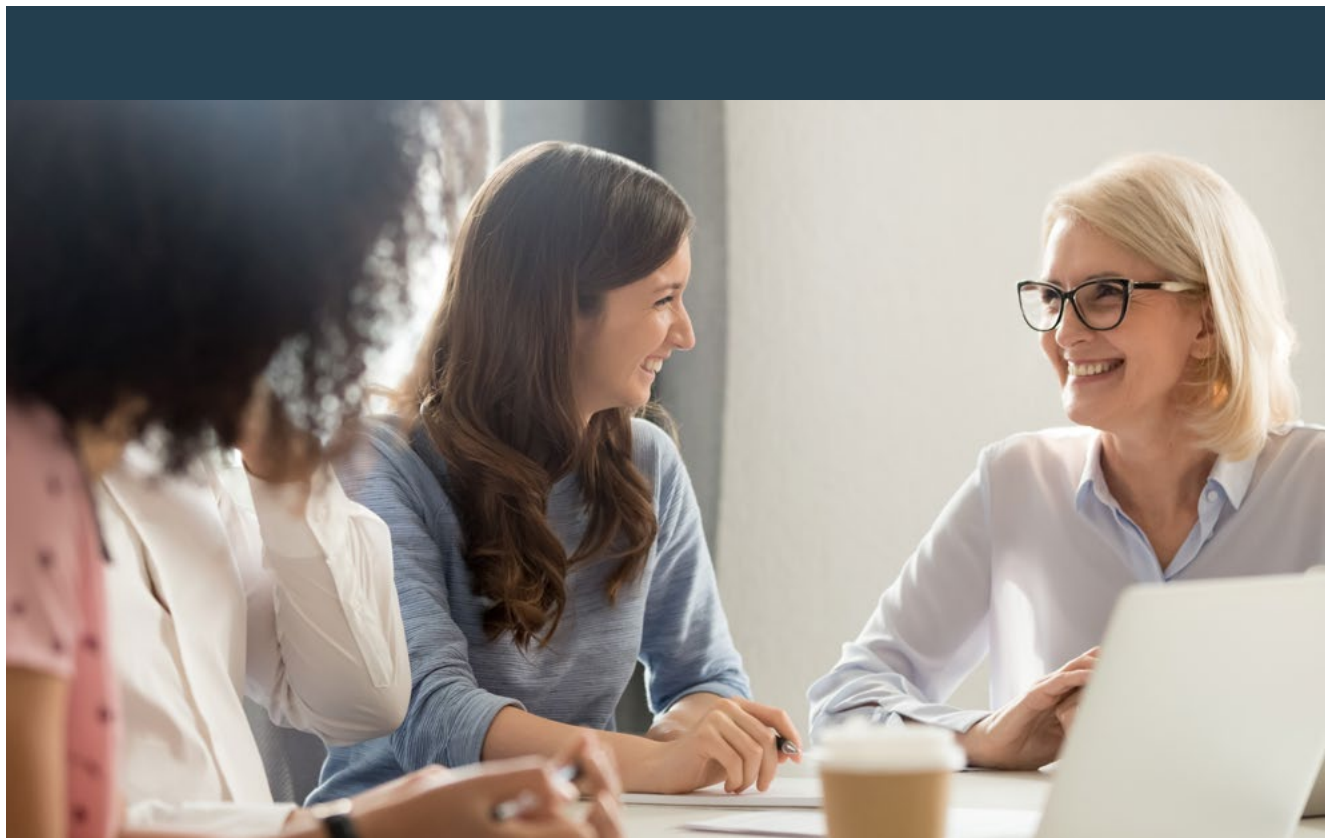




Impact Report on the MSc in Advanced Residential Child Care

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My own learning and the learning of the significant number of managers who have undertaken the course from the organisation, makes our practice what it is today and has influenced all policies and service development.

(Response in questionnaire)

The young people know all too well who cares and who can actually do something for them when they are in need. How we respond to their pain is important and this course has given me huge confidence in responding the right way, most of the time!

(Response in questionnaire)

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Introduction

Scotland’s ambition to be the best place in the world to grow up includes an explicit commitment to give children in care the childhood they deserve (Amos, 2022). This report offers a corollary: for Scotland to be the best place in the world for all children to grow up, including those in residential child care, then the personal and professional of the adults who care for them must also be a part of Scotland’s ambition. The MSc in Advanced Residential Child Care, a vital pillar in the support for residential child care workers’ development, plays a key role in Scotland achieving this ambition.

People who work in the care system require specific knowledge, skills, values, and support in order to promote the development of the children and young people they care for. Professional qualifications make an irreplaceable contribution to some parts of the workforce, but in order to do so, these qualifications must have relevant content, effective teaching and robust support for learning. Perhaps even more importantly, such qualifications must support the development of values and a professional identity oriented towards care and close relationships – not distance and superiority.

This report provides compelling evidence that the MSc in Advanced Residential Child Care (referred to here forward as ‘the course’) is an eminent example of one such qualification. It is positioned to make a continued, critical contribution to changing the culture of residential child care, where working alongside children, young people, their families and care experienced adults effectively becomes consistent across the sector; where the conditions for loving relationships to flourish are the norm no matter what the challenges; and where working in residential child care in Scotland is the best place in the world to make a difference in the lives of children and young people. As will become clear further in this report, these cultural changes have already begun.

MANY THANKS TO:

Erica Barr, Kirstine Bridgewater, Phil Coady, Elaine Hamilton, Gary Gallacher, Joe Gibb, Gavin Leitch, Neil McMillan, Graham McPheat, Kathleen Quinn, and Sinclair Souter for helping to co-produce the questionnaire and/or for contributing a case study or testimonial in the compiling of this evidence.

What follows is the product of the co-produced efforts of current students, graduates and educators on the course to collect information about its impacts. This information was collected in 2019 when the course became the subject of possible closure. **It offers evidence of the course’s impacts on the lives of children and young people, care experienced adults, carers, the cultures of particular residential services, as well as the culture of the sector more widely.** It includes sometimes lengthy quotes, as we wanted to give room for the voices of those who have attended the course. We hope the use of bold text and text boxes makes it more easier to scan for those who don’t have the time to read the whole report.

We also have chosen to use the words ‘practitioner’ and ‘practitioner student’ to refer to people who work in residential child care, not to be pretentious, but because ethical, informed, skilful care is a practice (one that too often goes unrecognised). This course has helped practitioner students to recognise, scrutinise and develop their practice and the practices of others. We acknowledge this term would not be appropriate for some other documents or settings (for example, communication addressed to children).

Much of what follows reflects a strong alignment with the core messages of the Independent Care Review (2020), demonstrating the course’s vital contribution to keeping The Promise.

Background



The course commenced in 2001 in order to support the development of leadership, practice and research in residential child care. It has been funded via the Scottish Government grant first to SIRCC (the Scottish Institute of Residential Child Care) and then to CELCIS (the Centre of Excellence for Looked After Children in Scotland, now the Centre of Excellence for Children’s Care and Protection). It has consistently delivered high quality teaching (with top Post Graduate Taught Experience Survey results year on year) and has developed a national and international reputation for excellence. Over the last several years, significantly more applications have been submitted than places on the course.

Working in the sector is a prerequisite for acceptance on the course. It is designed for people working full time and is taught over two years. The curriculum is comprised of six taught modules covering wider contexts of care, child development, leadership, the self of the practitioner, assessment, intervention and research methods; the final part of the course is a dissertation in which student carry out a small piece of research that addresses some aspect of residential child care (see appendix A for more detail).

The first main section that follows is addressed to the information collected from a questionnaire on the impacts of the course. It is followed by a section addressed to information from three case studies (provided by three residential child care services) and three testimonials provided by graduates.

Evidence of Impact:

Questionnaire

Respondents wrote repeatedly and at length about the impact of the course on their relationships

An online, anonymous questionnaire comprised of 24 questions was co-produced with a small group of graduates, second-year students and educators on the course. It was then made available to graduates and current students who have been on the course for at least a full year. **104 responded.**

Most of the questions asked respondents to rate to what degree they agreed or disagreed with statements about the impact of the course (please see appendix I for all of the questions), with the first addressed to practice generally:

QUESTION 1.

My learning on the MSc in Advanced Residential child care has significantly contributed to the development of my practice.

79% Strongly agreed
20% Agreed
1% Neither agreed nor disagreed with this statement.

Across all questions, the results strongly indicate perceptions of significant impact across a range of areas, including the way carers think about and develop: relationships, cultures of children's rights and participation, advocacy for and with children, evidence-based decision-making and practice, and changes in their services.

We were interested, for example, in finding out about whether or not carers experienced increased confidence to do various things in their work:

QUESTION 4.

My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in: a) Challenging poor practice

65% Strongly agreed
30% Agreed
5% Neither agreed nor disagreed with this statement.

QUESTION 5.

My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in: b) Advocating for a child, young person, children or young people

71% Strongly agreed
25% Agreed
3% Neither agreed nor disagreed with this statement.
1% Indicated the question was not applicable to them.

Other indicators of impact included strengthening their commitment to children and young people, development in colleagues' thinking and practice, and enhanced development and life chances for the children and young people they care(d) for:

QUESTION 9.

My involvement in the MSc in Advanced Residential Child Care has strengthened my commitment to children and young people in residential child care.

66% Strongly agreed
25% Agreed
8% Neither agreed nor disagreed with this statement
2% Indicated it was not applicable.

QUESTION 13.

I believe positive impacts on my practice from my learning on the MSc in Advanced Residential Child Care has contributed to a child, young person's, children's or young people's enhanced development and life experiences.

68% Strongly agreed
28% Agreed
3% Neither agreed nor disagreed
1% Disagreed with this statement.

QUESTION 14:.

I believe my learning on the MSc in Advanced has contributed to positive developments in colleagues' thinking and practice.

52% Strongly agreed
40% Agreed
6% Neither agreed nor disagreed
1% Disagreed with this statement
1% Indicated that the statement was not applicable.

In addition, five questions towards the end of the questionnaire provided an open field for explanations, examples and other details about the impacts the course has had on respondents and their practice. **Put together, their responses approached 20,000 words.** The information they provided tells a compelling story about the way the course is helping them to positively change practices and cultures.

Their responses have been organised across six identified themes:

Relationships and Love

Rights, Participation and Thinking Differently about Risk

Responding to Pain and Distress

Working in the Life-space and the Power of the Everyday

Leadership, Professional Development and Culture Change

Reductions in Restraints and Moving Children On

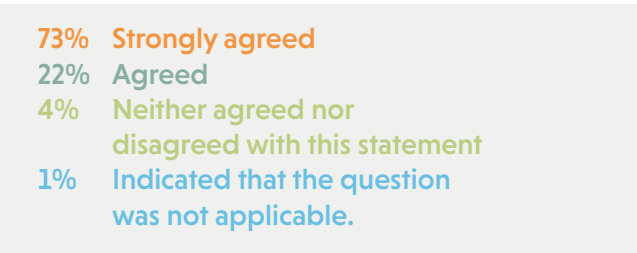
A final section was added to report on respondents' answers to questions regarding the type of work they were doing at the time of completing the questionnaire.

Relationships and Love

The Independent Care Review found that far too many children and young people did not experience the loving, caring relationships they needed. Because of the emphasis of relationships and relational practice on the course, we were interested in whether respondents perceived related impacts.

QUESTION 2.

My learning on the MSc in Advanced Residential Child Care has significantly influenced the way I think about and form close relationships with the children and young people I care for.



Respondents who answered affirmatively to question 2 were invited to offer details about the ways in which the course had influenced their development of relationships with children and young people, along with one or more example in one of the open questions towards the end of the questionnaire. Gathering more information was deemed important in order to establish whether or not there was substance (in the form of details and examples) to support the claims made by the Likert-scale answers.

In answer to this and other open-field questions, respondents wrote repeatedly and at length about the impact of the course on their relationships:

Having completed the MSC, I have been able to understand the challenges associated with building positive, meaningful relationships with children & young people. Importantly I have also been able to guide and support RCC carers in building positive relationships with young people too, to the extent that young people

have felt loved, cared for and developed a sense of hope for the future.

Indeed, love was heavily cited as an area of impact (often in an interconnected way with relationships):

Completing the MSc gave me a broader understanding and appreciation of the importance of long term caring/loving relationships with young people. Caring for young people with this improved knowledge allowed me to emphasise the importance of giving hope to children and young people.

There were repeated references to the course helping respondents see that if relationships are of central importance to trauma-informed, developmental care, then policies and practices that compromise relationships warrant critical scrutiny and challenge. This is also a key (if not the key) message of The Promise (Independent Care Review, 2020).

Respondents repeatedly wrote about deriving confidence from their learning to maintain their relationships after the child or young person left their care setting, and a subset described successfully challenging cultures and practices that foreclosed such relationships:

I always felt that there was a real tension in residential child care when it came to the idea of authentic relationships. Over the years I developed many relationships with children and young people that I would describe as warm, loving, unconditional etc; however, these often ended relatively abruptly when the same young people moved on. Despite notions of throughcare/ aftercare, organisational policy often left little space for existing relationships to endure beyond the end of placement. Learning from the MSc helped me to question this situation.

Several wrote of the course being important because it supported their pre-existing belief

in the power of relationships and enabled their strength of this conviction:

Whist I always recognised that forming relationships was essential when working with young people when this is underpinned with theory you understand that you are doing the right thing. When you are reflective before, during and after a meeting, when you have been taught through theory and teaching that it is OK to go the extra mile, to sometimes cross boundaries and be able to back up your actions for discussion with a team and management you are more confident that it is OK to truly care for a young person.

It also supported their strength to challenge:

The learning that I gained from the course allowed me to have a language to explain and argue to work with young people in a way that had felt right previously but I just didn't know how to put into words. It allowed me to recognise the value of relationships and the theory behind why this is so important especially for a young person who has experienced trauma and is distressed. It gave me the power to confidently advocate the unique impact that a residential setting can have on the experiences of a young person and on the staff. It made me proud to be a residential child care worker and gave me the belief that the work I did was important. I truly believe that this course has allowed students to go back to their work places and open a dialogue that has allowed the sector to be more empowered to show love to young people.

Many referred to specific theories they had been taught on the course that enabled them to build and sustain relationships within the complexities of residential child care. For example:

I cared for hundreds of children and young people in the years studying for the MSc and subsequently. I have little doubt that

the learning around strengths based approaches, trauma informed care and other therapeutic interventions, relational/ attachment based care positively affected my ability to care for children and young people. An example i think of a lot is a young person i know who still visits the service where i previously managed and i think my commitment to claiming this young person, supported by my colleagues was underpinned by the knowledge gained through study on the MSc - we knew it was the right thing to do. In the last four years i have also supported a number of practitioners to challenge outdated policies around ongoing contact with children and young people ensuring these relationships are sustained.

Across the answers, participants made frequent references to attachment, trauma, containment, neurodevelopment and resilience as the theories that informed their understanding of the challenges they encountered, as well as children's related needs in those relationships.

Finally, the course's focus on the self that the student brings to their relationships with children and young people was a recurrent theme:

I have learned to be more aware of self and the impact I can have on the environment, as a result I find myself more attuned to the young people which allows me to develop positive relationships.

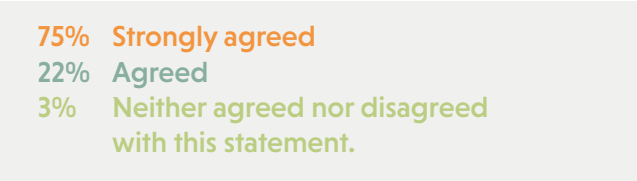
Others wrote about how this focus impacted on their leadership and management:

Reflection and reflexivity - I believe as a practitioner I had both of these skills but as a manager & leader perhaps not as much. Taking part on the Msc highlighted this to me & allowed me to look at ways of developing my skills in this area.

Rights, Participation and Thinking Differently About Risk

QUESTION 3.

My learning on the MSc in Advanced Residential Child Care has contributed to the way I think about and support children's rights in my practice.



In addition to strong evidence from the results of question 3, several respondents' more detailed answers incorporated the importance of working alongside children and young people, listening to them, respecting their rights and meaningfully involving their participation in decisions in the houses and homes they live and work in.

Some respondents went on to share innovative developments they carried out in order to embed more robust rights-based and participatory approaches in everyday practice:

*I have introduced a project called 'voices within'. This project 'employs' young people to encourage and represent the voices of young people in my services. **Yong [sic] people inform that this has made them feel listened [to], loved and cared for and they say they feel a part of the service and not simply placed with the service.** This engagement with young people in the here and now is crucial in providing a nurturing service. **Research carried out during my studies gave me the creativity and the confidence to introduce this in my service.***

The following respondent's account not only reflects a key area of involving young people's participation, but demonstrates the improved outcomes for all involved:

*The discussions on agency throughout the course prompted us to look at how we could more usefully and meaningfully work with young people and led us to having **young people fully involved with recruitment of staff** and using key concepts like containment and use of self in interview questions for candidates. **This has had a significant impact and helped us to recruit people whose values and commitment to relational practices have been identified at earliest stage.***

As can be seen above, robust relational practice that is genuinely informed by children's rights has required practitioner students to challenge prevailing thinking and practice on many levels. This challenging is woven, implicitly and explicitly, through all of the sections addressed to respondents' qualitative answers.

As can be seen above, robust relational practice that is genuinely informed by children's rights has required practitioner students to challenge prevailing thinking and practice on many levels. Indeed, this challenging is woven, implicitly and explicitly, through all of the sections addressed to respondents' qualitative answers. One area of challenge, not yet mentioned but inextricably linked to these others, relates to risk.

Supporting healthy development requires assessment of, and a degree of tolerance for, risk. Yet too many children in residential child care have been denied typical developmental opportunities, especially related to fundamental necessities of play and relationship, in an effort to avert perceived risks (Coady, 2014/15; McGuinness, Stevens, & Milligan, 2007).

In order to resist risk-averse thinking and practice, students are encouraged to critically consider the place of risk in children's development and the influence of managerialism on organisational policies and expectations. As before, this grounding in related theory and practice guidance gives students the substance with which to contest:

I am more confident and better informed to challenge poor and risk averse practice towards young people, even at a management level.

Respondents also wrote of changes to their own direct practice as well, with shifts in their thinking about risk intertwined with a deepening understanding of children's rights:

*Since undertaking the MSc I have found that my relationships with young people are much stronger, and this enables me to support them in a range of settings including education, and to engage them in processes such as managing risks. **It has enabled me to work in a more person-centred way, doing with and alongside young people, rather than doing to or doing for them. This means that they are more engaged in their care plan, more motivated, and more able with support to explore risks, and manage these independently.** I am also more confident in challenging other professionals, to uphold the rights of young people to education, and to have the same opportunities and experiences as their non-looked after peers.*

The impact of the meaningful incorporation of theory in a manner that contributes to thinking and practice not only beyond students on the course but in the long-term is reflected by this respondent:

*My manager was part of one of the earliest cohorts of the MSc. **It wasn't until I did the course myself that I realised how much of what she brought to our house was part of the MSc syllabus.** The firm focus on relationship-based practice, social pedagogy and risk management (rather than risk avoidance) **revolutionised our practice.***

Responding to Pain and Distress

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The only impact written about more than on responding to behaviour was the impact of the course on relationships with young people, though often the two were clearly connected

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Linked to relationships, rights and participation was commentary on the way children and young people's behaviour is thought about and responded to:

*I think it [the course] has reinforced my beliefs that **relational practice is the way forward** and I am even more strongly against consequences and punishments and feel empowered to share the theory behind these beliefs.*

The impact of the course on the way respondents think about and respond to children and young people's behaviour – behaviour historically labelled bad, negative or 'challenging' – was written about repeatedly, compellingly and in a way that integrated many components of the course:

*The child-centred practice as advocated on the course has had a huge impact on the relationships that are formed with young people. Using a model based around understanding of trauma and attachment theory has given staff the tools to understand where the behaviours of young people have come from. **Understanding that trauma is the basis for many of the behaviours that challenge helps change the way that staff approach the young people and has led to a significant reduction in confrontations and violent incidents within the house. The idea of the relationship with the young person being the most important tool in working with him/her has allowed for the focus to become the creation of strong relationships, rather than the adherence to set rules.** The flexibility this has created has allowed staff to use their wide variety of personalities and experiences to find the right relationships to help very different young people.*



The only impact written about more than on responding to behaviour was the impact of the course on relationships with young people, though often the two were clearly connected:

*Within my own workplace, **we have become more trauma informed** which has opened the eyes of the team in understanding negative behaviour aimed at a member of staff is not personal, and **allowed our team to look closer at what is happening** instead of trying to deal with the negative behaviour. This again has let to **better more trusting relationships between the staff team and the children and young people.***

In some cases, respondents then relayed impacts that were specific to particular children and young people:

*One of our young people was very disruptive in school and at home, he kept everyone at arms length and hated the world and everything in it including himself. For a while the staff team had been fire fighting and struggling to connect with him. **Through a greater understanding the team were able to look beyond the behaviour and start to unravel what it was like to be him and how he felt.***

The following account clearly links the acquisition of knowledge about what underlies behaviour that is deemed challenging not just with improved relationships, but with therapeutic gains as well.

Sharing information with colleagues has given the whole team a greater understanding of behaviour that can be challenging. This has resulted in less confrontations with our young people and better more trusting relationships. One of our young people who is 17 years old has started to open up about his past and been supported to work through some of his traumatic events which has left him understanding it wasn't his fault, he also now realises his mother did love him but through her own challenges she was unable to show it in a conventional way.

Working in the Life-space and the Power of the Everyday

A life-space approach to caring practices is a core part of the course curriculum. While life-space theory has been incorporated into at least one crisis-management framework used by some residential child care services in Scotland, the concept of life-space was first applied to residential child care by Fritz Redl in the 1950s (Graham, 2003). **It is significant because it locates the processes of healing and development in the relationships, activities and places where the child's life unfolds.**

Rather than remove children from their day-to-day for the purposes of therapeutic intervention, a life-space approach is invested in the restorative, cumulative power of the everyday – as the intervention. This can be difficult for practitioners to recognise, given the wider socio-political culture that clearly does not value care.

In the qualitative part of the questionnaire, there were repeated references to working in children's life-spaces and the importance of the everyday:

I like the idea of using everyday events and new experiences to promote confidence, development and resilience in young people and the doing things and learning things together attitude to working in the young people's life space.

For some, exposure to life-space theory and the power of the everyday significantly changed their thinking and practice:

The concepts of Life space , social pedagogy and use of self profoundly affected how I saw my work ... it's my job but it's their Home. Sometimes some staff can forget that! YPs noticed that I put fresh fruit in bowls, threw out old magazines, put the clocks back, and never made a cuppa without asking them first if they want one "wee things are actually big things"....tiny acts that show you care. YPs notice this!

A professional identity rooted in practical acts of care, as described above, is supported by relevant theory and practice guidance. In addition to shifting the tacit into the more explicit realm of understanding, it enables students to more effectively advocate and plan for the care-related needs of their young charges:

The learning gained from Thom Gardat [Garfat], Adrian Ward and James Anglin has helped crystallise thinking on and recognise the value of the minutiae of the everyday and enabled staff to better understand relational practice concepts using their daily work tasks as an opportunity to make meaningful connections with young people and crucially be able to relay this in meetings and discussions as part of planning processes.



Rather than remove children from their day-to-day for the purposes of therapeutic intervention, a life-space approach is invested in the restorative, cumulative power of the everyday – as the intervention.

Ideally, the synthesis of heightened knowledge and caring practices cultivates environments conducive to processes more readily identified as 'therapeutic work':

I suppose I would have to say that the therapeutic use of daily living events in the children's life spaces has helped us to promote this as an intervention. For example, as a result of developing our understanding of lifespace throughout

the team, workers have a developing understanding of the impact of the physical environment and how this affects the lifespace. Children and young people are better supported to communicate their feelings. This is a direct result of workers becoming more skilful in using daily living in a therapeutic way to help children communicate their feelings/ views and address difficulties they face.

Leadership, Professional Development and Culture Change

QUESTION 8.

My involvement in the MSc in Advanced Residential Child Care has positively contributed to my development of leadership (in whatever forms).

68% Strongly agreed
25% Agreed
5% Neither agreed nor disagreed with this statement
2% Indicated that the question was not applicable.

While the course is aimed towards those in leadership and management roles, it also accepts students who are in positions of direct practice. Dedicated content on leadership and management is a significant part of the curriculum, with a clear message that leadership can be (and often is) exercised by those not in explicitly specified leadership roles.

While there was no qualitative question addressed to leadership, close to a third of respondents wrote about the ways in which the course influenced their practice of leadership in their organisation. These respondents' roles included external managers, house managers, direct practitioners, as well as a small minority of others who, at the time of completing the questionnaire, were in indirect practice (e.g. training, education and inspection).

Respondents repeatedly referred to an improved capacity to fulfill their formal leadership roles as a result of the course, with knowledge being the most frequently-cited efficacious component:

One of the most beneficial changes has been that I have become much more knowledgeable about the wider field of residential child care and related fields of child and youth care and social pedagogy. As a residential care manager, this has enabled me to support colleagues and teams to locate

and use research evidence and theoretical writing as a basis for informing practice. This is particularly important in residential child care, as it does not have a history of workers becoming familiar with the literature of their field, and cultures and philosophies are often based on strong opinion and accepted custom. Whilst I have sometimes met with resistance in trying to create cultures based on a more nuanced understanding of young people's needs, overall the result has been that I have been able to interrupt and reduce negative practices leading to poor experiences of care, including overly controlling and inflexible environments, and to promote and encourage care based on deeper understanding of the individual needs of young people who have experienced abuse, neglect and care that did not meet their needs.

As can be seen in the next quotation, students have been able to influence the thinking and caring practices of their colleagues even when not in a management position:

Some if [sic] my co-workers have been in the role for over 20-25 years and are very 'old school'. There [sic] focus was on 'doing' rather than spending time forming relationships with our YP. With handouts from class, reflecting in team meetings of what I was learning it helped to refocus their thinking and see how important relationships with our YP are.

Knowledge acquired on the course was reported as: boosting confidence, supporting specific work with particular children, enabling more effect support of staff teams, informing positive changes in house cultures, helping to reduce punitive thinking and practices, and strengthening the impact of their advocacy:

I have become more effective at promoting the development of my team, both as

individuals and as a team, and this has led to improved care of the young people. There are fewer power struggles, a more rights-orientation to working with our young people, but at the same time, clearer boundaries where they're needed. I think the young people feel safer and more empowered as a result and this supports them thriving.

In terms of specific knowledge acquisition, trauma was the most frequently cited when respondents wrote of their development of leadership. Several wrote of improvements in integrating theory with practice, for themselves and their teams. The ability to network with likeminded students who were also committed to positive change was also cited as important in enabling respondents in their leadership roles. Links were made between these enhancements and positive outcomes for children and young people, including improved educational attainment and more positive experiences of care:

My role as a leader in my organization has been enriched by not only the theoretical knowledge but by the sharing of practice experience and the validity that this offers when discussing complex relationships. In turn this has allowed me to develop my skills as a leader in supporting others to reflect & develop meaningful relationships with young people. The culture within my service has changed significantly because of this and this has been reflected in feedback received for the last two years from young people, parents/carers & stakeholders.

A recognition that individuals and teams need more than just knowledge was also represented. The following quotations, from two different respondents, are reflective of the parallel processes of care and support for staff that were regularly voiced:

I have always held the view that services must take care of staff but only on

completing the MSc and getting a promoted position was I able to truly understand the urgency need to nurture our staff. So, for example I try to ensure all staff not only feel valued and cared for but are supported to deal with the difficult emotions that spring from dealing with peoples deep painful emotions. This has stabilised the turnover of staff and led to greater stability for the young people.

A majority of respondents indicated that they had been promoted during or subsequent to commencing the course, and a similar number indicated they believed their related learning and development contributed to that promotion. A larger majority indicated positive impacts on the development of their professional identity (see Appendix H for results to question 10, 15 and 16). In the open fields, respondents also wrote of professional development, their own and that of individuals they supervised or managed:

I have several examples of the impact on colleagues in terms of career progression - through supervision and supporting professional identity. In particular I have one member of the team who has developed personally and professionally in his role - he has greater clarity of purpose & a much more relaxed sense of self which enables him to utilize his own natural intrinsic skills which before he subdued. This has allowed him to gain greater appreciation from his colleagues & also enhanced his ability to form sustainable relationships.



While effective management and inspiring leadership are important planks in the curricular foundation of the course, critical interrogation of managerialist ideas and practices also feature strongly. Perhaps chiefly important within this criticality is actively challenging dominant ideas around what professional identity and professionalism means in residential child care. The following quotation reflects the kind of extended impact on the developing professional identity of residential child care in Scotland that is centred on meeting the relational requirements of good care:

*I clearly remember that on the first day of the MSc there was an informed and passionate discussion about love in residential child care. Having worked in an environment where love was understood as a fundamental aspect of practice, I found it quite jarring to hear from other students who still felt that this was a taboo concept within their own work environments. **From that day, I resolved to become even more vocal about the importance of loving relationships in my own practice, when supervising workers and when engaging with colleagues in relevant***

***forums.** Since starting the MSc, I have worked across a number of organisations of different sizes, and I often refer back to that first discussion on love as a way of making the topic safe for those who may not be quite there yet.*

The stronger advocacy mentioned early in this section was very frequently linked to challenging poor practice, not only within houses, but also to challenging senior management and external organisations. All this was reported as leading to shifts in the cultures surrounding care. The most frequent examples involved expectations around children's movement in and out of care settings, with related outcomes that included: improved planning for children coming into their care, successful attempts to hold onto young people when things became difficult, and the removal of policy and attitudinal barriers to continuing relationships between carers and young people beyond the care setting. A key result of many of these accounts reflected more enduring relationships between carers and young people – a key imperative of The Promise.

*When I started the Msc I had just received promotion to service coordinator and was tasked with opening a small residential home for children and young people with learning disabilities, complex needs and who had experienced childhood and continual trauma through inappropriate placements [...] **[my learning] helped me challenge [i.e. stop] the practice of moving a child without warning a few years later when one of the children was moving to residential school.** The child, now a young man, has lived in the same residential home for 7 years now. For 6 of these he has called it home. He has dreams for the future and is being supported to achieve these. He has also developed a strong bond with the one of the young people he lives with because they have lived together since the service opened.*

Inspiration was mentioned on several occasions, often related to meeting the challenges of full time management roles alongside part time master's study, but also related to raising their aspirations:

*The entire qualification has been inspirational and motivational for me. **It influenced my decision to change direction career wise,** moving from a safe, sector leading organisation with salary and T&Cs to [move] to a small private sector provider where I could have autonomy to strive **to create a place where I could develop culture, ethos and vision.** As an experienced practitioner and manager prior to undertaking the course I was relatively well-informed by theory and evidence and confident in drawing on this appropriately. However[,] undertaking the course was personally transformational - **it has prompted a step change in my ability to 'join-up' how I think about how we care for children** in the public domain, [it] challenged and inspired me in equal measure.*

As can already be seen, the developmental impacts on leadership and professional identity were often linked to positive developments in the cultures of care in respondents' organisations. Some respondents also made connections to the wider culture of residential child care in Scotland:

Perhaps chiefly important within this criticality is actively challenging dominant ideas around what professional identity and professionalism means in residential child care.

*In my current organisation, several managers and some workers have been involved in the MSc programme. It is likely that this is also true of some other organisations. **This creates a situation which I believe has not previously existed in residential child care, as we are reaching a situation in which a critical mass of the organisation's managers have undertaken the programme modules, creating shared language and shared set of concepts that influence the developing culture of the organisation.** I believe that, if this situation were to exist more widely in residential child care in Scotland, residential child care would become a significantly more well-informed, relational and therapeutic service. The MSc has enabled me to develop skills in training and development. I now write regularly and recently contributed to an international think tank on development of the field of relational practice. I consider that the MSc stimulated both enhanced practice **but created a cadre of leadership which has gone into influence and develop the field.***

Reductions in Restraints and Moving Children On



Two of the most potentially damaging things that can happen to children and young people in residential child care are physical restraint and multiple moves within the care system – both of which have been highlighted by the Promise as priority areas for change. Each was addressed by respondents explicitly. Both are significantly affected by whether children enjoy good relationships in care, and how carers respond to distressed or pain-based behaviour. For example:

I recently worked with a young person who had complex needs, unfortunately a certain staff group tried to stuck [sic] to the structures and boundaries of the school. At no point did they try and meet the young person where he was and they always tried to drag him into their world. This led to the young person disengaging with them and also caused a significant rise in safe holdings [a term used for physical restraints]. I intervened and supported the team to change their practise

and to start thinking outside of the box and not to be regimented and old school. This was a difficult process but one that had a positive outcome for the young person.

The respondent in the previous section who wrote about the importance of nurturing staff went on to make a link between this nurture and the reduction in physical restraint:

*I wanted to be creative in coming up with 'something' that conveyed to staff that they were cared for and respected. I developed a staff outcome framework [...] **the framework has contributed to the reduction in restraints** as staff feel more competent and confident in using self in all interventions. I have also seen **staff absence go down to an all-time low** for this unit.*

In regards to multiple moves, several accounts already included in this report reflect a resistance to moving individual children and instead a

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**In terms of specific knowledge acquisition, trauma was the most frequently cited when respondents wrote of their development of leadership. Several wrote of improvements in integrating theory with practice, for themselves and their teams.**

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greater capacity to support them through difficult periods in their care and development. Some respondents also reflected this resistance as a general trend in their service. Several quotations in the previous sections reflect impacts around holding onto individual children and young people in respondents' examples. The following respondent identified a more generalised trend:

The MSc has assisted and enhanced practice in holding on to young people and not engaging in reactive discharge of young people.

The factors involved in children's multiple moves through the care system include the use of residential child care as a last resort service, more obvious issues related to 'stickability' once a child is in residential care, and a lack of robust assessment and therapeutic work to support children's successful return to their families of origin where possible. The following respondent demonstrates how shifts related to all of these factors can reduce these multiple moves:

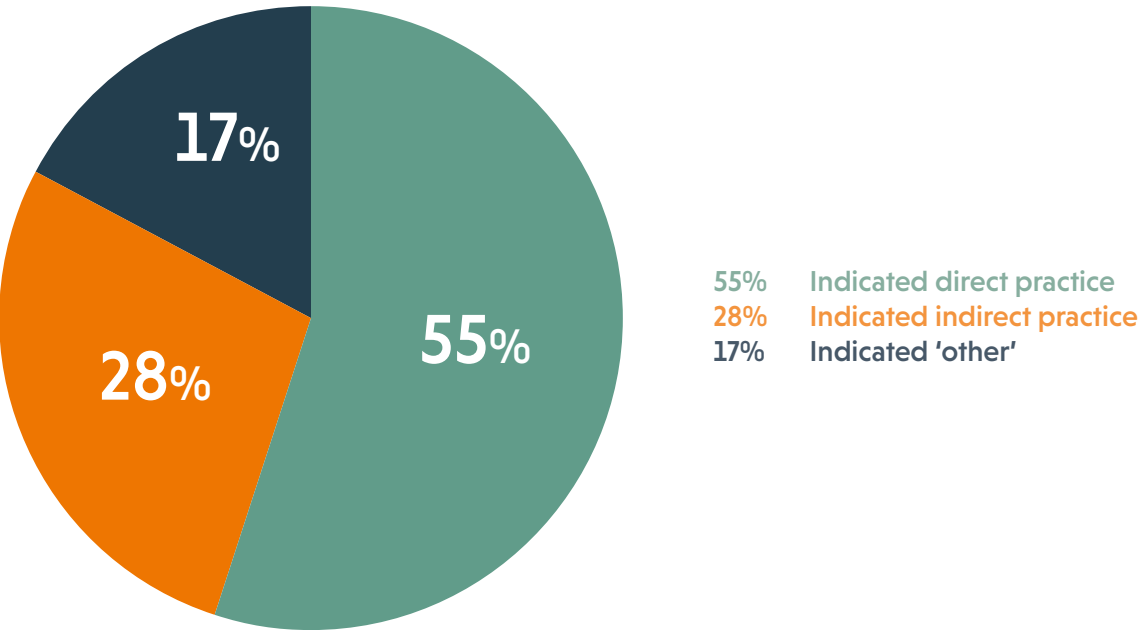
By a gradual and increasing understanding of the theory intrinsically linked to how we form and sustain relationships, I have been able to be direct in my own day to

*day practice in the life space of children and young people. I undertook some family intervention work with a child and adoptive parents. The learning content from the MSc, I feel, allowed me to utilise a more robust set of skills which were linked to ecological systems and containment theories which I subsequently feel supported the growth of these sessions and ultimately family relationships. **Ultimately I feel this contributed significantly to the child returning home when this was not the 'anticipated' exit plan for her on admission to my service. 'Hope' was becoming present for this child who I also feel had a greater sense of feeling loved as we explored some of the lore complex family issues present.** Furthermore, the learning from the course allowed me to challenge professionals on issues I previously would have possibly accepted as it was the 'done thing'.*

Indirect Practice and Cognate Fields

QUESTION 23

We'd like to know what part of the sector you work in. Please select the ones that apply. I work in:



As touched on above, the terms 'direct practice' and 'indirect practice' have been used to distinguish practices of care that take place directly between carers and young people from practices that do not but that impact on those direct practices (e.g. training, education, upper management and inspection). The vast majority of students on the course are in direct practice at the time of their studies and this is due, in part, to the high proportion of students in house manager's role and the nature of that role, which often combines direct and indirect practice.

The majority of those who indicated they were working in indirect practice specified senior or external management role, followed by those in training and education, with inspection, consulting and 'other' also being reported. Those who selected 'other' reported commissioning, advocacy, work-based assessment and some content that read like a mix of direct and indirect practice – perhaps based on a misunderstanding of the question (see Appendix H for more details). A significant portion of the Leadership, Professional Development and Culture Change reflects impacts that occur in indirect practice, both at organisational level and across the sector (see above).

It has been our intention that the learning and development students derive from the course enhance both forms of practice. We did not want to see the course become an exit route from direct practice, or worse, from residential child care. At the same time, we recognise that some degree of attrition from residential child care, whether related to the course or not, is to be expected. Indeed, residential child care, and social care more widely, is struggling to retain its staff (PA News Agency, 2022; Scottish Government, 2020), which compromises its ability to provide quality care and stability of relationships.

It has been our intention that the learning and development students derive from the course enhance both forms of practice.

We did not want to see the course become an exit route from direct practice, or worse, from residential child care.

The positive impacts of the course on professional identity, commitment, motivation and inspiration discussed above paint a picture of a strong contribution to retention. Furthermore, it was heartening to see that only around 15% of respondents indicated that they no longer work in residential child care (in direct or indirect practice), though many indicated that their work in cognate fields (often still with children and/or families) continues to be informed by the course. The following response was one of the most detailed in this regard:

The MSc RCC was the first place I learnt about attachment. 20 years on, I use that [e] very day in my practice as an Educational Psychologist and a foster carer. It completely changed my practice, the way I thought about childhood and my understanding of the potential therapeutic role of staff. At the time it greatly influenced my role with one child in the residential home I was working with, with whom I had a special bond and spent many hours making things with her for her room for example (origami flowers for her fairy lights) and being astounded by her resilience. It paved the way for relationships not based on fear or control but on non-judgemental positive regard, respect and love. It brought me into the world of these young people in a different way and showed me what they needed. It enabled me to think about myself as a secure base

and to keep this in mind when relationships were rocked or when they ended. When I left this meant that I kept this in mind and transitioned gradually out of the young people's lives, with clear and meaningful endings and I took all this learning with me.

For some respondents, their move out of residential child care was to a very nearby neighbour: foster care:

The Msc also came at a key time for me in terms of my personal journey and became part of the reason that I became a foster carer. It impacted on both my various roles within residential but then soon after changing career into psychology, we started fostering and I have been fostering ever since. So for the last 10 years. I learnt that children need long term placements wherever possible in order to build positive attachments and this has massively impacted on my role. It has not always been possible to achieve this in every case but one young person who this happened for lived with us for 8 years from 13-21 and has successfully transitioned from us into nearby supported accommodation and now into his own house. My desire to see long term placements that could repair and create family was birthed on the MSc.

Evidence of Impact:

Case Studies and Testimonials

The current students and graduates who co-produced the questionnaire felt that a drilling down at organisational level, not just in care settings but in forms of indirect practice (i.e. those settings that do not provide care but nevertheless impact on their care), would provide important information about the impact of the course. Towards that end, three organisations collected more detailed information about the course's impact:

- » **Kibble Care and Education Centre,**
- » **Care Visions Residential,**
- » **Nether Johnstone House Childcare Services (including two completed questionnaires by external consultants to the service).**

In addition, the following contributors wrote testimonial, again in order to provide more depth and detail about the impacts of the course:

- » **Neil Gentleman (a member of the Care Inspectorate),**
- » **Erica Barr (at the time of writing, a manager of children's services in a local authority),**
- » **Gavin Leitch (Placement Commissioner, Fife Council).**

The full accounts, which are rich in detail and examples of impact, have been located in the early part of the appendices (B-G) and readers are urged to consult them in full. This section briefly discusses some of the highlights and common themes across this collection of information. These common themes are organised across these three, broader categories:

- » **Transformations in thinking and practice;**
- » **Development of knowledge and skills;**
- » **Concrete examples.**

Transformations in thinking and practice

All of the accounts reflected transformations in students, other carers, young people, and organisations; the beginnings of significant change across the sector was also reflected. Increased confidence and a stronger sense of professionalism or professional identity were consistent components of these transformations:

*I watched this worker transform his practice and develop himself professionally and personally – **every step of the way he was enabled by the knowledge and access to knowledge he had come across whilst completing the Msc** [...] He developed leadership skills and a new way of hearing people, which allowed him to hold greater influence over the development of his colleagues.*

Nether Johnstone House

*Programme participants also report a greater confidence in themselves as part of multidisciplinary teams. **Where before they have not felt a sense of professionalism, they now feel the knowledge and skills gained from the programme provides them with a sense of equity with other professionals.** This has in turn provided them with greater confidence in articulating needs and advocating for children and young people in multi-disciplinary forums.*

Kibble Care and Education Centre

*When entering residential child care, it was for me, a stepping stone; a means to an end, rather than an end in and of itself [...] **When I graduated from the course, I left with a strong professional identity as a residential worker, a commitment to the sector, and a strong knowledge base that has transformed my practice fundamentally,** and enabled me to support change across the sector.*

Erica Barr, Manager

This development of confidence and professional identity was often connected to an improved ability to advocate, and contributors wrote of advocating for particular children and young people, the wider aims of their service, the role of residential child care within a continuum of care options, and for changes in thinking and practice. Some specific examples are highlighted on the next page.



Exposure to ideas, models, theories and knowledge generally was repeatedly and emphatically mentioned across all contributions



A process of synthesis takes place in which some ways of thinking (and therefore practicing) are challenged and discarded, others are fortified, and new ones take root. Essential in all of this is the development of critical thinking.

Development of Knowledge and Skills

As is already reflected in the extracts above, transformations in thinking and practice were rooted in the development of knowledge and skills. Exposure to ideas, models, theories and knowledge generally was repeatedly and emphatically mentioned across all contributions.

Multiple forms of knowledge are not only recognised but deemed necessary for good practice and positive change in the sector. Students are encouraged to explore the different ways of knowing that inform their practice. Fundamentally, the course aims for the acquisition of knowledge to be enacted, meaningfully, in the service of children, young people, their families, the practice of other carers and positive organisational cultures. This necessarily requires an exploration of the knowledge, values and beliefs students bring, including the tacit and taken for granted. A process of synthesis takes place in which some ways of thinking (and therefore practicing) are challenged and discarded, others are fortified, and new ones take root. Essential in all of this is the development of critical thinking.

Specific references to ideas, models, theories and practice literature were broadly relevant to categories of: children's rights and participation; trauma and trauma-informed care; child development and assessment; relationships, relational practice, and love:

*Visiting services allows me to get a sense of how they really function, and to observe the dynamics between young people, residential workers and managers. **Studying towards the MSc has helped develop my confidence to ask challenging questions in such situations.** I think this is due to both my increased knowledge and understanding, but also through the practical groupwork and presentation tasks that are an integral part of the course [...] For me, relationship-based practice was the central foundation to the MSc, and I expected this to be useful in relation to my interactions with young people or staff. Considering my current role, I*

*believe that this focus on relationships has proved even more valuable for me in terms of working in challenging situations within and across organisations. **My participation in the course has had a considerable impact on my mediation and negotiation skills, and I feel I've been able to maintain highly positive professional relationships even during the most difficult interactions.***

Gavin Leitch, Placement Commissioner

*In particular I have continued to return to the importance of **relational care and rights based work** with children and young people. It is my view that **residential child care has no comparable work environment or area of study when it comes to understanding the importance and potential impact of both these approaches.** Combining the exploration of the evidence base in the MSc with direct experience of RCC work has empowered me to confidently promote relational and rights based interventions: as a manager of RCC services; as an external manager for RCC services/youth justice/family support services; as a national adviser for looked after children; as a manager in fostering/adoption; and latterly as an inspector of children's services at an individual service and now a strategic level.*

Neil Gentleman, Care Inspectorate

*We have noted that programme participants are able to bring theory more centrally in to focus in their work, and **the learning from the curriculum allows them to bring more systemic formulations to the complex behaviours presented by children and their families.** The care planning and interventions is therefore more evidence based providing **tangible outcomes for children and families.***

Kibble Education and Care Centre

An improved capacity for reflection was implicitly and explicitly reflected in contributors' accounts. The account from Care Visions referred to their carers' improved ability to engage with the complexities inherent in their work as a direct impact of the course, and the account from Nether Johnstone House referred to increased capacity for reflection within management. Like relational practice, reflective practice is can often be underdeveloped in organisations due to its seeming simplicity:

*David acknowledged that some workers operate with a relatively limited view of this task, and that **one of the benefits of the course is that it elevates the level of complexity that students can recognise in relation to the task.** Peter agreed that a more sophisticated understanding of the nature of the care task and the complexities and dilemmas involved was something important that the course offered. This was also true of the task of the leader in residential child care. Sharon saw the type of manager she has become as being influenced by her involvement in the course.*

Care Visions

All of the accounts referred to specific content from the course, and a third cited specific modules that were identified as particularly impactful. Paralleling the responses from the questionnaire, all of the accounts referred to sharing content from the course more widely in their organisations.

The development of knowledge and skills that supported aspects of leadership, management and career progression was also represented in most of the contributions. This, then, enabled services to innovate and effect positive change. Concrete examples are included on the next page.

Concrete Examples

All of the accounts included specific examples of the impacts of the course. Like the respondents to the questionnaire, there was an explicit and often implied sense that the enhanced knowledge and skills bolstered students' conviction and confidence to challenge and effect change. These changes included the development and implementation of new systems or approaches, including:

- » **The removal of a behaviour-focused scheme,**
- » **A shift in workers' perception of their role, from monitoring children to being more involved with them,**
- » **The overhaul of a service's recruitment process,**
- » **An induction process for new workers,**
- » **A new, systematic approach to eliciting the participation of children and young people,**
- » **An inspection methodology to ensure that eliciting the voice of children and young people is embedded and sustained,**
- » **A playgroup for new parents,**
- » **A programme of psychological first aid for staff,**
- » **A system of reflective space for staff,**
- » **A 're-imagining' of the physical space of a secure care environment, leading to a refurbishment that was more therapeutic and trauma informed.**
- » **A 'light-bulb moment' with a young person offered as a powerful illustration of how reframing his behaviour from dangerous and calculated to dysregulated and seeking help shifted a service's approach to become more emotionally engaged and co-regulating. The impact on the young person of being seen and emotionally held was also vividly rendered.**

A recurring theme from Care Visions related to the importance of working for an organisation that valued learning and positive change. Supporting workers to attend the course and utilise their learning for the benefit of the service and, ultimately, the children and young people, appeared to be at least as important for positive impacts as the course itself. Some impacts reflected this, with organisation-level change linked to leadership qualities necessary for implementation – qualities developed and/or bolstered on the course:

- » **A therapeutic, trauma-informed approach to care utilising a trauma-informed 'lead/model holders', all of whom are graduates of the course. The directors responsible for the strategic management of both services are also graduates of the course**
- » **A Shared Living Foster Care Programme (which won a Government Opportunities Excellence in Public Procurement Award in 2019/20), led by a graduate of the course**
- » **A change from daily logs written about children to daily letters written to children.**

Finally, some of the impacts involved a reduction of things, including:

- » **The use of physical restraint,**
- » **The use of time out,**
- » **Children going missing**

Knowing, Doing and Being:

Evidence of Developing Praxis

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In developing a professional identity appropriate to residential child care, workers need a professional mantle that fits – one that reflects the serious responsibility of the role, but also one that reflects the context that surrounds it.

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The Promise is clear that those caring for children and young people should bring their whole selves to work, reflecting the long-held conviction that the self of the practitioner is the primary instrument of the work (Ward, 2008). The concept of praxis, which can be thought of as ‘the ethical synthesis of knowing, doing and being in practice’ (Steckley, 2020, p. 1), has been helpful in guiding the development of the course’s curriculum and supporting student practitioners to think more clearly about their use of self in practice. It isn’t just about what students end up knowing from their time on the course, but who and how they are with children and young people as a result.

It was interesting, then, that across all of the information we collected, theory, language and professionalism were strongly present, as they reflect core aspects of knowing, doing and being.

Theory as a way of Knowing

The value of theory in informing practice and service development was frequently referred to in the responses to all of the open questions, as well as the case studies and testimonials. Respondents most frequently mentioned trauma, relational practice, containment and attachment theories. Developmental theory more broadly was referenced, as was a theoretical underpinning for supporting staff to provide loving care and respond more helpfully to young people’s distress. **Often, respondents linked their understanding of theory with their ability to understand behaviour differently and therefore respond more helpfully. Theory was also linked to an ability to challenge practice, whether in relation to rigid or punitive practices at team or organisational level, or decision-making around how children and young people are brought into or removed from**

residential homes. A few respondents directly connected theory with ‘stickability’, reduction in moves between homes, and durability of relationships between staff, children and young people. This evidence of a robust and meaningful application of theory demonstrates the necessity of teaching content and processes that are embedded in the realities of residential child care settings and the experiences of those working there.

There is an interconnectedness between the sections above that reflects integration in respondents’ learning and practice. Their accounts bear testament to the connections they have made between some of the fundamental components of the course – relationships, rights, a developmental orientation, thinking differently about behaviour and about risk. **More importantly, their words ring with meaningful application of theory to their practice in concrete ways that are making a difference in the lives of children, young people and their families.**

Given the high proportion of content addressed to theory in the responses, consideration was given to incorporating a full-sized section on, for instance, theory and knowledge. Yet, the respondents’ integration of theory was instructive in how to present their responses. Theory is not taught as something separate that elevates and distances workers from children, families, co-workers and those they lead or supervise. Rather, it informs how to see, hear, be in relationship, offer support, enhance development. It also helps workers to understand the influence of wider contexts and the influence of social, political and economic forces on the lives of children and their families, as well as on their services.

Language that Enables Doing

Respondents across the questionnaire, the case studies and the testimonials wrote that the course gave them a language to communicate things they already knew but didn’t have the words for. While multiple forms of action are reflected across

the report, this ability to communicate is a key mechanism for informed action – in other words, the doing part of praxis.

Language is necessary to be able to challenge, to advocate, to clarify or simply articulate why elements previously invisible or deemed unimportant are actually the stuff of magic and healing: the bedtime story, the shared song in the car, the tailor-made cup of tea to soften the hard edge of starting each new day. Language is also needed to reflect the messy complexities of professionally intimate relationships. Just putting those two words together, professional and intimate, demonstrates the particular requirements of language in residential child care.

Most respondents referred to this language as shared, and a shared language was often linked to a sense of community. A complimentary thread around the development of listening and ‘listening differently’ to children and young people wove through these accounts. Language and listening are also implicitly present in all of themes presented above; they are especially central to Relationships and Love; Rights, Participation and Thinking Differently about Risk; Responding to Pain and Distress. Indeed, the language we use influences the way we make sense of the world around us and the way we respond to it. **A shared language collectivises these impacts, supporting a shared understanding of what children, young people and their families need, as well what staff need in order to be equal to the task of developmental care.**

Professionalism as a Way of Being

Residential child care workers must use their heads, hands and hearts and so require a firm foundation of knowledge, skills, shared values, and ways of being in order to care well. Some of these they bring with them from other life experiences and learning; none come empty handed. **A professional qualification must activate a special alchemy that enables students**

to transmute what they bring and what they learn into gold-standard practice. At the core of this practice must be a clear, resilient professional identity, an understanding of what it means to be a residential child care professional. **The accounts provided in this report reflect a professional identity grounded in caring – caring as a way of being and caring as doing – and oriented towards developmentally-enhancing relationships.**

The accounts also challenge dominant ideas around what professional means in the context of residential child care. Typical notions of professional distance and formality are contrary to the kinds of relationships essential to developmental care. Yet, it is clear that **the complexity of the work and what is required of workers necessitates what can rightfully be called professionalism.** The kinds of relationships children need in residential child care are different from those they need with teachers, field social workers or therapists. In developing a professional

identity appropriate to residential child care, workers need a professional mantle that fits – one that reflects the serious responsibility of the role, but also one that reflects the context that surrounds it.

The intensity of time, events and closeness means that practitioners must navigate highly complex interpersonal boundaries – not just in their relationships with children, but in their support of other relationships in children’s lives. This is often complicated further when expectations of what it means to be professional are misapplied from other contexts. For practitioners to challenge such misapplications while actively reflecting on and adjusting their own relational practice, they require clarity and confidence in a professional identity grounded in residential child care. This grounding in a clear, confident professional identity was evident in all of the themes discussed above.

Conclusion

The evidence provided in this report clearly reflects the MSc in Advanced Residential Child Care’s profound impact on practitioners’ and managers’ thinking, their practice, and their professional identities. These impacts extend far beyond student practitioners to care teams, house cultures, and, most importantly, the children, young people and families they serve. Given the challenges faced by the field and the continued limited pay and conditions of residential child care staff, **securing its ongoing funding is an urgent imperative.**

The course has also built related capacity in the sector for the development and delivery of an entry-level qualification that is also grounded in the experiences of care and fit for purpose. Those who are in this work deserve to be exposed to knowledge that similarly informs and inspires them. All require learning that supports their development of a professional identity to help them navigate loving, developmental relationships with children and young people, through the rough bits as well as the smooth.

Training and education are vital if we are to develop a workforce that embodies developmental care. Scotland has seen wrong courses – wrong for the needs of practitioners and services to deliver what children and young people in residential child care need.

We cannot do without the right training. The MSc in Advanced Residential Child Care demonstrably and significantly contributes to the **development of a committed, competent, compassionate workforce.** It has demonstrated its efficacy in addressing the challenges faced by workers and their organisations. It has shown its ability to inspire commitment, aspiration and effective action in the provision of developmental care for children and young people. It is a version of the right training, with a long track record and sustained impact. Such training – properly resourced like other professional training – is required if Scotland is going to keep its promise to children, young people and their families.

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Appendix A:

Course Content

The course comprises six taught modules and a dissertation. Students must meaningfully apply course content to their practice and/or that of their service with requisite levels of critical analysis for master's level study in order to pass each module. The overall architecture of the course is offered next, followed by more detailed information about each module.

The Course as a Whole

The order of the modules is intentional. The first, Critical Perspectives on Residential Child Care, is meant to help students take a wider, more critical view of residential child care and the contexts within which it strives to meet the needs of children and young people. Content and processes in the module are designed to orient the students to the University, and to residential child care in a manner that expands their perspective. The second module then focuses in on their direct practice of understanding and assessing the children, young people and families they work with (building on the work they did in module 1 on constructions of childhood). Theories of child/human development and life-space are central to these understandings to produce a developmentally informed assessment of needs. Module three focuses on leadership and management in residential child care, with a similarly developmental orientation to front-line practitioners, managers and cultures of care. The parallels between modules two and three, and parallel processes more generally, also feature. Module four is the last module of year 1, and it focuses on the selves of the students and their use of self in practice. It might be argued that, conceptually, we should start with the self and progress outward (in terms of course design). We decided that the development of trust, relationships and the container of the class space needs the time afforded by the first three quarters of year 1 in order to support students with the added layer of psychological demand in focusing on and presenting about their selves, particularly within the wider culture of Scotland.

The fifth module kicks off year 2 and focuses on what it means to intervene effectively in the lives of children, young people, and their families. It also focuses on a few, particular interventions, and students then choose an intervention or aspect of intervening to study more in-depth for their assignment. This module tends to consolidate much of the learning in year 1 (along with the new material in the module), bringing the self, direct practice, indirect practice and the multiple contexts into their consideration of intervention generally, and their chosen, specific one. The final taught module, module six, is on research methods and the underlying philosophies informing what research is done and how it is carried out. It is designed to support students to take a more informed (and hopefully keen) approach to incorporating research (and other) evidence into their knowledge base. It also serves as a springboard to the dissertation. The dissertation is not a taught module, but students do receive supervision to support their learning and guide their process of carrying out their study.

Several key themes are relevant to all of the modules and emerge in discussions throughout the two (plus) years, including (to name a few):

- the primacy of relationships (and relational or relationship-based practice);
- the importance of language and communication;
- what it means to be child-centred, take a children's rights orientation and meaningfully involve children in a participatory manner;
- the opportunities and complexities of working in the life-space
- containment theory: while numerous theories are discussed in various modules, over the years, containment theory has become more prominent across module two onwards. Students have found it useful in understanding children's and adults' needs, making sense of organisational dynamics, reflecting on their selves in practice, and understanding the challenges associated with effective change.

Module One: Critical Perspectives on Residential Child Care

The aim of this module is for students to critically review historical and current themes influencing the nature of residential child care in Scotland and elsewhere. This module charts the development of residential child care in Scotland, drawing links between the nature of provision and prevailing professional discourses and socio-political and cultural factors. Within this, attention is paid to various inquiry and research reports, including critiques of institutional care, which have impacted upon and influenced the current role and development of the residential child care sector. Focus on children's rights and the impact of the UNCRC on constructions of childhood are included. Care, its meaning and place in society, is explored, as well as the use of language in shaping and challenging the way children in care and care-experienced people are treated. The module introduces international perspectives on residential care, highlights the work of some of the seminal contributors to the field.

Module Two: Understanding and Assessing in Children's Life-Spaces

This module looks at the way we understand what children need for healthy development and flourishing. The main aim is for students to explore (and hopefully adopt or strengthen) a developmental orientation to understanding children and young people and assessing what they need. To do this, they are supported to critically engage with a range of developmental theories (including attachment, neurobiological, containment, social ecological, resilience and identity formation) to explore the meaning and practice of assessment, juxtaposed against what it means to understand the children they work with. Typical child development and the impact upon that of disability, impairment, trauma, adversity, disadvantage, discrimination and abuse are explored. Understanding and assessing in a developmentally informed way is also firmly grounded in a life-space approach, with a focus on understanding children's lifespaces as comprised of multiple dimensions (often beyond what professionals are in the habit of considering).

Module Three: Ethical leadership and Management in Residential Child Care

This module introduces students to the concepts of leadership and management to explore their ethical dimensions, and to provide a framework for creating learning environments which contribute the creation and maintenance of effective therapeutic cultures in residential settings. Its aim is to provide a theoretical framework that enables students to understand the relationships and dynamics of leadership, management, and organisational cultures in residential settings for children and young people. It proceeds from the premise that all workers in the sector potentially have leadership roles, from managing groups, key working and practice development to more conventional resource management functions. A developmental orientation is built on from the previous module, but this time looking at theories of adult and professional development and applied to supervision, teamwork, and the development of service cultures. Parallel processes between supporting and listening to children, and supporting and listening to practitioners are explored. Complexities and opportunities of working in staff teams and across professional boundaries are considered within the frameworks of Containment theory and critiques of New Public Management and Managerialism. The relationship of organisational culture to the provision of a therapeutic environment is explored in depth.

Module Four: Skilled and Reflective Use of Self in Residential Child Care

This module comes at the end of year 1, and the hope is that the students have built up enough trust (and we, collectively, have developed a sufficiently containing learning culture) such that they can honestly and candidly examine their own selves, generally and in practice. Its aim is to establish or deepen students' reflection and clarity around the use of themselves in practice, and support related development in others. This is a similarly demanding module, academically, to the others, but it makes greater personal and technological demands on students. As a result, it can generate a great deal of anxiety amongst

the students, particularly as it involves the use of video work using video work (Video Interactive Guidance (VIG) and Video Enhanced Reflective Practice (VERP)). Students are invited to work with those thoughts, feelings, and related behaviours as part of the curriculum, and to reflect on the parallels with the emotional demands on children, young people, parents, and where appropriate, supervisees. Literature on reflection, critical reflection, use of self, attunement, praxis and strengths-based practice is explored, alongside the use of one personality profile (Meyers-Briggs), and the Implicit Association Test (which explores the impact of racism and other 'isms' on people's thinking, however well meaning they may be).

YEAR 2

Module Five: Intervening Effectively in Residential Child Care

The purpose of this module is to critically examine what effectiveness and intervention mean as they relate to residential child care practice and the lives of the children, young people, and families it serves. Related research and theory are introduced to provide a foundation for exploring particular aspects and forms of intervention; these include a critical interrogation of outcomes and outcomes measures, Anglin's grounded theory of what makes for well-functioning residential child care, Garfat's phenomenological study into effective child and youth care intervention, the ameliorative use of the everyday, intersectional theory, and relational/relationship-based practice. Specific aspects or forms of intervention that are considered foundation are also explored, including the use of activities, working with pain-based behaviour, physical restraint, working with groups/group dynamics, and relationships as intervention. While it is true for all of the modules, it is particularly the case that there is far more that could legitimately be covered in this module than can be. This is somewhat mitigated by the fact that students are able to choose their focus, often based on what is especially salient in their workplaces, of their assignments (which involves making some kind of change in their work – either their own practice or, more often, in their service).

Module Six: Research Methods: Effective and Ethical Research in Residential Child Care

This module focuses on research methodologies and methods, with an aim of fostering students' research-mindedness and their development of necessary skills and knowledge to design a master's level dissertation. Wider influences on research, including what constitutes research and the epistemological value of exploring the lived experience of children, young people, their families and those who care for them, are also explored.

Module 7: Professional Enquiry in Residential Child Care: Dissertation

The aim of this module is for students to carry out a critically analytic study on a particular area of enquiry of their choosing and which is of professional relevance. The work enables and obliges students to draw on the skills and insights acquired in the taught element of the course. This module does not have a taught component. All students who proceed to their dissertations are assigned a supervisor and receive regular supervision in the form of written feedback on draft material and regular supervision sessions while they carry out their small-scale research. Most students choose to do an empirical study, though can also choose to do a literature review. In the vast majority of dissertations, students must also go through a process of obtaining ethical approval from our SWSP School Ethics Committee. Almost all students build on the work that they did for module six (the research methods module) and many maintain a subject focus from a module previous to that (most often, module five (the Interventions module)).

Appendix B:

Case study: Kibble Care and Education Centre

Kibble Impact case study for the MSc in Advanced Residential Child Care

Kibble education and Care Centre, rebranded The Kibble Group in 2019, is one of Scotland's oldest children's charities. Having been established in Paisley in 1840, and still operating from its original site, the Kibble group is one of Renfrew's largest employers. Kibble provides a range of nationally commissioned services to support and care for children and young people aged 10 – 25 who come from Local Authorities across Scotland. Kibble has a long established history of investment in staff, spending more on staff learning and development per head of its workforce than many local authorities in Scotland. This includes delivering in house training and purchasing training programmes nationally and internationally. Kibble has also been committed to a range of government, charity and academic, national and international partnerships through which they seek to learn about and generate innovative research and evidence based practice models. All of this is done so that the children and young people we serve receive the best quality care and support that can be provided. We are also keen that the support we provide is delivered by the best skilled and equipped workforce in the sector. Kibble is a multi-award winning organisation for its practice standards and has continuously been assessed as sector leading by Scotland's care and education regulators.

As part of our staff development we have consistently year on year ensured that a small cohort of staff undertake the MSc in Advanced Residential Child Care at Strathclyde University, hereafter referred to as the MSc programme. Where previously we put cohorts of staff through the B.A in Social Work by various routes, we have stopped doing so in 2018, favouring the MSc programme as more relevant in its curriculum content and learning outcomes to the work we do at Kibble.

As an organisation Kibble has found that completing the MSc programme results in better prospects and promotional opportunities for our staff, as most of the graduates of the programme have gone on to promoted posts at Kibble and elsewhere. Importantly 3 of the MSc programme graduates now hold some of the most senior posts in Kibble, specifically, they have been promoted to Executive Director level since completing the programme. It is our view that the development of those who have completed the programme has a direct relationship with increased leadership and management capacity, and therefore promotional prospects. Kibble has undergone huge organisational change over the last 3 years. Without question the skills and abilities of the executive team and wider leadership team have helped steer the organisation during this challenging time, skills and abilities which have been clearly learned and developed from the MSc programme.

Having completed focus groups with the Kibble graduates and current students of the MSc programme, we have found the learning on the programme to have direct impact on individuals, staff teams and those cared for across our services. We have noted that programme participants are able to bring theory more centrally in to focus in their work, and the learning from the curriculum allows them to bring more systemic formulations to the complex behaviours presented by children and their families. The care planning and interventions are therefore more evidence based providing tangible outcomes for children and families.

Programme participants also report a greater confidence in themselves as part of multidisciplinary teams. Where before they have not felt a sense of professionalism, they now feel the knowledge and skills gained from the programme provides them with a sense of equity

with other professionals. This has in turn provided them with greater confidence in articulating needs and advocating for children and young people in multi-disciplinary forums.

In 2019 Kibble embarked upon a roll out of therapeutic trauma informed care across our care services led by our Clinical Director. The roll out has focussed initially upon our early years services and more recently our safe centre (Secure Care Services). Each of these services has a trauma informed lead / model holder as an integral part of the trauma informed roll out. Each of these model holders are graduates of the MSc programme and have reported that the learning from the MSc programme has been hugely important in informing their role. Also, the Directors responsible for the strategic management of both these services are MSc programme graduates. Both the secure services and the early years services were inspected in October and November 2019 respectively, and graded 6 which is sector leading. We believe this demonstrates again the importance of the MSc programme in equipping staff to strategically plan, and operationally lead and manage the delivery of high quality services to children and young people.

MSc Programme participants have reported to us that they feel the programme has equipped them to better manage their staff. Despite many of them completing the level 5 in management, they felt the depth of the teaching provided to them in the MSc programme, and the theory they could now draw upon, allowed them to facilitate better quality supervision with their staff. Not only has it allowed more important meaning making in relation to practice for participants themselves, but they spoke about cascading this knowledge through supervision, and bringing unconscious competence to a level of reflective competence. Some programme participants were also BA Social Work graduates, all of whom were able to reflect that the content of the MSc programme by far better prepared them for, and had greater relevance to, their role as leaders and managers in residential child care.

Participants also discussed the importance of the programme in helping them to understand the socio political and economic context in which residential child care exists. This has allowed them to engage in political debate about the place of residential care within a continuum of services across children's care. They have

begun to understand more deeply the fiscal arguments. Therefore, they are able to engage with procurement and commissioning processes and plan and deliver services in a way that provides best value for local authorities while maintaining quality for children and families. In November 2019, Kibble's Shared Living Foster Care Programme was highly commended at the Government Opportunities (GO) Excellence in Public Procurement Awards 2019/20. The Shared Living Foster Care programme is another project which is led by a graduate from the MSc programme. We believe this demonstrates the programme's capacity to produce excellence in leaders and managers.

Participants reflected on how some parts of the MSc programme had significant impact on organisation development, in particular they referred to their dissertation subjects. Being equipped with research skills allowed participants to research and solve internal problems. One participant looked at physical restraint and his work resulted in greater use of less restrictive interventions. Another discussed how he researched absconding which resulted in a drop in the number of children going missing. Another talked about his work on the subject of moral distress which resulted in a greater focus on staff care, an introduction of a programme of Psychological First Aid, and a system of reflective space for staff, leading to a reduction in compassion fatigue. It is clear that the programme's ability for producing practitioner driven research has had direct benefits for the children and young people, the organisation and the staff who work at Kibble.

Elements of the curriculum such as risk assessment and management allowed leaders to reimagine and challenge what may have been perceived as somewhat institutional and risk averse environments. The Director of the safe centre reflected on how the programme had given him the confidence to take more measured risks and reimagine the physical life space of the safe centre. This resulted in significant financial investment in the Safe Centre environment in 2019 to make the physical space more therapeutic and trauma informed. Beyond this, teaching of theories of intervention had a direct impact on the removal of a behaviourist focussed incentive scheme within the service, creating a more therapeutic programme for the children and young people.

All participants reported a stronger sense of being part of a community of practice. The time they spent receiving direct teaching with others created an otherwise inaccessible opportunity to engage and learn with others across a wide range of children's services. This allowed for a cross fertilisation of ideas and a sharing of good practice which they were then able to take back to their own work places and trial. Participants felt that the direct teaching at the University allowed for a mutually agreed "safe space" where a "Chatham House" arrangement meant some of

most contentious and controversial of subjects in residential care could be unpicked. Participants spoke of having a shared and common language around residential child care. This was based on evidence and theory, and led to a greater confidence to engage in, and lead debates about, subjects which have to date remained controversial, such as children's rights to be loved in care. Some felt more able to engage directly with the National Care Review, with others having the confidence to play an active part in the work groups of the review.

Appendix C:

Testimonial: Member of the Care Inspectorate (Neil Gentleman)

It is difficult to attribute approaches to current work on specific previous working or academic experiences. However, I feel that I can confidently assert that an advanced level of study in relation to residential child care has contributed directly to my career path from senior practitioner when I started to now inspector of services for children and young people. I have also little doubt that there are specific elements of the MSc experience which have helped me focus on what contributes to high quality care for children and young people.

In particular I have continued to return to the importance of relational care and rights based work with children and young people. It is my view that residential child care has no comparable work environment or area of study when it comes to understanding the importance and potential impact of both these approaches. Combining the exploration of the evidence base in the MSc with direct experience of RCC work has empowered me to confidently promote relational and rights based interventions: as a manager of RCC services; as an external manager for RCC services/youth justice/family support services; as a national adviser for looked after children; as a manager in fostering/adoption; and latterly as an inspector of children's services at an individual service and now a strategic level.

The care inspectorate has a statutory role to 'promulgate' good practice and in the last 5 years

I have had the opportunity to visit and inspect services which are evaluated highly and come across fellow MSc students who are influencing high quality approaches. Signposting others to these better performing services and to up to date research or other literature has been key to supporting improvements in services. 'Pushing' rights based and relational practice is an easy sell where you can give active examples and refer to literature/research.

As an organisation we have committed to hearing the voice of young people and I have been actively involved in updating inspection methodologies to ensure this is sustained and embedded. This has involved an ability to encourage innovation and creativity both internally and across the child care sector – confidence comes from experiences of researching approaches and presenting evidence of effectiveness and value – experiences gained through advanced study.

During the MSc we explored the development of RCC, both in Scotland and internationally, through the lens of cultural and social changes but also through the impact of critical inquiry. One of the most significant pieces of learning when children and young people have been harmed is the importance of the external scrutiny of services both within line management and from external inspection bodies. I completed

the MSc around the time of the NRCCI and alongside others was involved in taking forward the ambitious agenda for RCC including guidance for external management. I was involved in the writing of guidance for the external management of RCC which promotes the kind of 'external eyes' required to ensure the safety of children and young people in care. We refer all services to this guidance through the inspection processes.

While I have referred to specific examples which can be referenced back to the MSc programme, I have little doubt that there has been a more general concerted positive impact from the

MSc cohorts both in terms of the practice I see in the front line but also in the progressive improvement focussed organisational structures around care. The MSc cohort permeates the care sector and internally within the care inspectorate we will continue to influence the scrutiny and improvement agendas. It follows that drawing a line under the delivery of this course will potentially have a similarly influential impact. It makes no sense at a time where we are at the end of another review of care, where we will need leaders with specialist knowledge to deliver to the ambition of the care review.

Appendix D:

Case Study: Nether Johnstone House

The Impact of the Msc – Student Testimonial

ELAINE HAMILTON NOV 2019

Service Manager, Nether Johnstone House

I have worked in Residential child care since 2005. Starting out as a residential child care worker with absolutely no experience of the care system, what it was about, who it was for or what it could achieve. Fast forward 14 years and now my eyes are well and truly open to the beauty of a system that is ever evolving and in a culture where people want to do the very best they can for all of the children they come into contact with. I began my journey on the Msc Advanced Residential child care in September 2017. Almost 5 years after I first was made aware of it. A colleague who had just begun working in our house was in the process of completing his dissertation and I was intrigued and energised by the passion and dedication that came from him when he spoke about his learning journey. I watched this worker transform his practice and develop himself professionally and personally – every step of the way he was enabled by the knowledge and access to knowledge he had come across whilst completing the Msc. His passion for learning was huge and having a language and connection with others who shared this was invigorating for him and it appeared

to me was what consistently drove him to be forever curious and questioning. He developed leadership skills and a new way of hearing people, which allowed him to hold greater influence over the development of his colleagues. This led to promoted posts and a journey which is just beginning. As the Manager for this colleague, the journey he shared with me undoubtedly impacted on my skills as a manager and leader and what ultimately led me to begin my own Msc Advanced Residential Child care journey.

Leadership – what do we mean by this? It has held many explanations for me over the years but more recently with my exposure to the Msc it has taken on a new meaning. Leadership is about participation. It is about relationships, connections and curiosity. It is about leading others to share these experiences and to support their own journey. Leadership is about people. As a Residential worker I believe I was a skilled reflective and reflexive practitioner – developing these skills as a leader and manager was a little more challenging as I worked through what that looked like.

Since joining the MSC in Sept 2017 I have become even more reflective in my professional life than ever before. Thinking about the role that myself and my colleagues do every day, the impact it has on the lives of our children/young people, their

families, my colleagues & our families is huge. With that in mind I have been able to identify 3 key themes which have impacted on me and on my ability to lead and manage a team of residential staff to provide a high quality service for many children and young people who have experienced trauma, adversity & vulnerabilities.

Key Impacts

1. Exposure – My own personal exposure to a workforce and an academic world looking at Residential child care has been huge. The connections with people doing similar roles in similar and different ways has been invigorating. It has created trains of thought, light bulb moments and sometimes highlighted some of the most obvious solutions. It has allowed me access to a world of practical and theoretical knowledge which has inevitably enhanced my own learning and progression as a practitioner and also allowed me to transfer this into a common language to share with my team. This exposure is far greater stretching than just my colleagues on the Msc – it extends way beyond this to forums, groups, conferences and training opportunities. All the while adding additional layers of exposure to the world of residential child care in Scotland and more broadly – the World. The Care Review – announced in 2016 has been a huge opportunity for residential staff to engage in providing feedback, guidance and experiences of systems, procedures and legislation that impact our roles every day and ultimately the lives of those we care for. Developing my leadership skills throughout my Msc journey has allowed me to encourage and engage my service into taking part in this Review. Our children and young people have participated and they have done so alongside those who care for them – creating everyday moments of opportunity, clarity and also meaning making. From this journey our Service has developed a new approach to participation and looked at ways in which we can enhance our systems to ensure full participation for our children and young people.
2. Career progression – When I initially started this journey I was employed as a Unit Manager within a local authority, very quickly this progressed to Service Manager for a private run organisation called Nether Johnstone House. Having the confidence and belief in myself to move from local authority to the private sector was undoubtedly impacted by my experience on the course and almost a validation around about my believes, practice and understanding of how residential child care needed to be in order to be successful.
3. Professional development and impact on others – In my time as a Service Manager and student on the Msc I have published my first journal article and become a trustee on the board of SPPA. This is a direct impact of my involvement on the course, the journey through completing assignments and a realisation around about the impact of my practice on others. Validation that my approach is effective and being able to reflect on how to ensure this has maximum impact led to me pursuing these opportunities. The implementation and development of a Service Induction package, the designing of a new Service website and the overhaul of our recruitment process have all been key changes within our service – all with one goal in mind; creating a culture of Love, care & participation. Where everyone can explore their journey supported and encouraged and where opportunity for development and growth is at the centre of everyone's mind. Our annual feedback from children, young people and stakeholders reflects progress within this area. Progress that recognises the impact of the cultural change on the outcomes for our young people. This, as the Service Manager I am extremely proud of.

It is impossible to suggest that all of these impacts are solely related to the Msc, of course there are a host of factors, but I am very clear of the opportunities, the empowerment and the clarity that participating in such a course has created for me and in turn those whom I work with and for.

Nether Johnstone House Case Study: Measuring the Impact of Msc Advanced Residential Child Care on service provision.

STRUCTURED INTERVIEW QUESTIONS

[NAME OF CONSULTANT]

1. How long have you been involved in consultancy work with NJH?

A. 4 years.

2. Are you aware of any members of the team who have been students on the Msc Advanced Residential Child Care course?

A. Yes – [names of workers] – knew there were other's but couldn't recall. Aware of it as [name of worker] was proactive in terms of his own learning and encouraging other staff members to be given the opportunity.

B. Stakeholder evaluations have involved me talking to staff and this has given me knowledge of their experience on the course

C. [Name of worker] stands out – practicing on the shopfloor – during the evaluation observed [name of worker] engaging in discussion around practice, approaches and questioning practice. Also, observation of his practice and his ability to listen – [name of worker] wasn't afraid to confront but not in an aggressive way – didn't pander to behaviour. Practice of [name of worker] – yp hyper behaviour – ability to use relationship to help him take part in the stakeholder evaluation

D. Engagement and use of relationships highlighted in the practice of staff who have taken part in Msc. Historically some staff have taken on more of a monitoring role, [name of worker] was engaged and talking to young people not waiting for things to happen.

E. Not being afraid to sit and talk with them – [name of worker] demonstrated this – authentic practitioner. Not just talking to fill a space, about what was going on in that moment within the group or young person, about the young person and helping them articulate their feelings or become involved.

F. Active practice – not just a holding situation. Actively working to a particular end with the young people.

G. [name of worker] - Reflective practitioner – offered solutions, curious, questioning of himself and practice of others and what could have happened better.

3. Can you identify 3 key area's of improvement across the service since 2014

A. Impressed with NJH – previous manager had a way of managing that was needed at that time. Implemented the systems that were needed. Holding the whole service – via policies and procedures. Evolution of the service with new manager.

B. Progression of staff, training and development needs of staff – released for Msc

C. Physical intervention reductions – noted by young people through annual service review

D. Feel of the house – warmer and calmer. Previously felt fragile, that sense in a snap shot is gone.

E. No staff sitting on the side – this used to be a feature. Nobody waiting for things to happen – people involved. Reflective of the changes in the relationships within the house.

4. What if any do you think the role of the Msc has played in shaping these improvements?

A. Msc has given people a language to talk about things. Witnessed in 4 of the students employed within NJH.

B. Given people a set of powerful tools or brought to light why whats happening is happening. If you can understand whats going on you can take it forward. Intuitive practitioners need more to develop and the Msc has helped with this. Helped people to be more reflective – how things can move on, how things can improve and what led to things not working.

5. There has been a significant reduction in physical restraint's occurring within NJH since 2014 – 217, 2015 -48, 2016 -66, 2017 – 65, 2018 – 3 Can you identify factors which you believe have contributed to this?

A. If you enough practitioners – other people are seeing how they practice and this influences how other people practice. Maybe an assumption but role modelling of behaviours.

B. Change in culture within the service – perhaps attributed to influence of new manager – impacted by time on the Msc – implementing the knowledge learned from Msc. Supporting staff to pick up the language making it easier to articulate changes/reflections.

6. What role if any do you think the completion of the Msc by members of Management has played in this reduction/factors influencing the reduction?

7. In respect of quality of staffing can you note any key area's of improvement?

A. Not so much the monitoring role – no longer waiting for something to happen.

B. Commitment to role modelling by current manager so people could see what practice should look like.

C. Encouraging staff to being part of the environment and moment.

Systems are being maintained and staff appear able to understand the relevance of this.

Staff having opportunity to take part in the Msc will influence practice of wider staff group. The more staff exposed to that learning the wider the positive outcomes for young people.

8. How long have you been involved in consultancy work with NJH?

B. Approx. 2.5 years after being invited by the previous manager to do a systems review following an inspection by CI.

9. Are you aware of any members of the team who have been students on the Msc Advanced Residential Child Care course?

A. Yes – approx 3 members of staff who have left and 2 current members of the team.

I could tell by the practice of these individuals that they well were educated within Residential child care. Their skills and practice made them stand out.

10. Can you identify 3 key area's of improvement across the service since 2014

A. Improvements to systems – built upon from previous manager to current manager – both members of Msc

B. Positive Use of external consultant and the implementation of a safeguarding board for NJH

C. Reduction in physical restraints – significant reduction due to good practice and culture of de-escalation and staff being proactive around young people not reactive

11. What if any do you think the role of the Msc has played in shaping these improvements?

A. I hear the staff talking about improvements based on informed practice and knowledge. High level of informed practice based on research and what works. Demonstrates a recognition of educational knowledge

**12. There has been a significant reduction in physical restraint's occurring within NJH since 2014 – 217, 2015 -48, 2016 -66, 2017 – 65, 2018 – 3
Can you identify factors which you believe have contributed to this?**

A. Spending time in the house, with the staff and young people – encouragement of yp to speak up and their views are taken into account.

13. What role if any do you think the completion of the Msc by members of Management has played in this reduction/factors influencing the reduction?

A. From discussions with members of the management it seems involvement in the Msc has created a greater understanding of children's behaviour and how to be proactive in responding.

14. In respect of quality of staffing can you note any key area's of improvement?

Systems are being maintained and staff appear able to understand the relevance of this.

A. Training of staff – they are receptive, engaged and interested in how this could be put into practice.

Feedback is taken on board by the manager – seen as a critical friend

15. Can you identify any factors that may have contributed to these?

A. I can see that other staff who are not on the msc benefit from the learning of those who have done it. There is a lot of sharing of practice between staff and a significant attempt to be reflective practitioners within the service.

Appendix E:

Case Study: Care Visions

MSC in ARCC: Care Visions Focus Group

This discussion, about the contribution of the MSc to their work, and to the work of Care Visions, took place among a group of five people working in management positions within Care Visions. David, Sharon and Peter worked in different organisations when they began studying. Grace and Naomi were already working at Care Visions. Grace needed to leave before the end of the discussion. Participants are referred to by pseudonyms.

Main themes

Specific relevance to residential child care: Although this may seem like an obvious feature of a course for residential child care workers and managers, Sharon noted that she had not read anything about residential child care, while, for Peter, the specific focus on residential child care made the course the most useful education her had received, having previously studied social work. For Naomi, linking theory and practice was a particularly strong element of the course. A related feature was that being part of a group of residential child care workers was a positive experience. David described being in a supportive group of like-minded people. Naomi saw the group as becoming, with the help of the course, 'the most forward-looking group of people working in residential child care'.

Change in the level of understanding about the nature of the residential child care task was also noted by participants. David acknowledged that some workers operate with a relatively limited view of this task, and that one of the benefits of the course is that it elevates the level of complexity that students can recognise in relation to the task. Peter agreed that a more sophisticated understanding of the nature of the care task and the complexities and dilemmas involved was something important that the course offered. This was also true of the task of the leader in residential child care. Sharon saw the type of manager she has become as being influenced by her involvement in the course.

Exposure to new ideas, models and networks was also an important part of the course for participants. Sharon felt that she existed without much of an external network, or awareness of wider networks. David suggested that, having worked in one small residential service, he had been quite isolated from other services and other ways of working. For him, meeting students from other services was an important way of increasing his awareness of the field of residential child care. Peter thought that the programme introduced him to approaches, theoretical models and networks of practice of which he had only limited previous awareness, including social pedagogy and child and youth care.

Cumulative impact of learning from the course was apparent in comments about the way in which participants had been influenced and influenced others within their networks. Some of this related to ways in which people were influenced to apply for the course, and, in turn influenced others. Sharon, David and Peter all had experience of influencing others to become students on the course. Influencing others through using course materials and learning from the course within participants' teams was also common. Sharon had frequently shared learning resources from the course with her team, and David frequently shared reading from the course.

Ability to identify learning from specific modules that had influenced participants and their teams was a consistent characteristic of responses. Grace spoke about the usefulness of the 'Intervening Effectively' module in helping her to consider how to support her team with a change to 'writing to the child' as a form of daily recording. David discussed learning to use theoretical models to support assessment as a result of the 'Understanding and Assessing' module, and learning useful things about adult development from the 'Ethical and effective leadership' module that were useful to him as a new supervisor

and manager. Naomi thought that work on her dissertation had been useful in considering how to develop a playgroup for new parents.

The combination of learning from the course and working within Care Visions was important to participants. Perhaps this was especially clear in the responses of people who had joined Care Visions during or after their studies. Sharon felt that she wanted to work in an organisation where her learning from the course would be welcomed and where it might feel realistic to make positive changes. The development of the Why Not? Trust and the work of care Visions with police about reducing unnecessary criminalisation of young people suggested to her that Care Visions was an organisation within which positive change would be possible. David felt that Care Visions was an organisation that held values that were important to him. Meeting a manager from Care Visions on the course was an important part of that process. For both Sharon and David, becoming a manager was also something that was influenced by the course. Both described wanting to make changes to the ways in which care is provided as a result of their learning on the course and wanting to have more influence as a result of this.

Ability to identify impacts on self, team and young people was also a common feature of responses. Participants saw themselves as having become substantially more knowledgeable. However, they were also able to identify impacts that resulted from this. Sharon saw herself as being a different manager from the manager she might have become without the course. Both David and Sharon thought that they would still be in the same posts and organisations that they had been in prior to their involvement in the course. For Sharon, this was associated with not being able to create much change in a situation that felt like it involved unsatisfactory practice. As previously noted, positive impact required a combination of undertaking the learning on the course and

working in an organisation in which that learning would be valued, and in which values existed that would support the development of cultures conducive to a therapeutic care environment.

Participants were able to identify changes in their own practice, and in that of their teams, to which their involvement in the course had made a significant contribution. Sharon's observation that 'my practice changed right away, and it raised a lot of eyebrows' demonstrates the immediate impact that the course can have on students' ways of working. Comments about impact on management leadership skills also suggest that these impacts are not just on students' own work, but on the work of the teams that they lead. Naomi's discussion regarding the young person's view of herself as a parent and Peter's views about the impact of continuing relationships also show that the impact of the course, along with the culture of an organisation whose values are in harmony with it, can be both positive and lasting.

Appendix F:

Testimonial: Manager in Local Authority (Erica Barr)

Back in 2014, I commenced the MSc Advanced Residential Child Care, and such was the transformational journey that I then embarked on both personally and professionally, that I now feel compelled to share with you my reflections on the impact of this course on myself, my colleagues and the young people we have cared for during that time.

In starting the course, I brought with me 5 years of experience working in residential child care, and a long-term goal of becoming a social worker. When entering residential child care, it was for me, a stepping stone; a means to an end, rather than an end in and of itself. At the time, myself and my colleagues did not see residential child care as a profession, distinct from social work with its own growing theoretical knowledge base. Residential was, 'the poor relation of social work', and a 'last resort' for children and young people who had either exhausted all other placement types or had come into care too late to be considered for foster care. When I graduated from the course, I left with a strong professional identity as a residential worker, a commitment to the sector, and a strong knowledge base that has transformed my practice fundamentally, and enabled me to support change across the sector. For the purposes of this reflective account I will focus on 2 key areas where I feel the course has had the biggest impact: direct practice with children and young people and professional voice within multi-disciplinary forums.

Firstly and most significantly, undertaking the MSc, and the learning from the modules Understanding and assessing and Effectively Intervening in particular, transformed my direct practice with children and young people. Psychological theories such as attachment and containment, and an understanding of brain development enabled me, not only to understand the impact of trauma on development across the lifespan, but to recognise the signs and symptoms of trauma, and to respond effectively based on an understanding and assessment of that young person's needs. Whilst theory plays a central role in many professional

qualifications, much has been written about the gulf between theory and practice in many practice settings, and residential as a sector is no different. For me, however, I can still recall that moment when theory and practice came together to become theory in action. It was 'threshold' for me, in the sense that it transformed my thinking and practice so fundamentally that I could no longer go back to previous ways of knowing, being and responding to kids. I describe this as my 'light-bulb moment', and compare it to the moment in Plato's Allegory of the Cave where the prisoner realises that the shadows on the wall are not reality. During the course of the MSc, I think we all felt a bit like Plato's prisoners; every lesson was a revelation, and we would often reflect with some anxiety, on how we could have been practicing all these years in such a theoretically bereft way. To be honest, I still worry that many people in front-line practice are still practicing in a way that is either devoid of theory, or where theory is not utilised in a conscious or meaningful way due to a lack of investment in training and learning.

Having undertaken the MSc in Advanced Residential Child Care, I can appreciate first-hand the way in what my learning has shaped my practice, and how being able to integrate theory and practice in a reflexive way, can shape how young people experience our interventions. To illustrate this process, I want to share with you my light-bulb moment, and in doing so challenge you to think about the difference we could make if we enabled the entire workforce to experience that moment too.

Back in 2014, I was employed as a residential worker, and we were supporting a young boy, let's call him Sam, aged 13, who quite often displayed what was then understood as 'challenging behaviour'. It was common practice within the house that when Sam 'kicked off', he would be taken to his room for 'time-out'. One day whilst Sam was being physically taken to his room by carers for 'time-out', he attacked the carers when

they turned to leave, leading to a physical restraint. Now, the sense that the care team made of this emotive situation was that Sam was very calculated; he had waited until the carers had turned their back on him and then attacked. Framing Sam's response in such a way was problematic because it contributed to a narrative of him as dangerous and calculated, and it shaped people's thinking about how we should respond to him. At the same time, I was thinking about my own learning in relation to attachment, and was wondering to myself if Sam's behaviour could, in any way, have been driven unconsciously by a fear of being left alone in an emotional state, because, after all, many young people who experience difficulties with their emotions can't self-regulate. And I wondered if Sam knew, even subconsciously, that by attacking the carers this would result in a physical restraint, meaning that he would not be left alone with no means or effective strategy to manage or reduce his current distress.

So, I determined to test my theory out by ensuring that the next time Sam 'kicked off', I would attempt to give him time-in, not time-out. By time-in, I mean that I would attempt to stay with him and offer support, rather than leaving him to cope with his feelings on his own. So I did just that, the next time I was on shift and he was distressed, rather than removing him to his room, I stayed with him in the lounge whilst he kicked furniture, swore like a trooper, and ranted about how he hated his life and everyone in it. I remember saying to him at that point, "I don't know what to do for you right now pal, I don't know how to make this better, but I don't want to leave you on your own because no one deserves to be alone when they feel like this". Over the course of the next 20 or so minutes, Sam calmed down, spoke about how difficult it was to constantly be transitioning between the Children's House and his own house, and how he just wanted to go home to his Mum. By the end, he had completely broken down in floods of tears, reinforcing for me what I already suspected, kids in distress need time-in, not time-out! It also reinforced for me, and for Sam, that he could be emotionally held and contained during times like this, through the use of a therapeutic relationship and a willingness and ability on the part of the adult to hang-in there when it gets tough.

Since this experience, I have built on my theory around attachment and time-out, undertaking a small piece of qualitative research which similarly identified a relationship between time-out and physical restraint. This has reinforced for me how important theory is in our practice, and how crucial it is that we as practitioners take the time to be curious about what young people's behaviour is communicating to us. How we support young people in crisis, and how we respond to the pain that often underpins many of the behaviours that we as practitioners find most challenging, is fundamental to reducing the use of physical restraint in our houses, and having a strong theoretical framework to support our assessment and understanding is crucial in that endeavour. This is of course just one example, of how utilising theory effectively can help to improve practice, and more importantly how children and young people experience our attempts to care effectively for them. It felt topical also given the current focus on physical restraint, and the collective desire to reduce and or change how young people experience it. It builds on the plenary session delivered by Laura Steckley at this year's SIRCC conference that residential is an intellectual endeavour, requiring the integration of head, hand and heart, and how as a sector we need support and investment in our staff team and our young people for us to realise the potential of RCC.

So it is clear that I feel that theory is fundamental to good practice, and having undertaken the MSc I recognise the benefits, not only to myself, but also to my colleagues. Exposure to my learning through the sharing of resources and reading materials as well as ongoing coaching and reframing has supported a shift away from a traditional behavioural approach to a more nurturing, trauma-informed and relational approach. Increasing knowledge and understanding of trauma and the related behaviours is key to promoting empathy, understanding and attunement in carers. This is really important, as working within a residential environment can be tense at times due to the emotionally challenging nature of the work. Exposure to trauma, high levels of need and challenging behaviour can become overwhelming, undermining practitioners' ability to remain emotionally available, attuned and responsive to

young people when they need them most. The MSc has enabled me to understand the importance of creating reflective spaces and learning cultures where practitioners can be supported to recognise the impact of their emotions on their practice. It has enabled me to use theory to help reframe behaviours in a way that helps to identify and respond to needs effectively, and to promote practice that is theoretically informed and trauma sensitive. Without which practice can become punitive, with an over focus on behavioural change rather than holistic development. This practice, if unchallenged can undermine relationships, undermine the health of organisations, and lead to failed placements and poor outcomes for young people

A huge part of the role of a residential worker is centred around their direct engagement with children and young people, with a particular focus on their ability to build strong, trusting

relationships, and to support recovery and development through the use of shared activities that enable the young person to uncover their potential. To deliver positive outcomes, and build developmentally enhancing relationships, residential workers need to be able to hang out with young people during the good times, and to hang in there during the hard times. This is central to success, however, to this I would also argue that in order to be effective, residential workers must also develop the confidence, ability and language to exercise voice within multi-disciplinary forums. Prior to undertaking the MSc, I would describe myself as competent in the former. I could always relate to young people, establish quick rapports, build trusting relationships, not become overwhelmed by behaviours, but when it came to multi-disciplinary forums, I did not see myself as, 'a professional', 'an expert' or someone qualified enough to be making decisions.

Appendix G:

Testimonial: Placement Commissioner (Gavin Leitch, Fife Council)

Impact of the MSc

When I began studying towards the MSc in Advanced Residential Child Care, I was managing a children's home for a large children's charity. While still involved with the course, I changed jobs a couple of times, working as a manager in a residential primary school and then with a small private children's home. It was always my intention to utilise my learning from the MSc in direct practice to develop and lead services and improve the lives of the young people who I was directly responsible for. I hadn't given as much thought to the potential impact of my experience on a broader scale. In my current post as Placement Commissioner within a large local authority LAC Resources service, I have found a role that allows me to have an influence on policy and practice affecting large numbers of vulnerable young people.

At a very basic level, I take responsibility for sourcing appropriate residential placements for individual young people who have been identified as requiring this type of care. This requires me to have a knowledge of the services being offered by different providers, and to be able to assess the suitability of these for different young people. My experience of studying towards the MSc is invaluable in this regard, as my increased knowledge of different practice models and approaches, along with my understanding of "what works" allows me to make a critical evaluation when it comes to matching placements with individual young people. Additionally, I believe that being able to converse with service providers in a shared language leads to increased trust and better joined-up planning.

I also undertake regular visits to providers in a monitoring capacity, usually when my local authority has one or more young people placed there, but sometimes even when there isn't. I believe that this is an important aspect of my role, as without it we rely on annual Care Inspectorate reports and occasional feedback from Social Workers, although this tends to focus on negative issues (good care tends to be less note-worthy). Visiting services allows me to get a sense of how they really function, and to observe the dynamics between young people, residential workers and managers. Studying towards the MSc has helped develop my confidence to ask challenging questions in such situations. I think this is due to both my increased knowledge and understanding, but also through the practical groupwork and presentation tasks that are an integral part of the course.

On top of the monitoring task described above, I also work alongside colleagues and senior managers to investigate any concerns raised about the standards of care in any placement, while also acting as a point of contact for providers if they wish to raise any issues regarding the local authority's practice. For me, relationship-based practice was the central foundation to the MSc, and I expected this to be useful in relation to my interactions with young people or staff. Considering my current role, I believe that this focus on relationships has proved even more valuable for me in terms of working in challenging situations within and across organisations. My participation in the course has had a considerable impact on my mediation and negotiation skills, and I feel I've been able to maintain highly positive professional relationships even during the most difficult interactions.

An additional task that I've had the opportunity to become involved has been contributing towards the development and management of both local and national residential child care contracts. Without the knowledge and experience that I gained on the MSc, I don't think that I would have felt so prepared to take an active role in this type of work, as I was probably more focused on the narrower concerns relating directly to my role. Having an increased understanding of the historical, legislative and policy contexts relating to the provision of residential child care has allowed me to represent the local authority in these forums

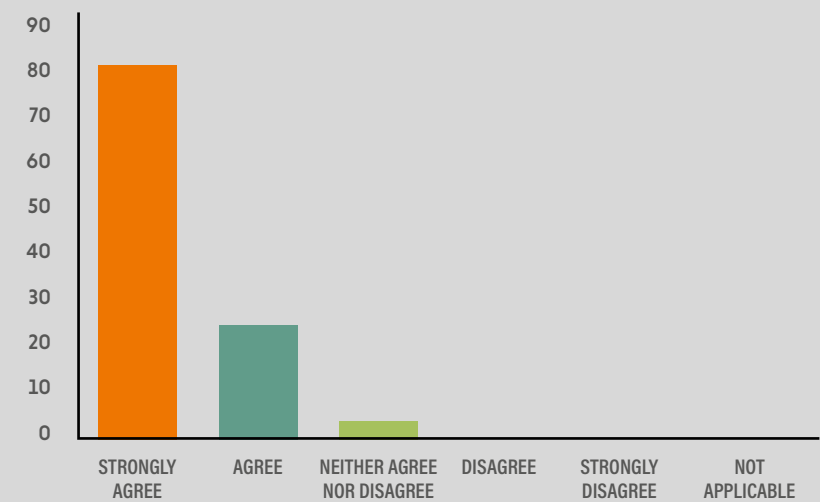
with a view to ensuring these procurement frameworks are sympathetic to our strategic aims and objectives.

A final aspect of my role that is arguably as important as any of the others that I have already discussed, is being an advocate for residential child care. I would love to say that the days of residential being characterised as "a last resort" were in the past; however, I encounter different manifestations of this view on a regular basis. Within both the Family Placement and Children & Families teams, there is a significant number of social workers who have little or no direct experience of residential child care. In my opinion, this strengthens the pervasive view that every child deserves a family, which, combined with intense budget pressures, leads to residential being used when all else has failed, rather than as a placement of choice. I believe it's important to positively challenge this thinking, and I will engage colleagues in conversation about this whenever the opportunity arises. Furthermore, I participate in the local authority's weekly resource panel which gives approval to placement searches and matching. I believe that the MSc has given me a greater understanding of residential child care's role within the wider continuum of care for vulnerable young people, and as such allows me to offer an informed perspective when I believe residential may be the right choice for individual young people.

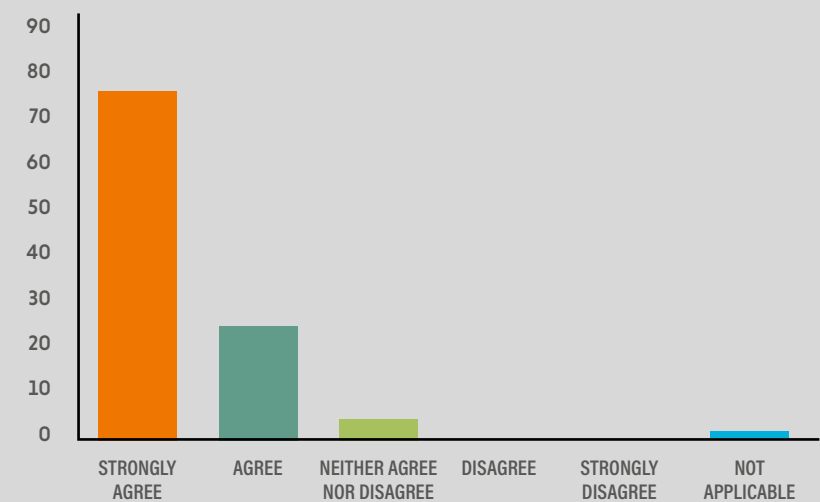
Appendix H:

Results of Questionnaire

1. My learning on the MSc in Advanced Residential child care has significantly contributed to the development of my practice.



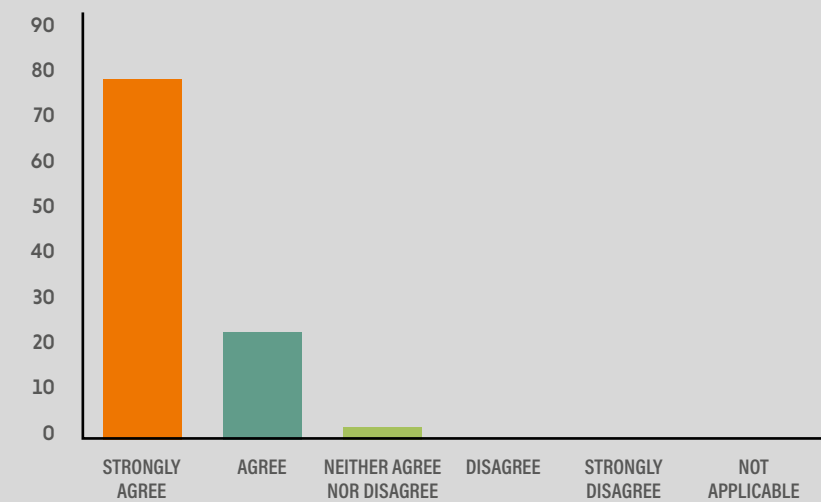
2. My learning on the MSc in Advanced Residential Child Care has significantly influenced the way I think about and form close relationships with the children and young people I care for.



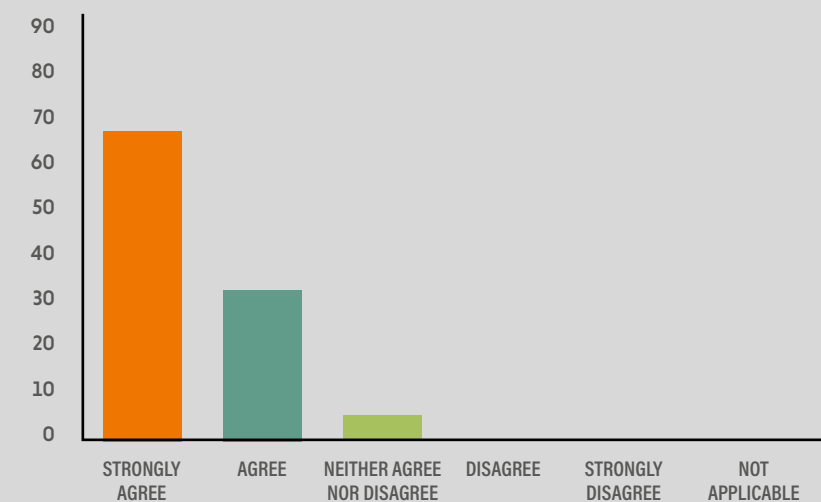
Appendix H:

Results of Questionnaire

3. My learning on the MSc in Advanced Residential Child Care has contributed to the way I think about and support children's rights in my practice.



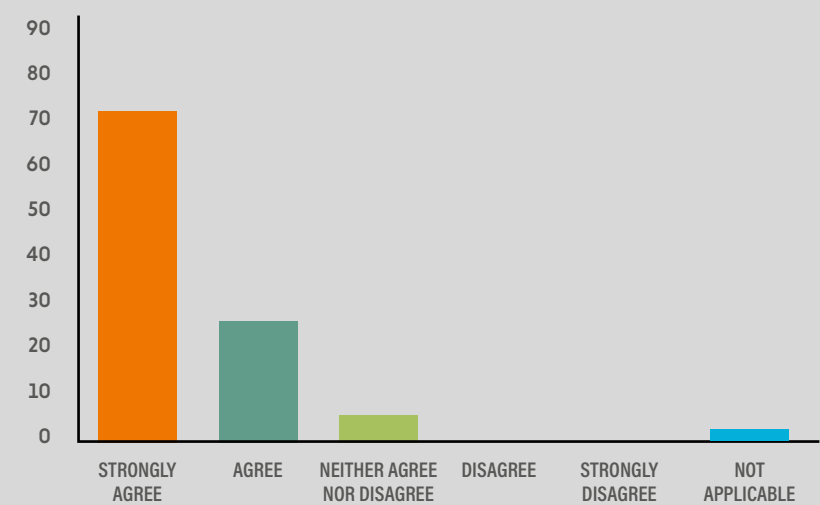
4. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in: a) Challenging poor practice



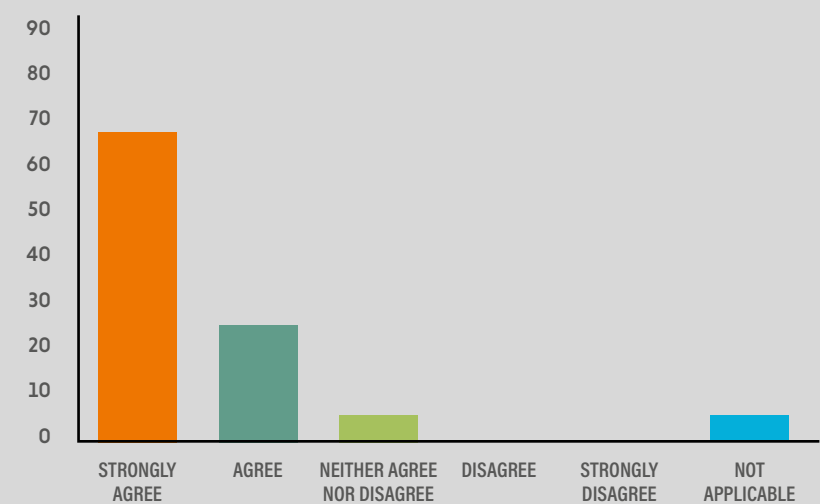
Appendix H:

Results of Questionnaire

5. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in: b) Advocating for a child, young person, children or young people



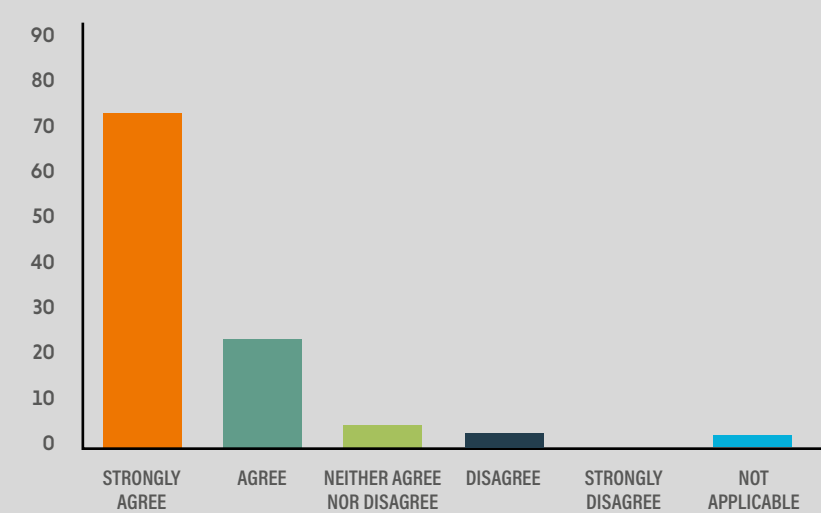
6. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in: c) Explaining what informs my decisions or practice (e.g. research, theory or social policy)



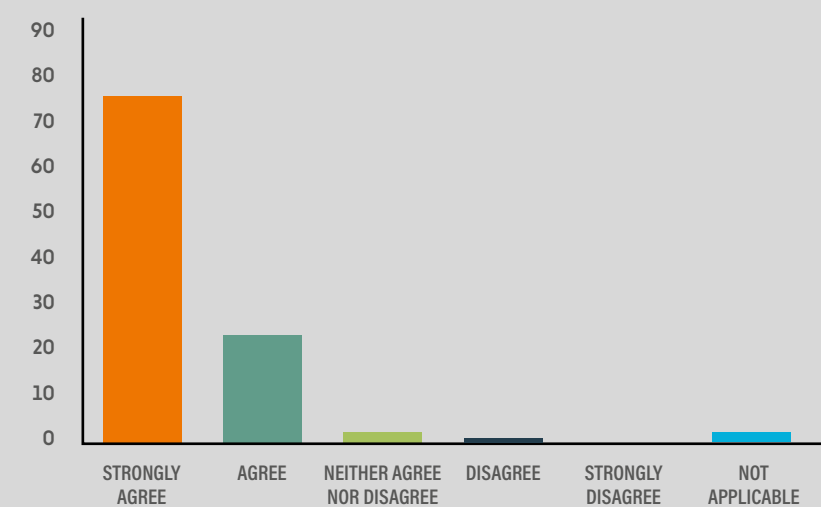
Appendix H:

Results of Questionnaire

7. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in: d) Introducing new ideas/ways of practicing or suggesting changes to practice in order to improve the care experiences of children and young people



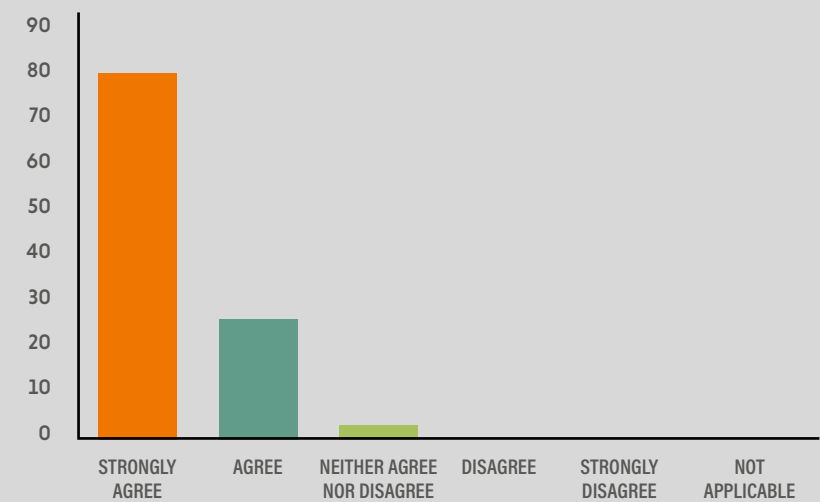
8. My involvement in the MSc in Advanced Residential Child Care has positively contributed to my development of leadership (in whatever forms).



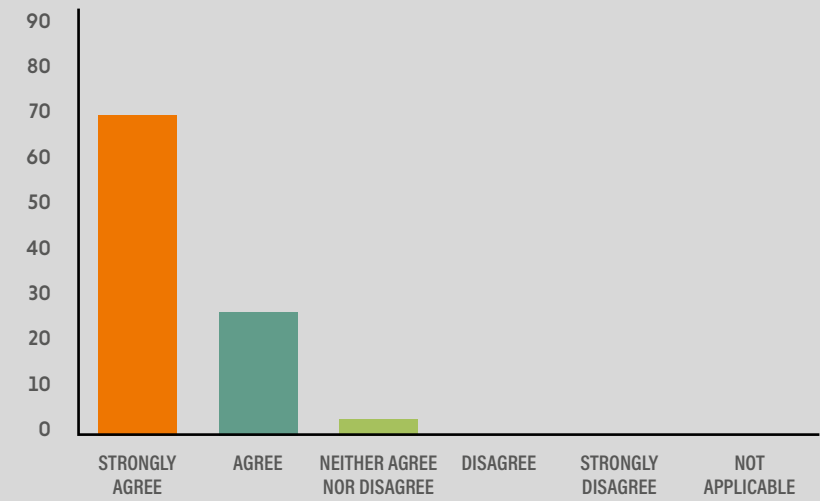
Appendix H:

Results of Questionnaire

9. My involvement in the MSc in Advanced Residential Child Care has strengthened my commitment to children and young people in residential child care.



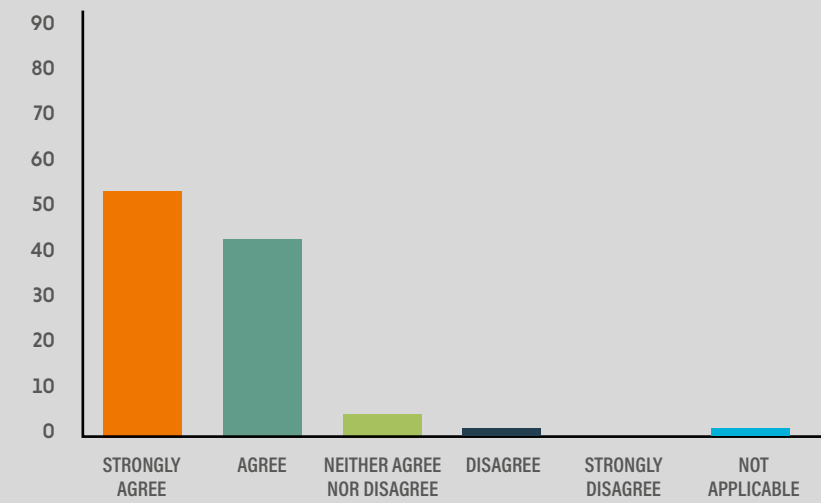
10. My involvement in the MSc in Advanced Residential Child Care has strengthened my professional identity.



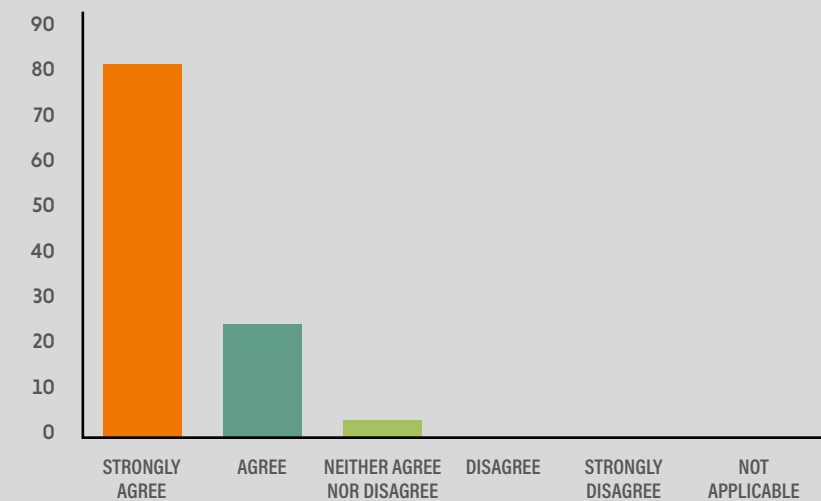
Appendix H:

Results of Questionnaire

11. My involvement in the MSc in Advanced Residential Child Care has enhanced my motivation to improve the care experiences and life chances of the children and young people I work with.



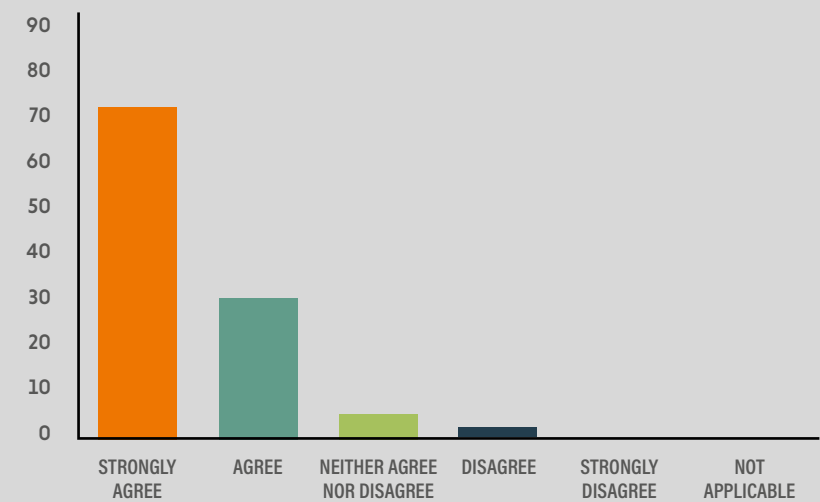
12. My involvement in the MSc in Advanced Residential Child Care has bolstered my understanding of the healing power of high quality, everyday care in the lives of looked after children and young people.



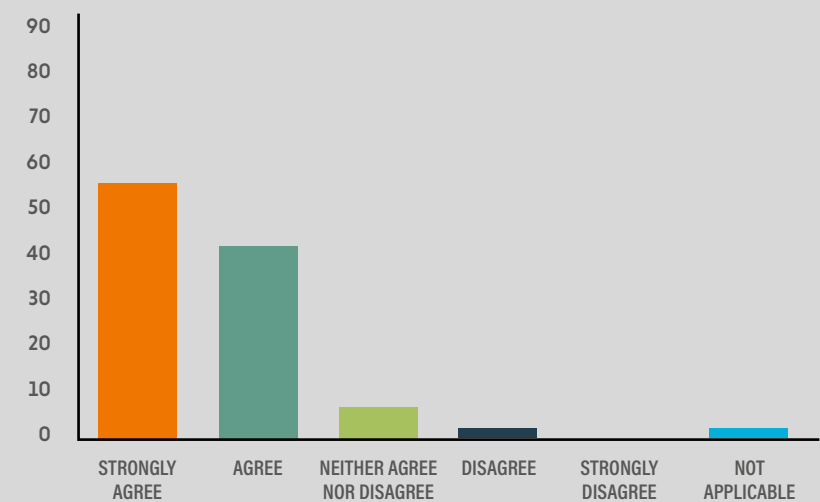
Appendix H:

Results of Questionnaire

13. I believe positive impacts on my practice from my learning on the MSc in Advanced Residential Child Care has contributed to a child, young person's, children's or young people's enhanced development and life experiences.



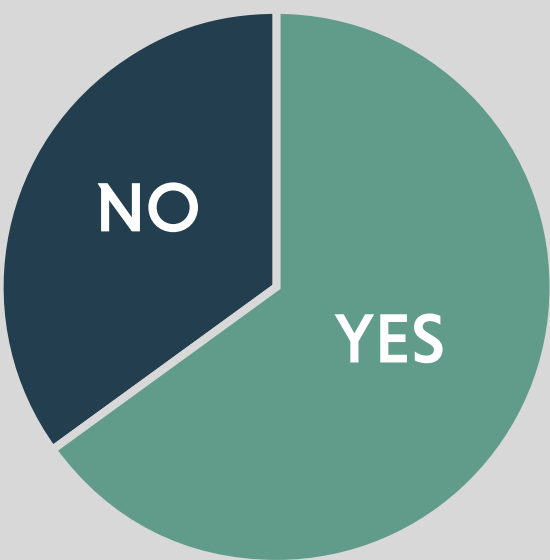
14. I believe my learning on the MSc in Advanced has contributed to positive developments in colleagues' thinking and practice.



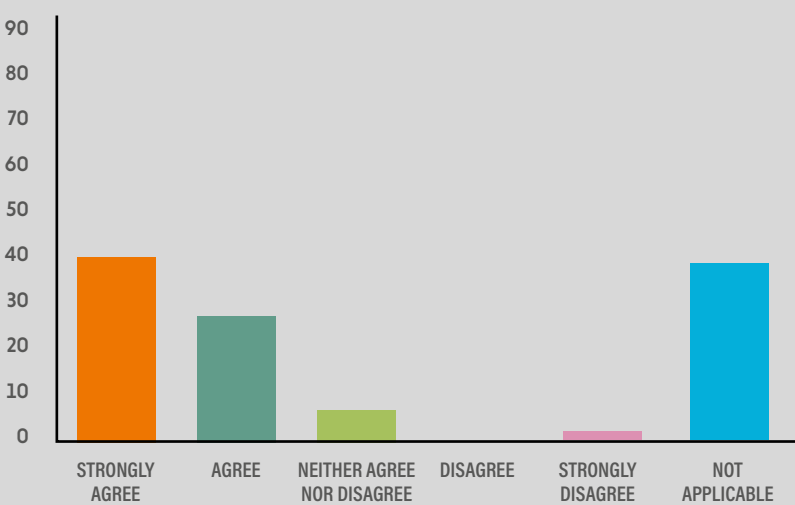
Appendix H:

Results of Questionnaire

15. Have you achieved promotion within your place of employment or a promoted post in a different place of employment during or subsequent to undertaking the MSc in Advanced Residential child care?



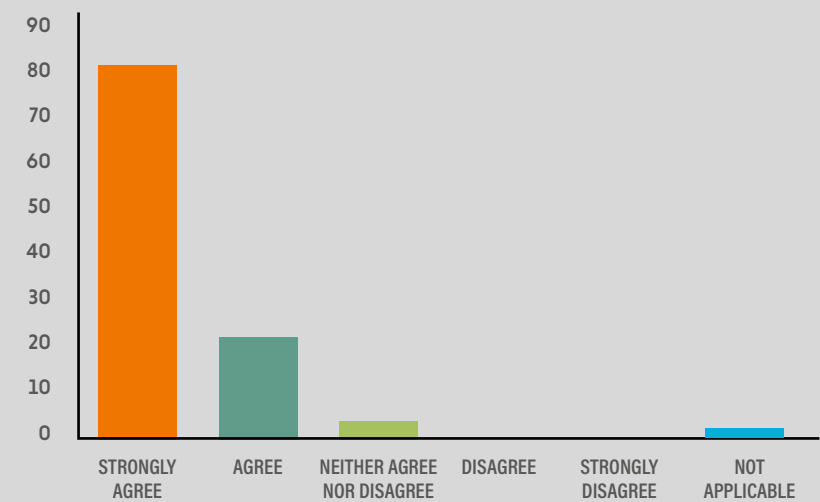
16. If you answered yes to question 12 above, to what extent do you agree or disagree with the following statement: I believe my learning and development related to the MSc in Advanced Residential Child Care contributed to my promotion(s).



Appendix H:

Results of Questionnaire

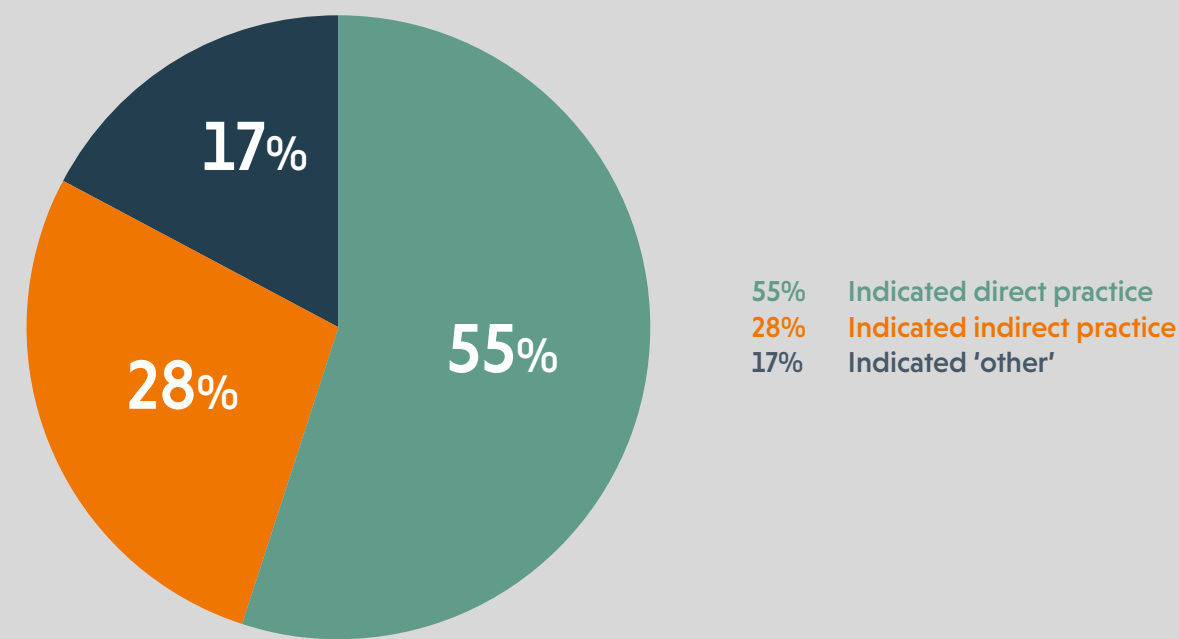
17. My knowledge of the MSc in Advanced RCC and the impact that it can and does have on the sector would lead me to recommend colleagues and others in the sector to undertake it.



Appendix H:

Results of Questionnaire

23. We'd like to know what part of the sector you work in.
Please select the ones that apply. I work in:



Other: please specify

Family support worker

I have the opportunity to work directly within residential services and also in a training role. The MSc has given me the grounding to help to influence culture and practice positively. I would like to think I share the knowledge for the greater good of the young people whom we serve.

Family support worker in children and families.

Trading and development

I was a foster carer (former teacher). I had a lot of experience with disadvantaged people through work on the Children's Panel, teaching in a Young Offender Institution and local Community College. I no longer work in the sector.

Direct practice in after care residential setting and moving on support.

Kinship care/ corporate parenting research

Now in Day Care of children.

Further and Higher Education

I am now a Chartered Educational Psychologist with Aberdeenshire Council.

Champions board involvement Throughcare practice and residential childcare

Advocacy/Participation

Education (schools).

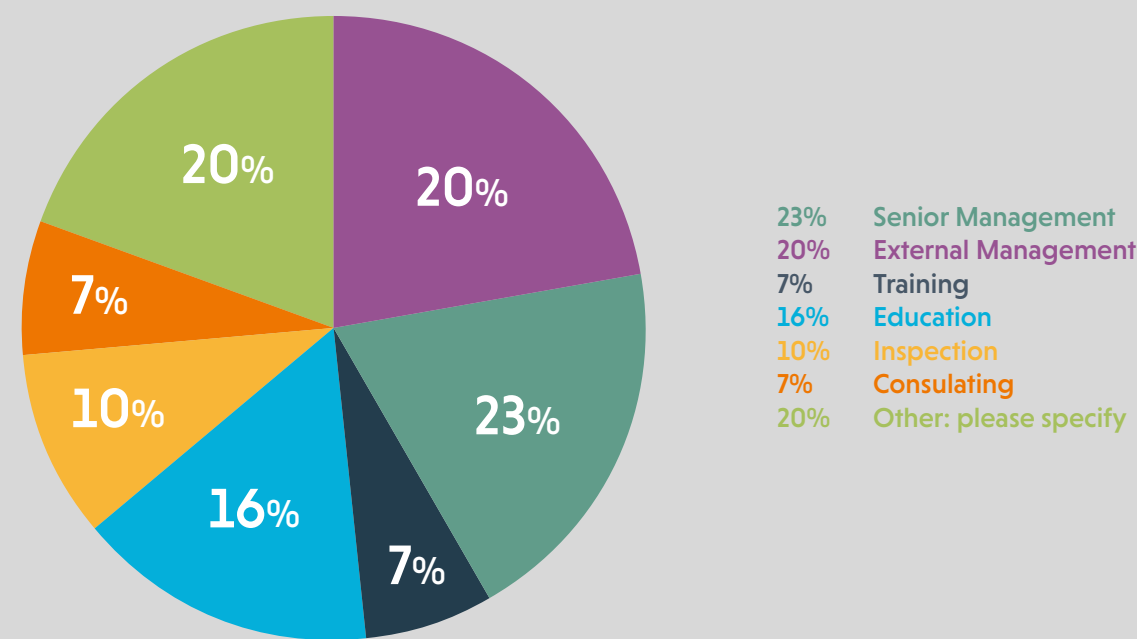
HE-based: policy & practice influencing, development and implementation support at local and national level.

Previously worked as Residential Manager. However the course allowed me to reflect on what I could do more to enhance Young people's lives and I am now studying again and I hope to continue to support young people in their life experiences.

Appendix H:

Results of Questionnaire

24. If you chose 'Indirect practice in residential child care', please tell us what form:



Other: please specify

Although I would be classed as a senior manager, I still consider myself to be part of and directly involved in practice. One of the key things the MSc reinforced to me, was the importance of 'being present', affording time to young people and staff, listening to them, learning from them, having an understanding of the lived experience and generally working alongside them.

I lead on commissioning of purchased foster, residential and secure placements for a large local authority.

workbase assessor for Foundation Apprentice and HNC Social Services and Health care with a plan to step into FE lecturing when the time is right.

Champions Board Throughcare Practice and residential childcare practice on a sessional basis

Advocacy/Participation

Child care worker

Appendix I:

Questionnaire

Questions 1-14, 16 & 17 all used the following statement and Likert scale for answers:

To what degree do you agree with the following statement?

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Not applicable

1. My learning on the MSc in Advanced Residential child care has significantly contributed to the development of my practice.
2. My learning on the MSc in Advanced Residential Child Care has significantly influenced the way I think about and form close relationships with the children and young people I care for.
3. My learning on the MSc in Advanced Residential Child Care has contributed to the way I think about and support children's rights in my practice.
4. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in:
a) Challenging poor practice
5. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in:
b) Advocating for a child, young person, children or young people
6. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in:
c) Explaining what informs my decisions or practice (e.g. research, theory or social policy)
7. My involvement on the MSc in Advanced Residential Child care has contributed to my confidence in:
d) Introducing new ideas/ways of practicing or suggesting changes to practice in order to improve the care experiences of children and young people
8. My involvement in the MSc in Advanced Residential Child Care has positively contributed to my development of leadership (in whatever forms).
9. My involvement in the MSc in Advanced Residential Child Care has strengthened my commitment to children and young people in residential child care.
10. My involvement in the MSc in Advanced Residential Child Care has strengthened my professional identity.
11. My involvement in the MSc in Advanced Residential Child Care has enhanced my motivation to improve the care experiences and life chances of the children and young people I work with.
12. My involvement in the MSc in Advanced Residential Child Care has bolstered my understanding of the healing power of high quality, everyday care in the lives of looked after children and young people.
13. I believe positive impacts on my practice from my learning on the MSc in Advanced Residential Child Care has contributed to a child, young person's, children's or young people's enhanced development and life experiences.
14. I believe my learning on the MSc in Advanced has contributed to positive developments in colleagues' thinking and practice.

15. Have you achieved promotion within your place of employment or a promoted post in a different place of employment during or subsequent to undertaking the MSc in Advanced Residential child care? Yes No
16. If you answered yes to question 12 above, to what extent do you agree or disagree with the following statement: I believe my learning and development related to the MSc in Advanced Residential Child Care contributed to my promotion(s).
17. My knowledge of the MSc in Advanced RCC and the impact that it can and does have on the sector would lead me to recommend colleagues and others in the sector to undertake it.

Questions 18-22 simply had an open field for respondents to type in their answers.

18. If you believe that your involvement on the Msc has supported the development of close relationships with children & young people, in what way have these relationships enriched their experiences of feeling loved, cared for and/or having hope for their future. Please tell us about one example (more than one example is okay too).
19. If you believe your learning on the MSc in Advanced Residential Child Care has positively impacted on the life of a child or young person (perhaps through the positive impacts on your practice), please describe those positive impacts and how they related, at least in part, to your learning or involvement on the course. Please tell us about one example (more than one example is okay too).
20. If you have made changes to your own practice as a result of your learning on the MSc in Advanced Residential Child Care, please describe one or more change and the effects of that change (or those changes) in your place of work. Please tell us about one example (more than one example is okay too).
21. If you believe your involvement on the MSc in Advanced Residential Child Care has positively influenced your colleagues' and/or organisation's thinking and practice, Please tell us about one example (more than one example is okay too).
22. Is there anything else about the MSc in Advanced Residential Child Care you would like to include?
23. We'd like to know what part of the sector you work in. Please select the ones that apply.
- Direct practice in residential child care
- Indirect practice in residential child care
- Other: please specify
24. If you chose 'Indirect practice in residential child care', please tell us what form:
- Senior management
- External management
- Training
- Education
- Inspection
- Consulting
- Other: please specify