It's very hard for the candidates.

Being denied the opportunity to address the issues, which they as workers, identified to be most crucial to caring for the children, seemed to increase the sense of futility in repeating what they already knew.

Not a single worker gave any merit to the existing way in which the same evidence had to be reproduced within different units of SVQs. Moreover, the repetition was a major factor underpinning many of the staff's views that SVQs were 'boring'. Yet, most workers strongly believed that the actual areas identified by the criteria were relevant to their work. The problem appears to be that the process of doing the SVQs did not help them improve their practice. Workers simply evidenced, repeatedly, what they already knew, with no sense of addressing the problems, or difficulties, they were experiencing in their day to day work. Essentially, it may be the process of evidencing, rather than the actual number of times the worker performs such a task, that may be crucial. As noted previously, workers 'searched' for PCs to 'fit' the WAM (Workplace Assessors Manual) book. Practice was subservient to the process of finding the PCs. Therefore, what is the point of showing something 8 times when doing so the first 2 or 3 times has no significant relevance for practice?



The reduction in the need to repeat evidencing within the new SVQs format was welcomed by workers, not because it would enhance any learning opportunities or understanding of practice, but because it would reduce the time and effort required to complete SVQs. Reducing the need to repeat evidencing from 8 to 3 times, for example, may reduce the time staff spend 'searching' for PCs, but the 'gap' between written work for SVQs and actual practice remains unchanged.

### **The Irrelevance of Jargon to Practice**

A persistent theme commented upon by staff, was the 'jargon' in SVQs. Terms such as 'Performance Criteria', 'Range Statements', 'Statements of Knowledge', 'Assessment Specification', were examples of jargon, cited by various workers. A worker currently undertaking her SVQs stated a commonly expressed view:

As an idea, the SVQs may be okay, but in its present form it's no good-far too overcomplicated. The problems for workers is not about how it helps their practice, but rather to do with deciphering the jargon and giving what they think the assessors want to read.

Giving assessors what they want has already been identified as an issue, however, the language used in SVQs may add to this problem. In particular, the language was confusing for many workers at the early stages of SVQs:

The manual is full of jargon. It needs simplifying, but apparently it has been simplified, or so we were told. If that's the case I would never have been able to do it. You need a degree in jargon, or whatever language their talking.

The use of jargon may effect many workers' ability to identify with SVQs in a personal and practice orientated way. Essentially, most workers did not believe the language had any real relevance for their practice. Instead, its relevance was related to the process of evidencing performance criteria.



Part of the problem associated with jargon, especially at the early stages of SVQs, could be attributed to workers familiarising themselves with new language and terminology; which is a common feature to many qualifying courses. However, a factor which exacerbated the problem of jargon was the design of the Workplace Assessor's Manual, or 'book', as it was most commonly referred to. The book was deemed by the vast majority of staff to be too complicated and confusing. The ability to 'navigate' around the book was, for many workers, the key to doing SVQs. For those who did not fully develop this skill, they often expressed particular frustration about the 'repetition' and 'jargon'. Many workers stated that after a few months they had become more comfortable with the meanings of the terms used. Despite becoming more familiar with the jargon, it was not adopted because it helped to improve practice, but rather, it was necessary to use in order to complete the book.

The jargon of SVQs was often compared to the terminology used in other training or educational courses.

The jargon is a real problem. Well, I mean I did the HNC which compared to the SVQ is absolutely brilliant. I really learned a lot doing the HNC, which is ironic given that its not really recognised by the social work department, well not in terms of wages in the way SVQs are.

Also, for many staff, after they had gained an understanding of the new words and terms within SVQs, they felt they were quite unnecessary, irrelevant or meaningless. A comment by a worker undertaking SVQs highlights this issue:

SVQs tell you to look at language because language is power, but its daft. We're now told not to use the word access, and should use contact instead. Changing access to contact is rubbish, total rubbish, just jargon. They're [the children] going to see their mam and that's how they would say it. We've not

to institutionalise kids and now they're all saying contact when they want to visit their mum. They sent me on a course to show me how language and words can isolate people, leave them marginalised especially by using jargon. Then they give this book [SVQ manual] full of jargon, PC's and all that.

Changing 'access' to 'contact' was the most frequently cited example of what workers believed to be meaningless jargon. It would appear that such changes have little significance for workers in terms of practice, as pointed out by the following comment:

And some of the language is so silly. Like changing access to contact, as if that's going to change life in care. Big deal.

Merely changing the 'words' was particularly frowned upon by workers. It was seen as a superficial exercise, especially when there was no change in the actual support offered to the children. Of particular concern, was the belief that there were very real changes necessary within children's home, but 'nothing ever changed'. In particular, when faced with regular bouts of verbal and physical abuse from children, many staff seemed to have resigned themselves to the reality that nothing would change. Being faced with such acute problems, the staff seemed quite cynical of 'changes' in words.

#### Limitations of the INSET programme

Criticisms of the jargon cannot however, be fully understood without recognising the context in which workers experienced the new terminology. A worker who started SVQs shortly before the second phase of interviews highlights the problematic nature of the jargon and the context in which it is introduced.

The most difficult part is trying to understand them. The jargon. I think if they simplify it, it would help people. I'm doing the new format. It's



supposedly less work, but the jargon's not changed any. I think instead of making it less work, they could have simplified the jargon... They don't have an INSET course anymore, where you go one day each week. Another staff is on it, I think it lasts 26 weeks, every Tuesday. But we're not. We just do call back days. I think going every week would have been much better. They stopped it because of money. Resources. It meant every week there was someone away from the unit... We only got three days before starting the SVQs. Three days to take all that in. It wasn't enough. My head was bursting. Trying to get your head around it was terrible. You just don't know what they want. You may have done the work, but you don't know how they want you to write it. It's a bit like passing your driving test. You drive the way they want you to on the day. This is the same. You write the way they want you to put it down.

Given the lack of time and support the worker feels he received at the beginning of the SVQ programme, the jargon may not in itself be the main problem. Instead, a major factor could be the limitations of the INSET programme, particularly in enabling candidates to discuss and become familiar with the new terminology.

As stated above, discussion between workers was considered significant in determining awareness levels. Developing an understanding of the jargon may be particularly problematic when there is less opportunity to discuss SVQs with other colleagues. Moreover, generating discussion specific to the jargon may be difficult when it is considered by many workers to have minimal relevance for practice. The criticisms of the jargon may, therefore, be symptomatic of deeper issues, most notably, the lack of support and the irrelevance of certain terminology to practice. Subsequently, any alterations in the jargon associated with SVQs is likely to be somewhat superficial, unless it is accompanied by wider changes in the SVQ format.

## **The Significance of Support**

The levels of support available when undertaking SVQs was a major issue for workers. Workers identified a range of factors relating to support.

Its not fair having to work at home. I've got enough to do and unit managers should be able to see that. And it's basically in your own time and on top of a heavy job that is really demanding. I think its very unfair that we've been lumped with them [SVQs]. I really see the need for residential workers to be trained. It's wrong that you can go into residential care without any qualifications, so I do recognise the need to train workers. But I really think it should be within our existing workload, not in addition to it. I think that's very unfair.

Having to do SVQs in their own time was a common criticism from workers. The resentment at using their own personal time was in part related to the fact that the pre-arranged study time was often denied, or delayed, because of priorities emerging within the children's home; staff shortages and disruptive periods were the most common reasons. The comment by the following worker highlights his conflict of responsibilities:

I had a contract with my unit manager, assessor and internal verifier, allocating me four hours each week to do SVQ, but I never got it. When the place is jumping you can't sit in the office and leave staff outside to deal with it.

Doing work at home was also a problem for many staff. The main reasons generally involved a combination of issues linked to stress and the shift rota<sup>9</sup>. Many staff expressed difficulty in 'unwinding' after a back-shift, especially when the children had been very disruptive. Also, they did not have the time to study late at night when they had an early shift the following day. After the early shift, staff often felt tired



and lacked the motivation to study. And workers did not want to study on their days off, as these were important for 'de-stressing themselves' and 'forgetting about work'. The lack of time in work, and the difficulty in setting aside regular periods each week, made it difficult for workers to plan their study. For some, this resulted in an increased tendency for 'cramming':

But time wise, I just don't have the time to do it. I never got the four hours study time I was promised. It was all done in my own time, except the INSET. I only do my stuff when I meet with my assessor, I cram all the work into the week before I meet her.

Cramming, prior to visits by the assessor, was a relatively common occurrence. Basically, this meant that the worker would compile the necessary written logs in a short period leading up to the meeting with the assessor. Cramming however, was less evident by night shift workers, as they seemed to have more opportunities to set aside specific times to do SVQs. Although, they expressed similar criticisms as day shift workers, those on night shift recognised the benefits of their position. As one night shift worker noted:

There must be another way to do it that's not so time consuming. Having to do it on personal time is difficult. It's not so bad being on night shift. I can do some logs once the kids are in bed. But people on day shifts will have to do it on their own time.

All of the night shift workers felt they had more opportunities than their day time colleagues to do SVQs, and getting the 'time' was the most valued form of support.

Difficulties in finding the necessary time was not a recent phenomena. It was also a dominant theme from the recollections of workers who had completed SVQs:

---

<sup>9</sup>The rota usually involved a back-shift (2.00 p.m.- 10.00 p.m.) followed by an early shift

The main problem was the time. I never really had the time in work to do it. I had to do it in my own time.

Another worker who had finished SVQs and who expressed highly positive views about them, made a similar point:

It's really difficult to find the time at work, and there's a big expectation to do it in your own time. But, I enjoyed it. You are under pressure. You get time limits to finish logs, but that kind of pressure is a lot, especially for those who have a family.

Although there may be no 'official' time limit for completing SVQs, workers' experiences were somewhat different. Workers who had commenced SVQs, up to four years ago, stated that there was increasing pressure to complete them within a certain period. Many workers also stated that there was now an expectation from their departments that they would complete SVQs within one year of commencing them. While there may be very practical and indeed beneficial reasons for imposing a time limit, workers felt that these demands were unfair, especially given the lack of support. A worker who was given a specific 'deadline' to complete his SVQs, said:

I'm getting pressurised to complete it in the next three months, otherwise I won't get the certificate. It really pisses me off. I never got the support I was promised and now they're telling me I won't pass if it's not done by June. They say they need the assessors for people waiting to go on the course and that I'm preventing these new people starting because I'm taking so long. So I'm to blame! That's not going to help me. If that's their attitude why should I bother?

---

(7.30 a.m.- 3.00 p.m.)



There was one worker who had completed SVQs in a relatively short period of time (nine months). Although this worker was not in residential care when she undertook SVQs, she was currently working in a children's home. Her experience of completing SVQs raises interesting issues about time limits:

I just wanted to get it out of the way and they [the assessors] were quite keen for me to do it that quick. It really was a scunner. Eventually, it took up my whole work. They had to take work off me as I was doing SVQs all the time. I took the book everywhere and filled it in at every opportunity.

Getting SVQs 'out of the way' appears to have had become the overriding aim for this worker. Again, it should be noted that for many students on traditional courses, getting course work or exams 'out of the way' may also be a dominant aim.

Although the majority of workers did not receive the allocated study time during work, there were exceptions. Workers from two children's homes stated that their study time was a priority which was virtually guaranteed by their unit managers. These workers recognised the benefits of getting their study time at pre-arranged times each week. The importance of being assured that a specific period of time was available was a significant factor in their progress with SVQs. Unit managers seem to have a pivotal role in whether or not study time is given the necessary priority.

#### Feedback from assessors

Whilst prioritising the need for a pre-arranged period of study time during work may be important, its potential value may be undermined by another crucial factor: feedback. The following comment highlights this point:

We've been really lucky in here. Our manager is good at giving time to do some of the SVQs. But even so, certain folk have been struggling with it. I don't see the value of it, especially when there's no real feedback on it. You don't get feedback.

The majority of workers did not believe they got sufficient feedback from assessors when doing SVQs. They often felt isolated when writing their logs and believed the assessors did not help them enough to understand certain areas of practice. Log entries were assessed primarily to 'tick off' performance criteria with little emphasis on understanding. That is, meetings between workers and assessors were not used to facilitate discussion, or provide feedback about practice issues, but were performed primarily, and at times almost exclusively, to examine logs against the set performance criteria. For example, when discussing his assessor, one worker commented:

I think it's terrible... when they meet up with you, they show you what was a good bit of work and then they say, if you'd have added this wee bit in, you'd have got another PC. I just find it time wasting... It doesn't make any difference to your practice.

Workers' experiences of feedback from assessors appeared to have varied considerably. Essentially, the level of feedback depended, to a large extent, on the individual assessor. Although the majority of workers did not believe they got sufficient feedback from their assessors, only a minority of workers were very critical of their assessors. A worker who had completed SVQs and was critical of her assessor, stated:

I had problems with my workplace assessor. For a start, I didn't have one for over five months. You also wonder if the assessors know about the SVQs. Mine openly admitted to being confused about it.

A worker who had recently commenced SVQs was unsure of his assessor's ability in relation to SVQs.



[some] assessors don't have the SVQs themselves and they've been on a course for a week or two <sup>10</sup>, and their supposed to be assessing us. Half of them don't know what their doing.

The majority of workers were more positive about their assessors. However, the single most common characteristic cited in terms of a good assessor, was their ability to help the worker get through SVQs. A worker who had finished her SVQs makes this point:

When I completed it and looked over it all, I think the most important thing is having a good workplace assessor who knows their way around the book. They can see what's relevant and where it should be placed in the manual.

The issue about 'navigating' the manual has already been noted, however, of particular significance, is that a good assessor was someone who could help the worker 'around the book' rather than enhance their understanding of practice.

For a worker who had been undertaking SVQs for less than one year, problems with an assessor were particularly acute:

I've completely stopped with the SVQs just now. There's not much I can do. About four months ago my assessor left and I've had nothing since. I've phoned the training department three times and they've promised to get me an assessor, but nothing happened. I started in September last year. I was doing the work, but they were not giving me feedback on the work I handed in. So I didn't know if I was doing it right and everything just slowed up until it virtually stopped. Since I started, I've had only one meeting with my assessor and verifier.

---

<sup>10</sup>The training for SVQ workplace assessors lasts for approximately 4/5 days.

This worker's frustration at the lack of progress is likely to be a significant factor determining any future motivation for continuing with SVQs. It should be noted however, that such complete breakdown in the terms of workers and assessors was very uncommon<sup>11</sup>. Yet for those workers who had an assessor, regular contact was often limited.

#### Limited contact with assessors

Although assessors often worked in the same children's home as the workers undertaking SVQs, there were various barriers to meeting regularly. A worker whose assessor was on permanent night shift, said:

My assessor is night shift, so it's like ships that pass in the night. It's difficult to get the time. At the end of a back shift I'm tired and I don't really want to discuss the SVQs. In the mornings, he's tired and he doesn't want to talk about them. You just don't get the time in here.

Unless one or both of the workers chose to work on their day off, any meeting would, at the earliest, occur when one of them was ending a shift; either after 10.00 p.m. or after 7.30 am<sup>12</sup>.

Even when both workers were on day shift, there was often difficulties in having regular meetings. A worker who had been criticised for taking too long to complete SVQs commented:

I've got 3 units to finish, but I've been told in a letter I'm taking too long.

My assessor was on different shifts and we just weren't getting any time. But

---

<sup>11</sup>Other less common occurrences, in relation to the support available, included an assessor who had not been on the assessors course. The assessor admitted to being very unsure of the SVQ format. The worker he was assessing had just started SVQs and was 'totally lost'. Although there were other assessors in the children's home, the worker was using the new SVQ format which none of the other assessors were familiar with.

<sup>12</sup>In reality, any meeting would have to occur after these times because when night staff come on shift, the main priorities are to get the children prepared for bed, and an early shift begins with getting the children ready for school or work. Therefore, any meetings would be unlikely to take place before 9.00 a.m., or after 11.00 p.m.



they told me they've fulfilled their side, so now it's just up to me to write the logs.

Of course, it is important to recognise that some workers may simply use the lack of contact with assessors as an 'excuse' to do nothing. Nevertheless, the inadequate levels of support was a feature also highlighted by assessors.

For assessors, the main problem appeared to be getting the time to spend with the candidate and assess their written work. An assessor from the same children's home as the worker he assessed, noted:

You don't get a chance to do it. You talk to management and they'll say you get plenty of time during the day to do it. But there is no time. They say the SVQs are a priority and they make all the right noises, but it's not that big a priority. I find I'm doing almost all of it on my own time, and when you've three kids at home, it's not easy... By the time I get the kids to bed, I feel I need to go to bed. That's when I'm supposed to do the SVQs. Even getting time to do observations is difficult because ... [the worker] is on a different shift.

Assessors did not generally view their experiences of assessing candidates in a positive manner. It was considered more of a chore, rather than any tasks associated with increasing learning or understanding. An assessor notes the similarity between his own experience of SVQs and the 'burden' of being an assessor:

I've not given them [SVQs] up. I finished them over a year ago, but when you're an assessor, it's like doing them over again. Its becoming a real burden. The worst thing is the time. The department doesn't recognise the time you put in... They just say you should be doing it. There's no proper structures for giving you time off. It's difficult to get the time off when you want it.

The inadequate time available for assessors may, to some extent, explain the gap between written work for SVQs and practice. That is, rather than help staff to reflect on their practice, the focus was on compiling logs in order to complete SVQs.

#### Assessing PCs rather than practice

As noted previously, the `searching` for PCs was aimed at compiling written logs which often had minimal relevance to practice. It would appear that any contact between assessors and workers focuses almost exclusively on `evidencing` for the purpose of `getting through` SVQs. None of the assessors discussed their role of assessing in terms of practice. Instead, their assessing was restricted to helping the individual complete SVQs. An assessor highlights this point:

Generally what I do is go over their work, check the PCs to see if any are missing, check out the range. Then I note what they've missed, or not covered. Then I give them it back. You tell them how they can do it, how they can word it, so they don't think they need to do a whole new log. Maybe even just one sentence is enough. It's how you phrase it sometimes...

Focusing on SVQs, rather than practice, may also explain why assessors experienced the role as a `burden` which was `like doing the SVQs again`.

The lack of satisfaction for assessors may generate certain problems for the future. Although the number of available assessors is likely to increase as more workers complete SVQs and go on to become assessors, comments indicated that some workers may resist undertaking this role. A worker who had completed SVQs and who refused to become an assessor stated:

They've been asking me to do the assessors course, but I don't really have the time. They say I would get four hours each week, but I was told that



about my own SVQs, so that doesn't mean much. I did my SVQs on my own time, and I'm not prepared to do my assessor work at home.

If workers experience of SVQs was disappointing, and they believed the department had failed to provide the necessary support, then it may become increasingly difficult to encourage such workers to accept more promises and become SVQ assessors.

The lack of support for workers may be a significant factor in explaining the overwhelmingly negative views of workers towards SVQs. Whilst increasing the levels of support may reduce the levels of dissatisfaction with SVQs, there remains a fundamental problem about the nature of SVQs. If the assessment process is primarily aimed at getting workers through SVQs rather than assessing actual practice, then it raises questions about the work-based orientation of SVQs.

### **Discussion**

The overwhelmingly negative views expressed by workers provides an insight into their experiences of SVQs. Only a small minority of workers enjoyed doing SVQs and even they expressed some significant criticisms. Of course, it would be misleading to assume that the majority were 'right' simply because their views were most common. Similarly, although the majority of workers did not believe they had learned anything new as a result of undertaking SVQs, this should not be interpreted as a weakness of SVQs. It was stated previously that SVQs are an 'assessment of performance' and the essential 'one key point' according to Fletcher (1991, p. 26), is that 'NVQS have nothing whatsoever to do with training or learning programmes.' Therefore, it is perhaps not surprising that most workers did not believe they had learned anything new.

### **A 'learning society' without learning**

Given this situation, how do SVQs 'fit' with wider training and educational initiatives? The exclusion of learning would appear to place SVQs in a contradictory



position with the government's philosophy of 'life-long learning' and the 'new vocationalism'. Within the 'learning society' of the 1990's, a group of workers who have remained predominately unqualified, and who undertake one of the most complex and demanding jobs in social work, have been given a qualification which excludes learning. If a key determinant of the status of a profession or occupation is the ratio of indeterminate/technical knowledge (Jamous and Peloille, 1970), then the overwhelmingly technical nature of SVQs is unlikely to alter the low status of residential child care staff, either in relation to DipSW qualified field workers, or other professions.

This situation, using Apple's (1993;1997) analysis, reflects the ability of the 'power bloc', which in this case, is the government and employer-led factions in social work, to marginalise educational interests and exert control over defining the 'official' or legitimate knowledge for the SVQ curriculum. SVQs have enabled the employer-led organisations, with their 'new managerialist' approach, to increase control over education and training whilst providing a qualification which involves minimal new learning.

Although SVQs may do little to enhance the status or knowledge base of staff, there may be 'unintended consequences' of making SVQs 'independent' of learning. In particular, the focus on technical knowledge may effectively undermine the increased awareness experienced by some staff. Whilst SVQs made them more aware of certain routine type tasks, it was the ongoing routinisation of such tasks, which had not only diminished their awareness in the first place, but also undermined their ability to sustain the awareness created by SVQs. Hence, without the necessary indeterminate knowledge or theoretical frameworks in which to integrate the increased level of awareness, the technical knowledge of SVQs was not retained in a way that had any real impact on practice.

The difficulty in sustaining any awareness may also be determined by the 'reductionist' nature of the competence-based approach. For Hodkinson (1995), the



use of a high ratio of technical knowledge reflects a reductionist approach which places less emphasis on the holistic and complex nature of work. Understanding this complexity, was, according to Dominelli (1996), more than simply the sum of the individual parts. The reductionist nature of SVQs may therefore, explain why many workers believed they simply dealt with the `trivial' aspects of work. If workers are not given, what Apple (1993) termed, the `tools for understanding' then they will be less equipped to integrate aspects of their practice within a more holistic approach and deal with the more complex issues. Even when workers do view certain PCs as relevant, there is no rationale within the assessment process for understanding the complexities of residential work: firstly, there is no learning within SVQs to help workers do so and secondly, each PC is simply `ticked off' on its own right, without any requirement to integrate the various PCs.

#### The relationship between SVQs and the INSET programme, HNC and DipSW.

The low ratio of indeterminate/technical knowledge and the reductionist nature of SVQs may explain why it was not complemented by either the INSET programme or the HNC. The evidence in the study suggests that experience of SVQs was not enhanced by the INSET programme or the HNC. Whilst both these routes did provide `underpinning knowledge', its usefulness was linked to helping individuals `search' for PCs rather than understand practice. Again, without the necessary indeterminate knowledge, it is difficult to foresee how a limited input of `underpinning knowledge' might be integrated into practice in a meaningful way.

The lack of coherence with the INSET programme or HNC questions the extent to which SVQs provide a `continuum' of learning. SVQs, as previously highlighted, are intended to facilitate `further learning' (NCVQ, 1989). The function of SVQs in facilitating individual development, was equally evident in the report by Skinner (1992, p.71): `staff may develop along a continuum ...' and are a `platform for the sustained progress that is required.' The view that SVQs provide a basis for further progress, development or learning, was not supported by the evidence in the study.



Of the staff interviewed, only one had progressed from SVQs to the DipSW (having completed it prior to the study commencing). Not a single worker had progressed to the DipSW, or a higher level of SVQs, throughout the duration of the interviews. If staff are not gaining any significant learning experiences from SVQs, then how are they supposed to progress in ways proclaimed either by the NCVQ or the report by Skinner? Instead of increasing opportunities, the disproportionate focus on technical knowledge may act as a barrier to further development. Under the guise of 'life-long learning', traditional barriers to future education and training are maintained, whilst the social work departments proclaim commitment to 'equal opportunities' policies. Subsequently, SVQs may be creating the illusion of change, by 'qualifying' residential staff, without significantly altering their subordinate position.

The lack of real educational and training opportunities questions the value of SVQs compared to 'academic' qualifications. The relationship between vocational and 'academic' qualifications is, as highlighted in Chapter Two, highly contentious. Essentially, the vocational qualifications lacked 'parity' with academic courses. This is a pertinent issue for SVQs. As previously noted, the HNC and SVQs were used to meet the entry requirements for the DipSW. Yet, research by Chakrabarti and Connelly (1997), outlined in Chapter One, found those students with SVQs and HNC generally required more support, especially with 'academic enquiry skills', than students with more traditional qualifications. Developing analytical skills requires the individual to apply their knowledge base to practice. Without such knowledge, how are staff supposed to be equipped to develop the necessary analytical skills, either in terms of improving practice or identifying future learning? The limited new learning experienced by staff in this study would suggest that SVQs reflect a 'dumbing' down of social work education and training.

Affording SVQs parity with academic qualifications may create a situation whereby students are ill equipped to cope with the demands of courses such as the DipSW. Without additional support being given to those students who use SVQs as an entry qualification, a situation is likely to emerge where: (1) the students will not meet the



required standard; (2) the standards within the DipSW will decline, or; (3) the DipSW will adopt a more technical approach to match SVQs. Irrespective of whether one, or a combination of these factors prevail, residential staff are unlikely to benefit. Of particular concern, is that the DipSW will continue to be the 'carrot' on the 'continuum' of learning which few residential staff will reach.

#### No change in practice

Despite the technical and work-based orientation of SVQs, most staff did not believe that being 'assessed as competent' made any difference to their practice. Theory-practice debates have, as detailed in Chapter Two, been long-standing within social work education and training. It was the emphasis on 'practice' which was used to replace the more 'theoretical' CQSW with the competence-based DipSW. Yet, whilst SVQs are more skewed towards the 'practical' than the DipSW, the majority of workers focused on the 'book' and the necessary PCs, with much less consideration of how it related to practice.

The 'gap' between the evidence for the PCs and practice, may be shaped by the inherently fragmented structure of SVQs. As noted previously, the fragmented nature of the competence-based approach was held as a major criticism by many writers (e.g. Cannan, 1994). Reducing complex practice issues to a list of performance criteria was problematic because students tended to focus disproportionately on identifying work in order to produce the required evidence (ibid.). This 'tick box' approach was reflected in this study by workers 'searching' for PCs. Unless staff are given the necessary tools for understanding, then the fragmented nature of SVQs would appear to be a central feature distancing 'evidence' from practice.

#### Making changes to SVQs

The issues highlighted above, question the extent to which certain changes to SVQs will enhance practice. Firstly, reducing the amount of written work may fail to deal with an inherent weakness of SVQs. Many workers recognised the need to improve



their writing skills and SVQs did provide the opportunity to have written work assessed. However, the potential for significant improvements in written work appears limited, primarily because most workers did not believe 'what' they were writing reflected the reality of their practice. Writing logs was merely an 'exercise' to demonstrate that the necessary evidence had been gathered to meet the particular PCs. As such, opportunities to use written work in order to develop analytical skills, especially in relation to practice, seems quite minimal. Reducing the amount of written work may reduce the boredom associated with writing logs, however, it does not deal with the fact that the evidence in the logs does not reflect the reality of workers' practice.

Secondly, reducing the need to repeat evidence for certain PCs may also fail to address the underlying problem. Declining motivation was often accompanied by increasing frustration about the need to repeatedly evidence certain PCs. The view that SVQs were unnecessarily repetitive was by far the most frequent criticism. Although giving an assessor 'what they want' may be a common feature of all qualifications, a qualification which relies so heavily on repetition, may have particularly acute problems in this respect. Whilst repetition is often necessary to master certain skills, or develop a comprehensive understanding of practice, the problem with repetition within SVQs is linked to the exclusion of learning. That is, workers had to repeatedly demonstrate their competence in certain areas without actually learning anything new. As such, how are workers expected to be motivated to evidence tasks, often up to eight times, when they are not expected to learn? Although reducing the need for such repetition- a feature of the revised SVQ format- may serve to alleviate some frustrations, it does not address the main problem; the irrelevance of SVQs to practice.

Thirdly, the problems workers identified with jargon cannot simply be understood in terms of failing to understand new terminology. The jargon of SVQs was not part of any real learning and did not increase workers' understanding of practice. 'Learning' the jargon was only useful for completing the 'book'. O'Hagan (1996, p. 21) argued



that many criticisms of the DipSW were based on 'a knee-jerk reaction to some of the jargon associated with the competence-based education and training'. Given that many workers had considerable experience of SVQs, their comments about jargon could hardly be described as 'knee-jerk'. O'Hagan's view is limited because 'the jargon' cannot be understood in isolation from wider aspects of the competence-based approach. Simply changing the jargon, or helping workers to better understand it, will not make SVQs more relevant to their practice.

Finally, increased levels of support may reduce some of the anxieties associated with SVQs, however, it is unlikely to make SVQs more relevant to practice.

Although many workers complained about the inadequate support, the vast majority did have contact with their assessors. A common problem with the support from assessors, was that it related almost solely to 'getting through' SVQs rather than improving practice. As a result, workers, particularly on day shift, tended to 'cram' leading up to a visit by the assessor. SVQs, as previously noted, do not have exams, are not time limited and are based on a process of continuous assessment. Yet, the actual reality of doing SVQs, may be more similar to traditional exam based courses than Jessup (1990) suggests. Moreover, it is important to question how much of the content of SVQs is remembered in the days and weeks afterwards. Criticisms of the 'academic' exam based qualifications may therefore, be applicable to the SVQ format. In fact, this may be of greater significance for SVQs: how do workers remember, and implement into their practice, the magnitude of small pieces of information, especially when they have been studied 'independent' of learning and in such a 'crammed' manner?

It would be wrong however, to assert that staff should not be given more support. Given the resentment at having to use 'personal' time, increasing the levels of support, especially in providing more opportunities during working hours to progress with SVQs, would be beneficial for most staff. Of course, it is important to recognise that some of the resentment may reflect the attitudes of those workers who are lazy and who do not want to apply themselves to completing SVQs. Yet, perhaps



somewhat paradoxically, some of those workers who were most positive about SVQs, especially the extent to which they helped practice, were often the individuals who expressed most resentment about having to use their own time. The following comment, by a worker who was highly positive about SVQs, helps to highlight this issue:

You're bringing up memories from the past that can be very difficult. It can be painful writing about your work, especially when you've blocked some of it out. Debriefing isn't very good and when you write about difficult things, it can be really distressing... It brings it all back. And I don't really want to do that when I'm at home with my family. No one picks up about these sort of things. Your assessor's not interested in chatting about stuff like that.

On the basis of the prevailing views, it is necessary to question what motivation workers have to undertake SVQs using their own time, especially when there is minimal potential for learning anything new, and their irrelevance for practice. Also, given the stressful nature of residential work, reflecting on practice at 'home' may add to that stress, particularly where there is limited support mechanisms available to workers. To view those workers who do not want to do SVQs in their own time as lazy or lacking in commitment, may indicate a failure to recognise essential features, not only of SVQs, but also of the children's homes in which they work. Increasing the level of support may help staff complete SVQs on time, but it is difficult to foresee how it will have any significant impact on practice.

### **Conclusion**

Given that most of the staff had considerable experience of residential care and were often able to make comparisons with other courses, such as the HNC or INSET programme, they are particularly well positioned to make informed judgements about SVQs. Overall, the majority of workers were highly critical of SVQs, with most being unsure, or very negative, about their value for helping practice. A



smaller number of workers expressed more positive views, and although they recognised some serious limitations to SVQs, they still believed they were useful.

The exclusion of learning from SVQs, although a defining feature of the competence-based approach, may account for many of the negative views expressed by workers. The value of SVQs was, for the majority of workers, associated with enhancing their opportunities towards accessing the DipSW and, or, to secure future employment. The lack of intrinsic value attributed to SVQs themselves, questions the extent to which they might have any positive impact on practice. Whilst workers valued the increased awareness, the process of becoming more aware was hindered by the fragmented and reductionist structure of SVQs. Subsequently, making changes to the SVQ format in areas such as the written work, use of jargon or lack of support, may fail to address the underlying problem; the irrelevance of SVQs for practice. The crux then, is that a 'learning society' has been created in which a group of unqualified workers have no real choice, but to undertake a qualification which offers minimal, if any, new learning.

Whilst the irrelevance for practice and the fragmented nature of the evidencing of performance criteria appear to be serious flaws within the SVQ format, it is necessary to consider the environment in which workers are assessed as competent. To what extent are the overwhelmingly negative views documented in this chapter: (1) a result of intrinsic weaknesses in the actual SVQs; and, or (2) due to the residential context in which SVQs are undertaken. The next chapter will examine key tasks carried out by staff in order to gain an insight into the children's homes where the staff are assessed as competent.

## **CHAPTER SIX**

### **STAFF PERCEPTIONS OF KEY TASKS ASSOCIATED WITH COMPETENCE**

#### **Introduction**

The residential context in which staff are assessed as competent is central to understanding their views about SVQs. Children's homes are, as highlighted in Chapter Three, complex environments which are shaped by a myriad of factors, including social work policy, procedures and political agendas. By examining the way staff undertake certain tasks, as well as the situations in which such tasks are performed, this chapter will provide an insight into the environment in which they are assessed as competent for SVQs. Examining these tasks also provides a basis for understanding the way in which the residential context might impact on workers' views of SVQs. Of course, recognising the environment in which specific knowledge and skills are applied is an essential consideration within every educational or training programme. The theory versus practice debate, outlined in Chapter Three, highlighted how the 'academics' teaching the more theoretical CQSW were criticised for being 'out of touch' from the reality of social work. In stark contrast to such 'theoretical' approaches are SVQs, which are exclusively 'work-based'. Consequently, the work environment may be more crucial to understanding SVQs, than the more traditional social work qualifying courses, because the assessment is performed in the workplace rather than in the 'classroom'.

The transcripts provided by staff when compiling the tasks regrid formed the basis of the analysis. The 8 descriptors used in the tasks regrid were, as listed in Chapter Four, used as category headings in which to organise the comments of staff. Each category is presented separately in order to enhance clarity. However, it is important to recognise that many of the issues overlap with other categories.



### **Succeeded in Attaining a Meaningful Goal**

Goals are relevant to competence because they give work a sense of momentum and purpose. It was also noted, that the way goals were achieved may be as important as achieving them.

The nature of the goals identified by staff varied considerably. The majority of staff referred to their direct work with children (i.e. 'building relationships', 'meetings', 'interviewing young people regarding abuse', 'ensuring child was smart'). Other goals cited by staff referred to various aspects of work (i.e. 'helping new staff', 'overcoming views of qualified social workers', 'arranged meetings'). It is important to recognise however, that most staff had difficulty providing an example of when they had achieved a goal that was 'meaningful'. Some staff referred to situations several months ago, and in some cases, examples were over a year old.

Goals that were considered most meaningful usually related to 'achieving' something for the children. The following comment related to a resident who recently moved out of the children's home into her own tenancy:

... one of the kids was going for her own tenancy. When she got the keys to view a flat, it was in a very run down area, rife with drugs. The house was almost derelict, no doors, the windows were smashed, the interior was wrecked. I feel she was being discriminated against because she was from a children's home. She was the dross, so it didn't matter, you know. After we challenged the housing about the quality of the accommodation, she got another offer 3 weeks later. It was much better.

Achieving such goals appeared to be very important to staff, however they seemed to be relatively infrequent. A small minority of staff did attribute considerable importance to administrative tasks:

When all my priorities are done; reports, supper and stuff like that, then I sit down with the kids and watch TV. I mean you've got to get your priorities right... I like to sit down and watch TV and have a laugh. But there's so much other work to be done. Again it depends on your priorities. Some staff don't mind watching TV when they've got work to do, but I can't do that. I need to know my work is finished first.

Most staff however, did not attribute much importance to administrative tasks.

It's the amount of time taken up with doing logs and paperwork. I mean you're meant to be working with the children and it's particularly bad when you're understaffed. I totally hate having to do the paperwork when the kids want me, even if it's only to chat ... it doesn't have to be anything important. But having to tell them to wait until I've done my paperwork is something I don't like.

Comments from staff suggested that although most recognised the importance of administrative tasks, many also felt that such tasks infringed on the quality time they could offer the children. Not being able to spend the necessary time with the children was a particular frustration for many staff.

But the worst thing is that when you know a particular kid is upset, or that they need a chat with you and you can't do it because you've got to deal with the trivial stuff. And then you've missed the opportunity. You were there, but not for the child. Do you know what I mean? You never know what you're missing. It could be something really important. And that's the bit that stresses me out. It's not just the stuff you do, it's the things you could have done, but never got the chance.



Dealing with the 'trivial', a criticism previously levelled at SVQs, was problematic, not because administration tasks were not necessary, but because they took priority over the children's needs.

#### Not meeting the children's needs

Not being able to meet the children's needs was a common feature cited by many staff. What seemed to be particularly frustrating for staff was that they knew what the children needed, but they lacked sufficient resources to meet their needs. The following comment highlights this point:

You know, if we devise a plan for our young people, after the assessment, we can decide this is what they need. But the problem is you're told that there's no resources, so you do the assessment, and it doesn't matter because no-one's going to act on it anyway. So what's the point. Where's the child-centred part of that.

Not being able to meet the children's needs may explain why many staff had difficulty identifying a goal that was meaningful. Essentially, if they identified children's needs that were not being met, then other tasks and duties were of little significance.

Being unable to achieve meaningful goals may be realised particularly early on in a residential workers career. A worker with slightly over one and a half years experience stated:

You don't get enough time to spend with the kids. It's terrible. That's the worst part of the job and it really stresses me out. That's the biggest thing for me, and it's why I'll leave. The kids are crying out for us and we've not got the time to give them. There's always something else; paperwork, changeovers, phone calls or some emergency. With all that, there's not enough time to sit down and do one to one work with a child. You can't plan

anything because the chances are it gets cancelled. Not enough staff or a meeting comes up. And the worst part is the kids know it. Paperwork is the priority here.

Not being able to achieve meaningful goals was not only frustrating for staff, it often left them feeling devalued.

Sometimes you're listened to. But then, no-one listens when it comes to the really big decisions. Your opinion's not valued, but for the wee decisions it is. You know, I'm talking about moving a kid. That's a big decision and maybe we're not able to make them, but you come in here sometimes after your weekend off, and a kids been moved. No one asked your opinion. The kid is gone.

Not feeling involved in decisions that affect the children is likely to have a considerable impact on the ability of staff to set, or achieve, what they consider to be meaningful goals. Many of the comments by staff, as noted above, conveyed a sense of frustration towards their work. Their time and energy was limited to certain tasks, usually very short-term work. The inability to achieve goals that are meaningful may create a tendency for some staff to become quite insular. A comment from a worker, who had finished SVQs prior to the first interview, highlights this issue:

There's a bit about losing interest. After a while you just take responsibility for your own work. You get to the stage where you just get on with your own job and to hell with everybody else. And that's not how you change anything. I feel as if I've talked my socks off and you get to the stage where your sick of it. I'm really not interested any more. I come in now and do what I've got to do and get out rather than say to other staff, why did you do this or why did you do that? I know that's no good, but at times you can't do anything else.



The difficulties many staff had when identifying meaningful goals within their practice may reflect a level of stagnancy within the children's homes and feelings of personal dis-empowerment.

### SVQs

The limited opportunity for workers to attain meaningful goals has implications for understanding their views towards SVQs, especially in relation to the belief that SVQs focused on the 'trivial'. If workers rarely attain what they consider to be meaningful goals, then it may be difficult for them to be assessed as competent in such tasks. The problem appears to be related to constraints within the residential context which included: not being involved in decision making; feelings of apathy at being unable to meet the children's needs; and the priority given to administration tasks. It was noted previously, that the 'fragmented' nature of SVQs was a major factor undermining workers' ability to address what they considered to be the more important aspects of their work, namely the violence from the children and the inadequate resources. Whilst the fragmented nature of SVQs may be problematic, the actual context in which staff implement them, appears to be equally limiting. If staff cannot meet children's needs, and other tasks are deemed a priority, then what they are doing is the 'trivial' tasks. The assessment process focuses on the trivial because this is what workers tend to do. The point therefore, is not that SVQs necessarily focus on the trivial aspects of work, but due to constraints on their practice, it is primarily 'where' workers are able to demonstrate their competence.

There was no evidence to suggest that SVQs had any impact in helping workers attain what they considered to be more meaningful goals. Workers who had experience of SVQs, or who had completed them, did not seem any more equipped to succeed in attaining those goals which they considered meaningful. If SVQs make little impact on workers ability to achieve goals, other than in relation to the 'trivial', it raises questions about the momentum and purpose workers are able to maintain in their practice. The frustration at not being able to meet the children's needs and spend quality time with them, may be the most significant aspect reflecting the lack



of purpose. Being assessed as competent seems to exclude any real notion of purpose from the workers' perspective.

### **Acted Independently**

Competence requires workers to have autonomy and independence. It was previously noted, that independence relates to the extent to which workers have freedom to alter their input according to the changes and developments that may occur in their work.

Working directly with the children was the most frequently cited area where staff were able to act independently (i.e. 'key worker', 'managing groups', 'showing kids affection', 'report child missing'). Of these staff, approximately half had referred to activities outwith the children's home (i.e. 'organised holiday', 'one to one outings', 'on holiday'). Administration tasks accounted for a small number of the staff's examples (i.e. 'reimbursing petty cash', 'managing everyday duties', 'updating social workers'). A small number of staff also cited interpersonal issues as areas where they could act independently (i.e. 'challenging colleagues'). The remaining staff included a variety of tasks and activities where they felt they could act independently (i.e. 'arts and crafts', 'setting up library', 'working on your own').

Most staff expressed considerable difficulty in providing an example of a task where they had the opportunity to act independently. Essentially, staff either believed they had no real opportunity to act independently, or, it was limited to certain areas. The following comments by staff from two different children's homes reflects a commonly stated view:

We can do the every day things, but any decisions have got to be checked out. Everything goes to the unit manager. I've got to tell the senior, and even if the unit manager's not here, my senior will phone him ... It's as if every decision must be sanctioned by the unit manager. It's a strange set up. The



only thing you're encouraged to do independently is the repetitive every day things.

I mean when you're working in here, I don't feel you have any independence. You don't get the chance to act independently.

Everything you do is a committee decision ... and its got to be checked out by the manager.

Although most would have preferred more independence, a number of staff believed the teamwork effectively removed any individual's independence. Relinquishing personal independence, was for some staff, the 'price' of working in a team.

The main exception to the lack of independence experienced by staff related to periods outwith the children's home, especially when on holiday with the children. During such periods, staff not only commented on changes in the children's behaviour, but also in their own behaviour.

Going on holiday is much less structured and you tend to let them make much more decisions for themselves, a lot more than you would in here. And you give them more responsibilities as well.

The different attitudes of staff when outwith the children's home and the positive way in which children responded, is an example of the relevance of environmental factors in children's homes. Not all holidays were trouble free, however, staff who went on holiday with the children, tended to adopt a very different approach compared to their role in the children's home.

The lack of independence within the children's home may explain to some degree the difficulty staff had achieving meaningful goals. Although the need for effective team work may limit individuals independence, the realities of team work may be more akin to taking directives from unit managers. When comparing his experience

of `flat' and `hierarchical' management structures within the children's home, a worker stated:

While I was doing the flat management system I thought it was all right, but having gone back to the hierarchy again, I think I prefer the hierarchy. It gives people more of a focal point... if they [residential staff] are undecided, they know where to go to seek advice, rather than be unsure and make a decisions and find out later it's not the best decision... Although I think it's difficult for some staff who are used to flat management being told what to do all the time. That'll cause some friction until people get used to the idea that you go and consult rather than make the decision yourself. I think decision making is fine, so long as you make the right decision. If people don't make the right decision, then they've got to be taken to task. And they'll feel resentment about that.

This workers' preference for the `hierarchical' system seems to be based on his unwillingness to take responsibility for any decisions. It should also be noted however, that despite the general lack of independence within the children's home, not all staff were willing to relinquish their independence when working with the children.

#### Working to a different agenda

Some staff found ways of working which sustained their autonomy. The following comment is an example of how a worker differentiates between `her' work, and that which she feels is `imposed':

My own input with the children is about me... Myself and what I give to young people. It's not about taking a message from management. It's about the self and how I offer that to the kids. It's like working to your own agenda which suits you and the child. It's a two way thing. It's the opposite of a hard and fast regime ...



The separation between what workers actually did and what they were often told to do, seems to reflect their attempts to maintain some level of independence. Many workers expressed a belief that there were considerable differences in what they were trying to do with the children, compared to the expectations and directives of management. The following comment gives one view of the underlying problem:

In my view they [management] don't listen. They have a completely different agenda and although they would say that they value staff, where can residential workers really express their views about where child care should be going in the future? Managers have their agenda and really they don't listen. Remember we don't have a qualification ... you know the Diploma. Just because we don't have a Diploma in Social Work, it doesn't mean we should be ignored. That's a big problem in social work.

If staff view management as having a different agenda, then creating their own agenda may be a means of combating, or resisting feelings of powerlessness.

Social workers were also criticised by residential staff, although not nearly to the same extent as management. Generally, it was recognised that social workers had little time to visit the children. This was accepted, although not necessarily condoned by residential workers. While the lack of involvement by social workers was a problem for many residential workers, the real issue was that their own views were generally considered inferior.

Social workers in this district treat us as if we were stupid... They hardly visit the kids, it takes them forever to do things and they don't even have the courtesy to return phone calls. That's what they think of residential staff ... we're the bottom of the barrel.

Not being listened to would appear to be a salient way in which feelings of independence were undermined. It was such an emotional issue, not because residential staff felt they knew 'everything', but because they were the workers who knew the children best.

What takes its toll is that opinions of staff are overlooked when decisions are to be made about the children. The ones making the decisions are usually much less knowledgeable about the children and have little contact with them. I think staff often feel they're on a hamster wheel, with the same issues coming up time and time again. You know, education, age range of kids in the unit, appropriateness of client mix... I think it takes its toll and many staff just resign themselves and get on with the practicalities of the job.

Not being listened to was not a feature solely reserved for management or social workers. Many staff also felt their views were not listened to by colleagues:

Knowing what's right for a particular client and other staff not agreeing with you and then a few months later you being proved right. Knowing that no one's listening to me, that's difficult. And I've been in that situation a few times.

Given that workers felt management did not listen, it is perhaps surprising that they were not more sensitive to listening to each others views. If individuals feel devalued as a 'residential worker', then it seems plausible that they might also place less value on the opinions of peers. Moreover, if the reality of teamwork is simply to follow directives from management, then there is less potential for placing value on colleagues. Such devaluing, is unlikely to enhance workers potential for independence.



## SVQs

The lack of independence experienced by most workers raises questions about the range of practice which is actually being assessed as competent. If staff have no real autonomy and are simply implementing decisions made by managers, then what they are being assessed on, is their ability for 'execution' rather than 'conception'. The focus on execution or doing, rather than conception or thinking, is supported by the exclusion of learning within SVQs, as highlighted in Chapter One. Of course, it is important to recognise that working within a staff group and a hierarchical structure, may greatly diminish levels of individual autonomy. However, the limited extent of decision making responsibility or any real autonomy within the workplace, appears to leave many workers feeling quite powerless. Such powerlessness within the residential context contrasts to the activities outwith the children's home, especially when on holiday. What was significant about periods outwith the children's homes was that the empowerment of staff was communicated to the children, primarily through giving them more responsibility, which was in turn, mirrored by considerable improvements in their behaviour.

The question therefore, is how can workers be assessed as competent when they are effectively dis-empowered by the environment in which they work? The only areas where most staff felt some autonomy in the children's home related to the mundane every day tasks, such as housework. Undertaking SVQs in an environment which excludes any potential for independence or autonomy, may therefore reflect a very narrowly defined notion of competence. Competence which involved being able to make judgements, or analyse the complexities of residential life, were marginalised by the 'doing' of the relatively straightforward tasks, which had become more or less habitual. Although constraints of the residential context may limit what can be assessed as competent, there was no evidence that experience of SVQs enhanced workers' feelings of independence.



## **Received Feedback About Work**

To achieve and maintain competence, workers must receive accurate feedback about work. It was previously highlighted, that unless workers have some degree of clarity about their role, and consensus from colleagues over goals, then confusion regarding responsibilities is likely to prevail.

Comments by workers suggest that both the quantity and quality of feedback varies considerably within the children's homes. The most common areas where staff received feedback related to their direct work with the children (i.e. 'school attendance', 'challenged child's behaviour') and administration tasks (i.e. 'writing reports', 'administration'). The remaining areas where staff gave examples of feedback, incorporated various aspects of practice (i.e. 'changeover', 'planning shift in advance').

Slightly over half of the staff stated that they rarely received any feedback about their practice.

In this job you don't get feedback. You do a report or a piece of work, but you rarely get anyone saying that was a good piece of work, or you could have done this or that. It just doesn't happen in here.

The level of formal supervision, in which feedback is a crucial feature, also appears to vary considerably. Few workers said their experience of supervision had been positive and frequent. It would seem that the levels of supervision experienced by residential workers is somewhat sporadic and dependent on the commitment of the supervisor, rather than any implemented policy within the children's homes. Even within a children's home, the level and quality of supervision often varied quite dramatically. A worker with positive experiences of supervision stated:

We get good supervision and it's not too formal. Usually every 4-6 weeks. The last manager, it was usually 2-3 months. We've been quite lucky in here



with supervision. I know in the bigger units, it often doesn't happen because there is so many staff. But it's good in here.

Another worker in the same children's home had very a different view of supervision:

I've not had supervision since the new manager arrived. Every time I'm supposed to get it, something crops up. Today he's away to a meeting.

Of particular interest, was the level of apathy towards supervision. Many workers felt that they had not benefited in any way from supervision and did not view it as something of particular importance. Several workers stated that their supervisor<sup>13</sup> had not been trained to give supervision and was unsure of what to do. Consequently, supervision had often resulted in a 'chat' or a 'moaning session', with nothing very constructive emerging in terms of personal development or practice.

Those workers most eager to receive supervision, were generally new to residential care, or staff who had previously experienced good supervision. A worker who had experienced good supervision in a previous work setting, although not in a children's home, stated:

But it's the lack of support, that adds to the stress. I went through a bad patch last year and I got no support. No one gets supervision. Now the manager's went on a supervision course, maybe he'll start, but it's not happened yet. The last place I worked ... the supervision was frequent and very good. It was seen as an essential part of the job. There's a new temporary worker, totally stressed out and she hasn't had supervision. I don't think anybody feels as strongly about supervision as I do, but it's because they've never had good supervision before.

The lack of feedback, whether informally or within supervision, may have considerable impact on workers motivation and morale. A worker who experienced little feedback or supervision, commented:

... and there's never any feedback from the management team, well it doesn't happen very often. Formal supervision is maybe once a year. If the help or feedback's not there, it's difficult to know when you're doing well. You get disheartened very quickly.

Knowing when 'you're doing well' may be further undermined by the fact that supervision and feedback was often associated with problems or difficulties.

#### Focusing on the 'negative'

Essentially, comments from workers would suggest that feedback may be rarely used as a means of reinforcing or praising good practice:

You don't get much. It doesn't really happen in here, except when you do something wrong. I did get positive feedback when I dealt with a child who had been stealing. That was nice.

If feedback is generally more forthcoming in relation to negative issues, then workers may (due to other 'priorities') be less motivated to request supervision, or rearrange it, when it is cancelled. Where is the motivation for workers to participate in supervision if it is no more than a chat, moaning session or when it focuses disproportionately on negative issues? This may be of particular significance given that workers have little independence or autonomy. Essentially, if workers feel unable to change the focus of the supervision session, or deal with what they consider to be the real priorities, then 'avoiding' supervision may be the preferred strategy. As a result, supervision is generally infrequent, workers receive minimal

---

<sup>13</sup>Depending on the size of the children's home, supervisors were either senior residential workers, deputy unit managers or unit managers,.



praise for good practice and only 'expect' feedback when something has gone wrong.

Some staff did however, differentiate between their colleagues and management in relation to feedback about good work:

I mean I don't want to seem cynical, but you don't ever get feedback when you've done a good piece of work. You do get it from your colleagues, but you don't get it from above.

Receiving feedback from colleagues is likely to be an important aspect of any work. It may be particularly important in residential care given the complexity of issues which staff are often forced to deal with and the lack of feedback they receive from management. However, feedback from colleagues may be insufficient to cope with the demands of residential care. Many staff were conscious of focusing on the negative aspects of their work, and they often 'apologised' for doing so.

You've got to have a lot of patience and a high degree of tolerance. To be called a fucking bastard and a cow day in and day out. But as well as that, there's such good times, but there often wasted, because you get so caught up in the negative things. And because there's no supervision, no one tells you well done. You really need that ... to be told when you're doing a good job.

Several staff believed the lack of feedback was a significant factor in their preoccupation with the more negative features of work. Even after serious incidents, which sometimes resulted in one or more children being physically restrained, feedback was often inadequate.

There's various things that get you stressed in here. For me, its the lack of debriefing after serious incidents, being left alone to deal with serious

incidents and never being told if you're doing it right or wrong. You're only judgement is yourself, and well, if the same kind of incidents come up time and time again, you get an idea of learning as you go.

The lack of debriefing after certain incidents has a number of implications, one of which is the nature of feedback which workers give to management.

### Misinforming the management

If as previously noted, workers often only receive feedback when 'you do something wrong', then this may greatly influence what workers 'feedback' to management. In order to highlight this issue, it is useful to consider a particularly emotive issue for staff; the physical restraint of children and the procedures for dealing with violent incidents, namely Therapeutic Crisis Intervention <sup>14</sup>.

Most staff had been trained in the use of TCI and there was a mixed response regarding its effectiveness. Those most positive about it generally believed it was a 'step in the right direction' given the majority of staff had not received any prior training in dealing with violent and challenging behaviour. A worker who was very positive about the TCI stated:

TCI was a great course. The first two days on prevention was brilliant. The course itself was a good laugh, especially the physical restraint... Folk enjoyed it. Before TCI, I'm surprised more young people weren't hurt. But even the TCI doesn't work all of the time. It doesn't take into account if someone's really out of control, or if they're going to hit you with something. Again, it doesn't deal with when a few kids are getting restrained, splitting them up. TCI is more to do with one child at a time. But

---

<sup>14</sup>Therapeutic Crisis Intervention (TCI) claims to offer a skills based training in the management of challenging behaviour of children in residential care. Its central goal is to train workers to intervene in times of crisis and in a therapeutic manner which will 'help children develop new responses to their environment that will enable them to achieve a higher level of social and emotional maturity.' (Therapeutic Crisis Intervention: Participant's Workbook, 1995, p. 5)



it definitely helps, especially doing the Violent Incident forms, because you write you were doing the TCI method.

Some staff who were positive about the TCI were confused and unsure about certain features of the approach:

In the TCI procedures you're not meant to communicate with the kids during a restraint. Sometimes that works but other times it makes the situation worse. If you're silent it can bring calm to the situation, but other kids want you to talk to them so they can vent of their anger. It lets them vent their anger in a verbal way, without resorting to more physical ways.

Other staff however, were very critical of TCI:

TCI was complete nonsense. It's not changed anything. I think it's disgusting the way children are restrained. All that has happened is that workers have changed the way they fill in the Violent Incident forms. The forms get TCI, but it's not done in reality. Some staff have just become more controlling over the children ... TCI gave them a licence to restrain. Anyway, it's not really surprising, the course was a waste of time. Some staff liked the TCI, but then some staff are also into controlling. To me restraining is often violent and often it's not needed. You can talk rather than restrain.

While there are likely to be differing views and interpretations of any training programme, of particular significance here, is the limited opportunity for staff to address the confusion and problems surrounding the TCI approach. In particular, the view that 'the only thing that gets TCI is the Violent Incident forms', was expressed by several workers and raises crucial issues regarding feedback. What staff do in practice and what they write on paper may be quite different. The problem for managers is that the information they read on the Violent Incident forms may bear



little relevance to what actually happened. The central issue therefore, is that inadequate feedback for workers, whether it is informal, or as part of supervision, does not only affect their practice, it may distort the nature of information those workers then share with management. This may become particularly acute if workers seldom receive feedback about good practice. That is, workers may be less willing to be open and honest if they believe that management will only focus on the negative issues.

### SVQs

The limited feedback workers receive, even after serious incidents, has implications for the practice on which they are being assessed as competent. It was previously noted that workers criticised assessors for focusing on the PCs rather than help them understand their practice. This lack of feedback, specific to SVQs, appears to reflect a more general absence of feedback within children's homes. For many workers, the only occasions when they received feedback was when 'things went wrong'.

Therefore, when workers are undertaking SVQs, the only aspect of their practice which they receive feedback on may be in relation to negative issues. This focus on the negative, although not necessarily by their assessor, may be reflected in the assessment process: if workers are more conscious of the negative aspects of their practice, then it is more likely that this is what they will consider for assessment. This might explain, at least to some degree, why workers expressed such negative views of SVQs and in particular their resentment at having to do SVQs in their own time. If workers disproportionately focus on negative issues in their everyday work, SVQs may serve to increase their awareness of such negativity. Such preoccupation with negative issues is unlikely to be a motivating factor, especially when home study is expected.

Despite the importance of receiving feedback, there was no indication that workers who were undertaking, or who had completed SVQs, were able to alter the frequency or quality of feedback, especially in terms of formal supervision. Therefore, being assessed as competent appears to take place in a context in which



workers are unable to resolve conflicts, evident, for example, in their sense of powerlessness and the distortions of information they feedback to management. Whilst there may always be some ambiguity and tension regarding the precise nature of roles in residential care, workers' experience of SVQs did not appear to have helped them deal more effectively with important difficulties.

### **Felt Particularly Challenged**

Competence requires workers to feel challenged by the tasks they perform. Workers must, as previously noted, feel challenged by tasks, otherwise the potential for creativity is lost to the more mundane, repetitious and boring features of work.

The tasks and activities where staff felt particularly challenged related primarily to children (i.e. 'constant abuse', 'violent incidents', 'physical aggression', 'threatened by resident', 'building new relationships') and interpersonal issues with colleagues (i.e. 'conflict with colleagues', 'politics of department', 'supporting staff regarding violence'). Less cited areas which staff identified as being particularly challenged included a variety of issues (i.e. 'false allegations', 'changeovers', 'returning after sick-leave').

Given that the overwhelming majority of issues identified by staff were negative, it would appear that staff do not often feel particularly challenged in relation to positive aspects of their work. In particular, approximately half of the staff identified violence and disruptive behaviour in this category, which suggests that this is a dominant area where staff feel particularly challenged.

### **Violence towards staff**

Assessing the nature of violence within children's homes is complex, especially when information about incidents, as noted above, may be distorted. However, it would appear that in most of the children's homes, staff suffered from ongoing verbal abuse. Many staff seemed to accept the verbal abuse as 'part of the job'. Less



frequent, and much less `accepted`, was the physical violence from the children, as noted in the following comment.

... there's been a few bad incidents lately. A couple of weeks ago, there was only 2 staff in, and they were restraining a kid when the rest decided to take a maddy. They didn't have a hope. Too many kids and not enough staff. But it has been like that for years. It will never change. And I don't intend to endanger myself if something happens. I've had my fair share. I've had my assaults and I don't want any more.

When asked how long it had been since last being assaulted, the worker replied, `about 6 weeks ago'. The assaults on staff cannot be understood simply in terms of children taking a `maddy'. Another staff's comment, on a recent assault, highlights this point:

It's really bad in here just now. I've got a bruise on my arm from holding a child's legs during a restraint. Another member of staff held the child's upper body, yet the child continued to spit on my face. I've not done the TCI yet, but it doesn't work well, well not from what I can see. I'm going on the course in a few weeks time. What we were doing wasn't TCI.

This comment raises a number of issues. Firstly, the assault occurred during a very disruptive period in the children's home. Secondly, one of the workers involved in a physical restraint had not received the necessary training<sup>15</sup>. Thirdly, the worker differentiates between what they were doing and the TCI procedures. These issues serve to highlight certain cultural and organisational aspects that must be taken into consideration when examining those factors staff find particularly challenging. Therefore, although staff identified an aspect of their practice in terms of what they found particularly challenging, it often related to a number of issues. For example, the constant contact with the children was often considered particularly challenging:



When there's a full house it's constant. You don't get five minutes to take a break. You don't get a lunch break to go for a walk. It's constantly in your face. I mean you know that they're not really angry at you. They're upset because of all the other stuff, but when it's constantly in your face, it's difficult.

Exacerbating the violence and confrontation was the belief that children's needs were not being met.

We don't have the time to do any work with any of the kids on an individual basis. They come in here and we don't deal with their problems. You know, the reason they come in here. What usually happens is they just get worse. It's bums on beds. We've no resources to do anything. All we're doing is containing the kids.

Factors such as violence, especially physical assault, may be deemed as 'challenging' for staff, not solely because of the risks of injury, but because they were unable to effectively address the problematic behaviour. Being unable to attain meaningful goals, especially in dealing with the children's needs, has already been discussed, however, it may have particular significance when the inability to address violence often makes the situation worse. Without meaningful goals, how can staff give any purpose or momentum to coping with the levels of violence?

Particularly frustrating for many staff, was that they, and everyone else, knew what the child needed. Yet for various reasons, the child's needs remained unmet. None of the workers interviewed presented themselves as 'experts' or highly knowledgeable in subjects such as psychology, or sociology. Neither were they disputing the judgements or decisions of the 'experts'. What they did claim to be

---

<sup>15</sup>This worker had completed SVQs and had been in the children's home for almost one and a half years.

knowledgeable about was the children. Moreover, they were angry and frustrated that nothing was being done.

The view that actual work with the child was minimal in terms of dealing with their identified needs, was augmented by the belief that children or, situations had to become such a priority, or effectively a crisis, before any intervention took place. The following account, by the same worker quoted above, gives an insight into the potential for escalation of events:

Everything in this department's reactive, not proactive. But that's always been the case, they [management] react rather than plan. They wait till the shit hits the fan, then they react to it. That drives me mad, especially in here, when you can see it coming. We work with the kids day and night so we know how they are going to cope with things. And we know if a kid is having difficulties ... So rather than get support from the social worker, who is always too busy, the situation deteriorates until it causes a crisis. Then the child is a priority and so the social worker visits. But then it's too late, the damage is already done. Bang! The kid's went through the roof. We wait till the kid's smashed the lamp over the staff's head, then we might see the social worker

The tendency for staff to focus predominantly on negative issues regarding the practice they find particularly challenging, may reflect the way children's homes are structured and organised, including, as previously highlighted, the lack of feedback, rather than the attributes of an individual worker or child. If intervention is unlikely to occur until a crisis situation arises, then such situations might preoccupy much of workers' thoughts. Events leading up to, during, and after a crisis situation may marginalise opportunities for workers to intervene in more positive areas of children's lives. Subsequently, dealing with the crisis situation may effectively de-prioritise the potential for interacting with children in relation to the more positive aspects of their lives. Therefore, although many of the children have severe



behavioural and emotional problems prior to entering care, the residential context may accentuate these problems by failing to reinforce the 'positives' in their lives. If staff have little opportunity to undertake challenging work in the more positive areas of the children's lives, then it is difficult to see how children can become more equipped to deal with their behavioural and emotional needs.

### SVQs

Recognising the limited areas of work where staff feel particularly challenged, may explain why so many staff expressed such negative views about SVQs, especially regarding their irrelevance for practice. If workers feel particularly challenged, primarily when dealing with violence from the children and feel unable to meet their needs, it may be reflected in the assessment process. Evidencing practice to demonstrate competence which is related to violent incidents and where little opportunity exists for more pro-active work, may result in workers' awareness levels being more focused on negative issues. This is not to suggest that staff do not deal with the children in relation to positive issues, or that staff are unaware of focusing on negative issues. However, if staff are unable to give the necessary input to the more positive areas of work, which they find challenging, then it is unlikely that they will experience the assessment of competence in such areas as sufficiently stimulating.

There was no evidence to suggest that experience of SVQs helped workers to shift the focus of their work to more proactive forms of intervention, or that they were better equipped to deal with violence from the children. If staff only feel particularly challenged when dealing with more negative issues, then there would appear to be important areas of practice where there is little opportunity to be assessed as competent. Not being able to address these areas of practice, may account for the belief that SVQs had little relevance for practice. It should not be assumed that SVQs were irrelevant to practice *per se*, but rather, have little relevance for those aspects of practice which staff considered a priority.



### **Felt a Lack of Interest at Work**

Competence may be undermined if workers feel a lack of interest at work.

Therefore, as previously noted, unless workers have the necessary interest in their work, it is unlikely they will be able to maintain sufficient motivation to develop and sustain working relationships with the children.

The tasks and activities where staff felt a lack of interest in work were specific to three main areas: domestic chores (i.e. 'cleaning up', 'washing dishes'); administration (i.e. 'paperwork', 'reports'); and interpersonal relations with colleagues (i.e. 'lack of support', 'management', 'staff meetings', 'nit picking by senior'). Less cited aspects of practice where staff felt a lack of interest related to a variety of incidents and personal experiences (i.e. 'too much pressure', 'no consequences for unruly behaviour', 'Christmas time', 'partner's illness').

Domestic chores and administration tasks were significant, because they were considered by staff to be boring and repetitive. The issue of domestic chores was particularly acute in one of the local authorities, which was planning to remove all domestic workers from the larger children's homes, leaving these tasks to the residential staff. Although they were told that such changes were considered good child care practice because it would create a more 'normal' environment, most staff believed it was merely another 'cost cutting' exercise. Moreover, staff felt there was more pressing areas in which practice could be improved:

A major issue though is the health and safety due to violence from residents. Management don't want to deal with it... Everything is cost cutting, their even getting rid of domestics.

While staff recognised the importance of such activities, much resentment seemed to relate to the fact that, as previously noted, these were the real priorities within the children's homes. For example, when a crisis situation occurred, some staff believed



they were unable to deal with it adequately because they were still expected to complete the various administration tasks.

Trying to fit everything in. I love this job, but sometimes when you're trying to deal with routine stuff like meetings, doctors appointments. That's no problem. But it in between all that you get someone blowing up who needs to talk to you, needs a lot of time ... The most important thing is to be with the kids when they need you. But you've still got to do all the other stuff. There's not enough staff. When it's calm it's fine. But when it's bananas, they really should bring in more staff. Even one extra staff would make a difference. Yesterday for example, we had two staff on the floor during the team meeting, but that wasn't enough because two children had to be put in their rooms for time out, so that takes the two staff.

Not being able to undertake the tasks which staff themselves identified as the priority seemed to adversely affect their motivation. Motivation was particularly undermined when staff were prevented from providing what they considered to be appropriate support. The following comment in relation to education highlights this point:

Just now we've got all the kids at school. But when I first came here we went through a full year with all eight kids not attending any education. We were their teachers, and we made up time tables and spent loads of money on books. Then the District Manager said it was to stop, that we weren't to be their teachers. So we were told just to contain them. It was really difficult, so stressful. No one was willing to take them on at school. At the time, the education officer was leaving his job and by the time the new guy started, there was a huge back log of kids needing school places and our lot went to the back of the queue. They were out of school for ages. One of them was out for a full year. At that time there were only two staff on.

Whilst the appropriateness of residential workers undertaking a 'teaching' role is clearly an issue, the withdrawal of what they believed to be support without replacing it with any alternative strategy, had considerable impact on motivation and morale.

### A culture of apathy

Not being able to give the children the necessary support may create a tendency for some staff to resign themselves to accepting a working culture which is not in the best interests of the children. An illustration was provided by two joiners who were refurbishing one of the children's homes during the interviews <sup>16</sup>. One of the men commented:

What's going on in this place? You can't leave anything lying about- they steal your tools. One wee guy climbed in through the kitchen widow and stole the super glue ... He was squirting it on everything... Then he started sticking cling film to the toilet seat. That bigger boy through there is a cheeky wee bugger. The staff can't control them. Why are they not at school?... They shouldn't be hanging around here while we're working. It's the same faces we see every time we're in here ...

The problematic nature of the children's behaviour was also commented upon by the other worker:

---

<sup>16</sup>Due to the staff having to deal with an alleged assault by a workman prior to my arrival, I was requested to wait in a room, separate to the main part of the children's home. When in the room, two joiners entered, and carried out work as part of the refurbishment of the children's home. Whilst doing so, they began talking about some of their experiences since commencing the work approximately three weeks ago. Some of their comments were recorded, without their knowledge, and give an 'outsiders' view of the children's home. There are of course, ethical issues in using information provided by people without their consent, especially when it is audio recorded without their permission. However, given that confidentiality is being maintained, it was decided to incorporate some of their comments.



We had to be locked into a room when we were having our dinner, so the kids wouldn't annoy us.<sup>17</sup>

What these comments highlight, is that certain aspects of residential life may be so routine for staff, that they become quite apathetic and disinterested. If workers feel they have little opportunity to effect change, then their motivation may decline significantly. For example, none of the staff in the children's home seemed to attribute any real importance to the fact that the children mentioned by the two workmen were not attending school on a regular basis. Essentially, it had become part of the normal day-to-day life of the children's home. It was only when the workmen 'arrived', that the normal routine was disrupted and the problem of school 'emerged'.

Such apathy however, was not specific to a minority of individuals. Many staff recalled their initial enthusiasm when they 'started the job', but noted how 'it was short lived'. It would appear that many staff had resigned themselves to what they considered the 'reality of child care':

A lot of the staff in here just do the same thing day in and day out. They don't analyse why they do certain things in a particular way. I guess it's to do with confidence, but it also wears you down and after a while you switch off. It's sad really, the staff in here are really bright, they live full lives and have their own families, have interesting hobbies, some are really good at sport, yet they get treated like children when they come to work. They're treated as if they're stupid and I think they just back off, otherwise they might start believing it.

---

<sup>17</sup>Unfortunately, the segregation tactics were ineffective. During the interview, the member of staff said that one of the children had been assaulted by one of the workmen earlier in the day. Apparently, the man had grabbed the child by the throat. This particular child, according to the member of staff, had been 'winding the man up for weeks', and had been 'really cheeky' with him.



'Backing off' is hardly conducive to establishing meaningful relationships with children, and it reflected a sense of powerlessness that was not restricted to direct work with the children.

The sense of powerlessness was equally evident in their interpersonal relations with management. An example was provided from a worker's account of a 'staff development' programme. The three day programme was intended to help staff address some of the main difficulties affecting the team. The worker's comment gives an indication of her feelings about the way the session was organised:

All the staff were there, along with the Senior Child Care Officer [Line manager to the unit manager]. It was so awkward because no one would speak out, because she was there. They just sat with their heads down ... When I spoke, she just rubber eared me. It was a joke, the two trainers said that everything was confidential and that anything discussed would not be taken outside the training centre. What rubbish. If you criticise the management anywhere, they're not going to forget it ... That was stressful, being bloody exploited and then told to discuss it with the very ones who'd given us a hard time. I went home feeling ill. These development days are silly games ... they don't deal with the real issues. And more often than not, they just open up old wounds, but don't help to close them.

A feature underpinning the sense of powerlessness was the way in which certain decisions and procedures were implemented, irrespective of the staff's views. A worker's comment, about the appropriateness of a particular placements for a child, reflected a commonly expressed theme:

The two beds we've got downstairs is for independent living. But during the week we were told to take a kid who was much too dependent. Basically, it's bums on beds. We had space and they've filled it. It doesn't matter to them that the bed available is for someone who is more independent. But it



matters to us. It means that when two staff are on shift, they've got to cover upstairs and downstairs. The doors down in the independent living open to the outside, so how are we supposed to monitor who's coming in and out of the building. It's crazy. They just don't listen. They tell you that admissions will be planned and all that, but when it comes to the crunch, you get whatever they give you, whether or not it's suitable to the client mix.

For this particular worker, the ethos staff were trying to establish, was undermined by placing the child in the part of the unit which was intended for more independent children.

The 'bums on beds' approach, which gave little consideration for the appropriateness of the placement, was also commented upon in terms of numbers of children. This was particularly problematic in one of the smaller children's homes:

There's been loads of changes, but we've got 9 kids in, and that's too many. This is only an 8 bedded unit. We had to change the contact room into a bedroom. There's so little space in here.

When asked where 'contact' between children and their families takes place, the worker replied:

We use the play hut<sup>18</sup>. That's it in the garden.

### SVQs

Being assessed as competent in relation to work where staff feel a lack of interest, may provide an insight into why many staff believed SVQs focused on the 'trivial'. The two main features underpinning the work which staff felt a lack of interest, were boredom and powerlessness. The view that SVQs were boring cannot therefore, simply be reduced to the SVQ format. If the day to day practices within residential



care mean that workers spend excessive amounts of time and energy doing administration tasks or housework, then it seems likely that there is less opportunity for them to be assessed in tasks which they are interested in. Although administration and housework are important, if other more interesting areas of work are denied, especially when children are displaying violent behaviour, then such tasks may become quite trivial by comparison. Moreover, undertaking repetitious and mundane activities may affect morale, not simply because such tasks are boring, but because the tasks were part of the day to day routine which failed to meet the children's needs. SVQs did not help staff to effect change in this situation, but instead, assessed them as competent, even when they had low morale and felt quite dis-empowered.

Dis-empowering staff, for example, by excluding them from decision making, also has certain consequences. In particular, the powerlessness associated with the areas of work which lacked interest for staff, may 'spill over' into those aspects of work which staff do view as important. For example, it was noted that many staff were resigned to the fact that certain children would not regularly attend school. This is not to suggest that they thought this was normal, but rather their 'belief' that they could do nothing about it was normal. Such apathy in relation to key aspects of work, appears to be linked to what was previously highlighted as the 'reality of child care'. Of course, it would be wrong for workers to have complete responsibility in deciding the priorities in residential work, or that they should not undertake boring or repetitive tasks. Nevertheless, to deny workers involvement in what they consider to be more interesting work, may not only affect their motivation in working with the children, but places constraints on what they can be assessed as competent.

### **Support From a Colleague**

Achieving competence within a team-work setting requires support from colleagues. As previously noted, support, especially from colleagues and supervisors, is

---

<sup>18</sup>Due to the lack of space in the children's home, the 'play room' (a large shed) in the garden was also used for 'contact' between children and their families.



essential in sustaining the emotional involvement necessary for the constant and often intense demands of the helping relationship.

Dealing with the negative behaviours of children accounted for approximately half of the areas cited by staff in relation to where they got support from a colleague (i.e. 'being assaulted', 'explosive situations', 'restraining young people', 'aggressive incidents'). Other areas included interpersonal difficulties between staff (i.e. 'conflict with another colleague', 'challenging manager') and administration duties (i.e. 'Action Plans', 'paper work').

Dealing with violence and aggression was the most consistent aspect of practice where staff received support from colleagues. No staff mentioned any violent incident where they felt they had not received support from colleagues. Staff were very conscious of the risks of violence and seemed to take precautions if there was a potential for violent behaviour. This included simple communication skills, such as making sure colleagues know each others whereabouts in the building.

When you're on your own ... say downstairs, and you receive threats and intimidation, it's really difficult. You're dealing with 17 year olds and sometimes their friends. You've got to pretend you're not frightened, but they're sometimes on drugs and they've got pool balls in their hands. You've got to make sure you don't get isolated.

Whilst receiving support in dealing with such negative behaviour is crucial, there was less evidence of support in other areas of practice.

#### Interpersonal issues

There was less evidence, for example, of support in coping with interpersonal matters. Given the complexity of issues within children's homes and the emotional demands on residential staff, it is perhaps not surprising that tensions, conflict and disagreements were not uncommon. Yet these were not areas where staff seemed to



receive much support from colleagues. Similarly, despite the priority given to administration tasks, there was less evidence of any support between colleagues when dealing with problems. For example, a worker with less than one year's experience of residential care (who had not commenced SVQs) stated that she had difficulty compiling Care Plans and giving changeovers:

I find changeovers difficult. Having to remember everything about the children and what's been happening. It's especially bad when you're short staffed ... I never seem to get time to do Care Plans. I set aside time, but because it takes me so long, I feel guilty. Other staff can do them quicker than me, so I feel guilty if I'm away doing Care Plans for too long. But it's an important part of the job and something I want to master. I don't know what they expect, maybe I just don't listen. I don't know.

It is important to recognise that most inexperienced individuals will have difficulties doing certain tasks. As they gain experience, they are likely to develop more skills and many of these tasks will become more manageable. Of particular interest, in relation to the individual mentioned above, was the tendency for blaming herself. Yet, when asked if she received any formal supervision, the worker replied:

Not really, I've not had it for a while. I've had it three times since I arrived. But I don't think it happens much.

How is this worker to develop the necessary skills and build on existing experience without adequate support? Not only is the individual receiving inadequate formal supervision, the level of support from colleagues does not appear to be particularly forthcoming.

The lack of formal supervision did not always reflect inadequate levels of support at a more informal level. Several workers who did not receive regular supervision stated that their line manager was highly supportive. The nature of the support which



defined a supervisor as `supportive', usually related to their ability to cope with violent, or potentially violent, situations. The skills of managers and the support they provided when dealing with the more difficult situations in the children's home, was, for many residential workers, more important than the absence of regular formal supervision.

### Low staffing levels

For the majority of staff, the main factor associated with the lack of support was low staffing levels:

There's two staff in here this morning and we've got four kids in. They're all school age, but they don't go. There's a meeting at 10.30 am. and another at 12.30 p.m.. That leaves one staff with the four kids. If they start acting up, you're on your own.

Being alone, even with small numbers of children, was not only problematic for staff in terms of control issues, but also in relation to their own vulnerability from allegations.

The staffing levels are supposed to be one staff to three and a half children. The main thing is not to get isolated. If they're lying in their beds to midday, hung-over, and you're the only one upstairs when they get up, it can be difficult. When you're on your own, that's when the accusations start to fly. It's when the kids target the staff.

Essentially, staff feared that their own isolation made them particularly vulnerable to allegations from the children. A worker who had recently been subject of an allegation, gave his views on the incident:

A kid made a complaint against me, but luckily there was another member of staff there. The young person didn't mention that when she made the

complaint. She accused me of belittling her and laughing at her because she was dogging school. It's one of these things, you're the good guy one day and the bad guy the next ... When I was spoke to, I felt it was the unit [manager] and depute manager versus me. They told me what the kid had alleged and all that, but as soon as I told them there was another member of staff with me, everything changed. Oh I didn't know that, they said. The whole tone of the meeting changed instantly. That's the worrying thing. The kids can make complaints in here whenever they want. They start and stop, and they know it has an effect.

The worker who witnessed the incident, also expressed his views about the issue of allegations.

There always seems to be the assumption that because a young person makes a complaint, then it's true. Just last week a girl made a complaint against one of the workers. I was there and it was totally false, but the way you get questioned. You're being dead careful in what you say because you don't know what they're going to read into it. It's not nice. Young people in here fire in complaints about very little. And it's right their complaints are heard, but they should listen to the other side before they start making assumptions. It's like an interrogation. That's not good for morale.

Dealing with allegations made by children is highly emotive and requires great skill and sensitivity on behalf of the personnel investigating the incident. In environments where there is often low levels of feedback, support and supervision, any attempt to make a thorough investigation may be undermined by a culture of suspicion and fear. Such environments are not conducive to proving or disproving an allegation, protecting children from abusive staff, or supporting staff when false allegations are made.



Inadequate support may be a particular source of stress. In one children's home, several staff were under investigation and their comments suggest they had inadequate support. The lasting effect of inadequate support, during such stressful periods, is evident in the following comment:

When the investigation was going on, it just felt meaningless. That wasn't my own one. The whole unit was investigated. Everybody was just so fed up with the whole thing. It actually started off with the kids in the unit. They were really a bad mix. But nobody listens. It started off with two young people making complaints about staff. But it was never really resolved because they just sent a letter, each typed out exactly the same, except for your name at the top of it. It just said nothing else will be done about this matter. It wasn't very satisfying. Not, we're sorry for your inconvenience or anything like that. We all felt really down.

Stress, morale and low staffing levels were linked to absenteeism. Staff absence did not appear to be uncommon. A worker in one children's home stated:

... this is the first time [March, 1999] we don't have anybody off sick since October [1998].

During this six month period, there had been at least one individual absent without any additional staff provided.

#### More overtime

Rather than provide a replacement worker, it would appear that existing staff undertook more overtime. This was common practice, for example, in another children's home a worker stated:

We're going through a really unsettled period just now. We've lost three staff since the last time I saw you, and two others are off sick long term. They've refused to give us temps, so we just do loads of overtime.

Undertaking 'loads of overtime' in a children's homes is unlikely to address the problem of low staffing levels. Although it may provide a short-term solution in that shift rota is 'covered', there are implications. A worker in the same children's home as the individual cited above, discussed certain difficulties linked to the low staffing levels.

It's been real difficult. We've had real problems with the neighbours. It got really bad about three or four weeks ago. The councillors were involved and the neighbours tried to shut us. They were really serious. There was vigilantly groups. We had to physically stop the neighbours coming into the building. The kids in here were causing mayhem, putting in windows, swearing, drunk. Just giving abuse to the neighbours. It's been difficult for the staff. They're all really run down. It's a catch 22. You're in the run up to Christmas and staff need the money, so they work overtime, but they just run themselves into the ground. Burnt out.

Any overtime usually consisted of a worker undertaking an additional shift, and in a small minority of cases, it involved workers remaining in the children's homes for considerable periods of time. For example, a worker interviewed on an early shift, was returning later that evening to do a night shift (not a sleep over), followed by an early shift the next morning. His reasons for such long hours were:

I'm on a night shift tonight and an early shift tomorrow. It's money in the bank. I'm only doing it because there's no-one else to do it.



Not only was this worker missing a night's sleep, he was continuing to work an early shift. In a thirty hour period, he would be on duty for approximately twenty four hours.

Similarly, another worker, when giving reasons why he felt 'burnt-out' commented:

I think the time you're here. I'm doing a sleep over tonight and then a double shift and then I'm on a back shift on Christmas day. I'm constantly hoping it's quiet, so I can get a sleep. But you never sleep the same when you're not in your own bed. It knocks your body clock out. You feel tired every time you come in.

Such overtime meant that the worker would be in the children's home for over thirty hours.

Although such long hours were relatively uncommon, the 'sleep overs' often meant that staff finished a back-shift, remained in the children's home for a sleep over and commenced an early shift the following morning. As a result, it was not uncommon for staff to be in the children's home for periods up to twenty four hours. Working such long hours within the children's homes, is hardly conducive to good child care practice, and is unlikely to deal with the underpinning reasons attributing to low levels of staffing and support.

### SVQs

The lack of support workers receive may present difficulties in demonstrating competence. It was noted that support from colleagues was most dominant in relation to violence from children. If support is not available for other areas of practice, such as interpersonal conflict between workers, then it may limit the potential impact of SVQs. This lack of support occurred in a context in which staff often felt extremely vulnerable to allegations from children and where new members of staff did not always receive regular supervision. If workers are not able to address



such issues because of inadequate support, then it is an important area where they cannot be assessed as competent. Therefore, without the necessary support, important aspects of their practice may be excluded from the assessment process. In particular, the lack of support may undermine their ability to sustain the necessary emotional involvement in working with the children. This may explain why workers often had difficulty maintaining enthusiasm for SVQs. The enthusiasm workers did have, seemed to be reserved for completing the book and searching for PCs, rather than improving practice. Recognising why SVQs were considered irrelevant, may require an understanding not only of the fragmented nature of the SVQ format, but the inadequate levels of support that constrained the areas of practice in which staff could genuinely be assessed as competent.

A residential culture which lacks sufficient support, may also explain why so many workers had difficulty completing SVQs. Although staff often discussed SVQs, which as previously highlighted, was a very positive feature, actual benefits may be undermined by the lack of available support. For example, study time was often delayed or cancelled because of disruptive periods and low staffing levels. As a result, there was increased pressure to spend more time doing SVQs at home- where there is no opportunity for discussion with colleagues. Moreover, demands to spend more time in the children's home doing overtime, whilst being expected to complete SVQs at home, seem somewhat contradictory. Not only do workers have less time to do SVQs, the overtime tended to be in response to 'negative' issues, rather than more pro-active work. Again, this may be significant in workers having less opportunity to be assessed doing more positive work.

### **Felt in Control**

Competence requires workers to feel in control at work. As noted previously, levels of control must be sufficient to enable staff the responsibility to make decisions relating to work.



Direct involvement with the children accounted for slightly more than half of the areas where staff felt in control. Most of these referred to positive forms of interaction (i.e. 'building relationships with kids', 'counselling young people', 'discussing feelings with the kids', 'children's leisure'). A minority related to negative forms of interaction (i.e. 'during physical restraint', 'absconding girl'). The remaining areas cited by staff in terms of where they felt in control included: direct work with colleagues (i.e. 'giving advice to colleagues', 'changeovers'); dealing with other personnel in various settings (i.e. 'child review meetings', 'giving feedback at review meetings', 'meeting with area manager'); and a variety of other issues (i.e. 'dealing with other agencies', 'during power cut', 'clean out office').

The most commonly cited issue where staff felt in control in their direct work with the children related to leisure activities outwith the children's home (i.e. outings, holiday with young people,). As previously noted, staff associated activities outwith the children's home with greater levels of independence. The significance of being in control when outwith the children's home, is evident in this worker's comment:

I took a girl and her two brothers to Scarborough. She loved it, and the boys were doing all the activities they should be doing at their age. They weren't doing the sort of thing that goes on around here, swearing, abuse, you know. We were in the park, feeding the squirrels. That's the things they should be doing at their age. Whereas in here, they're cursing and swearing.

No single factor undermined the feeling of being in control. Instead, control was adversely affected by a culmination of demands. For example, one worker commented:

It's not just one thing. You've got all the paperwork, violent incident reports, review reports, panel reports, update care plans, plus you're expected to be on the floor all the time. And you've got to try and build up relationships with the kids. You just don't have enough time. You can't give the children



quality time. And that's difficult. I don't show it in here, but when I go home, I'm like a bear with a sore head. My friends say, if the job's going to do that to you, then you should get out. I suppose it depends on your personality. But I worry about the kids. If they've absconded, how can you forget about something like that when you go home.

Only four staff cited negative aspects of children's behaviour as an area of work where they 'felt in control'. Yet, it was previously noted that many staff felt they were often preoccupied with negative issues, especially the violence. It is plausible to assume that if workers experience ongoing violence, including the fear of violence, at their work, and it is an area where they do not feel in control, then it may have considerable impact upon their interactions with the children. However, violence may not be the main factor undermining feelings of being in control. If staff are dis-empowered for example, by being excluded from decision making, then the violence may become particularly potent. Not feeling in control, when dealing with the violence and the underlying factors, is a major barrier to sustaining emotional involvement with the children.

When comparing the areas cited by staff, it would appear that staff feel more in control when dealing with children than dealing with colleagues. No one cited conflict or confrontation with colleagues as areas where they felt in control. If staff do not feel in control when addressing such issues within the staff team, it is unlikely that they will be resolved effectively.

### SVQs

If the residential context places excessive constraints on workers' feelings of control, compared to, for example, the activities outwith the children's home, then it raises questions about the levels of responsibility workers have when being assessed as competent. The low level of responsibility experienced by workers, might account for the commonly expressed view that SVQs were an 'exercise'. If SVQs are an exercise with little relevance for practice, then the problem may not simply be



with SVQs. Instead, the underlying problem is that staff are unable to incorporate genuine competence in their work, because they have no real autonomy. If workers are constrained to such a degree that they do not feel in control or are unable to make the necessary decisions relating to their practice, then the only way SVQs could be relevant, is if they helped workers to change the residential context. Given that SVQs are an assessment of performance which is 'independent' of learning, it is perhaps not surprising that there was no evidence to suggest SVQs helped workers address their low levels of responsibility. As such, the strategy of fabricating evidence for PCs in, for example, areas which require demonstration of responsibility, may be the only realistic way of 'getting through the book'.

### **Most Stress**

Excessive levels of stress are likely to undermine competent practice.

As noted previously, emotional exhaustion and depersonalisation are responses to a range of stressors in the workplace. Therefore, if staff are feeling emotionally exhausted and unable to give their 'self' in their work, then they cannot be competent.

There were a variety of areas cited by staff in relation to where they experienced most stress. Slightly over half of the staff cited their direct contact with children as the most stressful aspect (i.e. 'verbal and physical abuse', 'children becoming explosive', 'violent confrontation', 'restraining child'). A smaller number of staff cited management (i.e. 'no management support', 'under staffed', 'unable to ask management for support', 'management') and various other areas were cited by the remaining staff (i.e. 'inappropriate placements', 'children leaving the unit').

With the exception of two staff, the levels of stress within the children's homes were considered to be excessive. Generally, staff believed the high levels of stress were linked to a combination of factors, the most common of which was violence.

### The emotional impact of violence

Although it is difficult to classify violence in terms of severity, the potential for injury was considerable. Moreover, the severity of violence was considered to be increasing:

The levels of violence of some of the clients has got much worse over the past few years. When I started thirteen years ago, it was totally different. The physical threats and weapons ... I took various weapons we had confiscated recently to the police station. One knife was 18 inches long and had dried blood on the blade.

Violence was not however, characterised by isolated incidents. The worker, quoted above, also said:

There was a time last year, when I was really struggling. There was so much violence and aggression for about three months. My head wasn't in the job. I'd realised that physically, I wasn't up to it ... This boy ... could knock lumps out of me, and the other staff would have been no help. We were all scared of him. That was six months of abuse. We kept asking District to help, but nothing happened, until of course a member of staff was seriously injured. Then the boy got moved on.

Being frightened of certain children was not an uncommon experience for staff. Anxiety, generated by the risks of injury, tended to preoccupy staff's thoughts, especially during disruptive periods in the children's homes. When discussing the levels of violence, a worker said:

With me being small, I can get away with a lot. They don't feel threatened by me. But every now and then you get a kid in who's quite detached. And it doesn't matter if they're big or not, that's scary.



The same worker also commented on how she manages to cope with the stress:

Personally, I think it's when you don't get debriefed when you walk out of the door. It's like you're a sponge, you're supposed to soak it all in.

Changeovers deal with the factual things, but there's loads of times when I've left here and had so much running through my head. You can't sleep or you wake up in the middle of the night worrying. You don't get a chance to off load. There should be times during the shift when you can sit down and talk about how you feel. I really think it would make a difference, especially when there's someone who's giving you feedback.

Although the violence was often associated with a minority of children, there were important mediating factors.

#### Shift patterns

One particular factor which mediated upon the levels of stress was the shift patterns. The shift patterns, especially 'sleep overs', were for many staff, not insignificant when the levels of violence were prolonged:

When there's a lot of violence and you have to do a sleep over, it's in your face for 24 hours. Although you might get some sleep, you're thinking about it all the time.

Doing a sleep over, especially during disruptive periods in the children's home, often resulted in situations where staff: did not get to bed until after midnight; had extreme difficulty 'unwinding' (especially when there was a likelihood that they would be interrupted due to further incidents during the night); and were expected to commence an early shift the following morning. During such periods, the main objective for staff was to 'get through' their shift. There was little emphasis on proactive, or more therapeutic forms of work being carried out. Staff were often tired and simply wanted to minimise any disruption until their shift finished. Getting

through each shift may serve to highlight the difficulty staff had in identifying meaningful goals, especially medium and long-term goals.

Sleep overs were not the only aspect of the shift patterns which were problematic for workers. A back-shift followed by an early-shift was problematic during disruptive periods because staff often had to remain late on the back-shift, which was usually not pre-arranged, and were still expected to commence an early shift the following morning.

The shift patterns are difficult, especially when there's a lot of conflict. If there's been conflict on a back shift and the kids are upset, and if you're the first person they see when they wake up in the morning, then it usually re-ignites the conflict. They've not got a chance to get a break from you. You're in their face when you leave at night and when they wake up in the morning. It just takes a few words and its off again.

'Unwinding' after a back shift was a common problem for virtually all of the workers during disruptive periods.

Some shift patterns however, may be particularly problematic for certain workers. One worker, a lone parent, stated that:

The rota we worked until recently involved double shifts [<sup>19</sup>] and it was terrible if you had your own kids to look after. There are two lone parents in here and we didn't want the rota because it meant we were away from our kids for too long and we had extra child care costs. But men in the unit out voted us because it gave them an extra weekend off, so they could get to the football. It was only after a year, that was the trial period, that it got changed.

---

<sup>19</sup>A 'double shift' would involve the staff commencing at approximately 7.30. am and not finishing until approximately 10.00 p.m. that evening. The reason for incorporating double shifts into the rota is to give the staff an 'additional' day off.



When taking shift patterns into consideration, the nature of stress and violence in residential care cannot simply be understood in terms of any 'individual' child's behaviour. If a member of staff is physically and emotionally tired, anxious about personal issues and, on certain occasions, unlikely to be home for over 24 hours, then their involvement with children is likely to be adversely affected. Violence, even from a minority of children, must be located in the way children's homes are organised and structured.

### Everyday working practices

Dealing with the stress was often difficult for staff. Not only was stress generated by a culmination of factors, it was entwined in the everyday working practices and culture of the children's home. The following comment highlights this point:

The restraining is the most stressful part of the job. When you're dealing with really challenging behaviour all the time, you get stressed out and sometimes you don't realise it. Other pressures come from people being off sick, or people being on training, and then you feel obliged to do overtime. Although it's voluntary, you feel obliged because you know that you'll need cover when you get the chance to go on training ... Coming to work on what should be your days off just makes matters worse, especially when the place is really chaotic. You get to a stage where everything just escalates and that's when the stress really kicks in ... For people who've been here for a while, it just becomes part of their normal routine, so I'm used to it. But sometimes you get really fed up, you wonder what you're walking into sometimes when you come in through the door. But it's a number of things that make the stress so bad, not just one thing.

Of particular concern, was the belief that the existing staffing levels were inadequate:

The most stressful part of the job is the staff ratios in terms of giving the kids quality time. Having planned and organised activities to structure their time is important. If you don't have the staff and resources, it's got a real effect on the kids. At least I can walk out of here and go home, the kids on the other hand, can't. That must be stressful.

Although the factors associated with stress were part of the daily routine, they often became manifest in intensive bouts of disruption followed by a more settled period. The cyclical nature of the violence may reflect the fire fighting ethos of many of the children's homes and the lack of medium and long term goals. Even when the children's homes were settled, staff were conscious of the potential for violence. Violence was, for the majority of staff, an ever-present feature of their work.

#### Watching the children suffer

Violence was not simply an issue for staff. Several staff expressed concern about the vulnerability of certain children, especially the way violence continued in their lives after their admission to residential care:

Dealing with the children who've been abused is the most stressful part. I struggle with the intensity of that type of thing. That's the hardest part of it. That and bullying. When the bullying is bad, it really is soul destroying.

This worker equates the impact of abuse, prior to children being admitted to care, with the bullying they are subjected to when in care. Not only does it give an indication of the severity of bullying, there is a recognition that being admitted to residential care was, for some children, an introduction to levels of violence which they had not experienced in their own family life. During one of the disruptive periods in the children's home, a worker stated:

We only work here, living here must really get on their nerves, especially when it's the way it is just now, with all the fighting. We've got one wee



lassie who's just new in and she's intelligent and really quiet and sensible. It really gets to her. It's not what she's used to. Some of the other ones, they love it, purely for the entertainment factor. They just like to watch all the battling, but for her it's a shame, she hates it and it's starting to wear her down.

Many staff believed the children's homes did not actually help the children. Generally, staff viewed their main function as one of 'containment'. This was a particular source of stress:

It's stressful because you can't give the kids what they need. Other people don't understand that. Its how it effects you. Sometimes at home I'm emotionally drained and I just don't want to move.

Underpinning much of the stress was the belief that the overall quality of care was deteriorating:

Things are bad and they're still talking about cuts in resources. I don't know what they expect us to do. This isn't helping any children, they've a cheek to call it child care.

On occasion, the level of care was considered so inadequate, that some staff believed certain children were worse off in the children's home. A worker's comment regarding siblings highlights this point:

Gary and his brother should be somewhere else. We're not meeting their needs. In fact we're making them worse. It's a pity because they're both all right. They've got enough problems without all this.

The deterioration in quality of life for some children continued long after leaving care. When discussing siblings in another children's homes, a worker stated:

If you look at Derek and Steven who've been here for four years, we're losing them and it's frightening and it's so sad because they were two nice wee laddies. When you look at them now, God we've not done a very good job. And I think that's stressful when you see children leaving care and can't cope. We've not given them the support and they fail out there. You wonder what's this all about. If you get one success, one out of twenty or thirty, you think, great.

Not being able to give the necessary care to children is not only a central source of stress for staff, but the failure to do so, adversely impacts on the children's behaviour which itself becomes a stressor. The inability to share the necessary 'quality' time, may actually increase the 'quantity' of time staff spend with the children. This imbalance is significant and may be influential in shaping many aspects of the children's home, not least of all, in generating excessive levels of stress. In certain situations, de-prioritising the quality time spent with the children, might create a form of attrition, rather than care. The following comment gives a worker's experience of such attrition:

I think it's the nature of children's homes... Kids may come in here initially because they need cared for, but it quickly turns into them and us. A lot of it is aggression and confrontation. It's not nice having someone in your face for eight hours. That's very stressful... And I don't think managers recognise it. Well unit managers do because they've been through it, but more senior managers at District level couldn't give a shit. I mean they want a body in a bed and it doesn't matter if the staff are totally burnt out. And all you have to do is look at the sickness levels. But I couldn't tell you the last time I did my eight hours and left on time. Take last night, I was on a back shift and didn't leave until 10.40 p.m. That happens every back shift, and even on day shifts you usually stay later. On a back shift you're with the kids for eight hours.



They're in your face and there's not the staffing levels to take a break for twenty minutes.

Such ways of working are not only stressful, they may generate a more punitive working culture. Many staff, for example, expressed concern that they had no real control over the children and attempts to impose sanctions were ineffective. Usually, 'punishments' related to with-holding or reducing pocket money, or preventing children from going on social outings (i.e. cinema, ice-skating). The punishments however, often increased the hostility from children, both towards staff and their peers. As noted previously, bullying in some children's homes was cited by staff as being very problematic. Being bullied is a terrifying ordeal for any child, but it may be more so for children who have lost crucial social supports (i.e. family, friends, school). The fear of bullying may also be greater in residential care. If children witness staff suffering violence from other children, and without any effective course of action, then it is unlikely to enhance their feelings of security. The stress for children in such environments is likely to be considerable.

#### Treatment by management

Although stress was generally associated with a culmination of factors, there were certain 'one off' incidents which seemed to be highly stressful for staff. Moreover, the way certain incidents were dealt with, may be as stressful as the actual incident. Even when these incidents happened several months or years before, some continued to have a significant impact on staff. An illustration, is a worker's experience of being a witness at an investigation into malpractice by a colleague, and how it has altered the way she would deal with a similar issue in the future:

The most stressful thing I had was the tribunal. It was an internal investigation into another staff's alleged bad practice. I was a witness and all the support went to the other person. I got nothing. If it happened again, I'd just kept my mouth shut. It was really stressful.



For another worker, who was the subject of an investigation, it was the lack of information which he found to be most stressful:

The whole fact finding investigation left me confused. I didn't know what I was being accused of. I knew it was regarding a restraining incident, but I don't know what the actual allegation was. I was never told ... Two of us were involved, the other guy got his arse kicked. He was a total idiot.

It is possible that the worker received all the information available, or that certain information was not given because it was not appropriate. Of course, it is also possible that the worker is resentful of being subject to the investigation, or was in fact guilty of malpractice, and the investigators provide a useful target for blame. However, the control of information was not unique to this particular situation. There were a variety of incidents cited by staff which indicated attempts by management to `control' information. A very serious `incident', mentioned by several staff in one of the children's home, was the sexual assault(s) of a female resident by a male member of staff. This was stressful for staff, not only because of the perpetrator's actions, but because of the way they were treated by management. Regarding the incident, a worker commented:

A male member of staff was sacked last year because he was having a sexual relationship with a female resident ... in the home. He had been suspended before for similar allegations, but he was reinstated because of a lack of evidence ... Staff were told not to discuss the incident with each other or they would face disciplinary procedures. All they were told was that the member of staff was sacked for inappropriate practice. They were given no details or time out to address the issue constructively. Management controlled, or tried to control the information and thought that by not allowing us to discuss it, everything would be all right.



As before, there may be important reasons (e.g. legal matters, issues of confidentiality) for not giving staff certain information, however, the impact on staff from the way they perceived the incident to be dealt with, cannot be ignored. The worker further commented:

You know, its stuff like that, that gets to you. You quickly become totally demoralised. So you just go with the flow. I mean the incidents themselves were bad enough, but it's the way they try and deal with them. You don't speak out anymore. They treat you as if you are a child unable to make decisions.

Whilst such serious incidents are undoubtedly stressful, the actual way in which these incidents are dealt with, may be more significant in understanding the way in which stress mediates upon practice. From the comments of staff, attempts by management to control certain information were not only unsuccessful, they may actually generate a more secretive residential culture. Despite attempts to control certain information, staff believed they 'found out anyway'. However, the belief, even by a minority of staff, that they would 'just keep quiet' or not 'speak out' in future, creates a very risky residential environment.

### SVQs

The nature of stress in children's homes has implications for assessing staff as competent. Although the stress was generated from a culmination of factors, violence was the most dominant. Violence was the most commonly cited aspect of work where staff wanted more training and support from management. SVQs did not help staff deal with the violence, change the inadequate levels of support or help improve existing training strategies. The current approach, namely TCI, in dealing with violence was deemed to be ineffective by many staff. The impact of not having an effective strategy for managing violence is of course crucial, especially when some children are 'out of control'. The combination of children being perceived to be out of control and staff not feeling in control, is likely to be a significant stressor



in children's homes. When such conditions prevail, workers may have considerable difficulty demonstrating competence when dealing with violence.

If the physical restraint of children, on certain occasions, simply reflects TCI on 'paper', SVQs may not only fail to assess practice, they are unlikely to expose the 'real' working practices. The failure to help staff address such an important issue as violence, may explain why SVQs were often considered to have little relevance for practice. With the current increases in levels of violence, the discrepancy between practice and SVQs may become particularly acute: the potential for SVQs to increase awareness without offering any learning or new strategies (e.g. better debriefing and supervision) is unlikely to have a lasting impact in helping workers to cope more effectively with stress.

Such stress levels are hardly conducive to progressing effectively with SVQs. How are staff to feel motivated in the task of evidencing competence, when they feel frightened and suffer from verbal and physical abuse, over which they feel little control? Similarly, doing sleep overs and overtime, as noted previously, meant workers had less time to do their SVQs. Therefore, the problem which de-prioritised the study time also increased the potential for stress. When working in a stressful environment for prolonged periods and where staff are unable to identify meaningful goals, there may be little opportunity to reflect on practice. The focus for most staff in such situations was to 'get through' the shifts. Getting through the shift, may mirror to some degree, the commonly expressed view of 'getting through' the 'book'.

Giving quality time to children was not a reality for many staff, especially when staffing levels were low or during disruptive periods. Excessive stress may undermine important aspects of practice which staff can be assessed as competent for SVQs. On occasion, the emotional fatigue and depersonalisation generated from 'getting through' the shift, may also raise questions about what exactly is being assessed as competent. Essentially, staff are assessing themselves in what they



consider to be a poor quality service. This may account for the low value staff placed on SVQs. Rather than evidence the reality of their practice, it was noted that workers tended to `search for PCs' in order to give the assessor `what they wanted', irrespective of whether or not it reflected their practice. Searching for PCs which have little significance to the reality of children's homes, is unlikely to help workers deal with excessive levels of stress, `speak out' when concerned about the risks to children, or enhance the relevance of SVQs for practice.

### **Discussion**

The children's homes in which staff are assessed as competent for SVQs can only be fully understood by recognising the way in which the categories, listed above, interrelate. For example, the difficulties workers expressed in attaining meaningful goals, were often linked to their lack of independence and support, which in turn, related to areas where staff felt a lack of control. The evidence suggests that the inability of staff to undertake certain key tasks in a manner which meets the needs of children, influences their views of SVQs and the way in which they can demonstrate competence. Therefore, the overwhelmingly negative views expressed towards SVQs, as highlighted in Chapter Five, may not relate solely to defects in the SVQ format. Instead, certain constraints within the residential context may be equally significant. Two central issues are:

- (1) Constraints within the children's home limit the opportunity for staff to be assessed in aspects of practice which they consider to be important.
- (2) The dis-empowering effect of the way children's homes are organised and structured will influence staff's views of SVQs.

### **Constraints on practice**

There are key areas where workers have little opportunity to genuinely demonstrate performance for SVQs. For example, proactive and therapeutic forms of work with children was not the norm. If staff cannot undertake certain types of work, then how



can they be assessed in these areas? Such constraints, especially when there is an expectation to complete the programme in a specific time period and without sufficient support, may increase the pressure for staff to fabricate evidence in order to 'tick off' PCs. Moreover, the realities of the assessment process, especially the tendency for 'cramming' prior to arranged meeting with the assessor, may make SVQs more similar to traditional qualifications than writers such as Jessup (1991) had claimed.

The NCVQ framework has not, as proclaimed by Jessup, ended 'the last minute swotting of information soon to be forgotten for examinations'. Similarly, the view that 'Assessment is being brought into the real world and de-mystified within the new model of education and training' is far from evident. The relationship between the assessment of competence, training and education is, as stated in Chapter Five, highly ambiguous. Finally, if traditional exams were, as stated by Jessup, 'games which few enjoy and where the majority finish up losers', then the evidence in this study would suggest assessments for SVQs have become an 'exercise' in which there are very few winners.

Not being able to evidence certain aspects of work, however, does not necessarily mean workers are not competent. If workers cannot give the children the necessary support and care, it should not necessarily be interpreted as a lack of competence by the 'individual'. Trying to care for children, who are often extremely vulnerable and disruptive, without the necessary support, supervision and resources, may require considerable competence on behalf of the worker. The basic problem for SVQs, is that it does not enable or empower individuals to address such deficits and enhance the quality of care.

Sinclair and Gibbs (1998) stated that the three most important features to providing good care were training, supervision and support. Although support levels in dealing with violent incidents were high, the sporadic nature of supervision, and what was considered by many staff to be ineffective training, may undermine the potential for



more long term strategies, or more proactive approaches to be developed. If staff experience sustained periods of violence, or are in fear of violence, and their only strategy is underpinned by a 'fire fighting' ethos, then it may be difficult for tasks such as paperwork and housework to be viewed as anything other than 'trivial'.

Examining the tasks undertaken by staff reflects strong similarities to other research studies. As noted previously by Utting (1992), the inability to incorporate choice when placing children would appear to reflect the residual nature of residential care. Most staff believed their main purpose was the 'containment' of the children. Opportunities to undertake more therapeutic or preventative work was often extremely limited; a trend that is shared with other recent research (e.g. Sinclair and Gibbs, 1998). A 'bums on beds' approach has little resemblance to Skinner's (1992) view of residential care being a 'positive choice'. If central features of residential child care were deemed to be 'failing' (CCETSW, 1992) by research leading up to the implementation of SVQs, and the same issues continue to prevail in the late 1990's, then how can workers be assessed as competent? It would appear that workers can be assessed competent for SVQs even if the service they provide is inadequate. That SVQs can be 'passports of excellence' when children are receiving such an inadequate service, reflects a definition of 'competence' which is quite different to any common usage of the term.

The majority of workers, as highlighted in Chapter Five, did not learn anything new from SVQs and believed they did not make any real difference to their work. Assessing workers as competent without effecting change in practice, especially when it is considered ineffective in meeting the children's needs, may be a key feature explaining the low value workers attributed to SVQs. Moreover, it reflects a qualification which would appear to satisfy Davies' (1981) aim for social work to maintain the 'status quo'. Maintenance of the status quo when, as pointed out by Dobson (1998), there has been a 'woeful tale of failure', questions the very nature of SVQs. It would appear that SVQs, despite being promoted as 'passports of excellence', have become embedded within the organisational and structural



processes of a social work service which continues to fail the residents of children's homes.

#### A dis-empowering working environment

If workers do not feel empowered, it raises questions about the quality of care they can provide for the children. Frost et al (1999), as previously noted, emphasised the centrality of empowerment both for children and staff. Few workers felt they had any real independence or autonomy to make decisions. Whilst having to relinquish certain decision making powers may be essential for effective teamwork, workers seemed to feel quite dis-empowered by the way decisions were made. A particularly emotive area where staff felt they had no decision making power was, as noted above, in relation to inappropriate placements. Workers did not expect to have the final say in deciding the appropriateness of placements, however, the fact that most staff felt their views were not considered, was significant in devaluing their worth as individuals. The exclusion of staff from decision making generated resentment, not only because they were not listened to, but because they often had to deal with the consequences of inappropriate decisions. A residential care system which does not listen to the views of staff, effectively ignores a group of individuals who have a unique insight into children's needs.

Such levels of dis-empowerment also questions the extent to which staff can be assessed as competent. A consequence of feeling dis-empowered is that workers were unable to deal with what they consider to be the 'priorities'. Paradoxically, even when the greatest priorities are shared with management, for example, protecting children from abuse, workers may feel dis-empowered. It was noted that some staff, following investigations, believed they would not 'speak out' in future. This potential silence was generated not by the alleged abusive incidents, but rather the way in which the situation had been handled by management. Remaining silent is the antithesis to protecting children, particularly in environments where, according to Utting (1997), inadequate safeguards prevail. SVQs have become part of a 'learning society', in which organisations such as social work promote equal



opportunities, whilst certain residential staff are extremely reticent to 'speak out' regarding fundamental issues affecting the safety of children. Although workers can provide evidence of competence for SVQs, it may reflect a rather superficial notion of competence.

With such levels of dis-empowerment, it is unlikely that staff morale will be high. Berridge and Brodie (1998) identified morale is the most accurate indicator of good practice. The apathy experienced by staff was reflected by their difficulty in identifying meaningful goals and the inability to change various working practices, such as inadequate supervision. If staff do not feel empowered, then how can they provide a quality service, or begin to change the well documented inadequacies which continue to prevail in children's homes. There was no evidence in this study to suggest that SVQs made any significant difference in empowering, or helping staff to effect change in what they considered to be the ongoing 'failures' within children's homes.

### **Conclusion**

The residential context has considerable significance for understanding the impact of SVQs on practice. Certain constraints may not only be significant to understanding the overwhelmingly negative views expressed by staff towards SVQs, they may also explain why SVQs were considered irrelevant for practice. If certain constraints limit the potential for workers to be assessed as competent in key aspects of practice, then the only options available for workers are: (1) change the constraints in the residential context; (2) withdraw from the SVQ programme; or (3) 'fabricate' some of the evidence required for the PCs. If workers feel dis-empowered, then they are unlikely to be effective in addressing organisational and structural aspects of the children's homes which generate the constraints on practice. Similarly, to withdraw from SVQs would effectively undermine any future employment opportunities for an individual. Perhaps the most 'rational' alternative, in progressing with SVQs, is to fabricate some of the evidence for the PCs. Such fabrication, may not of course be applied to all the PCs, but it is likely to affect key areas of practice, especially in

dealing with more proactive and therapeutic approaches or managing the levels of violence. Any fabrication of evidence however, will undermine the value of the assessment process. Moreover, the pressure to fabricate evidence is likely to be increased when there are expectations for staff to complete SVQs in a specific time period without being given the necessary support.

If the organisation and structure of children's homes dis-empower staff, and certain constraints significantly shape many of their negative views towards SVQs, then it raises questions about the quality of care they can provide for children. The next three chapters examine specific aspects of SVQs in relation to some of the existing working practices for which staff were being assessed as competent. Case studies will be used to show how the concept of 'competence' was incorporated into a range of practices, and the extent to which working practices were changed as a result of staff undertaking SVQs. Exploring specific aspects of SVQs in relation to working practices, will hopefully give a more in-depth understanding of what competence actually 'means' within the everyday life of a children's home, especially the quality of relationships between children and staff.



# **CHAPTER SEVEN**

## **CASE STUDY 1**

### **Introduction**

The case study presented in this chapter focuses on one of the children's homes in relation to the SVQ unit: '**Contribute to the protection of individuals from abuse**'. The case study is used to gain an insight into the workers' views of certain children and those practices which involve protecting the children from abuse. The aim is to examine the way in which 'competence' is incorporated into practice, especially in terms of the child-worker relationship, and the 'meaning' it has for a group of staff who are effectively dis-empowered and experience severe constraints within their work environment. Comparisons will be made between the two phases of interviews in order to ascertain any change in practice that might be attributable to SVQs.

The children regrid was used to elicit the views of staff. The data in the case study is presented in two 'phases'<sup>20</sup>. The first part of the case study is based on the data collected from the children regrid during the first phase of the interviews. The second part of the case study examines the data collected from the children regrids during the second phase of interviews. Given SVQs are 'passports of excellence' which enable workers to 'improve skills and advance in the workplace', (Workplace Assessors Manual, p. 1), it would seem plausible to assume that there would be some change in working practices where staff had experience of SVQs.

### **Selecting the SVQ Units to be Examined**

Of the 14 units in SVQs (Appendix A), a total of 5 were examined as part of this study. The units examined in the case studies reflected the main themes discussed by

---

<sup>20</sup>The format used in this chapter is also used for the next two chapters.

workers and would appear to be particularly crucial in determining the quality of care within children's homes. The themes were as follows:-

- protecting children from abuse
- dealing with violence
- helping children become more independent
- providing a safe environment
- developing meaningful relationships with children

In this chapter, one SVQ unit was examined; the following two chapters both examined two additional SVQ units. All of the units are derived from **'the value base'** unit which aims to **'Promote equality for all individuals'**. The SVQ unit examined in the case study for this chapter was:-

**'Contribute to the protection of individuals from abuse'**

Although the case studies in each of the chapters will focus on specific units, issues often overlapped, not only in relation to the 5 SVQ units, but with all of the units in SVQs. For example, in this chapter, the issues raised in relation to **'Contribute to the protection of individuals from abuse'**, had considerable significance for other units, such as **'Contribute to the provision of advocacy for clients'**. The main themes highlighted in each of the case studies were common to most of the children's homes at various periods. Therefore, rather than attempt to incorporate all of the units and include all of the children's homes, the aim was to focus on the SVQ units which appeared most relevant and on the children's homes which best highlighted the main issues.



### Analysing the children repgrid

As noted in Chapter Four, the main method of analysis for the study was the conversations workers made when compiling the repgrid. In this case study, (and Chapters Eight and Nine) additional data will be presented from the repgrids. Specific repgrids will be examined in detail, primarily in relation to the way children were rated on the constructs. A particular feature in the design of the repgrid was to explore the nature of relationships between staff and children. In order to focus on the child-worker relationship, workers were required to select the names of three of the children in terms of one of the following 'descriptors':

- (1) a child you particularly care about
- (2) a child who understands your role
- (3) a child you find particularly challenging

Particular attention was given to the second descriptor, 'a child who understands your role'. As outlined in Chapter Four, this descriptor was designed to identify the child who best understood the 'purpose' of the worker's interactions with them. This was significant because it was viewed as the most important aspect of the client-worker relationship.

The remaining descriptors, 'a child you particularly care about' and 'a child you find particularly challenging', are also important aspects of the client-worker relationship and allow for further comparisons to be made between the children, especially in relation to the descriptor 'a child who understands your role'.

In addition to the children linked to the three descriptors, workers were to include the remaining seven children in the repgrid based on those children they 'know best' or were most 'involved with'. This would identify those children the worker knew well, or had more involvement with.

When compiling the repgrids, a minority of children in each of the children's homes dominated much of the staff's conversations. It was these conversations which provided most of the data for the case studies. The children discussed in the case studies may not therefore, be representative of the majority of residents in the children's home. In fact, those children who dominated staff's conversations tended to be viewed as the most disruptive and problematic. Examining SVQs in relation to workers' practice with these children, may provide a rather skewed 'picture' of life in children's homes. However, two factors must be considered. Firstly, the children who dominated staff's conversations were often considered particularly vulnerable and demanding of staff time. Therefore, if SVQs do make a significant impact on practice, then they would need to enhance workers' practice in relation to those children deemed most troublesome and problematic. Secondly, there are certain working practices and conditions within children's homes, as highlighted in Chapter Six, which may be more significant in understanding some extreme behaviours, than any individual characteristics of the children. Consequently, these children are a 'product' of a residential care system in which SVQs function.

### **Case Study 1: Phase 1**

This case study focuses a 'core unit' of SVQs: '**Contribute to the protection of individuals from abuse**'. The intention is to examine workers' perceptions of certain practices which affect their ability to protect children from abuse. The case study focuses on two children. Seven staff were interviewed in this children's home.

Frank, who was fifteen years old, had recently been moved to a residential school because of allegations about him sexually abusing another child in the children's home. In order to understand the nature of this incident, it is useful to consider some of the accounts given by staff regarding the way in which the situation was dealt with. This first account was given less than a week after the alleged assault:



Frank was sexually abusing other children, one of them was 9 years old, a boy. He was moved out of here three days after admitting the assault. The police have not been involved yet, as far as I know. That, I think is a bit weird. All that's happened is that Frank's been moved to [a residential school]. I don't think they wanted him, but there was no where for him to go. He's already been involved in a serious sexual incident with a female teacher.

This member of staff went on to describe how he and a colleague discussed the allegations with Frank, as requested by his unit manager, the day after the allegations were made. The worker was concerned that he was not sufficiently skilled to discuss such issues with the child. He had just over two years residential experience and he was unqualified<sup>21</sup>. In particular, he was concerned about the possibility of 'contaminating' possible evidence in the event of criminal charges being brought against the child.

Another worker, who was also concerned about the way in which the incident was handled stated:

I was sure about my response, but I wasn't too sure about dealing with the issue afterwards. What I wasn't happy about... Can you switch that off? [22]... It happened on the Friday night, and I found out the following day- on my back shift. We were to get him out of the home as soon as possible to protect the other kids in here. So he was sent out on contact [23] to his family home. And the kids he's going to see are on the 'register' [24], and we're

---

<sup>21</sup>The use of the term 'Qualified' will refer to SVQs. Those staff who have other qualifications, such as the DipSW, will be referred to specifically.

<sup>22</sup>The worker requested the tape recorder to be switched off. However, a further reassurance was given regarding the confidentiality of information, and the interview continued.

<sup>23</sup>As noted previously, the term 'contact' refers to the child meeting with their family, and such changes in terminology were viewed as rather superficial by many of the workers.

<sup>24</sup>'Register' refers to the child protection register, the responsibility for which rests with the Social Work Area Team. The 'register' contains the names of children considered to be at particular risk whilst living in their own home or another place of residence, not usually a children's home.



sending a suspected abuser into a house where the kids are already on the register and no one was willing to tell the mother. I mean, that's us just shifting the problem from here, where we know about it, to a place where they don't know about it. It seemed to me that we were just trying to make sure the kids in here were okay, but what about the other kids. And the wee boy who was abused in here, his parents weren't told until the Sunday. The police weren't involved. I don't know if they have been yet. I was on training the following Monday and then I was off on annual leave. But I was under the impression that if you have suspicions that offences have been carried out against a kid, then contacting the police should be one of the first things that should happen. And you don't get involved in talking to the kid about it, in case there's charges to be brought, so you don't want to corrupt the evidence. But that wasn't how it was dealt with in here. I was horrified. I went to the unit manager to express my concerns and I asked him to note them in writing. He said he'd contacted the Area Manager and was following his advice.

Despite their concerns about the way in which the incident was dealt with, staff generally felt excluded from the decisions being made about Frank's welfare. For example, the worker noted above, felt excluded, primarily because his concerns were not being listened to. Part of staff's feelings of exclusion may be exacerbated by the uncertainty over the correct procedures. Although they believed certain procedures were not followed and that some actions were inappropriate, such as returning Frank home, they were unsure of the correct procedures and were unwilling to challenge management's decisions.

#### An inappropriate placement

Moving Frank to a residential school was also viewed by most staff to be inappropriate because it would not meet his needs. A worker who received information from a colleague in the residential school said:



Frank got moved to [a residential school] because he was sexually abusing other kids in here. They've got landed with him and he's causing havoc over there already. He was masturbating in front of a female teacher, and was being verbally abusive. [The residential school] want him out, but there's apparently no where for him to go.

During the second interview (when compiling the tasks repgrid), one week later, this worker discussed Frank again.

He's been dumped at [the residential school] but they don't want him. I told you about the incident with the teacher... Frank told another boy about it, and that boy did the exact same thing to the same teacher. I think [the residential school] will put him out as soon as they can. My friend works there and he says he's gone down hill rapidly. He phoned me last night and said that he'd spent ages restraining him yesterday. He also said, he's one of the big boys now, and he's getting really strong. He's about 5' 8" and my friend said he struggled to move him out of the classroom. My friend used to laugh at me when I told him about Frank. He's not laughing now.

The failure to deal with the problem in a more constructive way and the inappropriateness of the alternative placement, was noted by another worker.

Shifting the boy to [the residential school] wasn't particularly fair either because there's a lot of vulnerable kids there as well. So he's been moved. He'll be feeling more isolated than ever, and they won't be doing any work with him. They want him moved out as quickly as possible, especially after him wanking off in front of a teacher. The Area Team won't be doing much work with him either. So basically, we've got an identified problem and no one is particularly keen to work with it.



Clearly there is insufficient evidence to ascertain if the move to residential school may have actually benefited Frank. Of particular significance for the case study, is the sense of powerlessness felt by staff. Not only did staff believe the incident was dealt with inappropriately, the longer-term strategy of removing Frank was also considered ineffective. Yet, there was no evidence that they relayed these concerns to management with any real commitment or consistency. Generally, there was an acceptance they would not be listened to and any conversations with the unit manager were, as illustrated above, aimed at protecting staff's 'own back's', rather than believing their opinions would shape any decision making. Of course, it could be argued that in such situations, it is necessary to make quick decisions based on limited information. However, the issues relating to staff's sense of powerlessness are not linked solely to the incident. Events leading up to the alleged assault raise fundamental questions about the ability to staff to protect children.

#### A child who 'avoids' staff

Prior to the alleged incident which resulted in Frank's removal from the children's home, it would appear that he had minimal involvement or attention from staff. Of the seven repgrids compiled by staff<sup>25</sup>, five included Frank as one of the 'elements'. This would suggest that staff knew him and, or had some involvement with him. The two workers not to include Frank in their repgrid suggests that they did not know him particularly well, or did not have much involvement with him. One worker identified Frank as 'child you particularly care about' (element 1). Two workers selected Frank as a 'child you find particularly challenging' (element 3). It should be noted that one of these workers completed the repgrid after the alleged incident of sexual abuse occurred, and this may have been an influential factor in Frank being in this category. None of the workers identified Frank as the 'child who understands your role'. This would suggest that although workers had involvement with him or knew him, he was not a child who they felt understood the purpose of their work.

---

<sup>25</sup>Of the 7 staff interviewed: 2 had completed SVQs, 2 workers had been undertaking them for over one year; 2 workers had no experience of SVQs; and 1 worker had the DipSW.



Prior to the alleged incident all seven workers spoke about various children when compiling the repgrid, however, only one made a direct reference to Frank. In contrast, after the alleged incident, he was the focus of most conversations (including the interviews for the `tasks' repgrid). Comments from staff suggested they believed the abuse might have been occurring for some time. Their views had been consolidated by information given by Frank after the alleged incident. Yet, the one and only comment made in specific reference to Frank prior to the incident, was that he:

Just takes what's given. It's a shame, sometimes he doesn't get his fair share because he's not pushy like the others. We sometimes forget about him, because he's not so demanding.

This comment, by a worker undertaking SVQs (for approximately two years, and who had completed them prior to the second phase of interviews), suggests quite strongly that he is aware of the inadequate attention given to Frank. The primary reason that he is `not so demanding', would seem to refer not specifically to his level of needs, but from the fact that `he's not pushy like the others'. This worker's repgrid provides an insight into how he perceives Frank.



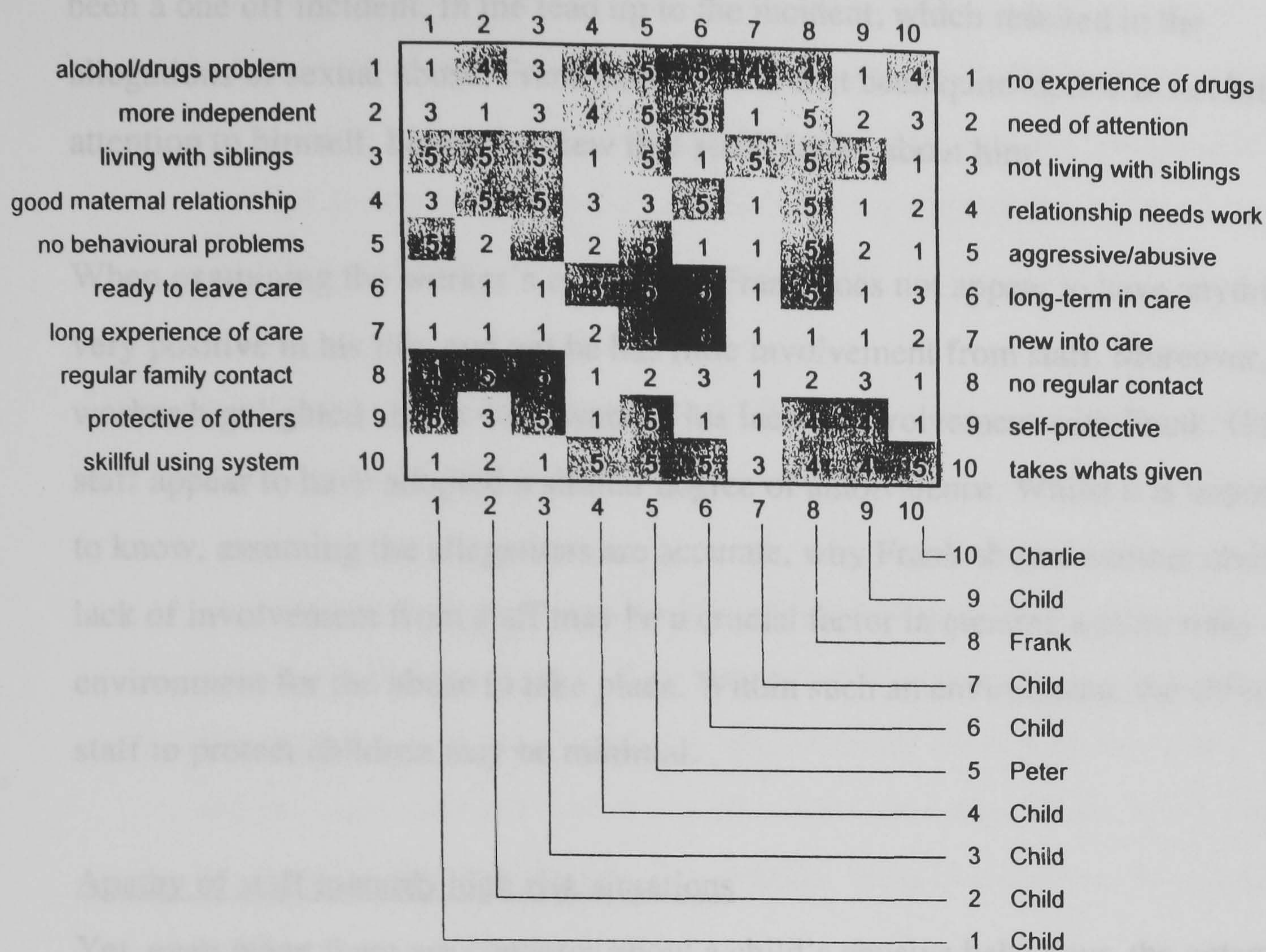


Figure 1. Display of the children regrid from the first phase of interviews.

Despite this workers' admission that Frank doesn't get his 'fare share', he was perceived as a child in 'need of attention' (c 2)<sup>26</sup>, and who exhibited 'aggressive/abusive' behaviour (c 5). It is unlikely that his needs are being fully met by his family, who although having 'regular family contact' (c 8), Frank did 'not live with siblings' (c 3) and the 'relationship (with his mother) needs work' (c 4). As Frank has a 'long experience of care' (c 6), it is difficult to foresee how his relationship with his mother is likely to improve without any significant increase in involvement by staff. Given these factors, it is perhaps not surprising that Frank is 'self-protective' (c 9). Although Frank 'takes what's given' (c 10), with the benefit of hindsight, he may have been more 'skilful using [the] system' than this worker

<sup>26</sup>The information in brackets refers to the construct number in the regrid. So, for example,



initially believed. As previously noted, several staff believed that the abuse had not been a one off incident. In the lead up to the incident, which resulted in the allegations of sexual abuse, Frank may have in fact been quite skilled in not bringing attention to himself, hence the view that staff 'forget about him'.

When examining the worker's constructs, Frank does not appear to have anything very positive in his life, and yet he has little involvement from staff. Moreover, the worker highlighted above was aware of his lack of involvement with Frank. Other staff appear to have adopted a similar degree of ambivalence. Whilst it is impossible to know, assuming the allegations are accurate, why Frank abused another child, the lack of involvement from staff may be a crucial factor in creating a more risky environment for the abuse to take place. Within such an environment, the ability of staff to protect children may be minimal.

#### Apathy of staff towards high risk situations

Yet, even when there are concerns about a child's abusive behaviour, the potential for staff to do any preventative work may be quite limited. For example, in another children's home some of the staff expressed concerns about a child called Charlie, who was expressing inappropriate sexual behaviour towards some of the younger children:

... it's really disturbing. He's never out of the wee boy's room. We've got concerns about what he's up to with them. Real concerns. We really need to tag him. It's a shame, he's a dead vulnerable wee boy and he's really struggling, but he's just really difficult to work with.

Despite staff's concerns, there appeared to be a recognition that they were unable to provide adequate protection for the other children. Another worker, when discussing Charlie, stated:

---

(c 2) refers to the second construct in the repgrid.

He's only 12 but he's a real problem. He's had so many difficulties before he came into care. He's not opened up yet. His mother had a drink problem and he had loads of step fathers. We're getting a psychologist to assess him soon. We're really worried, he's constantly around some of the younger kids and we think it may be a sexual thing. But you can't watch him all the time. There's not enough staff, but it's a real worry.

Although an appointment has been made with a psychologist, the risks to other children may be exacerbated by additional factors:

The behaviour of the kids is really bad, but that just reflects the disorganised staff team. We don't know if we're coming or going. There's no consistency. The depute and the manager have very different ideas. One says one thing and the other tells you something else. Staff are really fed up. We've had a lot of sick leave over the past few months. What else can you do when it gets so bad.

Therefore, even when staff have real concerns about a child's abusive behaviour, as evident from the situation in this other children's home, they feel quite powerless to do anything about it.

#### Being the focus of staff's attention

Although Frank dominated much of the staff's conversations after the alleged incident emerged, another child, Peter, was the focus of many comments prior to the incident. The repgrid, detailed above, shows the similarities between Peter and Frank. Peter was perceived as 'aggressive/abusive' (c 5) who was in 'need of attention' (c 2) and who has a 'long experience of care' (c 7). Peter's relationship with his mother was rated '3' on the construct (c 4) 'good maternal relationship-relationship needs work' and he was 'not living with siblings' (c 3). In terms of the future, Peter is likely to be 'long-term in care' (c 6), remains 'self-protective' (c 9) and 'takes what's given'.



Comments about Peter tended to focus on his behaviour. For example, a worker stated:

Behaviour wise is a big factor. He's very aggressive and abusive.

The following comments give some explanation as to why his behaviour was so problematic:

Peter is verbally abusive. He won't take a telling. He's got too much anger and aggression because of all the problems he's dealing with. He's so wound up, and everything is so above his head that it comes to the point where he's got to be restrained. He doesn't have the ability to listen to what other people are saying and it ends up in a physical restraint. He recently built up contact with his mum, but she died, so he's got the whole bereavement to deal with. That's why his behaviour is so bad just now.

Another worker commented:

His mother died a few months ago. To make matters worse there are kids in here from the same area and they're winding him up about it. They don't do it in front of staff ... you can't catch them, but we know they are doing it. Certainly, he had behavioural problems before, but this isn't helping.

There would appear to be very obvious reasons for Peter's problematic behaviour. However, not all workers seemed to share the same level of understanding about the link between previous events and his present behaviour. One worker, when commenting on Peter and another child, said:

They do not think of wider group. They are very selfish



It is impossible to know exactly what 'very selfish' means for this worker, given that the child's mother has recently died and the other children are 'winding him up about it'. To examine this issue further, it is useful to consider this worker's repgrid. The worker was undertaking SVQs (for approximately one year).

Display

Elements: 10, Constructs: 10, Range: 1 to 5, Context: Mitchel st

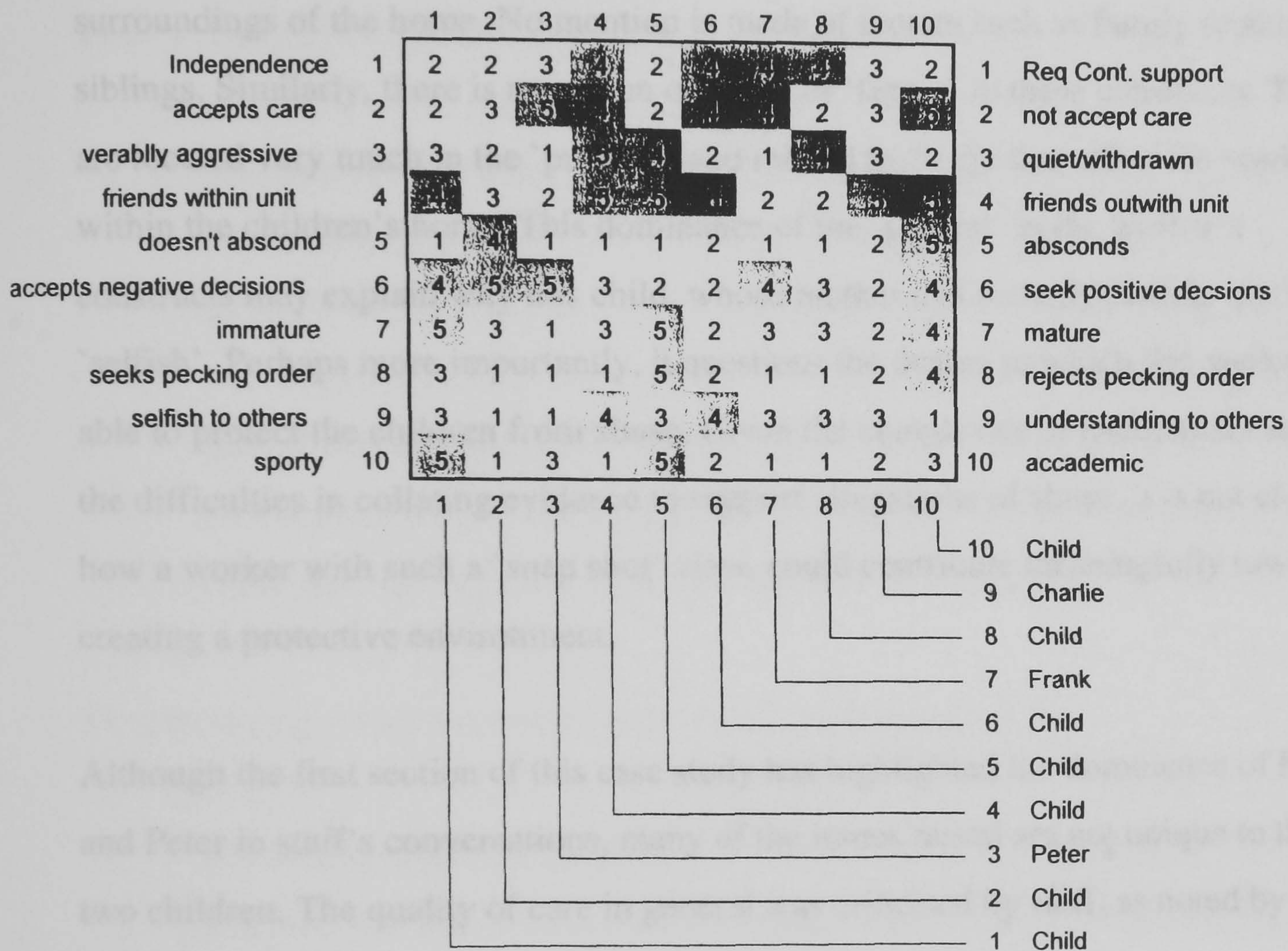


Figure 2. Display of the children repgrid from the first phase of interviews.

Peter was identified by this worker as a child he finds 'particularly challenging' (element 3). He is perceived as a child who is 'verbally aggressive' (c 2), 'selfish to others' (c 9) and 'immature' (c 7). Not only does his behaviour present problems, Peter may be particularly demanding for staff given that he does 'not accept care' (c 1), does not 'accept(s) negative decisions' (c 6), and 'seeks [the] pecking order' (c



8). Whilst Peter may present serious difficulties for all staff, he may present particular problems for this worker. The worker's constructs focused primarily on behaviour. Essentially, it would seem that his constructs relate to the extent to which children are willing to accept authority and control, as suggested by the constructs: 'verbally aggressive- quiet/withdrawn'; 'doesn't abscond- absconds', 'accepts negative decisions- seek positive decisions'; 'immature- mature'; 'seeks pecking order-rejects pecking order'; 'selfish to others- understanding to others'. Such constructs refer to the behaviour of these children within the immediate surroundings of the home. No mention is made of factors such as family relations or siblings. Similarly, there is no notion of 'past' or 'future' to these constructs. They are located very much in the 'present', and related to things that affect the worker within the children's home. This dominance of the 'present' in the worker's constructs may explain why this child, whose mother had recently died, is seen as 'selfish'. Perhaps more importantly, it questions the degree to which this worker is able to protect the children from abuse. Given the complexity of residential care and the difficulties in collating evidence to support allegations of abuse, it is not clear how a worker with such a 'snap shot' view, could contribute meaningfully towards creating a protective environment.

Although the first section of this case study has highlighted the dominance of Frank and Peter in staff's conversations, many of the issues raised are not unique to these two children. The quality of care in general was criticised by staff, as noted by the following comment:

Really no work is done in here. They could get Group 4 to do it. It's sheer containment. At times we're turnkeys, prison officers. We don't do any positive work with children. It's so sad, they deserve better. This place is too big, too many children.

The extent to which staff may have been more equipped to offer protection to the children as a result of undertaking SVQs will be examined in the second part of the case study.

### **Case Study 1: Phase 2**

Peter remained the focus of many staff's conversations during the second phase of interviews. However, unlike Frank, several staff believed moving Peter to a residential school would be a positive strategy. Although staff often referred to Peter's disruptive behaviour, their sense of powerlessness was also conveyed:

That boy you can hear just now [<sup>27</sup>], he's only 12. Listen to him [swearing]. That's constant... And there's nothing we can do. We don't have the time to do any work with any of the kids on an individual basis. They come in here and we don't deal with their problems. You know, the reason they come in here. What usually happens is they just get worse. It's bums on beds. We've no resources to do anything. All we're doing is containing the kids. It's really sad, although we're not too bad in here just now.

Despite saying things were not 'too bad', the worker later said:

I'm looking for something else... I'm fed up in here. The abuse gets to you after a while. It's constant ... being called a fucking prick each day.

Another worker's comment indicates that Peter's abusiveness to staff was not limited to verbal abuse:

He can wind up the other kids no problem ... He assaulted me. Scratched my face and punched me in the chest. I was also threatened with a golf club ...

---

<sup>27</sup>As previously noted, most interviews were conducted during the day as children would be at school. However, some children, such as Peter, were in the children's home for most of the day.



When asked more details about this incident, the worker added:

... we had 5 staff on an early shift on Christmas day, with only one child in the unit. On the back shift there was 2 staff, both female, and 8 kids. It only blew up for 15 minutes, but it was really frightening.

The inadequate staffing levels, as suggested by this worker, do not of course justify the child's violence. However, it should be recognised that Christmas is a very emotive time for children in residential homes, and Peter is no exception. A worker commenting on Peter's education, highlights why Christmas may have particular significance:

He's been out of mainstream school since he came here. That was nearly a year ago, just after Christmas last year... Then we had 2 teachers coming in here, but he would just walk out... He ran amok.

Given that Peter was admitted to residential care shortly after Christmas, it is plausible to assume that the preceding weeks, which included the Christmas period, may have been very difficult for him. His first anniversary of being 'looked after' corresponded with the lead up to entering the children's home. Although, it is impossible to predict children's behaviour on a given day, it would be realistic to expect Peter to display at least some disruptive behaviour on such an emotive day as Christmas. To have such low staffing levels on Christmas evening, especially given the higher staffing ratio during the day, does appear somewhat short-sighted. What may be of particular significance, is how the violence displayed by Peter on Christmas day appears to be used, along with similar incidents, to highlight the unsuitability of the children's home and to 'justify' his move to the residential school. Although having more staff on duty may not necessarily have prevented any violent outburst by Peter, it would have provided more support for other children and staff, thus reducing the overall impact of the incident.

The inadequate level of support for this specific incident seems to be evident in other areas of Peter's life. In particular, there is little priority given to meeting his educational needs.

### Consequences of limited schooling

The period between the two case studies did not involve any significant educational input for Peter. Following the failure of the strategy which involved bringing a teacher into the children's home, as noted in the first section of the case study, Peter attended a 'special needs'<sup>28</sup> school for children with behavioural problems. However, this strategy appeared to be equally ineffective:

In the past year we've had 3 kids in [the 'special needs' school] and not one attends for more than 8 hours a week... We worked out a time table for him [Peter], but it's been cut down at [the school]. He's now 5 hours a week... That's all the schooling he gets. When he goes to [the residential school], it's 5 days a week, well, 4 and a half days a week.

The reduction to 5 hours per week was not compensated by attendance at mainstream school, or any other form of educational support. Given the educational difficulties experienced by Peter, reducing his time at a specialist school to a fraction of what children in mainstream receive, would appear to support workers' views that his needs were not being met.

The difference between the 'special needs' school and the residential school which he was to be moved to, was commented upon by one of the worker's recently assaulted by Peter:

... he's going to [a residential school] after Christmas. He'll be in for a surprise... He won't walk out of class there the way he does at [the 'special

---

<sup>28</sup>The term 'special needs' school, was often used by staff when referring to a non-mainstream school, which offered day-time support to children who had educational and



needs' school]. I've told him, they won't walk you back to your seat. They'll drag you back. And if you don't sit there, you'll eat carpet [<sup>29</sup>]... Maybe it's what he's needing, a short, sharp shock to his system... When he's good he's really good, but when he's bad, he's horrible.

While Peter's behaviour was very disturbing, it is important to recognise that other children were also displaying highly problematic behaviour. One worker, when commenting on bullying in the children's home, stated:

Gary is only 10, but he doesn't get bullied because he is seen as a wee boy. He's already a nightmare ... picking up too many bad habits. Last night him and his brother Donald [12] were causing mayhem. Staff were assaulted and all sorts... A staff was kicked in the stomach and the face ...

As with Peter, it would appear that these two boys are not having their needs met. Yet, unlike Peter, there does not yet seem to be plans to move them to another residential establishment. In order to explore why Peter was being moved, it is useful to examine staff's repgrids.

Of the seven workers interviewed, six included Peter in their repgrid. This would suggest that only one worker did not know Peter particularly well or had a low level of involvement with him. One worker identified Peter as 'a child you particularly care about' (element 1). No worker selected Peter as 'a child who understands your role'. This would suggest that although staff do have involvement with Peter, he may not particularly understand the purpose of their work. Three workers selected Peter as a child they found 'particularly challenging' (element 3). What they appear to find particularly challenging is Peter's disruptive behaviour and the levels of verbal and physical abuse he exhibits.

---

behavioural problems. Staff generally differentiated between such 'special needs' schools and residential schools.

<sup>29</sup>The term 'eat carpet' refers to the child being physically restrained face down on the floor.



When examining the repgrids, there are certain common themes regarding Peter. The staff who included Peter in their repgrid identified him as being 'isolated' within the children's home. The repgrid of the one member of staff who identified Peter as 'a child you particularly care about' (element 1) highlights his vulnerability and isolation. This worker's first repgrid was highlighted in the previous section (the first repgrid displayed) of the case study. The second repgrid (which was compiled shortly after the worker completed SVQs) allows for comparisons in his perception of Peter to be examined.

Display

Elements: 10, Constructs: 10, Range: 1 to 5, Context: Children2

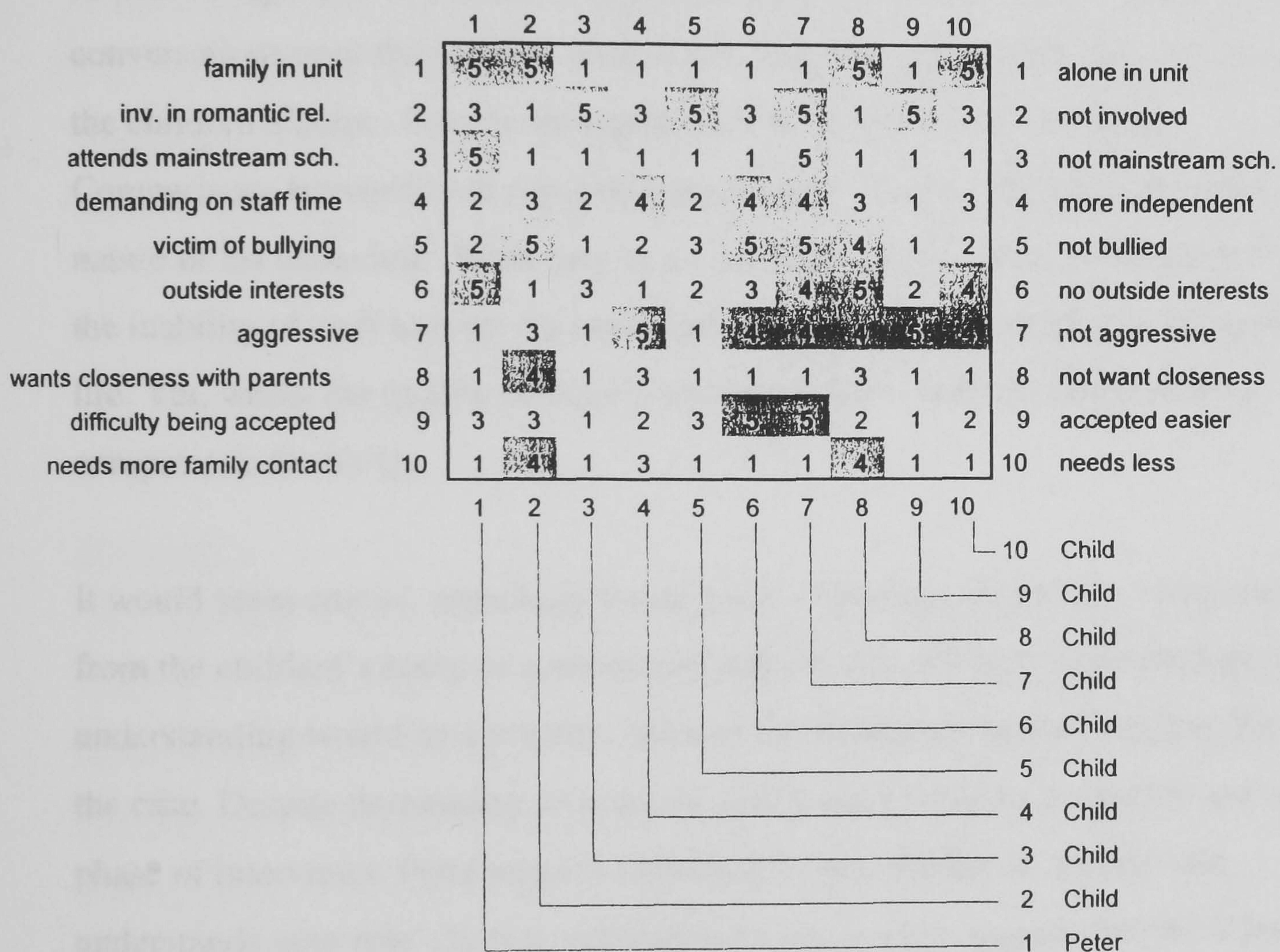


Figure 3. Display of the children repgrid from the second phase of interviews.

The worker perceived Peter as 'alone in unit' (c 1) which refers to the fact that he has no siblings in the children's home. Although Peter 'wants closeness with



parents' (c 8) he 'needs more family contact' (c 10). The isolation from his family is mirrored by his limited interactions with significant others, for example, he does 'not attend mainstream school' (c 3) and has 'no outside interests' (c 6). Spending so much time in the unit may explain to some extent why he is so 'aggressive' (c 7). The lack of structure and stimulation in his everyday life may be a significant factor in his disruptive behaviour. Of particular concern in terms of his isolation, is that he is a 'victim of bullying (c 5). If Peter is being bullied, then who can he get support from when he is isolated within the children's home and has no contact with significant adults outwith the children's home?

In examining Peter's situation, it was highlighted that he dominated much of staff's conversations until the incident with Frank emerged. After Frank was moved out of the children's home, Peter re-emerged as the focus staff's conversations.

Comparisons between both repgrids from the same worker, highlight the abusive nature of his behaviour. What may be of particular significance, is the link between the inability of staff to meet his needs and the ongoing deterioration of his quality of life. Yet, whilst the quality of Peter's life deteriorates, staff are demonstrating competence for SVQs.

It would seem crucial, especially during such a transitory period (i.e. being moved from the children's home to a residential school), that attempts to develop the child's understanding would be a priority. None of the comments by staff suggest this was the case. Despite dominating so much of staff's conversations in the first and second phase of interviews, Peter was not identified by any worker as 'a child who understands your role'. In fact, comments by one worker suggest that she is less than clear about her own role, let alone her ability to communicate it to a child such as Peter:

... Peter is now going to [a residential school] as a day boy. He's on his last legs, and I think he'll be going to [the residential school] for good soon... He doesn't get away with any nonsense there... He was being cheeky to a boy ...



normally we would intervene to stop any fighting, but the staff [at the residential school] just let the other boy punch Peter in the face. That shut him up... And he was told by staff there that wee boys shouldn't be cheeky because that's what happens. There is a pecking order at [the residential school] and that keeps things under control. That's the problem with in here, there's no pecking order. We're told not to allow it, but that's not normal... I know it's terrible, but I felt great when he got punched in the mouth. That's terrible saying that, but when you're getting abuse all the time, and there's nothing you can do. It's so frustrating ...

Given his isolation, level of understanding of staff and the fact he is being bullied, it is difficult to appreciate the impact such a comment might have on Peter. It does not however, seem to have reduced his violent behaviour, as indicated by a comment from another worker, several days afterwards:

Peter is extremely aggressive... Last night I was kicked in the face and stomach ...

### **Discussion**

The case study highlights a number of issues concerning staff's ability to contribute to the protection of children from abuse. Of the 7 staff interviewed in the first phase on interviews, 1 had completed SVQs, 3 were undertaking them, 1 worker was qualified with the DipSW<sup>30</sup> and 2 workers had no experience of SVQs. By the second phase of interviews one other worker had completed SVQs and another worker had commenced them (several months prior to the interviews). In total, 5 workers had experience of SVQs.

Although all of the children are vulnerable, the significance of the children in the case study is that they dominated much of staff's conversations. Therefore, it may be possible that staff are involved with other children and are able to demonstrate

---

<sup>30</sup>This worker was an SVQ workplace assessor.



competence in protecting them. However, if SVQs make no impact in the levels of involvement with children such as Frank, or in meeting the needs of Peter, who appears to dominate staff's conversations, then it may be a significant factor explaining why SVQs were considered irrelevant for practice. The main point raised in this case study, is that if staff do not have sufficient levels of involvement with all of the children, then it may undermine their ability to contribute to their protection.

#### Dis-empowerment: a barrier to protecting children

The powerlessness expressed by staff, as highlighted in Chapter Six, may be a significant barrier to their involvement with children and hence, their ability to protect them. Without regular supervision and feedback, any effective communication and support systems, as previously highlighted, were limited. It was noted that workers were unsure about the procedures for interviewing Frank and they generally felt their concerns were not listened too, especially in relation to 'contaminating the evidence'. Similarly, the decision to move Frank back to his own home created anxiety for staff, particularly the risks to siblings and the withholding of information about the allegation from his mother. Staff anxiety was compounded by the belief that Frank's problems would not be addressed by removing him to the residential school. Had staff been more empowered, through better quality supervision and support, the potential for Frank to 'avoid' staff may have been greatly reduced. Despite the widespread belief that SVQs raised awareness, they do not appear to have enabled staff to increase their involvement with Frank.

What does competence in protecting children from abuse mean when a child such as Frank receives little involvement from staff, or the needs of Peter are not being met? Clearly, it is not Peter's responsibility to find alternative schooling. However, because he had no school to attend, except for five hours per week, he spends most of his time being disruptive in the children's home. This is not only a major source of stress for staff, it is a significant factor in 'justifying' the strategy of moving Peter out of the children's home. Thus, the failure to meet Peter's needs has increased his 'suitability' to be moved to a more controlling environment (e.g. residential school).



Dis-empowered staff cannot therefore, adequately meet the needs of children. Even when staff suspected a child was sexually abusing another child, as was the case with Charlie (in another children's home), they expressed a sense of powerlessness in being able to implement adequate safeguards. Such an environment can hardly be conducive to demonstrating competence. Yet workers were progressing with, and indeed completing, their SVQs in these children's homes.

In addition to feelings of powerlessness, if some workers tend to focus on the 'present', as highlighted in one of the regrid displays above, then it is difficult to see how they might be able to detect developing patterns of abuse. The incident highlighted in the case study could be interpreted as a 'one off' or extreme example. However, the evidence suggests that certain conditions prevailing within the children's home served to increase the risks of abuse. If staff have little control over such crucial factors affecting the quality of care, then they are unlikely to be able to demonstrate genuine competence in these areas.

The barriers to protecting children did not appear to be unique to a short period. For example, the vulnerability of Peter was evident from both phases of the case study. Essentially, his vulnerability and violent behaviour was exacerbated by the inability of staff to meet his needs. If workers do not believe they are meeting the child's needs, then they cannot be competent in protecting them from abuse in children's homes. Staff were aware that they were not dealing with many of the children's problems and there was no evidence that their experience of SVQs made any difference to their practice. For example, addressing issues such as inadequate staffing levels or poor educational support, did not appear to be within the remit of staff when working with Peter. Yet, these are crucial factors determining the quality of his life.

There was also no evidence so suggest that SVQs reduced staff's feelings of powerlessness, or enhanced their control over those factors which create a more risky environment. Such issues not only question the unit specific to protecting



children from abuse, but the underlying `value base' unit which aims to: **Promote equality for all individuals**. For example, how can the performance criteria `where an individual is at risk of abuse, exploitation and discrimination by others, the appropriate action is taken to support the individual', be met, when staff feel powerless and have little involvement with certain children? The evidence in this study would suggest that the low level of staff involvement with certain children, significantly undermines any opportunity for equality. Without feeling safe and protected, notions of equality can have little genuine meaning to some of the children in this case study.

#### Powerlessness and the child-worker relationship

When staff feel quite powerless, as evidenced in this study, then not only are they working in an oppressive environment, it questions how they can influence a service aimed at meeting the children's needs. As Dominelli (1997, p. 6) points out: `Power is at the heart of the definitional process'. In the struggles that exist between staff and children, a powerless staff group may be unable to define the true nature of children's needs. The structured inequalities of residential child care, most notably in terms of its residualisation and failure to educate and train residential staff, has been an enduring feature, which has remained unaltered by the emergence of SVQs. If staff had the power to define the realities of children's homes, would they want a system that does not meet the children's needs, or a qualification which offers no new learning?

For SVQs to have any impact in addressing the inequalities of residential care, it would have had to give staff, in Dominelli's terms, `definitional' power. That is, staff would have a central role in making decisions and responding to the needs of the children. This would require a very different form of practice than highlighted in this study. An empowered staff group would lay the foundations for an environment in which children could understand themselves and their experiences more clearly. Understanding their own realities would make children much less vulnerable, not least of all, from abusive relations from their peers. Within this process, the role of



staff in protecting children is enhanced, firstly from their own empowered position, and secondly, by the empowered position of children.

However, this set of conditions is based on 'power sharing' between staff and children. This is beyond the reach of staff in this study because of their disempowered position. As such, meaningful relationship building cannot be the norm. Therefore, the ongoing rhetoric, enshrined for example, in the Children (Scotland) Act 1995, promoting the primacy of 'children's needs', prevails alongside structured inequalities in residential care. For children in the case study, their 'right' was to be placed in an environment (a residualised service) where they could not be adequately protected. Such rights, can only exist within a shallow and tokenistic legal system. Without an empowered staff group, the children cannot be empowered; leaving both parties denied meaningful rights within an oppressive and neglectful care system.

A criticism that the competence-based approach is inherently individualistic (e.g. Issit, 1995) has particular relevance to SVQs. By focusing on the 'individual' and excluding any new learning, SVQs have enabled the structural inequalities to remain, whilst providing a veil of 'competence' within children's homes. Any notion of equal opportunities is therefore, constrained by the dominance of, what Payne (1996) termed, the 'individualism-reformism' view of the responsibility of social work. Moreover, within this paradigm, claims about objectivity in assessing competent performance (e.g. Jessup, 1991) fail to encapsulate the ideological position of SVQs. At the heart of this ideology, has been the creation of 'competence' and 'qualification': concealing the very causes of institutionalised and structural forms of oppression which undermine the essence of the child-worker relationship. Whilst the ongoing 'failures' in residential care continue, SVQs have ensured that children's needs remain unmet, although not by unqualified staff, but instead, by newly 'qualified' staff.



## Conclusion

When staff are unable to feel sufficiently empowered to protect the children, then virtually all other considerations are likely to be of secondary importance. Given SVQs did not enable staff to reduce certain risks and provide adequate protection for the children, it may be a major factor explaining their 'irrelevance' for practice, or the view that they dealt with the 'trivial'. Until SVQs function in a way that empowers staff, certain children will experience minimal involvement from the very people who are responsible for their care. The child-worker relationship is the central dimension in providing children with quality care, yet staff can be assessed as competent for SVQs, even when their lack of involvement with certain children questions the very notion of a 'relationship'.

The next chapter will develop some of the main issues regarding safety within children's homes, both in terms of the welfare of the children and as a working environment for staff. In particular, SVQ units relating to aggressive and violent behaviour will be examined as well as the ability of staff to promote independent living for children.

# CHAPTER EIGHT

## CASE STUDY 2

### Introduction

This chapter presents a second case study which uses another children's home to examine two additional SVQ units: **'Contribute to the management of aggressive and abusive behaviour'**; and **'Assist clients to move from a supportive to an independent living environment'**. As before, the case study is used to present workers' views of certain children in order to gain an insight into the child-worker relationship. The SVQ units listed above reflected areas of practice which dominated much of the conversations by staff during the interviews. The aim is to examine the way in which 'competence' is incorporated into practice in relation to staff dealing with aggressive and violent behaviour, particularly from children moving towards independent living. The same format for presenting the information and analysing the data, as highlighted in the previous chapter, will be used in this case study. The case study focuses on two children. Three staff were interviewed for the case study.

### Case Study 2: Phase 1

During the first phase of interviews within this children's home, conversations with staff were dominated by a sixteen year old boy, Tom. Tom had been facing increasing pressure to leave the children's home in which he had lived for several years. At the time of the interviews, Tom had been given an 'ultimatum', instructing him that he would be moved out of the children's home by a specific date (in approximately three weeks). He was being offered two choices of alternative accommodation, neither of which, according to staff, was appropriate. A worker who had completed her SVQs said:

The children in here, some of them are too damaged, their needs are too complex. You've got to be highly trained to look after that kind of child. Take Tom, he's been told he's got to leave. He's violent and bullies the other



children. We can't cope with him, so we're telling him to go to a hostel for young people near the city centre, and if he refuses he'll get put in a nearby homeless unit. He's only sixteen and he'll get evicted from either one. Everyone knows that, us, him, the Area Manager. He's getting put out to nothing.

Of particular interest, is the view that the plan is doomed to fail, yet neither she, nor other staff, could do anything about it. Nevertheless, the anxiety and guilt which staff felt in relation to moving Tom into such a vulnerable situation was entwined with an immense sense of relief.

#### The impact of violent behaviour

The relief generated by Tom's departure, was primarily due to his violence. A member of staff interviewed, openly admitted assaulting Tom (slapping him across the face) because he attacked her<sup>31</sup>. The worker was extremely distressed when talking about Tom. Although she discussed other children when compiling the repgrid, she continually referred to Tom and the problems he presented. When expressing her dislike for Tom- a feeling shared by other staff- she believed that his violence and aggression were 'because of the staff'.

He wasn't like that when he first came in here. We've made him like that. Although I want him out of the unit, I know he'll not get enough support anywhere else. That's terrible. Social work are putting him out with less than what he arrived with. And he won't last long out there. He'll assault a child and get put in prison.

Excluding Tom from the children's home clearly marks the termination of most, if not all, relationships with staff. Whilst much of their conversations focused on his behaviour, less was mentioned about the way the staff team as a whole dealt with the problems presented by Tom. From the comments made, it would appear that certain



staff were more motivated than others in trying to deal with his abusive behaviour. Essentially, some staff tried to avoid Tom whenever possible <sup>32</sup>.

However, such avoidance did not relate solely to Tom. The worker who assaulted Tom stated:

There are people who just stay in the office and don't mix with kids. It's easy to do in this line of work. They just take a back seat, that's why they don't get into any bother.

There is of course, the possibility that this member of staff is feeling somewhat resentful because she was being subject to an investigation. However, the view that certain staff were much less involved with children, was a recurring theme in most of the children's homes. The lower involvement by some staff appeared to be associated with their desire to take less risks, which resulted in a reduced chance of being involved if anything 'goes wrong'. The strategy of 'taking a back seat' may therefore, be a coping mechanism for some staff. Striving to maintain involvement, especially with certain children, was undermined by a sense of powerlessness; that 'nothing could be done', and that any attempt to achieve more positive outcomes was 'futile'.

In examining staff involvement with Tom prior to his departure from the children's home, it is useful to examine workers' repgrids. All three staff included Tom in their repgrid, which suggests they knew him relatively well. Two of the staff identified Tom as the 'child you find particularly challenging' (element 3), with the remaining member of staff not identifying him as either 'a child you particularly care about' or 'a child who understands your role'. Such findings are perhaps not surprising given

---

<sup>31</sup>This worker said an investigation was currently being carried out in relation to the incident.

<sup>32</sup> Whilst not condoning such practice, it is understandable why staff would want to 'stay out of Tom's way'. It should be noted that, given Tom's violence, (and his physical size- he was approximately 5' 10" and 13st. in weight), any attempt to cope with him when he was behaving aggressively was not without serious risk of injury. Staff and children were subject to ongoing intimidation by Tom, which often resulted in physical assaults.







(c 4) and that he is 'easily led' (c 10). Despite the fact that he 'relies on staff' (c 7) he has 'difficulty communicating' (c 2). From Tom's ratings on the constructs, he appears to have few, if any, redeeming features. Only brief comments, suggested that Tom had a past, and was not always a 'demon'. When discussing the limited ability of staff in meeting many of the children's needs, the worker noted:

That's what happened to Tom. We never dealt with the little issues in here that affected his life. Imposing sanctions and giving him the support he needed just never happened. Now a few years later he's totally out of control- assaulting staff and abusing residents. We'll have a party when he leaves, but we failed him. He knows that, and so do we.

Although Tom dominated most of the staff's conversations, he was not the only individual exhibiting very abusive behaviour. Another worker commented:

If the kids give you some respect, you feel you're being appreciated. Some of them just treat you like shit. We're not human beings, they've no respect for us, and they don't think we should have rights.

The extent to which SVQs may have equipped staff to deal with abusive behaviour, or provide more support to children moving towards independence, will be examined in the second part of the case study.

### **Case Study 2: Phase 2**

The 'party' feeling leading up to Tom's eviction from the children's home appeared to be short lived. A new admission, Gordon, seems to have filled the vacuum created by Tom's departure. Although only 12 years old, the similarities between Gordon and Tom were apparent:

Working with Tom was the most stressful time. But there's a wee lad in just now. You're trying, but there's nothing. You try to work with him, but



there's nothing. This place isn't suited for his needs. But the bottom line is resources... If there's no money, he gets stuck here... We're not meeting his needs. Gordon's been in for a few months. He just stays across the way. Quite a few of us knew him before he came in here. Everybody knew it wasn't suitable for him in here... He's collecting more and more charges since coming in. If they don't do something soon we'll lose him.

The commonalities between Gordon and Tom suggest that the failure to meet certain children's needs cannot simply be located in their highly disruptive behaviour. In fact, the issues associated with Tom, appeared to be 'reproduced' in Gordon.

#### Creating the same problems for different children

This pattern may be akin to what some staff referred to as, noted in Chapter Six, being on a 'hamster wheel' with the 'same issues coming up time and time again'. As highlighted above, one coping mechanism for dealing with the violence is to avoid the children, for example, by remaining in the office. Yet, the worker who criticised other staff for taking a 'back seat' may herself be experiencing increasing difficulty in supporting the children. This worker, who as previously noted, had completed SVQs prior to the second phase of interviews, said of Gordon:

... he doesn't go to school. He prefers his freedom. He does. He doesn't like being in closed spaces. He has to be out and about in the fresh air. That's to do with the way he was brought up.

When asked how long he had been out of school, the worker added.

He's been out of school for about 4 months. Since he came in here, he just stopped going... It was a local school he went to. Then he got suspended and then suspended again, then expelled. He just lives across the road. He's always going to see his folks. During the day he just walks about.



Buzzing<sup>33</sup>] all the time. If they don't do something soon, it will be too late. He will be dead... You think they would do something. This place is totally inappropriate. He should never have been in here in the first place. He just runs back and forward to his parents every 5 minutes. They undermine anything we try to do. They fill his head with nonsense. That's why he's in here in the first place, because they abuse him. And he still sees them all the time. He buzzes everything... He was supposed to go to a panel recently, but it was postponed... The wheels turn very slow for him.

Given that Gordon attended school prior to being admitted to the children's home, the view that he 'doesn't go to school' because he 'prefers his freedom' may reflect an attempt from the worker to justify his absence from the children's home. When not at school, Gordon did not remain in the children's home, but instead spent a significant proportion of his time 'out and about in the fresh air'. For many staff, the only occasion they got respite from the violence, especially during highly disruptive periods, occurred when the children were out of the children's home. The reality of spending all day with Gordon and without the necessary resources (i.e. school support) may, as with Peter in the previous case study, be too demanding for staff. This might explain to some extent why the worker tried to justify Gordon's wandering the streets 'buzzing', by asserting the 'he doesn't like being in closed spaces'. Of particular significance, is the worker's emphasis on placing responsibility with someone else; it was 'they' (management) who had better do something, rather than the staff. The sense of powerlessness in relation to Tom, appears to be equally present when dealing with Gordon. In order to examine workers' perceptions of Gordon in more detail, it is useful to consider certain aspects of their repgrids.

All three staff included Gordon in their repgrid, which suggests they knew him relatively well and, or had at least some involvement with him. One worker identified Gordon as 'a child you particularly care about' (element 1). None of the

---

<sup>33</sup>The term 'buzzing' refers to inhaling substances, usually glue, or, the contents of aerosol



other staff identified him either as a 'child who understands your role' or 'a child you find particularly challenging'. Despite his problems, Gordon, like Tom, was not a child staff perceived to understand their role. The reasons why staff perceive some children to be unable to understand their role is complex. However, one important factor may be linked to the difficulty some staff have in differentiating between the children on certain occasions. In order to examine this issue, the second regrid of the worker highlighted in the first section of the case study is presented below.

Display:

Elements: 10, Constructs: 10, Range: 1 to 5, Context: children2

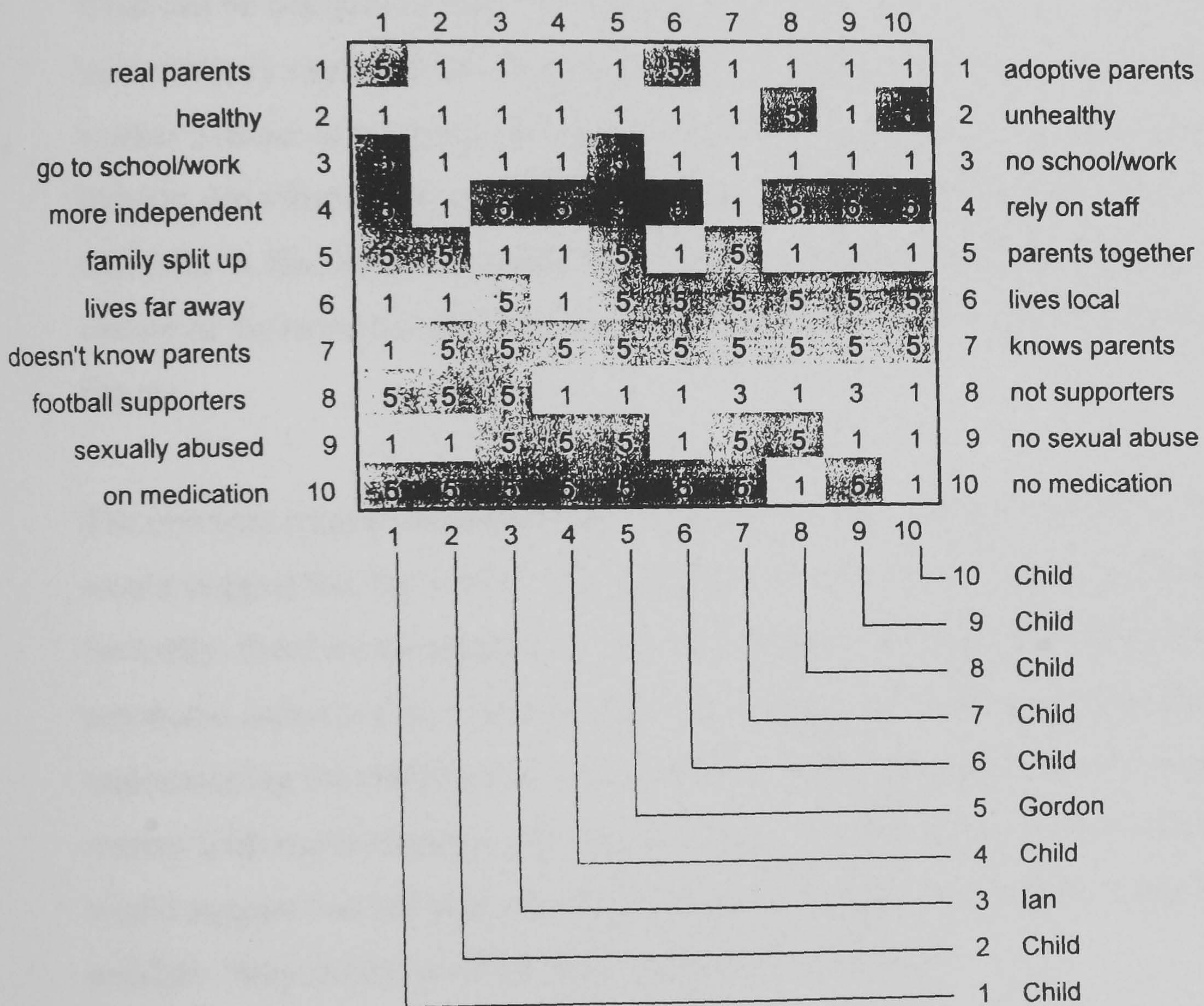


Figure 5. Display of the children regrid from the second phase of interviews.

canisters.



This worker's repgrid provides an insight into the way she construes the children. Of particular interest, is that all of the ratings, with the exception of two, are either '1' or '5' on each of the constructs. Therefore, despite viewing Gordon as highly vulnerable, she is unable to differentiate between him and many of the other children. From these ratings, it would appear that the worker has difficulty discriminating between the children other than in a very polarised way. The only deviation from this polarisation was in relation to the construct, 'football supporters-not supporters' (c 8). Why this worker moves away from the polarised rating on this construct, is unclear.

What can be interpreted from this repgrid, given the polarisation of ratings? There are two likely explanations. One explanation is that the polarised ratings reflect the worker's desire to complete the repgrid as quickly as possible and with minimal thought and effort. An alternative explanation is that she experienced genuine difficulty in discriminating between the children. Although it is not possible to be certain of the most accurate explanation, it is useful to consider some additional factors.

The previous repgrid showed no such polarisation when rating the children. This would suggest that the worker's polarised view is not a fixed or static phenomenon. Secondly, there are no constructs in the second repgrid regarding the behaviour or emotional aspects of the children. Such constructs would appear to be important for understanding the children and were present in the first repgrid. Thirdly, given the worker took much longer to provide the constructs compared to the first occasion, it would suggest that she was not simply trying to complete the repgrid as quickly as possible. Why should such different repgrids be compiled?

If this worker's perceptions, displayed in the repgrid, accurately reflect how she perceives the children, then it questions the extent to which she is able to meet their individual needs. For example, the construct 'more independent-relies on staff' (c 4) shows all the children rated '5', except for the child the worker choose as the child



who 'understands your role' (element 2), who was rated '1'. It may be that this worker feels unable to communicate her role to those children who are most dependent on her. Clearly, the child who is more independent may have a greater level of maturity and communication skills than those children who rely more on staff. As such, it may be less emotionally demanding for the worker to communicate with more independent children. However, unless this member of staff can communicate with the other children, who may in fact be more dependent, it is difficult to understand how she can meet their needs.

Despite the need for this worker to re-establish a less polarised view of the children, it would be misleading to interpret data from her repgrid in isolation from the wider context of the children's home.

#### Loss of control

There were considerable difficulties within the children's home. For example, another worker stated:

The kids would rather be outside than in here. We try and get the basics right. Make them feel welcome, keep them safe, fed and warm. Kids should come back to that... But just now they're not coming back. They don't feel safe in here. If they felt safe this place would be stable. They don't feel safe because they see their peers doing what they want. Staff aren't in control and as soon as they see that they become frightened. They know staff can't protect them.

The loss of control by staff was an ongoing problem during both phases of interviews and it appeared to create a void in which staff felt quite powerless. Despite their powerlessness, staff seemed to be aware of the attrition from working in such an environment:

There's no respect. You give the kids respect, but there's none given back. It's a natural defence for kids who've been abused, to give abuse. But if staff haven't been trained, how are they to understand the kids abusive behaviour. So you get a vicious circle. The kids hitting out because of what has happened to them, and the staff hitting back because they're taking it personal [<sup>34</sup>].

Any such loss of control by staff is likely to mediate upon the children in a myriad of ways. A particularly disturbing incident, which occurred prior to the second phase of interviews, serves to highlight this point. The main protagonist in the incident was a 14 year old boy, Ian:

We had a laddy who smashed up the building, he assaulted staff and we had police in. Now the message to every kid is the staff can't look after us. The laddy smashed windows, there was glass everywhere. He had big bits of glass stuck into the wall. He was sticking bits of the mirror into the wall and throwing the glass everywhere... He also smashed a telly. It was a nightmare. They gave him respite at [a residential school] but they brought him back... He had assaulted 3 staff, his street cred went up. He was walking about here and knew he could do anything. We had lost control. Totally lost it. And the kids see that. If we can't control one laddy how frightening is that for the older kids... They're all buzzing. Every kid in the place is buzzing.

While the factors resulting in the loss of control by staff and the extremely violent behaviour of certain children are, as cited above, complex, the powerlessness of staff to deal with the underlying problems may be the main factor undermining their ability to deal with aggressive and abusive behaviour. The consequences for staff, for example, in terms of violence and stress are of course considerable, but the consequences for the children, when staff are no longer able to communicate

---

<sup>34</sup>The comment of 'staff hitting back' should not be taken in a literal sense. Although, as noted above, one member of staff did openly admit to slapping Tom, she stated that it was



effectively with them, may be much greater. It is important to recognise that the consequences are not restricted to their stay in the children's home. The plight of Tom, after being evicted from the children's home, was, from the information in the second phase of interviews, less than optimistic:

He left here and went to a place in Govan, a hostel. But he never managed to succeed there. Then he moved to ... a homeless unit... The last I heard he was ejected from there.

When asked about Tom's current whereabouts, the worker replied:

I've not got a clue where he is.

### **Discussion**

The case study raises crucial issues regarding the impact of SVQs in helping staff deal with aggressive and abusive behaviour, especially in relation to supporting children towards independent living. Of the 3 staff interviewed in the first phase on interviews, 1 had completed SVQs and the other 2 workers had been undertaking them for over two years. By the second phase of interviews, these two workers had also completed SVQs.

#### **Creating a 'void' for children's violence**

The sense of powerlessness expressed by staff, questions the extent to which they can demonstrate competence in dealing with the aggressive and abusive behaviour of certain children. Moreover, such powerlessness may create a 'vacuum' in which violence in children flourishes. For example, their inability to cope effectively with Tom, either in relation to minimising his violent behaviour, addressing the issue of some staff taking a 'back seat', or in altering what they considered to be inadequate accommodation and support in preparation for his independence, was particularly evident. The void left by his departure was quickly filled by Gordon.

---

in self-defence. Hitting back usually meant imposing sanctions on the children; which were



Essentially, the children's home was not perceived by staff to be meeting Tom's needs, or in fact the needs of many of the other children. If staff believe they are responsible for the deterioration in the quality of children's lives, and are at the same time demonstrating their competence, for example, supporting clients towards 'independence', then it may explain why so many staff considered SVQs to be irrelevant to practice. Given that a greater proportion of children were, as noted in Chapter Three, being 'accommodated' when they are older, issues associated with independence are likely to affect increasing numbers of children. As such, the irrelevance of SVQs to practice may become more acute in future.

The irrelevance of SVQs is not therefore, a sporadic feature of workers' views, but rather a relatively consistent one. As noted above, the inability to meet Tom's needs was mirrored by similar issues for Gordon. Staff expressed concern about the unsuitability of his placement and the significant decline in his behaviour. As staff had no real control in altering what they consider to be unsuitable placements, or inadequate resources in education, then justifying children's absence from the children's home, when they are out 'buzzing', may be a coping strategy which is not dissimilar to remaining in the office.

It was noted in Chapter Six that workers had little opportunity to act independently. Within the case study, there was a tendency for staff to blame 'others', usually management. When workers do not perceive themselves as having any real independence or autonomy, then it may heighten their need to 'avoid' certain children. If workers are right in blaming management, then how can they be assessed as competent if they have no real autonomy. Alternatively, if workers are wrong in blaming management, then it questions their level of competence when they do not recognise their own responsibilities. Irrespective of what particular position may be more accurate, the powerlessness of staff has not been alleviated by SVQs.

---

generally considered by staff to be ineffective.



Of course, workers may be able to demonstrate competence in coping with violence, or providing support, when dealing with other children who leave the children's home. However, if they cannot demonstrate competence with children such as Tom and Gordon, who dominate their conversations, then this may be a factor why staff have to 'search for PCs'. If much of staff's thoughts and energy is absorbed by those children whose needs they are unable to meet, they may look to other areas of their practice to demonstrate their competence. Therefore, whilst Gordon is out of the children's home 'wandering the streets', staff may be demonstrating their competence in relation to other aspects of their practice. If staff's perceptions of children are accurate, and children such as Gordon and Tom have little understanding of their role, then the factors contributing to the vulnerability of such children do not seem to have been altered by staff's experience of SVQs.

Moreover, it questions the extent to which the **value base unit**, which as noted in the previous chapter, is intended to 'Promote equality for all individuals', can be meaningful in such environments. For example, what does a performance criteria which states that, 'individuals' rights and choice are promoted in ways which are consistent with the worker's role and any relevant legislation and charters' mean to a child such as Gordon; who has no school to attend and wanders the streets buzzing? Equality of opportunity can have little meaning for Gordon. Subsequently, equal opportunities within the 'individualism-reformism' paradigm, reflects a particular view of social work which fails some of the most vulnerable children in society.

#### Burnout, coping strategies and control

Although the avoidance strategies or low levels of involvement with children could not be considered good practice, it should not necessarily be considered a lack of commitment on behalf of staff. Given the extreme violence and disruptive behaviour displayed by certain children, the withdrawal of staff involvement, for example, by 'staying in the office', may reflect a form of coping, especially when the children's home was 'out of control'. Factors previously identified in Chapter Six, namely lack



of support, inadequate resources, minimal feedback and supervision, may represent an undercurrent on which the withdrawal occurs. Therefore, whilst withdrawing from children may, in certain situations be a form of coping, it is clearly not a desired situation.

The withdrawal of staff involvement from the children may in some instances be symptomatic of staff experiencing 'burnout'. Evidence in the study would suggest that burnout, which is not uncommon in residential child care (e.g. Kent, 1997) can prevail whilst staff demonstrate 'competence'. Whilst the concept of burnout is complex and subject to ongoing debate, Maslach and Jackson's offer a useful definition (1986, p. 1):

Burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind.

The combination of excessive stress, violence and not being able to meet the children's needs, may create a situation in which staff withdraw their emotional involvement from children. Whilst, as noted above, this may be a coping mechanism, it does not meet the children's needs, yet staff are able to continue 'searching' for PC's and be assessed as competent.

The withdrawing of emotional involvement combined with the inability of staff to attain meaningful goals, as noted in Chapter Six, fundamentally questions the nature of the child-worker relationship. The evidence in this study would suggest that 'competence' can be evidenced, irrespective of the quality of the child-worker relationship. Even in extreme situations, where a children's home is 'out of control' and a worker cannot sufficiently differentiate between the children, she is able to be assessed 'competent' for SVQs. In such situations, there may be a considerable gap between the realities of the burnout experienced by some staff and the competence they demonstrate on 'paper'. It is this gap which may account for the commonly



expressed view that SVQs were irrelevant to practice, and it questions the inherent value of SVQs as a 'measurement' of the quality of care in children's homes.

Finally, it was argued in Chapter Two, that the 'new managerialism' in social work was increasing control over practitioners by narrowing the focus of education to more 'technical' knowledge. This focus on technical knowledge, as noted Chapter Five, was a dominant aspect of SVQs in sustaining the structured inequality inherent to residential child care. A central issue for this study, is that the control managers exert over staff in determining the nature of knowledge, may also be responsible for undermining the staff's ability to meet the children's needs. Hence, the assertion, previously noted by Jones (1999, p. 47), that a 'shift' in social work has occurred whereby 'the needs and demands of the agencies-rather than those of the clients- are given primary consideration', would be supported by the evidence in this study. The role of SVQs in helping to de-prioritise clients' needs is evident in this study; staff can be assessed as competent when they are experiencing symptoms associated with burnout and when the children's needs are not being met.

SVQs may therefore, be particularly attractive to the 'new managerialism' in social work because they 'conceal' the negative consequences of their actions upon the very people who are responsible for the direct care of children. SVQs have been used in an attempt to conceal the ongoing 'failure' of children's homes, despite the increasing control exerted by management over qualifying courses. Now that staff are being 'qualified', management are no longer open to the criticism, highlighted in reports in the post-war period, about an 'unqualified' workforce. The reality that children's needs remain unmet, has become suppressed by the a more dominant discourse of 'competence'.

### **Conclusion**

The withdrawal of staff involvement with children, whilst being able to demonstrate competence, fundamentally questions what SVQs are actually 'assessing'. The inability of staff to deal effectively with regular bouts of physical and verbal

violence from certain children is highly detrimental to establishing meaningful relationships. There are few occupations or professions in which staff are physically assaulted and/or verbally abused by a 'client', and still be expected to remain in 'their' living environment which is also failing to meet their needs. This was the reality for many residential workers in this study. The higher proportion of older children combined with increasing levels of violence, especially over the past decade, brings issues of aggressiveness, abusive behaviour and independent living to the fore of children's homes. As Milligan (1998) points out, by the time some children reach the place of 'last resort' they are confronted by 'preparation for care-leaving'. Yet the evidence in this study would suggest that SVQs have little impact in helping staff deal with such difficult issues. Instead of helping to empower residential staff, SVQs may be a tool for 'concealing' the ongoing failure of children's homes under a 'new managerialism' which has increased its control over education in social work.

The next chapter will present the third and final case study. It will develop further, some of the main issues regarding safety within children's homes and the ways in which 'competence' was integrated into different relationships with children.



# CHAPTER NINE

## CASE STUDY 3

### Introduction

The third case study is presented in this chapter and focuses on two SVQ units: **‘Contribute to the health, safety and security of individuals and their environment’**; and, **‘Support clients with difficult or potentially difficult relationships’**. The case study, as before, is used to present workers’ views of certain children in order to gain an insight into the child-worker relationship. The intention is to examine the way in which ‘competence’ is incorporated into practice in relation to safety and the ability of staff to work with children who have difficulty establishing relationships. The format adopted in the preceding two case studies will be used for presenting the information and analysing the data in this chapter. The case study focuses on five children. Six workers were interviewed in the children’s home.

### Case Study 3: Phase 1

Within this children’s home, two children, Lisa and Fiona dominated much of staff’s conversations. Essentially, the girls were deemed to be ‘beyond control’ of staff. Lisa’s behaviour was particularly problematic and she was in the process of being moved to another residential establishment (a residential school) during the first phase of interviews. When discussing Lisa, a worker stated:

Lisa was recently moved to the [a residential school] because of her uncontrollable behaviour. They didn’t really want her, so she got sent back here. Then she got moved back to the [residential school] on an emergency. She’d been up on the roof, and all that kind of stuff.

Similar to Lisa, Fiona was deemed to be far 'too damaged' for staff to effect any real change in her behaviour. However, unlike Lisa, who's inappropriate behaviour was often directed towards staff, Lisa's behaviour was directed more toward herself.

Fiona's got a baby. She's no chance of going back to her parents. Her baby's with foster parents and it's probably getting put up for adoption. Fiona's only 16, and she says she's never felt anything for the baby. But she's hurting- she gets drunk all the time and goes out with different guys. She's crying out for help. She needs help, counselling. But there's no money for that, so they say. That really cracks me up. She's with two or three guys at a time, in the graveyard and all sorts.

The inability to effect change in Fiona's life generated considerable anxiety for some staff. A factor common to all of the staff when discussing Fiona, was their feelings of powerlessness. As noted in previous case studies, such feelings of powerlessness were not uncommon. Yet, within this particular children's home, despite such feelings of powerlessness, staff implemented a strategy for two other very vulnerable children; Paul and Mark. In order to explore why staff's sense of powerlessness was less apparent with these two boys, the repgrids of certain workers will be presented, first in relation to Fiona, followed by Lisa, and finally Paul and Mark.

Of the six staff interviewed, four had experience of SVQs and only two included Fiona in their repgrid. As previously stated, this may be significant in that staff were asked to include the children they 'know best' or were 'most involved' with. Therefore, although Fiona is extremely vulnerable, she may not be a child staff know well, or, have much involvement with. Only one of the staff to include Fiona in her repgrid had experience of SVQs. Fiona was identified as the child 'you find particularly challenging' (element 3) by the worker. This worker's repgrid is presented below.



Display

Elements: 10, Constructs: 10, Range: 1 to 5, Context: Children

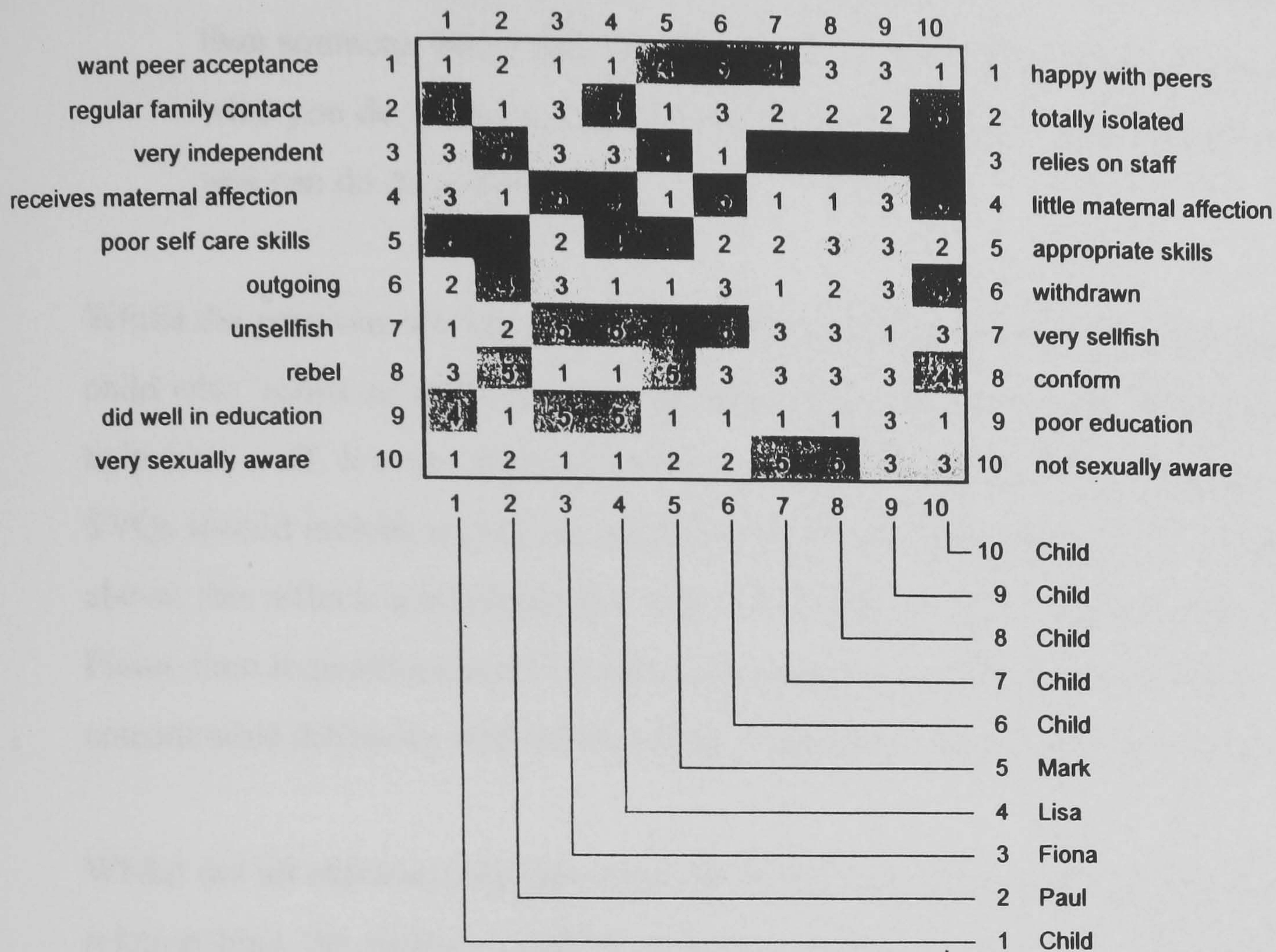


Figure 6. Display of the children repgrid from the first phase of interviews.

Fiona is perceived by this worker as being 'very selfish' (c 7), a 'rebel' (c 8) and someone who 'want(s) peer acceptance (c 1). Despite being rated 3 on the construct 'regular family contact-totally isolated' (c 2), Fiona 'receives little maternal affection' (c 4). Although Fiona is considered to be 'very sexually aware', she has 'poor self care skills' (c 5) and had a 'poor education' (c 9). The lack of maternal affection Fiona receives, her poor self care skills and poor education are likely to be significant in her ability to care for her own child. The significance of the worker's constructs become more apparent when considering a comment made by another worker, who had no experience of SVQs, and who did not include Fiona in her repgrid:



The most stressful part for me is dealing with kids like Fiona who don't want your help. They just see you as someone who is here to ruin your fun, rather than someone who might help them. She's constantly challenging no matter what you do. I find that so stressful. I feel I want to kill her. There's nothing you can do its so frustrating.

Whilst the previous worker (whose repgrid is displayed above) viewed Fiona as a child who 'relies on staff', this worker views her as someone who doesn't want any help from staff. It is not clear why only one of the four staff with experience of SVQs should include a child so vulnerable as Fiona in their repgrid. If, as suggested above, this reflects a relatively low level of knowledge and, or involvement with Fiona, then it questions staff's ability to provide support for a child who has considerable difficulty with relationships, especially 'mothering' her own child.

Whilst not all children may have such difficulties as Fiona in developing meaningful relationships, the ability of staff to meet their needs may also be limited. A worker who had experience of SVQs and who did not include Fiona in his repgrid stated:

Given the amount of kids we churn out who are far too damaged to be helped ... We can no longer help them. It's drastic, and we just put them out. It's a horrible scenario, but it happens all the time.

Like Fiona, Lisa dominated much of staff's conversations. Four of the six staff included Lisa in their repgrid. No staff identified Lisa as a 'child you particularly care about', or a 'child who understands your role'. Although staff in general may have more knowledge and, or, involvement with Lisa than Fiona (given the higher number of staff who included her in the repgrid), she, like Fiona, was not identified by any staff as a 'child who understands your role'. Two of the staff identified Lisa as the a 'child you find particularly challenging' (element 3).



The two workers who included Fiona and Lisa in their repgrids showed considerable similarities in their perceptions of the girls. The similarities are, for example, evident from the repgrid displayed above. Lisa, like Fiona, is perceived as 'very selfish' (c 7) and a 'rebel' (c 8). Lisa was also rated identical to Fiona in that they both 'want peer acceptance' (c 1), had a 'poor education' (c 9) and are 'very sexually aware' (c 10). For the construct 'very independent-relies on staff', (c 3) they were both rated '3'. Lisa has slightly less 'regular family contact' (c 2) than Fiona. However, the quality of any family contact appears limited for both girls who receive 'little maternal affection' (c 3), especially Fiona who is rated more extreme. Fiona has 'poor(er) self care skills' (c 5) compared to Lisa, whereas Lisa seems more 'withdrawn' (c 6). Despite the similarities between the two girls the intervention from staff was quite different.

Fiona was to remain at the children's home, whereas Lisa was to be moved to a residential school. What may be of particular significance to the different approaches, is not the level of need or vulnerability of the girls *per se*, but rather the degree to which any disruptive and uncontrollable behaviour is directed towards the staff.

Although Fiona is highly vulnerable, she may be remaining in the children's home, not because her needs are being met, but instead, because she is less of a 'management' problem for staff. Her 'selfishness' and 'rebelliousness', may marginalise her from staff, but the consequences of her negative behaviour are directed toward herself, rather than staff. While Lisa is 'up on the roof' of the children's home, Fiona is 'with two or three guys at a time, in the grave yard'. If Lisa is being moved because it is in her best interest (i.e. a positive intervention), then what positive intervention is being offered to Fiona? Any notion of best interest of the child would seem to be overshadowed by the best interests of the 'children's home'.



### Implementing a different strategy

Although staff expressed considerable apathy in dealing with children such as Fiona, they were more committed to supporting certain other children. Within this children's home, there was a very clear distinction between Lisa and Fiona compared to Paul and Mark, particularly in relation to staff's feelings of powerlessness. Paul and Mark, who were brothers, were described by staff as having 'special needs'. After entering the children's home, they had been subjected to such extreme bullying by the other children that 'drastic measures' were taken:

We had to separate these two boys from the other unit. They stay downstairs and aren't to go upstairs and the other children are not to come down here. When they first arrived they were part of the main unit, and they were getting really badly abused- punched and stuff. You know the kind of stuff, really negative stuff. And then we got a few kids in who were really brutal kids. Some really terrible things happened. Mark and Paul just weren't coping. It needed really drastic measures. At one point we were going to move them out of the home, but we decided to separate them by putting them downstairs. They're a lot calmer now. If things go wrong then they have the time to chill out and talk about it. They were poor wee souls, but the change is tremendous now. Paul over the past year has actually developed a sense of humour. He used to walk about here chalk white with his head slumped down. Now you can here him laughing from the other side of the house. It's great, they really are. They've been a real success.

The worker's comment not only indicates how severe the two boys were bullied, but how their quality of life was dramatically improved by the intervention of staff. The separation of these two boys from the main part of the children's home, and the identifying of specific staff who worked almost exclusively with them (approximately one year prior to the interviews), created a 'home within a home'.



In this smaller home, the brothers were effectively separated from the other children. This of course, raises ethical issues about separating children based on criteria, such as 'special needs', or being 'victims'. What message, for example, does this send to the other children in the home about their behaviour and the fact that two children have been segregated for their own protection? It was also noted that there was serious consideration given to moving them 'out of the home'. Again, there are equally complex ethical issues raised when transferring children to other residential establishments; most notably, a tendency not to deal with the underlying problem (i.e. the bullying). Significant to the case study, is that staff, despite their ongoing feelings of powerless, were able to devise and implement a strategy which protected two of the children. What is it about these two boys that warranted a more constructive solution to their situation, than for example Lisa or Fiona?

When examining the repgrids of workers, the following issues emerged. Five of the six workers interviewed included both boys in their repgrid. The remaining worker included only one of the brothers. This would suggest that most of the staff have at least some knowledge and, or involvement with Mark and Paul relative to the other children. The inclusion by so many staff is particularly significant given the two boys were in a separate 'unit' from the main children's home, where all but one of the staff interviewed worked. Therefore, some staff who were not directly involved in working with these two boys may have more involvement and, or knowledge of them than children such as Lisa and Fiona who, as noted above, were included by four and two workers respectively, in their repgrids. One worker identified Paul as the 'child who understands your role' (element 2). No other worker identified either child as such, and no staff identified the boys as 'a child you particularly care about' or 'a child you find particularly challenging'.

Information from the repgrid (displayed above) indicates that what separates these two boys most from their peers, especially Fiona and Lisa, is their willingness to work with staff. Unlike Fiona and Lisa who were 'rebel(s)', both Paul and Mark 'conform'. They are considered least independent of the children and each of them



`relies on staff'. This would suggest that Paul and Mark may be particularly receptive to staff intervention. Any chance of success from the involvement of staff may be enhanced by Paul and Mark's `regular family contact' (c 2) especially as they `receive maternal affection' (c 4).

Despite a general sense of powerlessness, staff were able to create a much safer environment for Paul and Mark compared to Lisa and Fiona. In doing so, staff had an important role in maintaining relationships with the two boys and preventing such relationships being terminated by a move to another residential establishment. In contrast, for children such as Lisa, being moved to a residential school has effectively terminated existing relationships with staff in the children's' home. Similarly, Fiona's level of vulnerability remains high, yet despite her difficulty establishing meaningful relationships, any involvement with staff, does not appear to be creating a more safe environment.

The extent to which SVQs have enabled staff to create a safer environment for the majority of children and support those children who have difficulty with relationships will be examined in the second part of the case study.

### **Case Study 3: Phase 2**

Information provided during the second phase of interviews suggested that the main part of the children's home had become `much more settled'. Comments from staff, suggested that the more settled environment was a result of having less disruptive children. As one worker pointed out:

I don't get the same challenging behaviour since the maddies left. It's a lot easier now. There were two kids who were really challenging... Mind you, I think I can deal with it better now, but we've definitely got less violence around now.



This more settled environment was generally associated with the reduction in violence. However, it would be misleading to assume that the violence had disappeared, as indicated by another worker's comment:

... we've had a few assaults on staff recently. But the verbal happens all the time. You fill in the V1 form and send it up to district. But they just file it. Nothing ever happens. Nothing gets changed... They aren't wee kids. I'm talking about 16, 17, 18 year olds who bide their chance and then go for it when you're on your own... So there's sometimes not enough staff... Last week one of the woman hurt her arm. She was off work because of it. Trying to restrain a kid using TCI. Trying to put a teenager in a basket hold. It doesn't work. The unit manager says we've a right to defend yourself when attacked...

Therefore, although the violence was still a major problem, most staff believed the frequency of violent incidents had declined significantly.

Another change that occurred in the second phase of interviews, although perhaps less noticeable to staff, was that no child dominated their conversations. This may be of some significance given that one of the children, Francis, seemed to exhibit particularly disruptive behaviour. Despite the similarities with Lisa and Fiona, she did not dominate staff's conversations in the way that these two girls had done.

When staff did mention Francis, their comments were brief:

Her whole attitude is dreadful. She is so arrogant and just takes, takes, takes. You can't do any work with her.

A similar comment was made by another worker:

She's an absolute nightmare. She's not been diagnosed as having special needs, but it's a problem with one of her genes. And it can come out in her behaviour... I think she uses it as an excuse for her behaviour.

A focus on a 'special needs' was evident from another worker's brief comment:

Francis has a form of dyslexia. Her reading and writing skills aren't too good.

The workers' repgrids provide additional information about the way they perceive Francis.

All six workers included Francis in their repgrid. It would appear that Francis has at least some involvement, or, is known relatively well by these workers. Five of the six workers identified Francis as 'a child you find particularly challenging' (element 3). The selection of Francis as 'a child you find particularly challenging' by so many staff was unique. No other child in any of the children's homes, either during the first or second phase of interviews, was selected so consistently in this criteria by members of staff. The worker not to select her in this criteria did not select her as 'a child you particularly care about', or 'a child who understands your role'. Although she did not dominate staff's conversations, Francis, like the children discussed in the previous case studies, was not identified by staff as 'a child who understands your role'. The extent to which children understand the purpose of staff's interactions with them may be particularly crucial in supporting those children who have difficulty in establishing relationships.

The repgrid of one of the workers who identified Francis as 'a child you find particularly challenging' is displayed below.



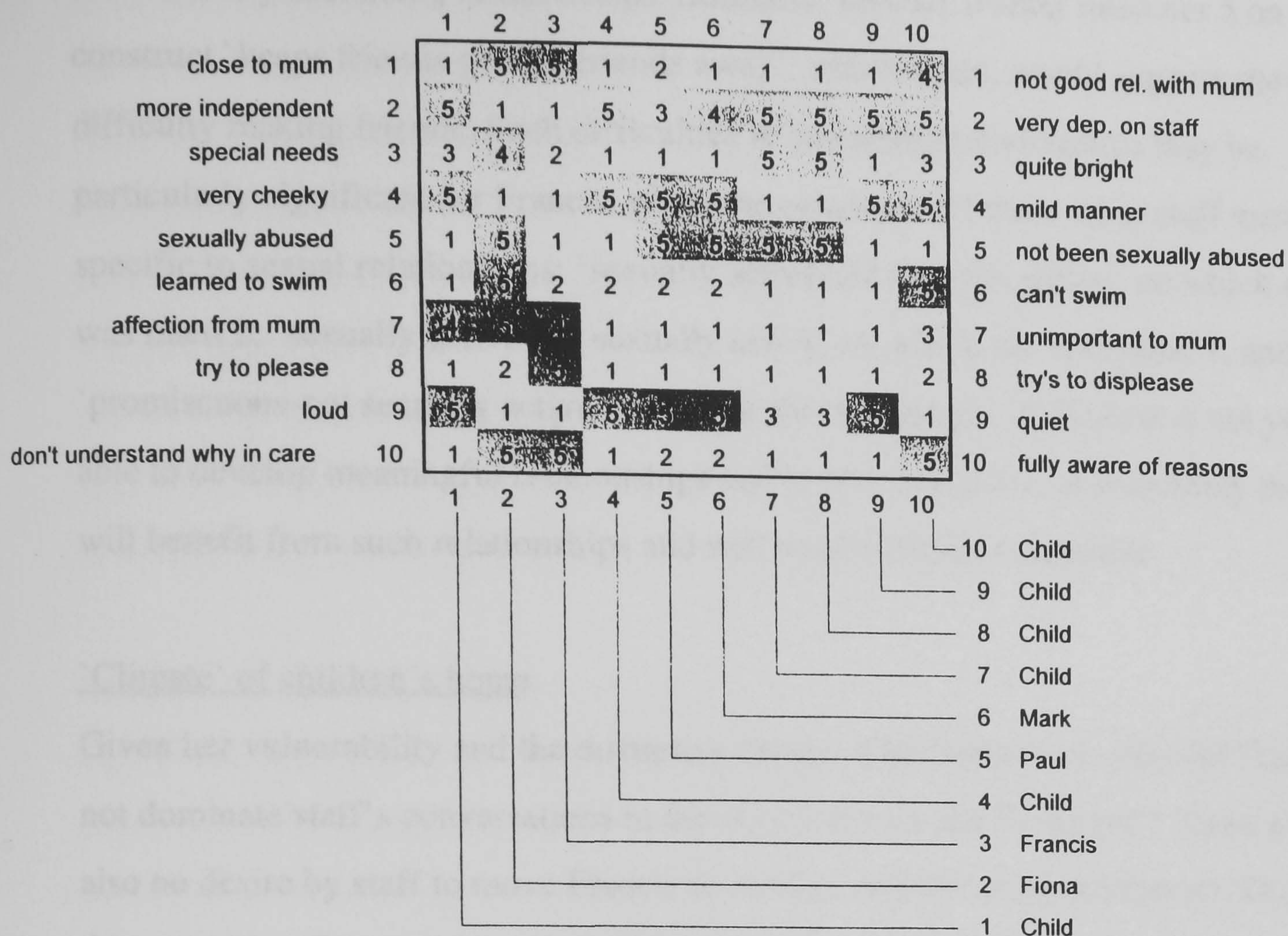


Figure 7. Display of the children repgrid from the second phase of interviews.

The worker perceives Francis as 'very cheeky' (c 4), 'loud' (c 9) and as someone who 'try's to displease' (c 8). The disruptive nature of Francis' behaviour would appear to be related to her being 'sexually abused' (c 5). Francis is 'fully aware of reasons' (c 10) why she is in care, despite being described as having 'special needs' (c 3). Although she is considered 'more independent' (c 2), she does 'not (have a) good relationship with mum' (c 1) and is 'unimportant to mum' (c 7). From the worker's repgrid, it would appear that Francis is an extremely vulnerable child. The repgrids of other workers provided very similar perceptions of Francis' vulnerability

Her vulnerability in maintaining relationships was a particularly common theme. For example, a different worker provided the construct 'work hard for relationships-short-term relationships' on which Francis is rated 5, which would suggest that she



has difficulty sustaining relationships. Similarly, another worker rated her 5 on the construct 'keeps friends-pushes friends away', which again, would suggest she has difficulty making friends. Such difficulties in sustaining relationships may be particularly significant for Francis, given the constructs of three other staff were specific to sexual relationships: 'sexually active-not sexually active' on which she was rated 2; 'sexually active-not sexually active' on which she was rated 1; and 'promiscuous-not sexually active' on which she was rated 1. If Francis is not yet able to develop meaningful relationships and is sexually active, it is unlikely that she will benefit from such relationships and will remain highly vulnerable.

#### 'Climate' of children's home

Given her vulnerability and the disruptive nature of her behaviour, why did Francis not dominate staff's conversations in the way that Lisa and Fiona had? There was also no desire by staff to move Francis to another residential establishment. Does this mean that Francis' negative behaviours were, like Fiona, directed more at herself than staff? Whilst this issue is not unimportant, the significance which staff attribute to a particular child's behaviour may be determined less by any individual characteristics of the child, than the general 'climate' within the children's home. Francis' disruptive behaviour appears to be occurring during a much more settled period in the children's home. In contrast, when Lisa was being disruptive, the general atmosphere in the children's home was very unsettled. Therefore, although there may be similarities in the children's behaviour and the way staff perceive them, the context in which the behaviour is displayed, may be highly significant in terms of intervention adopted by staff. That is, the actions of staff toward a particular child's disruptive behaviour, may be determined more by certain factors within the children's home, than the child's actual behaviour.

Essentially, Lisa's behaviour may have resulted in her being moved because she was one of the many disruptive factors within the unit. In contrast, Francis' behaviour, although highly disruptive, was less problematic for staff because it was not accompanied by additional disruptive actions from other children. This explanation



is, in part, supported by the events discussed in relation to Tom (Chapter Eight). It was noted that Tom was evicted during a highly unsettled period in the children's home. His departure however, did not provide the respite expected by staff; the children's home remained unsettled and another child, Gordon, began to dominate staff's conversations, which also focused on the need to move him out. The point is, that removing children such as Tom does not deal with the underlying problem. However, in relation to moving Lisa, the limitations of such a strategy may be less apparent for staff. Her removal coincided with a more settled period, hence the view, as noted above, 'I don't get the same challenging behaviour since the maddies left'.

Recognising that a more settled environment enables staff to cope better with a highly disruptive child may appear to be somewhat obvious. However, that certain children may be transferred or evicted from children's homes, based on factors outwith their control may be less obvious. Giving children, such as Lisa and Tom, 'ultimatums' which require them to reduce their disruptive behaviour, or face consequences such as 'eviction', may place unreasonable responsibility on the child. Put simply, they are set up to fail. Moreover, evicting children may incorporate a strong element of chance. Hypothetically, it would be possible to have two children in separate homes who were exhibiting very similar behaviour: that one child may be transferred to another establishment and the other remain, depending on how settled the children's home was, seems to rely more on chance than good child care practice.

This element of chance is not only beyond the control of children, it may equally be outwith the control of staff. Although the children's home was more settled, especially in terms of the reduction in violence, there was no indication that staff were adopting more effective ways of working. For example, there was no attempt to develop more proactive forms of practice. The reactive nature of much residential work was, as highlighted in Chapter Six, a common feature to all of the children's homes. Yet even when the children's home was more settled, staff continued to express the view that they had insufficient time to spend with the children:



You don't get enough time to spend with the kids. It's terrible... That's the worst part of the job and it really stresses me out. That's the biggest thing for me, and it's why I'll leave. The kids are crying out for us and we've not got the time to give them. There's always something else; paperwork, changeovers, phone calls or some emergency... With all that, there's not enough time to sit down and do one to one work with a child. You can't plan anything because the chances are it gets cancelled. Not enough staff or a meeting comes up. And the worst part is the kids know it...

This worker had made a similar statement over ten months earlier when the children's home was much more unsettled. Given the more settled environment, it would seem plausible to assume that staff had more time to spend with the children. No staff indicated that this had occurred. As noted in the first case study, the amount of time staff spend with children is a crucial factor in creating a safer environment. The only apparent change to have occurred during this more settled period, was the increase in tension amongst staff:

There's been an awful lot of bickering amongst staff... Too many are spending too much time in the office, moaning and criticising each other instead of being up front and dealing with the problem... And that effects the children.

It would appear that staff complain about the inadequate time they have to spend with the children, yet when such opportunities arise, they do not use their time more effectively. Why?

#### Declining levels of support in a more stable environment

Factors identified in Chapter Six, especially in relation to feedback, might explain why staff did not use the time more constructively. Part of the time-consuming nature of the bickering amongst staff may be due to the lack of opportunities staff



have to discuss practice issues and receive feedback. Even during the more settled period in the children's home, the level of feedback did not appear to increase:

You don't get a chance to off load. There should be times during the shift when you can sit down and talk about how you feel. I really think it would make a difference, especially when there's someone who's giving you feedback.

Similarly, using time more productively in terms of staff supervision was not evident during the more settled period.

I've requested supervision, but it just doesn't happen... It's always postponed because of an emergency or something. And time goes on. So it doesn't happen. I had 3 sessions early on and that was it. I've been here 17 months. At times I wonder why I keep asking. I suppose if my supervisor doesn't want to do it, then there's no point in trying to pressurise him... I doubt if I'll get much from it. Even the times I got supervision, it was more like me supervising him. He never shut up. Talked about his moans and groans.

In addition to the frequency of supervision, the quality of the feedback did not appear to change during the more settled periods and the emphasis remained, as noted in Chapter Six, on the 'negatives'.

Whilst the levels of support for staff in terms of feedback and supervision did not change, there may be some indication that support levels amongst staff actually decrease during more settled periods. Perhaps somewhat paradoxically, the reduction in violence may not only be a key determinant in creating a more settled environment, it may also create conditions in which there is a lower level of support between staff.



As highlighted in Chapter Six, the violent incidents were the only occasions where staff consistently gave high levels of support to their colleagues. If there has been a significant decrease in the levels of violence, then levels of support amongst staff might also decline. Although staff may not consciously reduce support to colleagues, it may be an unintended consequence of the reduced levels of violence. This absence of actually giving and receiving support cannot be underestimated. Any reduction in support generated by the lower number of violent incidents, if not transferred to other areas of practice, and there is no evidence to suggest such a change occurred, may help explain the increase in tension amongst staff. Although the support is no longer necessary, because of the lower levels of violence, the support may have been a channel for other important features, such as communicating feelings of empathy and trust. If these feelings are not communicated in other ways, then it may leave staff more isolated; a symptom of which may be the increase in 'bickering'.

The inability of staff to use their time more productively during settled periods may also be influenced by other factors which are linked to the way the children's homes are organised and structured. In particular, the independence of staff may be of considerable significance. As noted in Chapter Six, the vast majority of staff believed they had little or no independence, other than in relation to practical and mundane issues (i.e. housework, paperwork). If normal working practices of children's homes do not allow for staff to have real autonomy, then it may be particularly difficult for workers to take any initiative and use time more constructively during more settled periods. Moreover, using any initiative, may be further hampered by the absence of meaningful goals. It was also highlighted that many staff had difficulty giving an example of when they had achieved a meaningful goal. Unless staff have goals that are meaningful to them, then it is difficult to foresee how they could give any real purpose to the 'extra time' generated by the more settled environment. Within such environments, it may be particularly difficult to implement more proactive forms of work, and as a result, a



more reactionary or `fire fighting' ethos prevails. Such an approach could hardly be considered conducive to maintaining a safe environment.

#### The significance of the residential context upon children's behaviour

The impact of organisational and structural factors in creating a safer environment is particularly evident when comparisons are made with the smaller unit. Regarding the smaller unit, a worker commented:

There's only 2 kids in here... There's a set routine and the kids buy into it. The workers, because there's only one on each shift, can keep a tighter routine going. If I don't do something it's down to me. If the washing's not done or the floors are not clean when I go off shift, then my shift partner knows it's me... And what did the boys do today? If they did nothing, then that's down to me. Whereas upstairs, where there's more staff, it's easier to hide. It becomes a bitching session.

When asked what would happen if a child did not `buy into' the unit, the staff replied:

I think the kids always respond to one to one. It's the same as the staff, down here the kids can't hide... You put a programme together that's relevant to the young person, then it will work. If it meets their needs and it's fair, they know it, so they respond. It's more realistic down here... It's easier to portray a more normal house. Upstairs where there's 10 kids jumping about, it's chaos. There's a routine down here. It might just be the basic stuff, but that's important. You know making beds, doing dishes is important.

Therefore, despite the children upstairs being `maddies', such individual traits were much less evident in a different environment (e.g. `downstairs'):

The 2 units are totally different... When the kids from upstairs come down here, they behave totally different. They chap the door and ask to come in. They never just run around the back and come through that door... Upstairs it's much heavier issues and the kids come down here, I think it's because it's much calmer... Maybe they feel safe.

Such differences in the behaviour of the children, depending on 'where' they are, serve to reinforce the significance of the way in which children's homes are organised and structured.

Although the children's home had become more settled, there was no evidence to suggest that workers were more equipped in meeting the children's needs. The following worker's comment regarding Karen, who was sixteen, highlights this point:

It's taken us 3 years to get counselling for her... She was really badly sexually abused. She missed years of school. She would find it really hard to hold down a full-time job... That's her counselling just started now.

The fact that the counselling finally started, did not appear to be linked to any additional input by staff. Whilst this may be viewed as an extreme example, in that three years is such a long time, it was not unique. For example, although workers were aware of the vulnerability of Fiona, there was a general view that her needs were not being met. Although Fiona was no longer dominating staff's conversations in the way she had done during the first phase of interviews, she remained extremely vulnerable. The following comment gives an insight into her suffering and how he believes much of it could have been avoided with the right support:

She missed a lot of school because of the death of her mother. She got mixed up with the wrong crowd... She had a baby and it's up for adoption. I think



come Christmas time it will really hurt her. But they're trying to rush it through. None of her family wanted the baby. Her dad remarried and Fiona didn't get on with her stepmother. She had the baby in November [19]97, then she gave the baby up. She wasn't coping. She was supposed to go into a mother and baby unit, but there was no spaces. So the longer she waited for a space, the more she started losing it... Eventually, she blew up and disappeared for about 4 weeks. She just couldn't cope. The baby's with foster parents, but she's not been turning up for the meetings to see her kid. She did get photos of him last month. That was his first birthday...I think if she'd got the right support, she'd have been okay. We've only got one mother and baby unit. If they had given her the support at the beginning... But imagine leaving a kid in here with a baby. Totally inappropriate. At the beginning it was a novelty for the kids- having a wee baby. But when she wouldn't stop crying ... tell that fucking wane to shut up. That got to her. She couldn't handle the other kids giving her that kind of grief.

This worker's comment highlights some of the consequences for a child when staff are unable to provide the necessary support.

### **Discussion**

The case study highlights a number of issues for understanding the impact of SVQs in creating a safe environment and supporting children who experience difficulties in developing meaningful relationships. Of the six staff interviewed, four were undertaking SVQs for between 2-4 years. By the second phases of interviews, five workers had experience of SVQs: two had recently completed SVQs; two had been doing them for over three years; and one had started shortly after the first phase of interviews.

### **Distorting the child-worker relationship**

The strategy of separating the two boys who were being bullied would be an important area where staff could demonstrate competence in creating a safe



environment. However, the meaning of this competence becomes more opaque when children such as Fiona and Lisa are considered. It could be argued that Lisa is being moved to another residential establishment in order to protect her and other children from her disruptive behaviour. Again, such intervention could be viewed as an area where staff are able to demonstrate their competence in creating a safe environment. However, it raises questions about the way in which Lisa is being supported. Given the difficulty she has with relationships, moving her to another residential establishment, will effectively terminate any relationships she has developed. The underlying reason for her move related more to the difficulties she generated for staff. Subsequently, being a 'management' problem appeared to supersede issues of the child's vulnerability. Any potential for staff to demonstrate competence in creating a safe environment, appears to be restricted to a minority of children, rather than the children's home in general. This may explain why so many staff believed SVQs were irrelevant to practice.

The characteristics of individual children may also be significant in understanding the ability of staff to create a safe environment. Fiona, despite being highly vulnerable, was not being moved to another residential establishment. This situation appears to be shaped primarily by her negative behaviour being directed towards herself rather than staff. Moreover, comparisons with Paul and Mark would suggest that staff's inability to protect Fiona, may be linked to her unwillingness to 'conform' or 'rely' on staff. Evidencing competence may therefore be dependent on protecting those children who are more willing to accept staff intervention. Children who do not conform and do not cause excessive disruption for staff, may remain unprotected and receive little support in developing relationships.

Whilst competence could be demonstrated with those children who are willing to 'conform', it is dependent on responsibility being placed with the child. Hence, if the children did not accept support, they were often deemed 'out of control'. Placing responsibility with the child, is a distortion of the child-worker relationship, because it rests on an assumption that the child is able to understand the role of the worker.



To place responsibility on those children who do not understand the role of the worker, for example, many of those highlighted in the case studies, risks excluding them from what is effectively a place of 'last resort'. The fragmented nature of SVQs does not combat this distortion, thereby allowing children to remain unprotected whilst workers are simultaneously powerless and 'competent'.

#### Lacking purpose during more settled periods

Despite the significance of violence, the irrelevance of SVQs prevailed even when the children's home was more settled. During such periods, there was no evidence to suggest that staff were more equipped to meet the children's needs. The frequency and quality of feedback and supervision did not improve, and there was some evidence to suggest that tensions amongst staff actually increased during the more settled periods. Factors such as staff's lack of independence and ability to identify meaningful goals also prevented any real change towards more proactive forms of practice. Such factors, as noted in Chapter Six, limit the domain in which staff can demonstrate their competence. This may be of particular significance when competence is related to 'safety' in the environment. If staff have no real autonomy and are unable to respond with the necessary support, then how can they develop a safer environment, especially when supervision and feedback is often inadequate? Evicting the 'maddies' may be the only solution, as it has the potential to provide staff with some respite.

Alternatively, for children such as Fiona, their vulnerability remains, even if they do not dominate staff's conversations. The evidence in this case study would suggest that the ability of staff to incorporate with any consistency, **the value base unit** and '**Promote equality for all individuals**' is extremely limited. For example, the performance criteria which states 'effective communication is promoted in ways which are consistent with the worker's role' does not appear to underpin the nature of staff's relationships with Fiona. Yet, staff were continuing to be assessed as competent for SVQs.



### Fragmented nature of `competence`

`Competence' can be demonstrated in environments which are not meeting the children's needs because of the fragmented nature of SVQs. This situation is created by two basic features: the complexity of children's homes; and the evidencing of performance criteria. As there is no need to integrate the range of evidence in a more holistic way, PCs can be linked to minute aspects of practice which have been `extracted' out of the context which gives it its full meaning.

As previously highlighted in Chapter One, Carr (1993) differentiates between competence as a `capacity' and a `disposition'. It was suggested that the SVQ format adopted competence as a `disposition' -the accumulation of competences- which then resulted in competence as a `capacity'. The problem is that the accumulation of the PC's do not reflect the reality of life in a children's home. If it did, then why are SVQs viewed by so many staff as irrelevant? It is this irrelevance for practice which enables workers to complete SVQs, and be competent as a `capacity', whilst the needs of the children remain unmet.

This fragmented approach however, is not a chance occurrence. It is the fragmented nature of SVQs which allows the `veil' of competence to be established; thereby consolidating the position of the `new managerialism', despite the ongoing failures of the system. Not only do SVQs enable workers to demonstrate competence, which has little resemblance to the reality of their work, it creates insufficient change toward more appropriate working practices.

### The case study: a `true' account?

This case study, and the case studies in the previous chapters, present a pessimistic account of children's homes. The evidence is based on those issues which were of greatest concern to staff. Whilst such views may not necessarily be entirely `true', or shared by other personnel, such as management, it does reflect a perspective which is crucial to understanding SVQs. It would be equally misleading however, to assume that the views of staff presented in the case studies are completely



inaccurate, or unrepresentative of other residential establishments. Residential child care was, as previously noted, characterised as having history of 'repeated failure' (CCETSW, 1992) and more recently, was documented as 'a woeful tale of failure', by Frank Dobson (1998).

Whilst the children discussed in the case studies may be unrepresentative in that they were particularly vulnerable and demanding, the issues raised, may be representative of many other children's homes. The children who were presented in the case studies were, in many respects, a 'product' of the children's homes; a consequence of staff being unable to care for them and meet their needs. As Frank Dobson (ibid.) reminds us:

The whole system had failed.

The failing of a whole system is 'the context' in which workers were assessed as competent for SVQs in this study. The claim that SVQs are 'passports of excellence which enable the holder to improve skills and advance in the workplace' (Workplace Assessors Manual, 1994, p. 1) was not supported by the evidence in the case studies.

### **Conclusion**

The inability of staff to protect certain children is perhaps the most fundamental failing of the children's home. This was a recurring theme throughout all three case studies. A common feature of the five SVQ units highlighted, was the difficulty workers had in safeguarding the children. If workers do not feel more equipped to support and protect those children who occupied much of their time and energy, then it questions the value of SVQs and the extent to which they can be viewed as anything other than dealing with the 'trivial'. The process of being assessed as competent may be particularly frustrating for workers when they feel powerless to deal with the most salient issues affecting the children's lives.



When certain working practices are embedded in the culture of children's homes, it may be difficult for any training or educational programme to create real change without a restructuring of the entire residential child care system. However, within such complex environments as children's homes, SVQs may present problems unique to the competence-based approach. In particular, the fragmented nature of the competence-based approach enables workers to meet the necessary performance criteria, even when the children's needs are not being adequately met. Not only do SVQs fail to effect any real change in practice, they create the 'illusion' of change by assessing workers as competent, thereby creating a 'qualified' workforce.



# CHAPTER TEN

## CONCLUSION

### Introduction

This study examined the impact of SVQs within children's homes. The evidence, from thirty workers in nine different children's homes, would suggest that SVQs are of no significant benefit to residential child care staff. The exclusion of any comprehensive learning from the SVQ format, combined with the dis-empowered position of staff, are key determinants in the ongoing 'failure' of residential child care. Within this failing system, the actual meaning of 'competence' remains elusive. If these children's homes are representative of the sector, then this study provides evidence to suggest that residential child care requires more than a 'tinkering' with the system, or incremental changes, or worst still, the maintenance of the status quo under SVQs. Instead, there is need for a genuine 'leap forward' in the policies and provision for society's most vulnerable children.

Given this study is relatively small in scale, it is difficult to make any firm generalisations about the impact of SVQs at a National level. Nevertheless, the research findings indicate serious cause for concern and three statements, based on the evidence in this study, are offered later in this chapter. The scale of the study and consequent issues of generalisability mean that these statements fall short of being recommendations. Although the statements are presented separately, they are inter-related in terms of their rationale and purpose.

### Value and Originality of this Study

The originality of this study was in its analysis of SVQs within a specific work environment: children's homes. Despite the overwhelming array of publications giving support to SVQs, actual research has been much less forthcoming. This study has adopted a more critical approach and questions whose interests are really being served by SVQs. The decision to focus exclusively on residential staff adds to the



study's originality by valuing the 'subordinates'; based on the premise that staff have a unique insight into SVQs. Although their views are not necessarily correct, or undisputed by other personnel, researchers have too often ignored the staff in children's homes. Rather than accept 'official' definitions of competence and the implicit 'common-sense' and 'neutrality' that permeates the concept, this study has attempted to move beyond surface appearances and examine the way power is wielded in residential care.

### **'Failure' of SVQs**

Two central and inter-related themes underpin the evidence for this study. Firstly, there are fundamental flaws within the SVQ format. Essentially, the fragmented nature of SVQs fails to encapsulate the complexity of the staff's experience in children's homes. Therefore, despite the 'work-based' nature of SVQs, they have little relevance for practice. Secondly, the children's homes are organised and structured in ways which dis-empower staff. As a consequence, residential staff do not have the necessary autonomy and responsibility to develop meaningful relationships with the children. Yet, the fragmented nature of SVQs enable staff to demonstrate competence, even when the children's needs are not being met.

Whilst there are fundamental weaknesses in the SVQ format, any criticisms must be considered in relation to the history of 'failings' in the residential child care system. If the system continued to fail throughout the 1990's, as acknowledged by Frank Dobson (1998), then it raises two central questions:

- (1) How could 'competence' at the level of the individual worker be demonstrated and assessed when a 'whole system had failed'?
- (2) Are SVQs a contributory factor that sustained a failing residential child care system?



In order to consider these questions, it is necessary to examine the way in which power has been wielded in children's homes.

### **SVQs and the Different Manifestations of Power**

Despite the repeated and persistent demands to qualify residential child care staff in the post-war period, resistance from government and the new managerialism in social work, have served to keep education out of reach from the majority of staff. It was previously argued that these two factions have formed the 'power bloc', and have successfully excluded educational input, particularly Higher education, from the residential sector.

Marginalising education has enabled the power bloc in social work to increase its control by defining the 'official' knowledge of SVQs within a technicist paradigm. In the wake of the numerous scandals, it was politically unacceptable to do 'nothing' when the majority of staff were unqualified. Therefore, rather than address the complexities of residential child care, staff became qualified using the SVQ format. The evidence in this study would suggest that the introduction of SVQs has enabled the new managerialism to increase control over staff whilst simultaneously giving them 'qualified' status. Lukes' (1974) three dimensional view of power provides a framework for analysing the way SVQs have been used to exert greater control over staff.

### **Power to residualise children's homes**

Power in the first dimension is, according to Lukes, relatively obvious and corresponds in many respects to the 'residualisation' of residential care. Despite the assertion by Skinner (1992) that residential child care should be a 'positive choice', the evidence in this study, and indeed subsequent government reports (e.g. Utting, 1997), suggests that there was no real choice; children were often forced into inappropriate placements. How can a child's 'best interests' be met within a residential system that offers no choice of placement? The rhetoric of the best



interests of the child has been used to conceal the reality; residential placements frequently fail to meet children's needs.

Comments from staff in this study suggest that many of the placements in children's homes were a 'last resort'. Yet, it is within this residualised service that staff are being assessed 'competent'. Utting (1997) advocates that 'shoe-horning' children into unsuitable placements is a strategy responsible for much of the tension and conflict within residential care. However, rather than have such tensions discussed in an open forum, which involved children and staff, employer-led organisations have attempted to suppress them.

#### Power to 'silence' residential staff

The ability to suppress key issues requires power, in terms of Lukes 'second dimension', to be wielded in less obvious ways. SVQs represent a more subtle form of power because they have suppressed the demand to qualify residential workers with the DipSW, as recommended in the CCETSW (1992) report. Instead of closer parity with their fieldwork colleagues, residential staff have remained wedged in the lower tier of social work.

Given the imbalance of power between employers and residential staff, certain realities, such as the irrelevance of SVQs for practice, remain relatively well concealed. It is the dominance of the new managerialist perspective which 'silences' the voice of residential staff. As noted by Dominelli (1997, p. 161), employers 'do not substantiate their allegations with empirical evidence' and their pronouncements 'have consisted of rhetoric and long-term aspirations to wrest control of the educational agenda'. Since the 1970's the shift in power from educationalists has meant that employers can demand evidence from 'others' whilst simultaneously deflecting such demands from themselves. With the introduction of SVQs in the 1990's, the ongoing 'failure' of residential child care continues, but now under the guise of 'competence'. Moreover, any new demands by staff for training and education have been suppressed. After all, who would not want 'competent' staff



caring for vulnerable children? The long-standing educational apartheid in social work has been legitimised by SVQs, whilst simultaneously 'silencing' any demands to qualify residential staff on a par with their fieldwork colleagues.

Filling the unqualified void in residential child care with a form of 'competence' which maintained the dis-empowered position of staff, was essential for employers to sustain their increasing control in social work. As noted in Chapter Two, control over education is crucial because it enables those in positions of power to determine the responsibility of social work. For SVQs to empower residential staff, it would have required the employers to relinquish some control. The reticence of the employers to yield any control is perhaps most evident in the technician nature of the underpinning knowledge for SVQs. The focus on technical knowledge is a central feature in maintaining residential care as a 'non-profession'. As noted in Chapter Two, Jamous and Peloille (1970) highlight the need for professions to establish the necessary balance between indeterminate and technical knowledge. The unqualified tradition in residential care positioned it at the level of vocation or occupation; below the sub-professional status of the qualified field workers. The technician approach of SVQs has 'formalised' the occupational status of residential work.

Under the employer's agenda there has been a shift away from education, knowledge and understanding, towards a system of training and skills attainment. The 'narrowing' of knowledge to a technical approach has taken a particular form within the new vocationalism of SVQs. As previously noted, SVQs are 'independent' from learning. Perhaps somewhat paradoxically, a 'learning society' has been envisaged in which certain qualifications, for the least qualified staff, actually exclude learning. It is this shift towards a more technician knowledge that has enabled staff to be qualified. The employer-led organisations had to find a way of suppressing demands for a qualified workforce, whilst maintaining their increasingly dominant position in social work. SVQs provided the solution to both these 'problems'. This was achieved, in part, by distorting staff's perceptions of their own role.



### Power to manipulate staff's perceptions of their responsibility

The manipulation of peoples' perceptions is, according to Lukes third dimension of power, the most difficult to detect. Power in this third dimension aims to distort or manipulate people's perceptions to the extent that they are generally unaware of the control being exerted. The sheer volume of literature giving, at times, unquestioning support to the competence-based approach, has virtually swamped the minority writers offering a more critical perspective. Yet, despite the proliferation of SVQs within social work, the evidence in this study would indicate that residential workers have not been 'manipulated' into believing the claims about SVQs. Staff were aware that SVQs were not meeting their own learning needs, or improving practice.

Although desirable, it is perhaps unnecessary for SVQs to 'manipulate' staff's perceptions. After all, even if they know the 'truth', they are not in a position to do very much about it. As Lukes (1974, p. 23) reminds us, 'the most effective and insidious use of power is to prevent such conflict from arising in the first place'. The dis-empowered position of staff does not end the tension or potential conflict surrounding education and training, but it does prevent 'them' from placing it on the agenda.

Whilst most staff in the study were not duped by the official discourse promoting SVQs, a degree of manipulation was evident in terms of 'their' responsibility. The manipulation centred on their 'fear' of not completing SVQs. Entwined with this fear was a notion of personal choice. The 'new vocationalism' and 'life skills training' has not enhanced the position, or choice, for 'individual' residential workers. The choice on offer, in terms of qualifications, is the 'freedom' to undertake SVQs. Individuals are left with the freedom to remain unqualified: to be incompetent.

Inherent to the ideological position of SVQs therefore, is the ability of the employer-led organisations to shift responsibility for being 'unqualified', or, 'incompetent' onto the staff. This manipulation abdicates any blame from the employers or



government for future problems (i.e. scandals) as they have provided the opportunities for individuals to become qualified. Within this 'meritocracy', SVQs ignore structural inequalities by focusing almost exclusively on the 'individual'. More importantly, the actions of the employer-led organisations appear acceptable and even 'fair'. The reality however, is that residential staff are denied the opportunity to learn and develop as practitioners. At the same time, they are considered 'inferior' because of their unqualified status. Not only do the employer-led organisations add insult to injury by 'offering' SVQs to residential staff, they simultaneously proclaim their adherence to 'equal opportunities'.

### **Consequences of the 'Technicist' Approach for the Child-Worker Relationship**

Although the dominance of technical knowledge enables employers to increase control over staff, the implementation of a technicist approach does little to improve the quality of the child-worker relationship. The evidence in this study suggests that the underpinning knowledge of SVQs did not enhance the ability of the majority of staff to develop meaningful relationships with the children. Instead, the knowledge and power which employers have denied residential staff has created a 'void' in which the interaction between the worker and child takes place. Within this void, power sharing is minimal. The denial of the necessary power and knowledge may be a key factor in the ongoing failings of residential care. Whilst a low skills 'equilibrium' within industry may find a niche in the market place, a low skills equilibrium has persisted throughout the history of residential child care. Transferring 'new vocationalism' to residential child care has, on the evidence of this study, simply sustained the low skilling of staff; the main difference in the 1990's, is that it occurs within a 'learning society'.

In shaping the responsibility of social work within contemporary society, the employers have created a notion of 'competence' which effectively marginalises the centrality of the helping relationship. As noted in Chapter Two, the casework approach of the Charitable Organisation Society was to remedy any 'defect' or 'deficiency' in the 'individual'. Although this approach conflicted with the socialist



reformers of the late nineteenth century, the casework model established the 'relationship' as the essence of social work throughout the twentieth century. The focus of SVQs on 'performance criteria' and 'outcomes' has altered the nature of the helping relationship. If, at the end of the twentieth century, a child can have a 'deficit' and the worker can be 'competent' even when the most basic needs of the child are not being met, then it questions the very meaning of a 'helping relationship' and its centrality within social work.

#### Sustaining an unsafe residential environment

The quality of the child-worker relationship is greatly diminished by the inability of staff to provide a safe environment. Within this study, any potential for staff to demonstrate competence in creating a safe environment was restricted to certain children, rather than the children's home in general. Such practice may explain, more than any other factors, why so many staff believed SVQs were irrelevant to practice; if staff cannot protect children, then everything else is likely to be of secondary importance. The failure to provide adequate safeguards is neither limited to the children's homes in this study, or a recent phenomenon. The report by Utting (1997, p. 11), for example, emerged after a series of abuse scandals in the early 1990's and questions the extent to which 'the safeguards instituted since 1991 are strong enough to prevent similar abuses occurring'.

Whilst the abuse scandals in Scottish children's homes have been on a smaller scale compared to England, the failure to provide adequate safeguards not only creates a fertile environment in which abuse can take place, it also, highlights the ongoing uncertainty about what is actually happening in children's homes. If staff are disempowered and 'silenced' by the organisation and structure of children's homes, then how can we know what is actually happening. This is not to suggest that there is frequent or widespread abuse in Scottish children's homes. However, the ongoing failure to provide adequate safeguards, especially when there is a new facade of 'competence', might make unearthing the reality all the more difficult.



Safety is further undermined by what appears to be the 'accepted' levels of violence within the children's homes. The 'void' in which children and staff interact is often characterised by 'out of control' children, and staff who feel powerless to deal effectively with violent behaviour. Violence in such situations may be significant in distancing further, attempts by staff to establish meaningful relationships. This was most evident in the inability of staff to sustain involvement with certain children. For a minority of children, especially those deemed particularly problematic in terms of their disruptive and violent behaviour, there was a distortion of the child-worker relationship. This distortion placed responsibility for being helped with the child.

#### A fragmented approach

The distortion of the child-worker relationship and the failure to protect many children can be equated with competence because of the fragmented nature of the technician approach. Given that there is no need to integrate the range of evidence in a more holistic way, PCs can be linked to minute aspects of practice which have been 'extracted' out of the context, which gives it its full meaning. Yet, it is this context which staff experience in their everyday working lives. As SVQs do not reflect workers' experiences, it is perhaps unsurprising they were considered irrelevant for practice. The problem however, is not only do SVQs enable workers to demonstrate competence, which has little resemblance to the reality of their work, it creates insufficient change toward more appropriate working practices. If SVQs can be 'passports of excellence' when children's needs are not being met, then this reflects a definition of 'competence' which is quite different to any common usage of the term.

When certain working practices are deeply embedded in the culture of children's homes, it may be difficult for any training or educational programme to create real change without a restructuring of the entire residential child care system. Within such complex environments as children's homes, the rationale for the current technician approach has been two-fold. Firstly, the technician approach is more suited to the fragmented nature of SVQs; which enables workers to meet the necessary



performance criteria, even when the children's needs are not being adequately met. Secondly, the technician approach evokes the 'illusion' of change by assessing workers as competent, thereby creating a 'qualified' workforce. The technician approach underpinning SVQs is not designed to inform individuals, but to maintain existing relationships in which residential staff are dis-empowered .

### **Consequences of SVQs for Staff**

Evidence in this study suggests that the working cultures of children's homes are not only dis-empowering, in that they prevent staff from meeting the children's needs, they also act as a barrier towards completing SVQs. It was noted in Chapter Five, that although most workers did not believe they would learn anything new from SVQs and that they did not help their practice, they wanted to complete them because failing to do so would be detrimental to their future employment. Yet, if workers have low levels of autonomy and are unable to show any real initiative at work, then it may be reflected in the difficulty many staff had progressing with SVQs. To complete SVQs, workers had to motivate themselves and take responsibility for their own actions (e.g. do SVQs in their own time). How are staff supposed to develop, or sustain such qualities, when they are undermined by the way in which children's homes are organised and structured? Even if staff do develop some autonomy and initiative when progressing with SVQs, there would appear to be few opportunities for them to re-apply such qualities in the workplace.

The decision to implement SVQs for residential child care staff was not 'neutral' or free from ideology. The behaviourism and functional analysis that underpin the SVQ format is shaped by an employer's agenda. A key aspect of this agenda appears to be the widening distinction between 'conception' and 'execution' within social work practice. This distinction is not new and has been integral to maintaining the unqualified 'hands on' practice of residential work. What is new, is the attempt to legitimise the separation of conception from the execution under the guise of a qualification. Staff's understanding of the execution or 'doing', as evidenced in this study, had minimal relevance to the assessment of competence. The focus on



assessment also marginalises the need for learning, whilst at the same time, qualifying workers in what they are doing. Integral to the ideology of SVQs therefore, is the creation of a 'qualified' workforce, without any significant increase in the knowledge base, and hence professionalism of residential work. The failure of SVQs to link staff awareness and understanding towards improving the quality of care, may have an adverse impact on staff.

The high levels of stress and excessive demands placed on residential staff has been linked to burnout (e.g. Kent, 1997). Although this study did not attempt to explore burnout *per se*, the use of the concept to adapt a repgrid, did generate information which questions the ability of staff to develop and sustain meaningful relationships with children. If workers have little autonomy, are unable to identify meaningful goals and experience high levels of stress over which they have little control, then the risks of burnout may be particularly high. Moreover, if workers continue the 'thinking' despite the emphasis of SVQs on the 'doing', then a programme which tries to ignore this reality is unlikely to help them minimise the risks of burnout. In fact, if workers do not believe SVQs make any difference, and yet feel forced to undertake them, it might add to the existing stress levels generated by work.

#### Lack of opportunity

With virtually no opportunities for secondments, the vast majority of staff are unlikely to have the financial resources to enter full-time study. Accessing the DipSW was not a reality for most of the staff because they did not have the necessary qualifications. Only one worker, from all of the staff interviewed in this study, had progressed from SVQs to the DipSW. Moreover, not a single worker who had completed SVQs was in the process of undertaking the DipSW during the duration of the study.

Approximately half of the staff interviewed in this study had no qualifications relating to social work. Most of the remaining workers had an HNC in social care. The value of the INSET course, for workers who did not have an HNC, appears



somewhat limited in providing the necessary 'underpinning knowledge'. Even those workers with the HNC may have insufficient underpinning knowledge on which to assess themselves: the HNC is at the lower end of a continuum of courses in social work, yet residential child care is one of the most complex and demanding work environments.

Higher qualifications include the DipSW, both at undergraduate and post graduate level and a degree in social work. Although the level of learning within a one year HNC is likely to be greater than the INSET programme, social work departments did not recognise the HNC in terms of any qualification bar. As such, it would be plausible to assume that minimal status is given to learning. The concern over 'critically thinking' students and the desire to remove social science, especially, sociology from social work education (e.g. Davies, 1981), has been taken to its extreme conclusion within SVQs. From the evidence presented in this study, the 'independence' of SVQs from learning, represents the exclusion of any substantial theory drawing on social sciences, in preference for a narrow technicist knowledge base.

The adverse consequences of SVQs for staff and children are entwined with the ongoing failings of residential care. SVQs were a response to the 'scandals'. To maintain an unqualified residential workforce in such a 'climate' was politically unacceptable. On the basis of this study, it is argued that the alternative has been to create the 'illusion' of a qualified workforce. SVQs performed this task: residential staff could be qualified and competent, even when the children's needs remained unmet.

**Statement 1: the implementation of SVQs was not based on any comprehensive research about their effectiveness. To persist with a qualification which, on the evidence of this study, perpetuates the 'failings' of residential child care, is a betrayal of the most vulnerable children in society. Given the very serious shortcomings that emerged from the children's homes in this study, there is an urgent need for**



**research on a larger scale that critically examines the validity of SVQs as a method of qualifying staff.**

### **A 'New' Residential Qualification?**

Whilst there are fundamental flaws in the SVQ format, the way in which children's homes are organised and structured may undermine the benefits of an alternative residential qualification. In contrast to the CCETSW (1992) report that advocated the DipSW as a 'minimum' qualification for residential child care staff, writers such as Milligan (1998) have argued for a 'separate' residential qualification. A shift away from the SVQ/HNC towards a new and separate residential qualification was, according to Lindsay (1998) 'under discussion' following a review by Sam Galbraith, Scottish Office Minister for Health and Social Work <sup>35</sup>. Whilst a new residential qualification might represent an important shift in the education and training of staff, evidence in this study suggests that it will have a limited effect in meeting the needs of children.

As with the DipSW, a new residential qualification raises question about accessibility. How will staff, who are currently employed in children's homes, gain access to a new qualification? As highlighted in this study, a qualifying programme that is undertaken in the workplace is not conducive to empowering individuals or creating a supportive learning environment. To be effective, a new residential qualification would have to take place, at least in part, outwith the working environment. This would however, require a much greater level of investment than is currently allocated to SVQs. Given that many staff do not have any relevant social work qualifications, access to a new residential qualification would have to be linked to SVQs, HNC or both. If social work departments are substituting the HNC with the INSET programme as a means of providing the 'underpinning knowledge', then there may be even less opportunities for staff to access a new qualification.

---

<sup>35</sup>At the time of writing, a new residential qualification is being devised under 'The Scottish Initiative for Residential Child Care Education and Training'. This is a government funded



Gaining access to a new residential qualification that is linked to SVQs, questions what 'measurement' or standard is being used for accreditation. Accredited Prior Learning (APL) is linked to many qualifications, however, SVQs cannot be considered within this framework because they are 'independent' of learning. To link SVQs with qualifications such as SCE Highers, would be to compare 'assessment' with 'learning'. This is not to suggest that workers who undertake SVQs cannot transfer certain core knowledge and skills to other work and learning environments. The point is, that SVQs do not accurately reflect the level of knowledge and skill possessed by staff. If staff believe SVQs do not reflect the reality of their work and that they can be assessed as competent when the children's needs are not being met, then what are SVQs actually measuring? Evidence in this study suggests that giving accreditation to SVQs on par with qualifications that involve learning is inadequate. Any attempt to link SVQs with more traditional courses, would undermine the value of a new residential qualification, thereby repeating history, and creating another low status equivalent to the CSS.

#### Restricted to residential care

In addition to accessibility, a new residential qualification would restrict individuals to residential care. Criticising a qualification on this basis may appear somewhat contradictory, after all, they would be amongst the highest qualified practitioners in residential child care. However, it is necessary to restate that the small numbers of residential staff who attained a CQSW or DipSW, often used it as a 'ticket out' of residential work. Even those workers who enter residential care after qualifying, as previously noted by Lyons and Wallis-Jones (1998), seldom remain for more than 5 years. In the past, qualified workers have left residential care, or (in greater numbers) not entered the residential sector, because other areas of social work were considered more rewarding in terms of job satisfaction, pay and personal development. If qualified workers do not want to enter residential child care, or remain there for any length of time, and residential workers cannot leave because they do not possess the necessary qualifications, then a new residential qualification

---

consortium consisting of the University of Strathclyde, The Robert Gordon University,



will perpetuate the underlying problem: workers will remain 'stuck' in residential child care.

The only real change for residential staff in the 'learning society' of the 1990's is the increasing fragmentation of the workforce. Instead of the vast majority of staff being unqualified, there will be: a small minority of 'elite'<sup>36</sup> residential workers with the new qualification; an increasing number of staff with SVQs; and those staff (including those with less than 2 years experience) who have no relevant qualification. The barriers that prevent the vast majority of staff accessing a new residential qualification are likely to remain concealed within notions of choice, personal responsibility for learning and equality of opportunity. Within the 'learning society', staff will simply attain the level of qualification which mirrors their ability. The 'individual' is now responsible for 'choosing' their own low status qualification. The structural inequalities and unequal power relations that sustain the inferior position of residential staff within a 'learning society' are therefore, likely to remain relatively intact following the introduction of a new residential qualification.

The creation of a new qualification is also unlikely to improve the quality of care in children's homes. Unless a new qualification is directed at qualifying existing staff, it will only provide small numbers of workers throughout the various children's homes in Scotland. Even when one or two staff were DipSW qualified, Sinclair and Gibbs (1998) did not find improvements in the quality of care. Whilst a qualification which is more related to residential care may have a greater impact, the small proportion of qualified staff in children's homes is unlikely to effect any change in the organisational and structural processes which dis-empower staff and harm many children. Being unable to apply the knowledge gained from a new residential qualification, especially when the working environment is one of the most stressful and demanding in social work, is unlikely to enhance the morale of an individual

---

Langside College, Save the Children Fund and Who Cares? Scotland.

<sup>36</sup>The creation of 'elite' residential workers has strong similarities with current plans to introduce 'super' teachers to schools. Whilst a minority of professionals will benefit from the new hierarchy, the bulk of staff, who are on lower pay and status, are much less likely to be any better off.



entering a children's home. Moreover, newly qualified residential workers who are highly committed may be particularly vulnerable to burnout. Freudenberger (1974, p. 161) found that the people most prone to burnout were:

the dedicated and the committed. Now that may sound foolish ... But it is precisely because we are dedicated that we walk onto a burn-out trap.

As they experience the adverse effects of residential work, newly qualified staff may burnout quicker, yet, like their unqualified colleagues, remain 'stuck' in residential care.

### **An Alternative to Children's Homes**

If children's homes dis-empower staff, then the quality of care will be inadequate.

As Ward and Preston-Shoot (1998, p. 272) remind us:

It may be a truism, but for staff to empower young people, they need to feel respected and empowered themselves. Without meaningful rights, both groups may continue to regard their experience as predominately one of exploitation and neglect.

The dis-empowerment of staff, as evidenced in this study, is embedded in the everyday working practices of the children's homes. This dis-empowerment however, stems from a misguided premise: that the 'best interests of a child' can be met in a residential establishment. There was little evidence in this study to support the view that living in a children's home was a 'positive choice'. Instead, it was one of 'containment', often characterised by an 'us' and 'them' mentality. Placing a child who has extreme emotional difficulties and, or, behavioural problems, with a group of children who have similar problems, is the essence of residential care.



### An untenable 'mix' of children and staff

The assumption is, that by placing vulnerable children together, a forum will be created from which their needs can be addressed. Yet, the reality of residential care is that it creates a living environment which contrasts dramatically to what is widely accepted as 'normal' family life. An illustration is the staffing levels: in the larger 12 bedded children's homes there were 'approximately'<sup>37</sup> 23 staff; and in the smaller 6 bedded children's homes there were 12 staff. This 'mix' of children with so many adults is the dimension from which the 'failings' of residential care are rooted. Irrespective of resources, philosophy, or education and training, the failings will continue because these elements are a 'response' to the nature of residential care, rather than the needs of the individual children.

Historically, the needs of children have not been met in children's homes. Of course, this does not mean that children are necessary 'worse off' than they would be in their own family home. However, to compare those family homes which have produced some of the most 'damaged' children in society, against the success of a residential system, is hardly conducive to a 'positive choice'. Even when such comparisons were made, staff in this study often believed the children were better off at home than in the children's home.

To place a 'normal' child, who had a healthy and stable background, in a children's home would clearly be detrimental to his or her emotional well-being. Why then, are some of the most disadvantaged children placed in such environments? The only way to meet the needs of children who have suffered extreme disadvantage and emotional difficulties is to create a stable family-type living environment. If it cannot be with their own family, then substitute families such as foster parents, must be created. Of course, the need for more substitute families is well documented and, as noted in Chapter Three, there were insufficient numbers of such families,

---

<sup>37</sup>When asked how many staff were in the children's homes, several individuals had difficulty counting all of the workforce. For example, in the 12 bedded unit noted above, the 23 staff consisted of; 10 residential workers, 2 senior residential workers, 1 depute manager, 1 manager, 5 night shift residential workers; 2 domestics and 2 cooks.



especially for older children. If substitute families are not available in the form of fostering, then social work departments must develop an alternative family-type support.

If most adults, who were considered good parents, or foster parents, would find it extremely difficult to care for one child who might otherwise be admitted to a children's home, then to 'mix' even two children in one family placement, unless they were siblings, would be untenable. If suitable foster parents cannot be identified, then staff could be employed to care for a child in a more family-type living environment. Such a proposal may appear somewhat idealistic or even unrealistic, however, it should be remembered that the current system is not meeting the needs of children.

Placing individual children or siblings in such environments is not dissimilar to recent strategies intended for adults leaving long-term institutions. The shift from large scale institutions towards family-type accommodation for some adults with learning difficulties, or other 'special needs', was endorsed by the National Health Service and Community Care Act 1990. A similar approach could be applied to children who would otherwise be placed in children's homes. The benefits for the child would be considerable, not least of all, in providing real safeguards. Such an environment would give children a genuine opportunity to deal with the difficulties which resulted in them being 'looked after'. In doing so, their development would not be hindered by the tension, conflict and chaos, so often characterised by the children's homes in this study. A family-type environment would enable children to thrive, rather than be 'contained'.

**Statement 2: this study highlighted significant limitations within the children's homes in which staff were being assessed 'competent'. Confusion about their role, lack of meaningful goals and the limited opportunity for more therapeutic or preventative work questions the rhetoric about residential care as a positive choice. Evidence in this study would not support the view that children's homes are meeting the needs**



of vulnerable children. Instead, it would indicate the need to examine other possible caring environments for children who cannot remain at home. Such environments should have the potential to meet children's needs and offer staff the opportunity to demonstrate genuine competence.

### **Ending the Requirement for a `Residential Qualification`**

Creating alternative family environments using professional workers, would not only end the tradition of children's homes, it would terminate the requirement for a residential qualification. Instead of devising a new residential qualification, the current DipSW could become the minimum requirement for staff. Additional knowledge and skills in `parenting`, which were linked to academic subjects such as psychology and sociology would make staff better equipped to meet the child's needs. Having the DipSW as a minimum qualification would, unlike a separate residential qualification, give staff flexibility in career choices, rather than having individuals remain in a job because they were `stuck` with no way out.

**Statement 3: evidence in this study supports the recommendation by the CCETSW (1992) report; the DipSW should be the minimum qualification for staff working with vulnerable children. Combining this qualification with supplementary education and training for `parenting`, would give vulnerable children empowered carers who had status, confidence and professional standing.**

A difficulty with this statement is the existence of barriers which continue to prevent residential staff from accessing the DipSW. Such issues, as previously noted, are not new and would require substantial investment in developing an effective care system. To maintain the present residential care system, either with SVQs, or a new residential qualification, is to perpetuate the myth that children's homes function in the `best interests of the child`. SVQs are, in part, a response to organisational demands which `mix` large numbers of highly vulnerable children with even higher numbers of unqualified staff; they do not deal with the `mix` of children and staff, or, the dis-empowerment of both groups.



The suggested changes noted above would reflect a very different approach to caring for some of the most vulnerable children in society. Reasons to reject the thrust of these suggestions and maintain the status quo are numerable. Despite knowing about the failings of residential child care, there has, as Skinner (1992) noted, been a lack of political will in meeting the needs of children. Whatever justifications are used to maintain children's homes, they are not based on empirical evidence. Given the history of residential child care, why implement SVQs in the 1990's? Why exclude learning from a sector of the workforce who have been denied education and training throughout the 20th Century? Perhaps, the decision to implement SVQs in the 1990's was not so surprising. After all, as Chomsky (1993, p. 75) reminds us:

Nothing is easier than to convince oneself of the merits of actions and policies that serve self-interest. Expressions of benevolent intent, in particular, must be regarded with much caution: they can be taken seriously when policies advocated happen to be harmful to self-interest, a historical category that is vanishingly small.

### **Conclusion**

On the evidence of this study the implementation of SVQs within children's homes has had little effect in changing working practices or increasing the status of staff. Essentially, SVQs appear to sustain the inferior position of staff within a new qualifying framework. In doing so, it maintains the status quo, whilst creating the illusion of a 'qualified' workforce. The evidence in this study suggests that the majority of staff were very much aware of the inherent weaknesses of SVQs. Reasons for undertaking SVQs were not linked to any benefits for practice, but from a combination of pressure from management and a hope that staff would get an opportunity to undertake the DipSW. However, the barriers to the DipSW have not been significantly reduced.



The effort and commitment demonstrated by many of the staff in this study, not least of all by using their own personal time to progress with SVQs, has not been rewarded: the low status of residential staff has not changed; and the same working practices prevail. Whilst the introduction of a new residential qualification may be a 'step in the right direction', it will not significantly alter the ongoing 'failings' of children's homes. 'Mixing' vulnerable children with high numbers of staff in a residential setting, creates the need for a residential qualification. If the findings in this study are representative of the residential sector, then an alternative to children's homes, in which both staff and children are empowered, is the only meaningful way to meet children's needs. This should be the starting point for a qualification, rather than the flawed premise that residential care is in the child's best interest.



## Appendix A

For the SVQ *Care: Promoting Independence (level III)*, workers must complete 14 units. The units are listed in the *Workplace Assessor's Manual* (1994, p. 15) as follows.

### **Level III Core**<sup>1</sup>

Promote equality for all individuals<sup>2</sup>

Contribute to the protection of individuals from abuse

Contribute to the management of aggressive and abusive behaviour

Promote communication with clients where there are communication difficulties

Support clients when they are distressed

Enable clients to make use of available services and information

Contribute to the health, safety and security of individuals and their environment

Obtain, transmit and store information relating to the delivery of a care service

### **Promoting Independence**

Contribute to the provision of advocacy for clients

Enable clients to administer their financial affairs

Assist clients to move from a supportive to an independent living environment

Prepare and provide agreed individual development activities for clients

Support clients with difficult or potentially difficult relationships

---

<sup>1</sup>Core units are 'common to all SVQs in Care at level III' (*Workplace Assessor's Manual*, 1994, p. 2), whereas, the endorsement units apply to the particular area of social care, which for workers in this study is 'Promoting Independence'.

<sup>2</sup>This is defined in SVQs as the 'value base unit'. It details the 'principles of good practice' and is 'applicable to every other unit in the framework' (*Workplace Assessor's Manual*, 1994, p. 17).



Determine the ways in which the service can support clients

Within each of the units there are 'elements of competence'. For example, the unit 'Contribute to the health, safety and security of individuals and their environment' has five elements (ibid., p. 33):

- a. Contribute to the promotion of client's health
- b. Contribute to maintaining the safety and security of clients and their belongings
- c. Contribute to maintaining the safety and security of the environment
- d. Maintain personal standards of health, safety and security
- e. Respond in the event of a health emergency

Specific to each of these elements of competence is a list of performance criteria. For example, 10 performance criteria are listed in relation to the element 'Contribute to the promotion of client's health'. The 10 performance criteria are (ibid., p. 34):

- (1) information for the client's plan of care provided by the worker is accurate, complete, appropriate to the purpose and is accessible to other members of the care team when required
- (2) the worker's actions are consistent with the organisation's policy on health promotion and advice and the worker's role
- (3) the worker's behaviour and appearance in the care setting is consistent with recognised good health practice
- (4) other users and providers are kept informed of the aims of the service offered by the worker's team and current needs of clients
- (5) relevant, appropriate health promotion materials are made available to clients
- (6) as agreed with the care team, health advice is explained in a manner, and at level and pace, which is appropriate to the client and/or carer and is consistent with their personal beliefs and preferences
- (7) the client is given the opportunity to discuss and seek clarification on any health matters



(8) things which may lead to ill-health are discussed with the client and healthier alternatives suggested consistent with the worker's role

(9) the client is referred to appropriate others for further advice and support when necessary

(10) the client's right to ignore good health advice is acknowledged provided this does not adversely affect the health of others

The 'range' for these performance criteria is outlined as follows.

**Health promotion and harm reduction methods and strategies:**

(1) Health promotion (such as exercise and maintaining mobility, healthier diets, sleep/rest, recreation, leisure, education)

(2) harm reduction (such as reducing drug intake: both illegal and legal drugs e.g. nicotine, caffeine, alcohol; stress, risk of contamination by body fluids e.g. safer sex and not re-using needles)

(3) limiting infection (such as social cleanliness e.g. effective handwashing; safe handling and storage of food)



## Appendix B

The eight 'fundamental principles' established by the Skinner report (1992, p. 21) are considered essential to good practice. The principles were listed as follows:-

### **1. Individuality and Development**

Young people and children in residential care have the right to be treated as individuals who have their own unique relationships, experiences, strengths, needs and futures, irrespective of the needs of other residents. They should be prepared for adulthood and supported until they are fully independent.

### **II. Rights and Responsibilities**

Young people, children and their parents should be given a clear statement of their rights and responsibilities. They should have a confidential means of making complaints. They should be involved in decisions affecting them and in the running of the home. Their rights should be consistently respected.

### **III. Good basic care**

Young people and children in residential care with or without education, should be given a high standard of personal care. They should be offered new, varied and positive experiences of life and should be included in the wider community.

### **IV. Education**

Young people and children should be actively encouraged in all aspects of their education, vocational training or employment and offered career guidance. Their individual education needs should be identified and met.

### **V. Health**

Young people's and children's health needs should be carefully identified and met; they should be encouraged to avoid health risks and to develop a healthy life-style.

### **VI. Partnership with parents**

Young people and children in residential homes and schools should be cared for in ways which maximise opportunities for parents continued involvement, and for care to be provided in the context of a partnership with parents, wherever this is in the interests of the child.

### **VII. Child centred collaboration**

Young people and children should be able to rely on a high quality of inter-disciplinary teamwork amongst the adults providing for their care, education and health needs.



### **VIII. Feeling of Safety**

Young people and children should feel safe and secure in any residential home or school.











Appendix E

[REDACTED]

[REDACTED]

Dear [REDACTED]

**Request To Undertake Research**

I would be grateful if you would give me permission to undertake research within [REDACTED] Council Social Work Department.

At present I am studying for a PhD at the University of Strathclyde. My area of study is the effectiveness of Scottish Vocational Qualifications as a method of training residential child care workers.

Prior to my current research, I was employed as a social worker with Glasgow City Council.

I have enclosed information about the nature of my research and what it would entail for the Social Work Department.

I look forward to hearing from you.

Yours sincerely

Gavin Heron



# Permission to Undertake Research

## Proposed title of research

An analysis of the effectiveness of competency based education in social work, with particular reference to Scottish Vocational Qualifications as a method of training residential child care workers.

This PhD research is sponsored by the Educational Studies Department at the University of Strathclyde

## Objectives

The main objectives are:

- to examine the effectiveness of competency based education within residential child care
- analyse the way in which competency based education helps workers to develop meaningful relationships with children
- to investigate how workers apply competency based education to practice.

Note: While there is considerable literature on competency based education, the actual level of research is quite limited. As a result, it is difficult to set this research within a framework of existing research findings, or to predict with accuracy, any potential outcomes.

## Potential value

It is intended that the study will provide useful information regarding recent training initiatives in the field of residential child care. Although the research has a specific focus, namely SVQs and residential child care, the findings might also have particular relevance for the following areas of social work:

1. residential sectors, such as elderly care, which also offer SVQs for care staff
2. the Diploma in Social Work, as this training has increasingly incorporated competency based education
3. training practice teachers- as they need to understand competency based education within their roles of support, guidance and supervision.

## Methods

The research will be qualitative with data collected through interviews and direct observation. Interviews will be with residential child care staff who have undertaken, or are in the process of taking, SVQs in social care. Interviews will focus on the way in which staff relate their learning from



SVQs to practice. Staff will be requested to discuss the degree to which their understanding of practice has changed as a result of their training. Staff will choose aspects of their own working experience as the basis for interviews. It is hoped that this will generate information regarding those areas of training which are most effective.

Direct observation would involve me spending time in the residential units. This would give me an opportunity to gain a better understanding of existing working practices in order that any information arising from interviews can be analysed within that context. Observations would focus on the functioning of the residential unit, particularly the interactions between staff and children. It follows that this would lead to a more accurate analysis and would give me the opportunity to inform staff about my research. In addition, staff would be given the chance to assess my practice as a researcher and discuss any ethical issues or matters of confidentiality.

The precise amount of time spent in each unit will depend on the number of staff willing to participate. Ideally, I would be in each unit for one to two weeks before commencing any interviews. The total amount of time in each unit would be approximately three to four weeks

#### **Access to clients and clients' files.**

The research would benefit from gaining access to clients and clients' files. Access to units would not involve interviewing the children. Any observations and interactions with the children would be significant (to the study) only on the basis of giving me an understanding of the context in which staff worked.

Gaining access to clients' files would be an important indicator of the staffs' understanding of events and practices in the unit. For example, the way information was recorded and assessed, as these are significant aspects of SVQs, and as such would give an insight into how workers applied what they learned. It would also enable scope for cross checking the accuracy of certain information. This would be necessary in terms of ensuring the validity and reliability of findings from the study.

#### **Residential Units to be approached**

The actual residential units I would intend visiting would depend on the number of staff having undertaken SVQ courses. Also, the availability of staff and their willingness to participate in the study would determine what units were chosen.

#### **Staff time**

The methods used are designed to minimise the impact of the research on the children and staff. Interviews would be conducted in the units at times which cause least inconvenience. Interviews would last approximately one hour.



### **Plans to disseminate findings**

The overall findings, analysis and recommendations of this study will be compiled in a written thesis. The dissemination of results will follow the research guidelines of the Social Work Department.

Note: I would also be available for discussion at any time throughout this study.

### **Funding**

The research is funded by the University of Strathclyde. Excluding the staff time outlined above, the study will not require any funding or resources from the Social Work Department.

### **Qualifications**

CQSW

Dip. SW Practice Teacher

BA (Hon.) Applied Social Studies

PG Diploma Equality & Discrimination

### **Supervisor**

Andrew Johnson



Appendix F

[REDACTED]

Social Work

[REDACTED]  
[REDACTED]  
[REDACTED]

Social Work

[REDACTED]

Our Ref [REDACTED] Your Ref  
Date: 09 October 1997

Gavin Heron

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr Heron

I refer to our recent correspondence about your application for research on the effectiveness of SVQs.

I passed your application to service managers for their attention and regret that on this occasion they have not been able to grant access. The department is currently undergoing a second internal restructuring which will result in a change in central and local management arrangements. As you will appreciate, with this and the many pressures already on staff, our first priority is to maintain the SVQs themselves.

I hope this does not cause you too much inconvenience, or deter you from contacting us in the future.

I wish you well with your studies

Yours sincerely

[REDACTED]

[REDACTED]

Senior Officer  
(Information and Research)

## **BIBLIOGRAPHY**

Aiers, A. & Kettle, J., (1998) *When things go wrong: young people's experience of getting access to the complaints procedure in residential care*. National Institute for Social Work. Derby: Meridian.

Ainley, P. (1985) 'More carrots for the school room dafties', *New Statesman*, 5 July.

Apple (1993) *Official Knowledge: Democratic Education in a Conservative Age*. New York: Routledge

Apple, M. W. (1997) What Postmodernists Forget: Cultural Capital and Official Knowledge. In: Halsey, A. H., Lauder, H. Brown, P. & Wells, A. S. *Education*. Oxford: Oxford University Press.

Atkinson, P. (1983) The reproduction of the professional community. In: Dingwall, R. and Lewis, P. (eds.) *The sociology Of The Professions*. London and Basingstoke: Macmillan.

Baldwin, N. (1990) *The Power to Care in Children's Homes*, Aldershot: Avebury.

Ball, W. (1992) Critical social research: adult education and anti-racist feminist praxis, *Studies in the Education of Adults*, 23: 1-25.

Bannister, D. (1985) Foreword. In: N. Beail (ed.) *Repgrid Technique and Personal Construct: Applications in Clinical and Educational Settings*. London: Croom Helm.

BASW (1977) British Association of Social Workers, *The Social Work Task: BASW Working Party Report*. Birmingham: British Association of Social Workers.

BASW (1986) *A Code of Ethics for Social Work*, Birmingham: British Association of Social Workers.

Beail, N. (1985) An Introduction To Repgrid Technique. In: Beail, N. (ed.) *Repgrid Technique and Personal Construct: Applications in Clinical and Educational Settings*. London: Croom Helm,.

Bebbington, A. & Miles, J. (1989) The Background of Children who enter Local Authority Care. *British Journal of Social Work*, 19: 349-368.

Becker, H. (1963) *Outsiders*, New York: Free Press.



Becker, H. Unpublished Interview with Jeff Verboeven. In: Gilborn, D. (1996) *Racism and Anti-racism in Real Schools*. Buckingham: Open University.

Berkovitch, I. (1977) *Coal on the Switchback: The Coal Industry Since Nationalisation*. London: Allen & Unwin

Berridge, D. & Brodie, I. (1998) *Children's Homes Revisited*. London: Jessica Kingsley.

Biestek, F. (1957) *The Casework Relationship*. Chicago: University Press.

Biestek, F. (1961) *The Casework Relationship*. London: Allen and Unwin,.

Blauner, R. (1964) *Alienation and Freedom*, Chicago: University of Chicago Press.

Borland, M., Pearson, C., Hill, M., Tisdall, K., Bloomfield, I. (1998) *Education and Care Away from Home. A Review of Research, Policy and Practice*. Edinburgh: The Scottish Council for Research in Education.

Bosanquet, H. (1914) *Social Work In London 1869-1912* (Brighton: 1973 Harvester Press).

Boyatzis, R. (1982) *The competent manager: A Model for Effective Performance*. Toronto: John Wiley & Sons.

Brown, R., Bute, S., Ford, P. (1992) *Social workers at Risk*. Macmillan Press.

Brandon, D. and Jordan, B. (1979) Introduction. In: Brandon, D. and Jordan, B. (eds.) *Creative Social Work*. Oxford: Blackwell.

Bullock, R., Little, M, Milham, S. (1993) *Residential Care for Children: A Review of the Research*. Darlington Social Research Unit. London: HMSO

Burisch, M. (1993) In Search of Theory: Some Ruminations on the Nature and Etiology of Burnout. In: Schaufeli, W. B., Maslach, C., Marek, T. (eds.) *Professional Burnout: Recent Developments in Theory and Research*. London: Taylor & Francis.

Burton, V. and Goudge, P. (1992) A question of competence. *Community Care* 21/9/92.



- Burrell, G. & Morgan, G. (1979) *Sociological Paradigms and Organisational Analysis*. London: Heinemann Educational Books.
- Burton, J., MacDonald, S. & Stephenson, M. (1998) Preparing the ground: home-grown induction- another kind of training? *Social Work Education*, vol. 17, No. 3.
- Butrym, Z. T., Stevenson, O. and Harris, R. J. (1981) The roles and tasks of social workers. *Issues In Social Work Education*, Vol. 1, No. 1, 3-26.
- Cairns-Smith, D. (1995) M.Sc. Dissertation, University of Strathclyde.
- Callender, C. (1997) *Individual take-up of NVQs/SVQs: Stimuli and Obstacles*. Norwich: HMSO and DfEE.
- Cannan, C. (1994/95) Enterprise culture, professional socialisation and social work education in Britain. *Critical Social Policy*, 42, 5-18.
- Carew, R. (1979) The place of knowledge in social work. *British Journal Of Social Work*. Vol. 9, No. 3, 349-64.
- Carr, D. (1993) Questions of Competence. *British Journal of Educational Studies*. 41 (3) 253-71.
- Carr-Hill, R., Dixon, P., Mannion, R., Rice, N., Rudat, K., Sinclair, R., & Smith, P. (1997) *A Model of the Determinants of Expenditure on Children's Personal Social Services*. Centre for Health Economics, University of York.
- CCETSW (1975) Central Council for Education and Training in Social Work. *Paper 9.1 The Certificate In Social Service: A New Form Of Training*. London: CCETSW.
- CCETSW (1975) *Education and Training for Social Work*. London: CCETSW.
- CCETSW Working Party (1976) *Values in Social Work: a discussion paper produced by the working party on the teaching of the value bases of social work*. London: CCETSW.
- CCETSW (1987) Central Council for Education and Training in Social Work. *Paper 26.1: Accreditation of Agencies And Practice Teachers In Social Work Education*. London: CCETSW.
- CCETSW (1989), 1st edition; 1991, 2nd edition) Central Council for the Education and Training of Social Workers. *Rules and Requirements for the Diploma in Social Work*. London: CCETSW.



CCETSW (1992) *Setting Quality Standards For Residential Child Care: A practical way forward*. London: CCETSW.

CCETSW (1990) Central Council for Education and Training in Social Work. *CCETSW 1988/9*. London: CCETSW.

CCETSW (1995) Central Council for the Education and Training of Social Workers. *Rules and Requirements for the Diploma in Social Work*. CCETSW Paper 30, Revised Edition. London: CCETSW

Chakrabarti, M. and Connelly, G. (1996) HNC (Social Care) as an Entry Qualification for the Diploma in Social Work in Scottish Higher Education Institutions. *Social Work Education* Vol. 15, No. 3.

Chapman, P. and Tooze, M. (1987) *The Youth Training Scheme in the UK*. Aldershot: Avebury.

Cherniss, C. (1980) *Professional burnout in the human service organizations*. New York: Praeger

Cherniss, C. (1993) Role Of Professional Self-efficacy In The Etiology And Amelioration Of Burnout. In: Schaufeli, W. B., Maslach, C., Marek T. (eds.) *Professional Burnout: Recent Developments In Theory and Practice*. Taylor & Francis.

Chomsky, N. (1993) *Year 501, The Conquest Continues*. South End: Verso.

Chown, A and Last, J. (1993) Can the NCVQ Model be used for Teacher Training? *Journal of Further and Higher Education*. Vol. 17, No 2, 15-25.

Clarke, C.(1995) Competence and Discipline in Professional Formation. *British Journal of Social Work*. Vol. 25, 563-580.

Clyde Report (1946) *Report of the Committee of Homeless Children*. Cmd. 6911. HMSO.

Cohen, P. (1984) Against the New Vocationalism. In: Bates, I. et al., *Schooling for the Dole*. London: Macmillan.

Cohen, S (1990) *Visions Of Social Control*. Cambridge: Polity Press.

Cohen, L. & Manion, L. (1997) *Research Methods In Education* (4th ed.). London: Routledge.

Collins, M (1991) *Adult Education as Vocation*. London: Routledge



Community Care. (Letters) 27 October- 2 November, 1994.

Compton, B. and Galaway, B. (1994) *Social Work Processes*. California: Brooks/Cole.

Coombe Lodge Report (1987) *NCVQ and Further Education*. Bristol: The Further Education Staff College.

Cooper, D. (1993) *Child Abuse Revisited: Children, Society and Social Work*. Buckingham: Open University Press.

Coulshed, V. (1991) *Social Work Practice: An Introduction*. London: MacMillan.

Cox, R. E. (1982) The educational expectations of social work students. *British Journal Of Social Work*. Vol. 12, No. 4, 381-94.

Curtis Report (1946) *Report of the Care of Children Committee*. Cmd. 6922. HMSO.

Davies, M. (1981a) *The Essential Social Worker: A Guide To Positive Practice*. London: Heinemann.

Davies, M. (1981b) What we have to learn about social work education. *Community Care*, 15 January 1981, 18-20.

Davies, M. (1981c) Social work, the state, and the university. *British Journal Of Social Work*. Vol. 11, No. 3, 275-88.

Davies, M. (1985) *The Essential Social Worker: A Guide To Positive Practice*. (2nd ed.). Aldershot: Gower.

Davies, M. (1994) *The Essential social Worker: a guide to positive practice* (3rd ed.) Aldershot: Hants, Arena

Davies, B. and Durkin, M. (1991) "Skill", "competence" and "competences" in Youth and Community Work. *Youth and Policy*. No 34, September, 1991, 1-11.

de Maria, W, (1992) On the Trail of Radical Pedagogy for Social Work. *British Journal of Social Work*. Vol. 22, No. 3, 231-52.

DES/ED (1991) *Education and Training for the 21st Century*. London: HMSO.

Dey, I. (1993) *Qualitative Data Analysis: A User Friendly Guide for Social Scientists*. London: Routledge.



Dobson, F. (1998) (In Foreword) *The Government's Response to the Children's Safeguards Review*. London: The Stationary Office Limited

Dominelli, L. (1994) *Anti-Racist Social Work*. London: MacMillan.

Dominelli, L. (1996) Deprofessionalising Social Work: Anti-Oppressive Practice, Competencies and Postmodernism. British Journal of Social Work. 26, 153-175.

Dominelli, L. (1997) *Sociology For Social Work*. London: MacMillan Press Ltd.

Donnison, D., Chapman, V., Meacher, M., Sears, A. and Urwin, K. (1975) *Social Policy And Administration Revisited*. London: Allen and Unwin.

Drory, A., & Shamir, B. (1988) Effects of organisational and life variables on job satisfaction and burnout. *Group & Organisational Studies*. 13, 441-455.

Durkin, R. (1982) Institutional child abuse from a family systems perspective: a working paper. *Child & Youth Services*. Vol. 4, pp 15-22.

Easterby-Smith (1981) The design, analysis and interpretation of repgrids. In: Shaw M.L.G. (ed.) *Recent Advances in Personal Construct Technology*. London: Academic Press.

Exworthy, M., & Halford, S. (1999) 'Professionals and managers in a changing public sector: conflict, compromise and collaboration?' In: Exworthy, M., & Halford, S. *Professionals and the New Managerialism in the Public Sector*. Buckingham: Open University Press.

Fisher, B., Russell, T., & McSweeney, P. (1991) Using Personal Constructs For Course Evaluation. *Journal of Further and Higher Education*. 15 (1), 44-57.

Fletcher, B. (1993) *Not Just a Name: The Views of Young People in Foster and Residential Care*. National Consumer Council/Who Cares? Trust.

Fletcher, S. (1991) *NVQs, Standards and Competence*. London: Kogan Page.

Finegold, D and Soskice, D. (1990) The failure of training in Britain: an analysis and prescription. In: Gleeson, D. (ed.) *Training And Its Alternatives*. Buckingham: Open University Press.



- Freudenberger, H. (1974) Staff burn-out. *Journal of Social Issues*. 7 (4), 35-42.
- Ford, J. (1988) Personal Social Services. In: English, J. (ed.) *Social Services in Scotland*. Edinburgh: Scottish Academic Press.
- Frost, N., Mills, S., Stein, M., (1999) *Understanding Residential Child Care*. England: Ashgate.
- Garrett, P.M. (1999) Producing the moral citizen: the 'Looking After Children' system and the regulation of children and young people in public care. *Critical Social Policy*. Vol. 19 (3) 291-312.
- Gerstein, L. H., Topp, C. G., & Corell, G. (1987) The role of the environment and person when predicting burnout among correctional personnel. *Criminal Justice & Behaviour*. 14, 352-369.
- Giddens, A. (1976) *A New Rules of Sociological Method: A Positive Critique of Interpretive Sociologies*. London: Hutchinson.
- Giddens, A. (1987) *Capitalism and modern social theory*. Cambridge: Cambridge University Press.
- Giddens, A. (1991) *Modernity and Self-identity: self and society in late modern age*. Oxford: Polity Press.
- Giddens, A. (1993) *Social Theory and Modern Sociology*. Oxford: Polity Press
- Gleeson, D. (1990) Skills training and its alternatives. In: Gleeson, D. (ed.) *Training And Its Alternatives*. Buckingham: Open University Press.
- Goffman, E. (1959) *The Presentation of Self in Everyday Life*. Garden City: Doubleday.
- Goffman, E. (1961) *The Medical Model and Mental Hospitalization. 'Asylums'*. New York: Anchor Books.
- Goffman, E. (1967) *Interaction Ritual*. Garden City: Doubleday.
- Gokulsing, K., Ainley, P., Tysome, T. (1996) *Beyond Competence*. Aldershot: Avebury.
- Goldstein, H. (1973) *Social Work Practice: A Unitary Approach*. Columbia: University of South Carolina'



- Golembiewski, R. T., Munzenrider, R.F., & Stevenson, J.G. (1986) *Stress in organizations: Towards a phase model of burnout*. New York: Praeger.
- Gould, J. (1977) *The Attack On Higher Education: Marxism and Radical Penetration*. London: Institute for the study of conflict.
- Gordon, W. E. (1965) Knowledge and Value: Their Distinction and Relationship in Clarifying Social Work Practice. *Social Work*. 10 (4) 32-39.
- Gouldner, A. (1970) *The Coming Crisis in Western Sociology*. New York: Basic Books.
- Gould N. (1991) An Evaluation of Repgrid Technique in Social Work Education. *Social Work Education*. vol. 10, No. 2, 38-49.
- Hall, D. T. (1976) *Careers in Organisations*. Pacific Palisades, CA: Goodyear.
- Hallsten, L. (1993) Burning Out: A Framework. In: Schaufeli, W. B., Maslach, C., Marek, T. (eds.). *Professional Burnout: Recent Developments in Theory and Research*. London: Taylor & Francis.
- Halsey, A. H., Lauder, H. Brown, P. & Wells, A. S. (1997) *Education*. Oxford: Oxford University Press.
- Hammersley, M. and Atkinson, P. (1983) *Ethnography: Principles in Practice*. London: Tavistock.
- Hardiker, P. (1981) Heart or head; the function and role of knowledge in social work. *Issues In Social Work Education*. Vol. 1, No. 2, 85-111.
- Harvey, L (1990) *Critical Social Research*. London: Unwin Hyman.
- Hayes, C. (1983) *Training for Skill Ownership: Learning to Take it with You*. University of Sussex Institute of Manpower Studies,.
- Hicks, L., Archer, L. & Whitaker, D. (1998) The prevailing cultures and staff dynamics in children's homes: implications for training. *Social Work Education*. Vol. 17, No. 3, 361-373.
- Hill, O. (1884) *Homes Of The London Poor*. London: Macmillan.
- Hinkle, D. (1965) *The Change of Personal Constructs from the Viewpoint of a Theory of Construct Implications*. Unpublished PhD. Ohio State University.



- Hodkinson, P. (1995) Professionalism and Competence. In: Hodkinson, P. and Issitt, M. (eds.) *The Challenge of Competence*. London: Cassell.
- Hodkinson, P. and M. Issitt (1994) The Challenge of Competence for the Caring Professions: an Overview. In: Hodkinson, P. and Issitt, M. (eds.) *The Challenge of Competence*. London: Cassell.
- Holman, B. (1996) Fifty Years Ago: the Curtis and Clyde Report. *Children & Society*. Vol. 10, 197-209.
- Hooks, B. (1989) *Talking Back: thinking feminist- thinking Black and ethnic minority*. London: Sheba.
- Horder, W. (1998) Competence(s) without tears? (Review Article) *Social Work Education*. Vol. 17, No. 1.
- Howe, D. (1986) *Social Workers and their Practice in Welfare Bureaucracies*. Aldershot: Hants; Gower.
- Howe, E. (1992) *The Quality of Care* (Howe Report) (Luton: Local Government Management Board).
- Hughes, E.C. (1958) *Men and Their Work*, New York: Free Press.
- Husserl, E. (1960) *Ideas*. New York: Collier.
- Hutton, W. (1996) *The State We're In*. London: Vintage.
- Hyland, T. (1994) *Competence, Education and NVQs: Dissenting Perspectives*. London: Cassell.
- Hyland, T. (1995) Behaviourism and the meaning of competence. In: Hodkinson, P. and Issitt, M. (eds.) *The Challenge of Competence*. London: Cassell.
- Issitt, M. (1995) Competence, professionalism and equal opportunities. In: Hodkinson, P. and Issitt, M. (eds.) *The Challenge of Competence*. London: Cassell.
- Issitt, M. and Woodward, M. (1992) 'Competence and Contradiction'. In: Carter, P., T. and Smith, M. (eds.) *Changing social Work and Welfare*. Milton Keynes: Open University Press.
- Irvine, E. (1975) Forward. In: Morris, C. (ed.) *Literature And The Social Worker; A Reading List For Practitioners, Teachers, Students, and voluntary workers*. London: The Library Association, 5-6.



Jamous, H. and Peloille, B. (1970) Changes in the French University Hospital System. In: Jackson, J (ed.) *Professions and Professionalization*. Cambridge: Cambridge University Press, pp. 111-52.

Jessup, G. (1990) National Vocational Qualifications: Implications for Further Education. In: Bees and Swords (1990) *National Vocational Qualifications and Further Education*. London: Kogan Page and NCVQ.

Jessup, G. (1991) *Outcomes: NVQS and the Emerging Model of Education and Training*. London: The Falmer Press.

Johnson, A. (1997) *Silence is Golden- Doing Good by Doing Little*. A Paper for the National Harassment Conference: Harassment and Bullying in Higher and Further Education. Equality and Discrimination Centre, University of Strathclyde.

Jones, C. (1983) *State Social Work And The working Classes*. London and Basingstoke: Macmillan.

Jones, C. (1996) Anti-intellectualism and the peculiarities of the British social work education. In: Parton, N. (ed.) *Social Theory, Social Change And Social Work*. London: Routledge.

Jones, C. (1999) 'Social work: regulation and managerialism'. In: Exworthy, M., & Halford, S. *Professionals and the New Managerialism in the Public Sector*. Buckingham: Open University Press.

Jordan, B. (1988) *Invitation to Social Work*. New York: Basil Blackwell.

Jordan, W. (1991) Competence and values. *Social Work Education*. Vol. 10, No. 1, 5-11.

Jordan, S. and Yeomans, D. (1995) Critical Ethnography: problems in contemporary theory and practice. *British Journal of Sociology of Education*. Vol. 16, No. 3, 389-407.

Kadushin, A. (1959) The Knowledge Base of Social Work. In: Kahn, A. (ed.) *Issues in American Social Work*. New York: Columbia University Press.

Kahan, B. (1995) *Growing Up In Groups*. London: HMSO.

Karger, H. J. (1981) Burnout as alienation. *Social Services Review*. Vol. 55 (2), 270-283.

Keith-Lucas, A. (1972) *Giving and Taking Help*. University of North Carolina Press.



- Kelly, G.A. (1955) *The Psychology of Personal Constructs*. New York: Norton.
- Kelly, G. A. (1991) *The Psychology Of Personal Constructs. Volume One- A Theory of Personality*. London: Routledge.
- Kemshall, H (1993) Assessing Competence: Process or subjective inference? Do we really see it? *Social Work Education*. Vol. 12, 1, 36-45.
- Kent, R. (1997) *Children's Safeguards Review*. The Social Work Services Inspectorate. Edinburgh: The Scottish Office.
- Kendrick, A. (1995) *Residential Care in the Integration of Child Care Services*. Research Findings 5. Edinburgh: Scottish Office Central Research Unit.
- Kolb, D. (1993) The Process of Experiential Learning. In Thorpe, M., et al (eds.) *Culture and Process of Adult Learning*. London: Routledge/Open University Press.
- Lee, P. (1982) Some contemporary and perennial problems of relating theory to practice in social work. In: Bailey, R. and Lee, P. (eds.) *Theory And Practice In Social Work*. Oxford: Blackwell.
- Leiter, M. P. & Maslach, C. (1988) The impact of interpersonal environment on burnout and organisational commitment. *Journal of Organisational Behaviour*. Vol. 9, 297-308.
- Lindsay, M. (1998) Moving mountains armed only with a teaspoon: the work of a 'centre of excellence' for residential child care. *Social Work Education*. Vol. 17, No. 3.
- Leonard, P. (1969) *Sociology In Social Work*. London: Routledge.
- Lukes, S. (1974) *Power: A radical View*. Basingstoke: The MacMillan Press
- Lyons, K. & Wallis-Jones, M (1998) Follow-up survey of respondents to the 1993 CCETSW survey of the employment of newly-qualified social workers. In: NISW, *The Careers of Post Graduate Entrants to Social Work* (London: NISW)
- Mair, J.M.M. (1967) Some Problems in Repgrid Measurement, I. The use of bipolar constructs. *British Journal of Psychology*. 58, 261-70.
- Maluccio, A. N. (1979) *Learning from clients: Interpersonal Helping as Viewed by clients and Social Workers*. New York: Free Press.



- Maslach, C. (1978) The client role in staff burn-out. *Journal of Social Issues*. 34 (4), 111-124.
- Maslach, C & Pines, A. (1977) The burnout syndrome in the day care setting. *Child Care Quarterly*. 6, 100-113.
- Maslach, C. (1982) *Burnout: The cost of caring*. New Jersey: Prentice-Hall.
- Maslach, C., & Jackson, S. E. (1984) Burnout in organizational settings. In: Oskamp, S (ed.) *Applied social psychology annual 5*. Beverly Hills: Sage.
- Maslach, C., & Jackson, S. E. (1986) *The Maslach Burnout Inventory. Manual* (2nd ed.) Palo Alto, CA: Consulting Psychological Press.
- Maynard, M. and Purvis, P. (1994) Introduction. In: Maynard, M. and Purvis, P. (eds.) *Researching Women's Lives from a Feminist Perspective*. London: Taylor & Francis.
- Melton, F. R. (1994) Competences in perspective. *Educational Research*. 36, 3, 285-294
- Miles, B. and Huberman, M.A. (1994) *Qualitative Data Analysis*. London: Sage.
- Milligan, I. (1998) Residential child care is not social work! *Social Work Education*. Vol. 17, No. 3.
- Mishler, E.G. (1990) Validation in inquiry-guided research: The role of exemplars in narrative study. *Harvard Educational Review*. 60 (40) 415-441.
- McKinlay, J. B. (1973) On the professional regulation of change. In: Halmos, P. (ed.) *Professionalization And Social Change*. Sociological review, Monograph No. 20, University of Keele, Keele, 61-84.
- Morris, P. (1975) Case con: the maturing five year old, *Community Care*. 26, November, 18-19.
- Mowat, C. L. (1961) *The Charity Organization Society 1869-1913: Its Ideas And work*. London: Methuen.
- McQueen, J. (1995) Better, but still not Good Enough for All. *The Times Educational Supplement*, 26th May.



- Naumann, L.M. (1996) *Providing Accommodation. The Children (Scotland) Act: A Training Programme*. Edinburgh: Scottish Office, London: HMSO.
- NCVQ (1988) *The NCVQ Criteria and Related Guidance*. London: National council for Vocational Qualifications.
- NCVQ (1993) *GNVQ Information Note*. London: National Council for Vocational Qualifications.
- Norris, N. (1991) The Trouble with Competence. *Cambridge Journal of Education*. 21 (3), 331-41.
- O'Driscoll, M. P. & Schuber, T. (1988) Organisational climate and burnout in a New Zealand social service agency. *Work and Stress*, 2, 199-204.
- O'Hagan, K. (ed.) (1996) *Competence in Social Work Practice*. London: Jessica Kingsley.
- Osgood, C.E., Suci, G.J. and Tannenbaum, P.M. (1957) *The Measurement of Meaning*. Urbana: University of Illinois Press.
- Packman, J. (1986) *Who Needs Care?* London: Blackwell,.
- Payne, M. (1991) *Modern Social Work Theory: a critical introduction*. London: MacMillan Press.
- Payne, M. (1996) *What Is Professional Social Work?* Birmingham: Venture Press.
- Perlman, H. H. (1957) *Social Casework: A Problem Solving Process*. Chicago: University of Chicago Press.
- Perlman, H. H. (1971) *Perspectives on Social Casework*. Philadelphia: Temple University Press.
- Phillips, E. M (1989) Use and Abuse of the Repgrid: A PCP Approach. *The Psychologist: Bulletin of the British Psychological Society*. 5, 194-198.
- Pines, A. M., & Aronson, E. (1988) *Career burnout: Causes and cures*. New York: Free Press.
- Pines, A. M. (1993) Burnout: An Existentialist Perspective. In: Schaufeli, W. B., Maslach, C., Marek, T. (eds.). *Professional Burnout: Recent Developments in Theory and Research*. London: Taylor & Francis.



Pinker, R. (1989) Social work and social policy in the twentieth century: retrospect and prospect. In Bulmer, M., Lewis, J. and Piachaud, D. (eds.) *The Goal Of Social Policy*. London: Unwin Hyman.

Pope, M. & Denicolo, P. (1993) The Art And Science Of Constructivist Research In Teaching Thinking. *Teacher and Teacher Education*. Vol. 9. No. 5/6, 529-544.

Pope, M. & Denicolo, P. (1997) Sharing Constructivist Ideas. In: Pope, M & Denicolo, P. (eds.) *Sharing Understanding And Practice*. Farnborough: EPCA.

Pope, M. & Keen, T. R. (1981) *Personal Construct Psychology and Education*. London: Academic Press.

Pratt, J and Grimshaw, R. (1985) A study of a social work agency: the occupational routines and working practices of the education social work services. *The Sociological Review*. Vol. 33, No. 1, 106-36.

Raffe, D. (1984) *Fourteen to Eighteen*. Aberdeen: Aberdeen University Press.

Ramsay, J. (1993) The Hybrid Course: competences and behaviourism in Higher education. *Journal of Further and Higher Education*. Vol. 17, No. 3, 70-89.

Rees, S. and Wallace, A. (1982) *Verdicts On Social Work*. London: Edward Arnold.

Resnick, J. and Landfield, A.W. (1961) *The oppositional nature of dichotomous constructs*. *Psychological Record*. 11, 47-55.

Richmond, M. E. (1917) *Social Diagnosis*. New York: Russel Sage Foundation.

Rojek, C. (1989) Social work and self-management. In: Rojek, C., Peacock, G. and Collins, S. (eds.) *The Haunt Of Misery: Critical Essays In Social Work And Helping*. London: Routledge.

Rose, H. (1982) Making science feminist. In: Whitlegge, E. (ed.) *The Changing Experience of Women*. Oxford: Martin Robertson.

Sainsbury, E. (1985) Diversity in social work practice: and overview of the problem. *Issues In social Work Education*. Vol. 5, No. 1, 3-12.

Satyamurti, C. (1983) Discomfort and defence in leaning to be a helping professional. *Issues In Social Work Education*. Vol. 3, No. 1, 27-38.



Schon, D. A. (1987) *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.

Schutz, A. (1976) *The Phenomenology of the Social World*. London: Heineman.

Schultz, D. Schultz, S.E. (1998) *Theories of Personality* (6th edition). London: Brooks/Cole.

SCOTVEC, (1996) *SVQ Handbook: A guide to Scottish Vocational Qualifications*. Glasgow: SCOTVEC.

Secker, J. (1992) (Unpublished PhD) *A Phenomenological inquiry into the development of social work students practice as they progress through training*. Edinburgh University.

Seebohm Report (1968) *Home Office Report Of The Committee On Local Authority and Allied Personal Services*. Cmnd. 3703. London: HMSO.

Seed, P. (1977) *The Expansion Of Social Work In Britain*. London: Routledge.

Shaw, M.L.G. (1980) *On becoming a personal scientist*. London: Academic Press.

Sheldon, B. (1978) Theory and practice in social work: A re-examination of a tenuous relationship. *British Journal of Social Work*. Vol. 8, 1-25.

Sheppard, M. (1995) Social Work, Social Science and Practice Wisdom. *British Journal of Social Work*. Vol. 25, 265-293.

Sibeon, R. (1991) *Towards a New Sociology of Social Work*. Aldershot: Avebury.

Sinclair, I. & Gibbs, I. (1998) *Children's Homes*. Chichester: Wiley.

Siraj-Blatchford, I. (1995) Critical social Research and the Academy: the role of organic intellectuals in educational research. *British journal of Sociology of Education*. Vol. 16, No. 2, 205-220.

Skilbeck, M., Connell, H. Lowe, N. & Tait, K. (1994) *The Vocational Quest*. USA: Routledge.

Skinner, A. (1992) *Another Kind of Home: A Review of Residential Child Care*. Edinburgh: HMSO.



- Slater, P. (1977) *The measurement of intra personal space by repgrid technique*, London: Wiley and Sons.
- Smith, J.M. (1978) Using repgrids to evaluate training. *Personnel Management*, 10 (2) 36, 37- 43.
- Smithers, A. (1993) *All Our Futures: Britain's Education Revolution*. London: Channel 4 Television, Dispatches Report on Education.
- Specht, H. and Vickery, A. (1977) *Integrating Social Work Methods*. London: George Allen & Unwin.
- Spender, D (1985) *For the Record: The Meaning and Making of Feminist Knowledge*. London: Women's Press.
- Spours, K. and Young, M. (1990) Beyond vocationalism: a new perspective on the relationship between work and education. In: Gleeson, D. (ed.) *Training And Its Alternatives*. Buckingham: Open University Press.
- Stein, M & Carey, K. (1986) *Leaving Care*. Oxford: Basil Blackwell.
- Stein, M. (1990) *Living out of care*. Ilford: Barnados.
- Stevenson, O. (1971) Knowledge for social work. In: Conference Report Bournemouth 1971, *The Common Base Of Social Work Practice*. London: Central Training Council in Child Care.
- Stevenson, O. (1981) *Specialization In Social Services Teams*. London: Allen and Unwin.
- Stewart, V., & Stewart, A. (1981) *Business applications of the repertory repgrid technique*. London: Wiley and Sons.
- Therapeutic Crisis Intervention: Participant's Workbook*. The Family Life Development Centre, Cornell University. Adapted for the context of Child Care services in Strathclyde, 1995.
- Timms, N. (1991) A new diploma for social work or Dunkirk as total victory. In: Carter, P. and Jeffs, T. (eds.) *Social Work and Social Welfare*. Yearbook 3. Buckingham: OUP.
- Toch, H. (1970) The care and feeding typologies and labels. *Federal Probation*, 34 (3), 15-19.
- Townsend, M. (1911) *The Case Against The Charity Organization Society*. London: Fabian Tract No. 158.



Toye, J and Vigor, P. (1994) *Implementing NVQS: The experience of employers, employees and trainees*. Institute of Manpower Studies, Report 265, University of Sussex.

Trinder, L. (1996) Social work research : the state of the art (or science). *Child and Family Social Work*. 1, 233-242.

Triseliotis, J., Borland, M., Hill, M. & Lambert, L. (1995) *Teenagers and the Social Work Services*. HMSO.

Triseliotis, J., Borland, M. & Hill, M. (1998) *Fostering Good Relations: A Study of Foster Care and Foster Carers in Scotland*. Edinburgh: Scottish Office, CRU.

Truax, C. and Carkuff, R. (1967) *Towards Effective Counselling And Psychotherapy*. Chicago: Aldine.

Tuxworth, E. (1989) Competence based education and training: background and origins. In: Burke, J. W. (ed.) *Competency Based Education and Training*. London: Falmer Press.

Utting, W. (1991) *Children in Public Care: A Review of Residential Care*. London: HMSO.

Utting, W. (1997) *People Like Us: The Report of the Review of the Safeguards for Children Living Away from Home*. London: HMSO.

Valk, M. (1983) Imaginative literature and social work education: an extended comment on Barker. *Issues In Social Work Education*. Vol. 3, No. 1, 17-26.

*Valuing Diversity: Having Regard to the Racial, Religious, Cultural and Linguistic Needs of Scotland's Children* (1998) Edinburgh: Scottish Office.

Wagner, G. (1988) *Residential Care: A Positive Choice*, Report of the Independent Review of Residential Child Care, National Institute for Social Work. London: HMSO.

Ward, A. & Preston-Shoot, M., (1998) (Editorial) Special Issue: Training and Education for Residential Child Care. *Social Work Education*. Vol. 17, No. 3.

Wardaugh, J. & Wilding, P. (1993) Towards an explanation of the corruption of care. *Critical Social Policy*. 37, 4-31.



- Warner, N. (1992) *Choosing with care: Report of Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes*. London: HMSO.
- Waterhouse, L. (1987) The relationship between theory and practice in social work education. *Issues In Social Work Education*. Vol. 7, No. 1, 3-19.
- Webb, D. (1992) Competences, contracts and cadres: common themes in the social control of nurses and social work education. *Journal of Interprofessional Care*. Vol. 6, No 3, 223-30.
- West, C. (1985) The dilemma of the Black intellectual. *Cultural Critique*. 1 (1).
- Whitaker, D. , Archer, L and Hicks, L. (1998) *Working in Children's Homes: Challenges and Complexities*. Chichester: Wiley.
- White, M. (1972) Room for adventurous experiment. *Social Work Today*. 6, April 1972, 9-11.
- Wilensky, H. (1964) The professionalization of everyone? *American Journal Of Sociology*. Vol. 70, No. 2, 137-58.
- Winter, D. A. (1992) *Personal Construct Psychology In Clinical Practice: Theory, Research and Applications*. New York: Routledge.
- Winter, R. (1992) Methods of analysing social work practice: The personal Construct Study and the Critical Incident Study. In: Winter, R. and Maisch, M. *Professionalism and Competence*. Chelmsford: Essex Social Services Department.
- Winter, R. (1992) Competence and the idea of professionalism. In: Winter, R. and Maisch, M. *Professionalism and Competence*. Chelmsford: Essex Social Services Department.
- Woods, P. (1988) Educational Ethnography in Britain. In: Sherman, R. & Webb, B. (eds.) *Qualitative Research In Education: Focus And Methods*. London: Falmer Press.
- Woodruffe, C. (1991) Competent by another name. *Personnel Management*. September.
- Yorke, D.M. (1985) Administration, Analysis And Assumption: Some Aspects Of Validity. In: Beail, N. (ed.) *Repgrid Technique and Personal Construct: Applications in Clinical and Educational Settings*. London: Croom Helm.