



# Higher Aspirations, Brighter Futures: National Residential Child Care Initiative Overview Report



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Scottish Institute for Residential Child Care  
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# Higher Aspirations, Brighter Futures: Overview of the National Residential Child Care Initiative

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## *Higher Aspirations, Brighter Futures*

**Series Editors:** Romy Langeland, Kelly Bayes, Jennifer Davidson

The Scottish Institute for Residential Child Care was commissioned by the Scottish Government to lead a National Residential Child Care Initiative. This NRCCI has undertaken a strategic review of residential child care services and developed a blueprint for their development which will shape the future direction of services and ensure the needs of children and young people are met.

There is a series of publications stemming from this Initiative.

### **Other titles in this series:**

**Title:** Higher Aspirations, Brighter Futures:  
NRCCI Commissioning Report

**Author:** Ian Milligan

**ISBN:** ISBN 978-1-900743-14-0

**Title:** Higher Aspirations, Brighter Futures:  
NRCCI Matching Resources to Needs Report

**Author:** Malcolm Hill

**ISBN:** ISBN 978-1-900743-04-4

**Title:** Higher Aspirations, Brighter Futures:  
NRCCI Workforce Report

**Authors:** Jennifer Davidson, Carole Wilkinson, Bernadette Docherty, Maureen Anderson

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# Higher Aspirations, Brighter Futures:

## Overview of the National Residential Child Care Initiative

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### Chair's Foreword



**Romy Langeland,**  
*Chair National Residential Child  
Care Initiative*

The work of the National Residential Child Care Initiative over the past year has represented a huge opportunity for us to take stock of the role that residential care plays within Children's Services in Scotland and to propose new responses. We hear much about the things that have gone wrong – and very little about the many children and young people who grow up in residential care and go on to do well in their adult lives. The Initiative has been impressed by the commitment to young people that we have met from all those working in residential child care, from the smallest children's home to the secure accommodation units caring for the most damaged young people. We have also heard from young people about the things that make a difference for them.

Good quality residential care provides nurture for children who have had a very difficult start in life and it is the relationships between staff and children, and amongst children themselves, which are the foundation upon which their future well-being will be built. Many young people will need more than basic care in order to make good some of the early emotional and physical harm; this requires support from a range of agencies. As we said in the SOFI report in February 2009, we want to see the principles of *Getting it Right for Every Child* fully implemented so that the

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needs of looked after children and young people can be identified and addressed sooner. Many of these children and young people have been known to community and statutory agencies from an early age and their stay in residential care may be just one stage in their journey through care. Many children are likely to experience more than one placement in care and we need to become much better at planning and managing their experiences and ensuring that they can make sense of what is happening. We are calling for better collaboration between agencies and a more strategic approach to the use of residential care, so that it is used purposefully to provide care and support for children who cannot be brought up in their own homes.

If relationships are the key to personal development, then it is essential that the staff who work with young people are appropriately qualified and supported; the responsibilities and pressures of working with children in the care system have to be recognised properly and we make some key recommendations in relation to the workforce of the future. We believe that residential care can make a real and positive difference to the lives of children when it is effectively planned and resourced. This requires both well-informed service planning at a

strategic level and effective care planning for the individual young person undertaken by a well-equipped workforce.

Children and young people are the centre of our concern in this report and if we want to make sure that the outcomes for them improve, we need to make appropriate investment in them so that we build on their strengths and develop their resilience. In recognising that they have had a difficult start in life, either through early neglect or abuse, or because they live with a disability, we need to ensure that we make good early assessments, well-supported placements which address their needs, and that we follow through as long as necessary so that they are launched into adult life as positively as possible. Our report seeks to establish a future in which looked after children who grow up in residential care receive the help they need to lead happy, healthy, valued lives.

A handwritten signature in black ink that reads "Romy Langland". The signature is written in a cursive, flowing style.

## Introduction

The NRCCI, led by SIRCC, was established by Adam Ingram, Minister for Children and Early Years, to deliver on the government's commitment

**to work with partners to make residential care the first and best placement of choice for those children whose needs it serves.<sup>1</sup>**

Its purpose was to undertake a strategic review of residential child care services and develop a blueprint for their development which would shape the future direction of services and ensure the needs of children and young people are met. This report highlights the overarching messages that emerged from the working groups which were set up to undertake this strategic review. It draws on the research, deliberations, findings and recommendations of the NRCCI which underline the need for action if the aspirations of the Government and all those

working with and for looked after children and young people are to be realised. It sets out recommendations for change and is a call for elected members, government, professionals, inspection and regulatory bodies and agencies working with and for children and young people to read the comprehensive reports from the working groups, consider the messages and respond to the recommendations.

There are some very real challenges facing residential child care if we are to meet the needs of some of the most vulnerable children and young people in our communities – needs which the Initiative confirmed have become increasingly complex and demanding, often due to severe neglect, abuse and trauma in their earlier life. The Initiative has demonstrated that in key areas we know what needs to be done but have found it harder to make sure it happens. Stakeholders involved in the Initiative firmly believe, however, that with the commitment from all those with responsibility for the well-being of children and young people, we can bring about a more positive, valued and strategic role for residential child care. We have to be able to meet the immediate and long-term needs of children and young people who are placed in our care in order to ensure their best possible life chances.

The NRCCI has been a rare opportunity. It sets out a series of actions for critical and positive changes to the way in which we develop future services. Failure to act will be detrimental to the children and young people and have long-term consequences not just for them but for communities and society. We cannot afford to fail them.





## 1 Background and context to the NRCCI

Hundreds of vulnerable children and young people are successfully cared for in residential settings every year; however, reports from research and inquiries, policy documents, and consultations with professionals, children and young people have repeatedly highlighted a number of considerable challenges facing residential child care.<sup>2</sup> It was in the context of these challenges that SIRCC was asked by the Scottish Government to set up and lead on the NRCCI (see Appendix 1).

The many challenges which were identified centred around

- the experience of the increasing number of children and young people with complex and multiple needs being placed in residential care
- the status, training, education, skills and competence of the residential child care workforce
- the pattern and the type of provision required for the future to meet the needs of children and young people and planning at national and local level

Three working groups were established to focus on these three areas. A further group (SOFI) examining secure care reported in February 2009.<sup>3</sup>

## 2 Who was involved

A key feature of the NRCCI was the unprecedented number of stakeholders who contributed their wealth of expertise, experience and knowledge. Led by a Project Board made up of representatives from the wide range of agencies and organisations with an interest in residential care in Scotland, including independent providers<sup>4</sup>, social work, education, health, and government, the following engagement activities were undertaken:

- Working groups identified key themes and issues which were posted on the SIRCC website to elicit feedback, with the aim to make engagement with the Initiative as accessible as possible to a wide range of stakeholders
- These themes and issues were explored and debated at four regional stakeholder engagement events held during February and March 2009 and
- They were taken out to working group members' own organisation, association and/or network, and
- They were the basis for presentations and discussions at national conferences.

In total over 100 agencies and organisations contributed to the work of the Initiative.

In addition, over 100 children and young people were also involved in focus groups and interviews led by Who Cares? Scotland. They debated the themes and issues by reflecting on:

- What was good and not so good about residential child care
- Their understanding and experiences of care planning
- Their involvement in placement planning and placement moves
- The skills, qualities and qualifications necessary to be a good residential worker

The children's and young people's responses and expert views were detailed in a report<sup>5</sup> for the consideration and integration of the three working groups.

Three agencies gained responses from a total of 19 parents of children in residential care. They provided views on the needs of their children, positive and negative aspects of residential care, the skills, qualities and qualifications of staff and choice of placements. The engagement of parents was limited and reflects a need for all agencies to consider how to seek and gain parental participation in care planning.

The experience and knowledge of all those involved in the NRCCI was an invaluable and rich source of information. In addition to evidence from the stakeholder engagement process, working group members actively sought available and relevant research, data, case studies and reports and many consulted their wider organisation/agency/network. Two of the groups undertook surveys of Local Authorities and Independent providers of residential care.

**The body of evidence and breadth of issues raised and debated throughout the NRCCI, together with the extensive engagement of stakeholders has, we believe, resulted in a wide agreement on the recommendations and a compelling case for action**



## Overarching Messages

A number of common themes and messages emerged from across all the NRCCI working groups. The most significant ones which were frequently raised by working group members and stakeholders are included below.

### 1 Assessment and care planning

*Effective intervention for each individual child depends upon a clear assessment and understanding of her/his needs. Good assessment and comprehensive care planning will enable us to deliver positive outcomes for children and young people by effectively matching resources to children and young people's needs .*

All looked after children and young people must have a care plan, yet children and young people indicated little evidence of their understanding and informed involvement in care planning<sup>6</sup>. Many viewed their care plan as a document for staff and not as a developmental tool for themselves. Approximately one third of children and young people knew nothing about their care plan.

*“I’ve heard about my care plan, my social worker told me about it and it’s in my minutes of my reviews and hearings. I can’t remember what it is though”*

*Laura (14)*

The important and central role of good assessment and care planning in decisions about when and where to place children and young people in residential care, and their involvement in this, should not be underestimated. The message was consistently and regularly highlighted throughout the NRCCI by everyone

involved. The Matching Resources to Needs report makes a number of comments and recommendations about this and all the reports refer to *Getting it Right for Every Child* (GIRFEC)<sup>7</sup>. The NRCCI firmly believes that full adoption of the GIRFEC approach will ensure consistency of assessment across professional and authority boundaries, and should facilitate earlier intervention based on an early identification of how to improve outcomes, taking into account a child's strengths and weaknesses. The Commissioning report describes careful assessment as a cornerstone of an ‘outcomes’ approach. It argues that unless there are clear and valid baseline measures of some kind then evidencing precise ‘outcomes’ of placement will not be possible.

We found that many young people are provided with a stable and caring home and that they and their families receive expert help; however, others are not receiving the kind of help they need when they need it, with an appropriate degree of assessment, planning and multi-agency coordination. Some young people experience multiple placements which may be inappropriate, there may be delays in finding the right placement, and placements may be disrupted. This is not the basis for helping children to develop strength and resilience.

A residential child care placement should be made on the basis of a careful assessment of need rather than on, for example, the result of a history of failed foster care placements. This should apply whatever the age of the child.

There is evidence that there has been a small but increasing demand for residential placement for children under 12. These are

often children believed to have significant attachment problems who have experienced multiple breakdowns in family settings. In response to this situation, some residential services for younger children have developed which seek to provide stability and a therapeutic environment with the aim of preparing children for family placement<sup>8</sup> but the majority of children under 12 are routinely placed in foster care due to their age rather than their need. Careful assessment should identify children who would gain from earlier placement in residential care which would avoid the effects of recurrent failure at home or in foster care. Rather than residential care being used as a ‘last resort’ it should be considered as having the potential to offer the most effective early intervention and support to and for some children, young people and their families.

Given that residential placement is part of an overall social work service, based on care-planning, for which the social worker holds lead responsibility, it was felt that there needs to be greater clarity about who is responsible for what, in terms of outcomes expected, ensuring these are achieved and reviewed, and who will contribute to them. Field social work, health and education services, and others, all have a part to play in children making progress.

### 2 A strategic role for residential child care

*With a more strategic role, residential child care has the potential to be a highly flexible, responsive, more effective and an integral part of children’s services.*

There is a need to place residential child care in a well thought-out strategic role in relation to all other children’s services. This has to be at both planning and individual case levels. Residential care has moved over the years from being the only real option, to the option which is taken when family placement looks inappropriate, is unavailable, or has failed. This is especially the case for young children. There has been national debate recently as to whether there should be more use of residential care for looked after children. We believe this debate needs to be opened up; the focus should be on the most appropriate role for residential care with its unique and important place at the very centre of services for children and young people. This is especially the case for those young people with complex and often deep-rooted problems who may need the security of having a group of adults who can share the tasks of providing consistent care and attention.

We need to identify the place that residential child care should occupy in the range of services for looked after young people, in order to open up its potential for a more creative and effective role in responding to children and young people across the continuum of care. In the past



we have not been specific enough about what it can achieve and so the impact of quality residential care has been consistently undervalued. This lack of definition has been to the detriment of children and young people's experiences and outcomes as well as to the development of the services.

The Initiative findings stress the importance of the strategic role for residential care, within the overall range of services, being identified with Children's Services Plans. Clarity of purpose and approaches focussed on agreed outcomes should characterise residential services where children and young people receive good quality care. This should include active support for their education, support for family relationships, and carefully managed transitions in and out of placement. Research has shown that the need for choice is often poorly met with admissions to both residential and foster care having tended to depend mainly on which placement(s) are available rather than what is needed, with often only one or two possibilities being seriously considered.<sup>9</sup>

The Initiative found that there is scope for better co-operation between residential and fostering services, for example in relation to possible shared care, preparation for transfer, adjustment to placement changes, training and improved post-16 support. There is also scope for more flexible and enhanced roles for residential care staff in, for example, community-based assessments, family work and outreach support.

### 3 Better management information

*Effective planning for both the individual child and the service is dependent on good information; it will not only help us make sense of where we have been but will also ensure we know where we need to go.*

Good analysis of robust data and information is needed to inform planning at strategic and individual child level. A significant amount of management information and other data is collected by local authorities, providers of residential services, government and other key agencies, but it is not always usefully deployed to assist with our understanding about the current and future needs of children and young people and the role of residential care within the range of available options. In seeking data and research to inform their deliberations, the working groups found gaps in the information about the needs of children and young people, the resources available to meet these needs, the effectiveness of different interventions used, the workforce, and the costs of some services. There were particular gaps in information about children with disabilities in residential care.



While identifying valid outcomes, and measuring them in relationship-based services with developing children is known to be problematic, there were some examples of rigorous work having been undertaken by some providers on this. Findings from the NRCCI suggest that this work could greatly assist work at a national level on developing a consistent language and a common understanding about outcomes.

The Commissioning report identifies a range of sources of information which local strategic commissioning groups are able to draw on; however, there is a need for work to be undertaken to ensure there is compatibility across the various data sources.

Given the importance of robust accurate data and information in the planning, commissioning and future development of residential child care in Scotland, the NRCCI recommends that further work is undertaken to ensure the appropriate information is collected and can be usefully analysed.

#### 4 Effective Collaboration

*Professional and agency collaboration means persistently working together for the benefit of each and every child; it can and does make a difference.*

Effective collaboration among those who plan, manage and work in services for children and young people is essential if the many issues facing residential child care as part of a continuum of services are to be fully addressed and resolved. The process of the NRCCI demonstrated the huge range of stakeholders with a real investment in the futures of these children and young people.

Most children and young people in residential care have been known to a variety of agencies for some time before admission and may have received services in the community or may have been in foster care. All will have used universal services such as health and education and many of them, and/or their families, will have had specialist help and support. The collaboration of agencies working across the continuum of children's services is therefore critical if we are to deliver all the responsibilities to looked after children under the Children (Scotland) Act 1995 and which are now well recognised as a corporate responsibility of the local authority.

Good nurturing residential care should be seen as the foundation upon which wider care planning and support is laid; many children will require additional support to address the emotional, physical and educational deficits created by adverse early experience.



## 5 Workforce

*The quality of the residential workforce is fundamental to how children and young people experience care; a well-equipped and supported workforce is critical to ensuring children and young people are provided with the best possible care.*

Residential child care staff are undertaking an increasingly wider and more demanding range of tasks directly with children, young people and their families. In addition to providing high quality day-to-day care to many of the most vulnerable, distressed, troubled and challenging children, residential staff also deliver specific interventions designed to address difficult behaviours or trauma such as problematic substance use and bereavement. Some are also providing intensive physical care for children and young people with severe and complex disabilities. Helping children and young people maintain links with family and communities, advocating on their behalf, ensuring their education and health needs are met and reviewed, and communicating effectively with a diverse and wide range of professionals were just some of the essential tasks the NRCCI found are increasingly required of the residential workforce. This work is based on positive, supportive and trusting relationships between young people and staff.

The changing profile of children in residential care and the complexity of their needs demand an increasingly skilled, competent, confident and qualified workforce. Bringing about a culture change that recognises the strategic role of residential care and values its potential to make a real difference to the lives of

children and young people requires greater aspirations for and expectations of the workforce. Residential staff with equal knowledge, skills, value and status as other professionals within the wider children's services workforce is essential to achieving this.

There can few more important and challenging tasks than caring for some of the most vulnerable and troubled children and young people in our society. We must recognise the importance of this work in the aspirations we have for this workforce.



### A Culture Change

*If we are to make residential care the first and best placement of choice then we need to change the culture in which residential child care is delivered.*

There is tremendous potential for residential child care to develop and provide flexible and responsive services to children and young people of all ages and with a variety of needs. However, despite the numerous and repeated positive commitments to residential care made in review reports and policy statements, many professionals, agencies and the general public hold a negative view about residential care and/or see it as a last resort. This has often been part of a wider perception that public care fails children – a stance that has been challenged by many providers of residential care and certain academics<sup>10</sup>. There is a need for improvement, but the NRCCI working groups looked at evidence which confirms that residential care often makes a positive contribution to children’s welfare.



The negative public perception does not always recognise that children and young people enter care with multiple difficulties and disadvantages for which the care system is not responsible. As stated by Professor Mike Stein:

***...any association between care and outcomes will be flawed unless it is recognised the impact of their pre-care experiences<sup>11</sup>***

There is also evidence that the progress many young people make in residential care is not sufficiently supported nor is it always properly followed through as they move on to independent living. We need to ensure that we recognise the needs of each young person in their journey through care and invest appropriately in helping them to meet the challenges.

The perception of residential care as a last resort not only stigmatises the children and young people who live there but also the workforce. There is certainly a general view that the residential child care task is of a lower status than others across children’s services, social work, education and health. This is at odds with the role it is often asked to fulfil in relation to children who invariably have complex emotional and behavioural difficulties due to traumatic or very difficult earlier experiences.

There have been some positive developments within and across residential child care in recent years with, for example, the introduction of National Care Standards, independent inspection, and the regulation of the workforce. There has also been a substantial growth in the number of independent providers and the range of residential care they offer; the independent



sector currently provides over half of the places for looked after children in residential care, and the great majority of short and long-term placements for children with a disability. The relationships between local authorities and independent providers vary considerably; some authorities have extremely good 'partnerships' with providers but the Initiative found that in general relations between purchasers and providers can be characterised by a degree of mistrust. The lack of genuine transparency around costs and benefits across the system, for example, leads to a tension between independent providers and local authorities.

There was agreement throughout the NRCCI that a vibrant mixed economy of care, with the wealth of knowledge and expertise this provides, is to be encouraged. But this needs to be planned through a strategic approach to commissioning and led by local partnerships characterised by confident and open relations between purchasers and providers. Children and young people together with their parents and carers have a wealth of experience and strong views about what services should be planned and developed to meet their needs yet the Initiative found little evidence of their views being considered in the commissioning of services.

### ***What is this 'changed culture' we're calling for?***

Properly resourced residential child care should be recognised as being an important, valued and integral part of children's services which can offer the best possible care and protection for children and young people of all ages, which builds their resilience and prepares them for the future challenges they will face. To ensure the needs of children who require residential care are fully met, the commissioning of residential child care must be a collaborative activity based on effective and meaningful engagement of all stakeholders including children and young people, their parents and carers, independent providers, and agencies with responsibility for looked after children and young people. The workforce is the most important resource in residential child care and their status, skills and training as well as the support they are offered, has to be commensurate with the increasingly demanding and challenging task expected of them.

## Drivers for change

### 1 Responsibilities toward children and young people

Children and young people who live in care have a right to and must have the same life chances as all children and young people in Scotland. They have faced the most difficult of childhoods. Most have experienced periods of instability and insecurity, many have had their education disrupted and their health needs neglected. They have a right to a successful adulthood. Governments together with agencies working with and for children and young people have a duty to ensure this right is realised.

Article 20 of the UN Convention on the Rights of the Child (UNCRC) places a specific duty on Governments to provide special care and protection for all children unable to live with their families. The Children (Scotland) Act 1995 which governs many areas of a local authority's duties, powers and responsibilities in relation to looked after children and young people and care leavers, states that children are the responsibility of the whole authority not just social work.

Taking responsibility for 'looked after' children, listening to them and working together are identified as central aims of the Scottish Government guidance on corporate parenting of looked after children. *These Are Our Bairns: a guide for community planning partnerships on being a good corporate parent*<sup>12</sup> emphasises the contribution that elected members and all local authority and NHS departments can make to improve the lives of looked after children.

### 2 More effective use of residential care

The cost of residential care is undoubtedly of concern with local authorities expected to procure 'best value' from all their services, both provided and purchased. The NRCCI believes that the development of a strategic commissioning framework will facilitate the delivery of 'best value' through achieving the best outcomes while managing costs. We also believe that if we can ensure that we make good early integrated assessments to establish the child's needs, we have a better chance of ensuring that residential care is used appropriately. It should not be simply for those who have challenged the system through significant behavioural problems or offending or because of a disability. We can reduce the escalating costs of a sequence of disrupted placements by getting it right first time. Failure to invest in children earlier and provide quality residential care is costly in terms of the damage to the individual child or young person and to society. Failing to invest in the residential workforce who must address the complex needs of these children and young people will affect the quality of care they have a right to expect.

***We cannot afford to fail in delivering on our duty to children and young people who need us most.***

## Key Messages and Recommendations from the working groups

Realising higher aspirations and a brighter future for residential child care requires action if it is to be the first and best placement of choice for all children and young people whose needs it serves. The following key messages and recommendations from the three NRCCI working groups call for joined-up action by Government, elected members, providers of residential child care and all those working with and for children and young people. High-quality residential care which focuses on promoting happy, healthy and valued lives for all children and young people is the basis for these recommendations. Taking action will ensure we turn rhetoric into reality.



### **Matching Resources and Needs Report**

**1 Residential care within a broad continuum of services**

Addressing the needs and improving the outcomes for children and young people in residential care requires collaboration between agencies in the provision of relevant universal and specialist services. Virtually all children and young people in residential care need additional help beyond basic care and safety. There is scope for better co-operation between residential and fostering services, for example in relation to possible shared care, preparation for transfer, adjustment to placement changes, training and improved post-16 support.

**MRN 1.1** Through the Children’s Services Plan, each local authority and its planning partners should be able to evidence a robust continuum of care which supports the diverse needs of children and young people and provides a range of flexible community-based services, fostering and residential provision, including short breaks, and throughcare and aftercare services.

**MRN 1.2** The Children’s Services Plan should identify the particular strategic role which residential care will fulfil within the overall range of services. This must include attention to children with a disability and others with additional support needs.

**MRN 1.3** Local authorities require access to a range of residential services, so that choices are available when children need placement and each child can be matched with a model of care that meets their individual needs and has access to any additional services required.



# Key Messages and Recommendations from the working groups

## 2 Information, research and planning

A significant amount of management information and other data is collected and consideration should be given as to how this can be most usefully deployed to improve understanding of the current and future needs of children and young people, as well as the role of residential care within the range of available options, in order to deliver improved outcomes for children.

There is very little Scottish research on the effectiveness of different interventions used in residential care which could help to inform the development of the sector.

**MRN 2.1** The Scottish Government, COSLA and other appropriate agencies should jointly consider the production of an effective planning template which will support each local authority and its partners in identifying the information required, in order to undertake planning and commissioning for future need.

**MRN 2.2** Building on work currently being undertaken by the Scottish Government, Care Commission and SIRCC, efforts should be made to ensure the compatibility of the various data sources and to identify information gaps. Additional information is required, for instance on children with a disability in residential care.

**MRN 2.3** The Scottish Government, local authorities, residential care providers and other agencies should consider ways of using existing sources of data more effectively and innovatively, identify gaps in information and priorities for new research, and seek opportunities to commission research, in order to examine factors affecting the experiences and long-term outcomes for children and young people in residential child care, and the effectiveness of different approaches and interventions.

**MRN 2.4** The Scottish Government's Looked After Children website ([www.LTScotland.org.uk/lookedafterchildren](http://www.LTScotland.org.uk/lookedafterchildren)) should be utilised to hold more information about best practice, information and statistics relating to residential care, and to facilitate the sharing of practice amongst professionals and carers and other interested parties.



### 3 Active participation of young people

Children and young people in residential child care have a clear right to participate in the decisions made both about their individual care and the wider provision of services. This is closely linked to their rights for care and protection and we would strongly endorse the comments made in the Kerelaw report<sup>13</sup>. The Scottish Government has commissioned a review of advocacy services for looked after children and the outcomes of this will be important in informing future practice.

**MRN 3.1** Local Authorities and their planning partners should promote and evidence a rights-based approach in Children’s Services Planning.

**MRN 3.2** Local authorities, residential care providers and other agencies must ensure that clear mechanisms exist to promote the views of children and young people in service planning and decision-making. Important components include independent support, advice, and advocacy, as well as effective complaints processes.

**MRN 3.3** All residential establishments must ensure that children and young people have their views taken seriously in the formulation of the child’s plans and reviews, and that they understand as fully as possible the implications of plans affecting them. The expectations and rules that apply should also take into account young people’s views.



# Key Messages and Recommendations from the working groups

## 4 Assessment and care planning

Integrated and holistic assessment is the key to identifying the needs of individual children and young people. Equally, ongoing care planning, assessment and review are crucial in meeting the changing needs of children and young people in residential care. Pressure within the system too often means that placement is resource-led rather than needs-led.

**MRN 4.1** All assessments should follow the principles of GIRFEC. They should be multi-professional, child-centred, proportionate and timely. One assessment should cover all of the child's needs, whether education, health and well-being, safety, social or developmental. Assessments must include information related to the particular requirements of residential placements and identify long-term goals.

**MRN 4.2** Residential child care should be considered as an appropriate service for children and young people early in their care journey and should more often be contemplated as a realistic option for younger children who have serious attachment problems and complex needs.

**MRN 4.3** Whenever possible admissions should be planned and prepared for well in advance. All those involved in care planning should articulate and commit to clear shared expectations about the

planned outcomes for individual children and young people. The child's plan(s) should articulate how residential care interventions and those provided in collaboration with others can achieve agreed outcomes.

**MRN 4.4** Children and young people's views and aspirations must be taken seriously at every stage, and support and advocacy provided. Young people should all be given a copy of their plan prior to admission, as well as copies of subsequent review documents.

**MRN 4.5** It would be beneficial if admission and review meetings had independent chairpersons.

**MRN 4.6** Stability and continuity of placement are a high priority. Placement changes and breakdowns should be regarded very seriously, monitored closely and reviewed for the lessons to be learned.

**MRN 4.7** A national review is required of the experiences and needs of children with a disability in all forms of residential care. This should include examination of their legal status and focus on the commonalities and differences compared with the wider looked-after population in terms of needs and resources.

### 5 The nature and roles of residential services

Residential staff work on a daily basis with the young people in their care, and they know a great deal about their needs and preferences, and how they respond to stress. This knowledge and understanding is too often not used effectively to inform integrated assessments and decision making, both in relation to assessment and to future care planning. Residential staff are integral to changes of placement, planning the transitions and supporting the change. A model of care which is likely to be of great relevance in future, and therefore should be given due consideration, is analogous to shared care models used for children with disabilities. Young people would have recurrent short stays and/or spend parts of the week at the same residential facility at times which fitted with their needs as part of a long-term plan.



**MRN 5.1** The location, design and work of residential services should aim to support continuity of children's key relationships with family, friends, professionals, school and community, except when this is contrary to the child's interests.

**MRN 5.2** The Initiative has highlighted that there are particular groups of children and young people, who have specific or complex needs, and residential care services with appropriately trained staff and ethos must be available to meet these needs. They include:

- children under 12;
- challenging young women;
- children with disabilities.

**MRN 5.3** The contribution of residential staff in family and community assessment, joint work and post-placement support should be extended. This could include opportunities for families to obtain help on a residential basis.



# Key Messages and Recommendations from the working groups

## 6 Education

Recent attention to educational attainment for looked after children through the *We Can and Must do Better* report and the range of work being undertaken following this report have undoubtedly led to improvements, but the challenge now is to ensure the policy and practice initiatives emanating directly and indirectly from the report are embedded into everyday practice. Too many young people are still not getting the learning opportunities and support they require. Many young people have to change school several times, receive only part-time education or do not receive appropriate additional support for learning.



**MRN 6.1** All providers of residential child care must be able to demonstrate that their staff actively support and engage in the education of the children living in each of their establishments.

**MRN 6.2** As part of their cycle of inspections the current Inspection agencies and the future scrutiny body (Social Care and Social Work Improvement Scotland – SCSWIS) should be asked to report on the educational outcomes achieved by local authorities and other providers of residential child care in each establishment, and on the action plans aimed at improving educational outcomes and experiences, use of training materials, and self-evaluation.

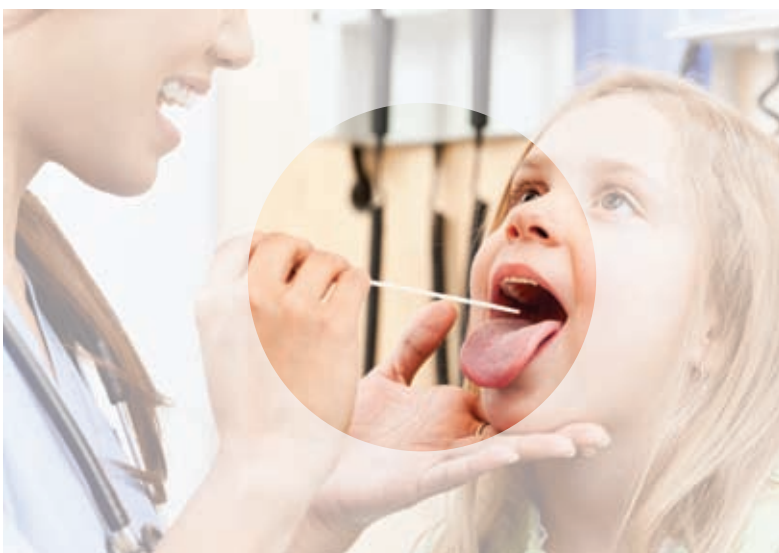
### 7 Health

Children and young people in residential care have significant physical, mental and emotional health needs. The work of LAAC nurses must be built on to improve health assessment and care in residential establishments. The recent guidance to Health Boards in relation to Action 15 of *We Can and Must do Better*<sup>14</sup> is welcomed and it is important that this is fully implemented as a matter of urgency.

**MRN 7.1** There should be a national policy and practice initiative, which addresses the health needs of looked after children and young people, similar to that which has focused on the educational needs of looked after children. A key role for each health board director with responsibility for looked after children and young people and care leavers must be to drive continuous improvement in the health assessment and care of these children.

**MRN 7.2** Each establishment should have a health improvement plan, detailing goals and actions to promote healthy diets, life-styles and oral care in accordance with key national health improvement messages, and support attendance at health appointments.

**MRN 7.3** Building on best practice, it is important that multi-agency services are provided to support the mental health and well-being of children and young people in residential child care. CAMHS teams have a crucial role in offering direct help. All residential services should have access to specialist consultancy to find the best approaches to help individual young people. Residential staff should be equipped and supported to identify and assist with common, non-psychotic mental health problems such as depression and anxiety, as well as addictions.



## 8 The transition out of care

Research tells us that the important progress that young people make during their period in residential care is not always sustained after they leave. There has been recent attention to the needs of care leavers at 16+ in the *Sweet 16?*<sup>15</sup> report but the statistics show that young people of all ages experience many placement changes in care and these transitions ought to be equally well planned and supported by the staff who work with them.



**MRN 8.1** As emphasised in the comprehensive guidance on corporate parenting, *These Are Our Bairns*<sup>16</sup>, it is critical that the transition out of care and out of secure care for all young people, regardless of age, is well-planned and supported and that pathway plans are in place for all young people.

**MRN 8.2** The legislation and policies that require or enable continued care and educational support after 16 should be implemented more effectively. The recommendations of *Sweet 16?* about the age that children and young people leave residential care and the support they need should be embraced.

### **Commissioning**

#### **1 National strategic commissioning**

A national commissioning framework is required to promote the development of those highly specialist services which are required to meet the needs of children and young people with a combination of complex needs. These include children and young people with very serious challenging or self-harming behaviours and those with a range of mental health disorders, disabilities and conditions, including those requiring secure accommodation. The Scottish Government is a commissioner of secure care for those sentenced by the Courts and also provides funding for six residential schools which provide specialist disability services (the Grant Aided Special Schools).

**C 1.1** That a national strategic commissioning group be established to commission highly specialist residential services based on the principles set out in the NRCCI Commissioning report. The first priority will be secure care, and the group should aim to commission secure care services from 31 March 2010.

**C 1.2** That local authorities should lead the Group on behalf of residential child care stakeholders across Scotland. The Scottish Government should participate in and support the work of the National Commissioning group.

**C 1.3** That the national strategic commissioning group should bring forward proposals for other national services which could be commissioned. The NRCCI recommends that services for looked after children and young people with problematic sexual behaviour, those with serious mental health disorders or illnesses, those presenting serious self-harm behaviours, and those with challenging behaviour associated with autism spectrum disorders, be prioritised. For such services the NHS should lead national commissioning arrangements on behalf of its partners.

## 2 Local strategic commissioning

Local authorities with local and neighbouring partners should consider how they can cooperate better to meet the needs of children in their area and deliver the range of services required more effectively. Building on current children's services planning structures and adhering to the principles in this report and the SWIA self-evaluation guide, such groups would include multiple stakeholders, among them children and young people or their representatives and their families or carers.

**C 2.1** That each local authority take a strategic commissioning approach to children's services. This will require the setting up of a strategic commissioning group either within the local authority or, where appropriate, on an inter-authority basis. It is recommended that local authorities undertake the initial planning for such a group by March 2010 with a view to having them operating during 2010-2011.

**C 2.2** That local authorities and their community planning partners prioritise existing resources, building on current integrated children's services planning structures, in order to resource the development of strategic commissioning.

**C 2.3** That the strategic commissioning plan produced by the process should be approved at the highest level amongst partner organisations, including elected members, governing boards, chief executives and senior managers, and shared across Scotland to support the development of shared approaches and learning which will achieve improved outcomes for children and



# Higher Aspirations, Brighter Futures:

## Overview of the National Residential Child Care Initiative

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young people in residential child care as a result of an effective strategic commissioning approach.

**C 2.4** That strategic commissioning groups develop their work in line with the findings of the NRCCI group with particular attention to ensuring that 'service users', providers, and other strategic partners can influence the range of services provided in each area.

**C 2.5** That while commissioning will develop in a way to suit each local authority area, all strategic commissioning will entail addressing a similar range of activities, including:

- Information gathering and data analysis
- Service planning and design
- Tendering and purchasing services
- Service delivery
- Contract monitoring.

**C 2.6** That the arrangements for all transitions from an independent sector placement be included within the commissioning framework at strategic, service, and individual level, in order to ensure the maximum benefit from the placement itself and to promote stability for each child or young person.

Commissioning should also address the mutual expectations around 'placement breakdowns' (unplanned moves). These expectations may be reflected in guidance on processes and notice periods in emergency situations.

# Key Messages and Recommendations from the working groups

## 3 Improving outcomes

In order to improve outcomes for children, young people and their families, it is important to develop measures by which services can be evaluated and developed. The measurement of these outcomes should use existing sources of data as much as possible, in order to avoid any duplication of information gathering; however, increased attention needs to be paid to gathering the views of children and parents/carers about a specific placement.

**C 3.1** That sustained attention be given to the development of appropriate outcomes associated with residential placement. This will require agreement between purchasers and providers, based on careful and detailed assessment of need by the former, and statements of specific and measurable services provided by the latter.

**C 3.2** That the measurement of outcomes make use of existing sources of information, including: the placing social worker's assessment, *Looked After Children* reviews, Care Commission inspection reports, self-evaluation returns, individual care plans, standardised measures for educational attainment, psychological functioning, and others.

**C 3.3** That methods of including the views and experiences of children, young people and their families be developed. These could include 'exit' interviews conducted by a Who Cares? Scotland worker or other agency. In recent years electronic and web-based technologies have been developed (for example, the 'computer assisted self-interviewing' system developed by the Viewpoint organisation) which allow young people to express their views in an informal and accessible way, rather than through a face-to-face interview.



### 4 Scrutiny

SWIA has played a major role in the promotion of a strategic commissioning approach to children's services, and has provided a guide for local authorities. A new external scrutiny body is being created and will have a role to play in scrutinising the new commissioning arrangements.

**C 4.1 That scrutiny bodies monitor the effectiveness of the strategic commissioning arrangements and principles as set out in the NRCCI Commissioning report.**

### 5 Additional services

Currently voluntary and independent providers need to negotiate separate service levels agreements with every local authority, NHS Board and others for the provision of services such as independent advocacy. This is inefficient and may not complement the outcomes-based approach which will be developed through commissioning.

**C 5.1 That commissioners at all levels identify those additional services, such as independent advocacy, which are currently funded through separate contracts and service level agreements but which are integral to residential child care. Commissioners should identify any improvements which can be made in both the content of these contracts and also the efficiency of the negotiating arrangements. There should be a clear alignment between these service level agreements or contracts and those agreed with residential providers in relation to the desired outcomes for children.**





## Workforce

Scotland aspires to a having a residential child care workforce which is internationally renowned for providing the best for our children and young people. This report supports this vision, and the view that residential care should be “the first and best placement of choice for those children whose needs it serves”<sup>17</sup>. To turn this rhetoric into reality, a programme of change and improvement is necessary.

### Recruitment, Induction and Retention

#### *Rigorous and safe recruitment*

Choosing the right people, preparing them for a new role and keeping them motivated so that they give of their best is just as important as ensuring that the residential workforce is suitably skilled and qualified. Doing this badly will be costly in both financial and human terms. An excellent staff team begins with good safe recruitment based on a high degree of rigour. Senior corporate leaders must demonstrate consistent leadership in this area.

**WF 1** Employers should ensure all staff are recruited in accordance with Scottish Government Safer Recruitment guidance and the SSSC Codes of Practice.



#### *Pay and conditions*

Pay and remuneration across public, private and voluntary sector is broadly consistent, with the exception of services for those with disabilities where there may be some disparity. Residential child care workers are generally paid less than their field social work colleagues and this impacts on recruitment and retention of social work qualified staff. We consider that there is a critical role for qualified social workers working within residential care teams and this disparity seriously undermines this aspiration.

**WF 2** Employers need to ensure that pay and conditions within the sector are competitive, attract the best people and are commensurate with the importance and complexity of the task.

### Qualifications, Learning and Continuous Professional Development

The workforce group asserts that there is a need to be collectively more aspirational for the qualification levels of the sector.

Research indicates there is an important relationship between the quality of a service and both the qualifications and the education levels of staff. Young people have said the training levels in residential child care are inadequate and that there needs to be much more attention paid to this area. Residential child care staff have reported that they are much more equipped to undertake their task and feel much more confident and competent after training and gaining relevant qualifications.

#### *Qualifications*

We propose a stepped process to reach these higher aspirations.

#### Step 1

As a first step we recommend a review of the current qualifications for registration with the intention of removing all but the most appropriate and relevant to care.

**WF 3** The Scottish Government should discuss with the SSSC a review of the current qualifications for registration with the intention of removing all but care-specific qualifications.

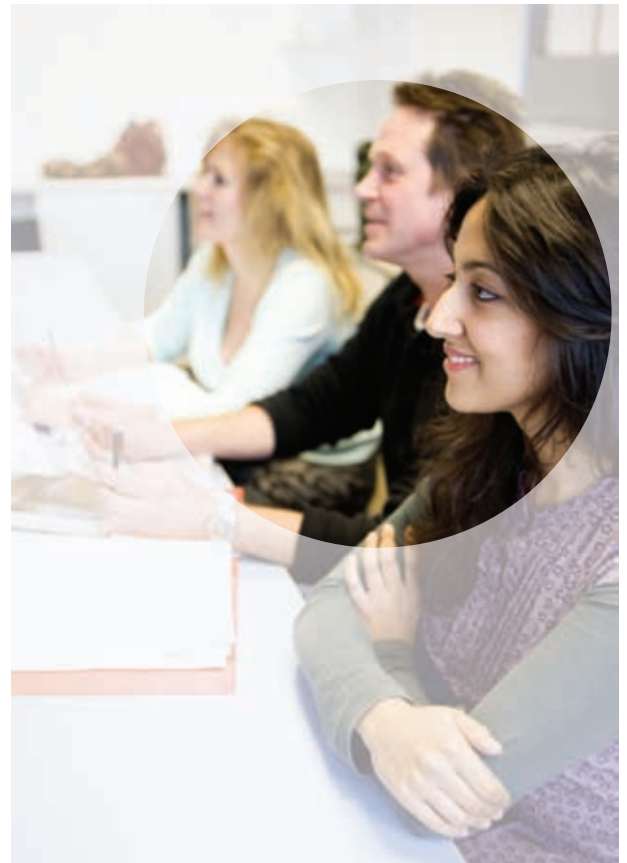
#### Step 2

A workforce charged with the care of children and young people who are looked after ought to meet—or be able to meet—reasonably high levels of academic achievement in order to understand and respond critically to the increasingly complex needs of the children and young people in their care.

This aim of a well-educated workforce is particularly important in light of both the compromised pre-care educational experiences of these children and young people, and the importance of successful educational outcomes for their future opportunities.

For the purposes of residential child care registration with the SSSC, the current required minimum levels of educational achievement are at SCQF level 8 for managers and supervisors, and at SCQF level 7 for main grade workers.

Given the increasingly complex needs of children and young people and the professional tasks that require high-level academic abilities, the workforce group believes that a minimum level of education at SCQF level 9 for workers, supervisors and managers would best equip them to undertake their work most effectively.



# Key Messages and Recommendations from the working groups

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**WF 4** The Scottish Government should discuss with the SSSC (who will consult with employers) the setting of new registration requirements so that from 2014 all new residential child care workers would be required to hold or be working towards a relevant care qualification at SCQF Level 9 (as the minimum) which includes or is in addition to the assessment of competence in practice.

This does not apply to those who are already registered as residential child care workers or as residential child care workers with supervisory responsibility; the qualifications that enabled them to achieve registration or which they are working towards achieving as a condition of registration should continue to be acceptable.

## *Support for learning*

Employers play a critical role in providing training and support for their staff.

**WF 5** Employers who choose to employ people who have not yet attained the educational qualifications to do the job but who have the ability to do so must develop robust training and support schemes so that these staff are equipped to achieve the qualifications required for registration within the appropriate timescale. This would ensure the continued valuing and inclusion of staff who may have diverse life experiences, appropriate qualities, skills and attitude.

## *Courses for registration*

The challenges of residential work are continually changing as the needs of children and young people become increasingly more complex. Courses acceptable for registration of the workforce should reflect this.

**WF 6** HE and FE sectors, the Scottish Qualifications Authority and the SSSC should ensure all courses deemed acceptable for the registration of managers and other staff are regularly reviewed and updated. The views of employers, providers, children, young people and their families should be sought during these reviews.

### *Equipping managers swiftly*

Given the influential role of the manager in the leadership and culture of any establishment, the workforce group supports the current legislation that requires managers to have both a care and management qualification.

**WF 7** Where employers require to appoint a manager who does not yet hold a management award required for registration, they should ensure opportunities are put in place quickly to enable the manager to gain the appropriate qualification as soon as possible.

**WF 8** Employers should ensure that managers registered with regulatory bodies other than SSSC are expected to achieve a management qualification in line with those registering with the SSSC.

### *Registration of social work qualified staff*

Registration itself has a role to play not just in raising the status of the sector, but also in the ways in which staff move about from one setting working with children and young people to another. The construction of the SSSC register, with its inflexibility to allow social work qualified staff to be registered on the residential child care register as social workers may impede the flow of social work qualified staff into residential child care.

**WF 9** The Scottish Government should identify a suitable legislative vehicle to amend legislation in order to enable social workers to be registered on more than one part of the register to reflect the original policy intention.



# Key Messages and Recommendations from the working groups

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## *Continuing professional development*

An important foundation for an open and continuously improving good practice is the enthusiastic support for ongoing critical reflection, the pursuit of new learning and knowledge and the advancement of professional skills. This culture is created and sustained primarily by the manager of an organisation. Individuals should take responsibility for their own learning and development throughout their careers with employers providing opportunities for them to do so.

**WF 10 All staff must take responsibility for their own learning and development and employers should ensure support and advice is in place to help existing staff attain the necessary qualifications to improve their skills and their career opportunities.**

## *Multi-disciplinary joint training and learning*

Staff and managers require opportunities to come together with professionals from other areas of practice to ensure they are helped to reappraise continually the practice and culture within their unit.

Students on professional courses for those pursuing careers working with children (health, social work, education, etc.) should have the opportunity to participate in joint initial training in order to integrate early the practice of effective joined-up working.

**WF 11 The HE and FE sectors and employers should ensure that managers and staff have relevant opportunities to learn alongside peers from the wider children's services workforce. This should be informed by recent research and practice.**

**WF 12 The Scottish Government should liaise with sector skills bodies to build on the work already undertaken through the sector skills agreements to analyse further the skills and skill gaps across the children and young people's workforce (across all relevant sectors including health, education and social services). This will ensure the residential child care workforce skills are in line with the needs of children and young people and encourage local and national action to plug skills gaps and strengthen joint training and learning across the workforce.**

### *Personal performance plans*

An essential component in the success of continuing professional development is the effective transfer of that learning to the workplace. This transfer of knowledge is directly influenced by the culture of an organisation, and research has shown that knowledge transfer is strongly influenced by contextual factors and organisational conditions which can both enable or block the integration of learning to the workplace. In particular, research points to the behaviours of the supervisor in workers' ability to transfer learning to the workplace.

Given the important role that supervisors and managers play in the learning and development process, this suggests a clear need for more support for managers and supervisors of residential child care services to develop the skills necessary to lead effectively a culture of learning.



**WF 13** We fully endorse and reiterate the following recommendations about personal performance planning from the *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*:

- Providers should ensure all heads of residential units have a personal performance plan for the year ahead covering organisational and personal objectives, including development objectives and accountability for the performance management of those reporting directly to them. The plan should be agreed in advance with the external manager and performance reviewed in a face-to-face discussion with the external manager at least twice a year. This management review should be in addition to any professional practice-related supervision which may also take place (19.12).
- Providers should ensure that other senior residential unit managers should have a similar plan, agreed by the head of the unit and reviewed by him or her in a face-to-face discussion at least twice a year. Plans should include the number and frequency of supervision sessions to be carried out with staff who report to them (19.13).

# Key Messages and Recommendations from the working groups

## Management and Leadership

### *The task of supervision*

Supervising and supporting staff is a key responsibility for managers. Residential child care staff have reported that regular supervision meetings, in-house training and performance management systems are important contributors to the improvement of residential services<sup>19</sup>.

**WF 14** We fully endorse and reiterate the following recommendations about supervision advised by the *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*:

- Providers of residential child care should develop and implement a supervision policy which is based on regular, planned and recorded supervision sessions between all grades of staff and their line managers up through the management chain.
- In addition, in order to promote group learning, consideration should be given to introducing shift or other forms of group supervision.
- Supervision should include three core elements: performance management; staff development and staff support – as suggested in the Report of the 21st Century Social Work Review (Changing Lives) in 2006. (19.16 – 19.18).

## External Management and Governance

### *Roles and responsibilities*

The external manager must be a champion of residential care and children and young people's services in general, and have a good understanding of the nature of the residential task. It is important that s/he develop a good working relationship with the unit manager. Part of this role is to be constructive, supportive and challenging. Each needs to have confidence in the other.

These key aspects are particularly important given that many inquiries, most recently the Kerelaw Inquiry, conclude that significant factors contributing to abuse have included tasks which extend beyond the boundaries of the home itself, but which are associated with systems which work closely with the home.

**WF 15** The Scottish Government should commission a piece of work that sets out the roles and responsibilities of the external manager and governing bodies of service providers and of those commissioning services similar to that undertaken for the Chief Social Work Officer, building on the requirements already set down in regulations.<sup>21</sup>



## What should happen next?

The NRCCI has successfully engaged a wide range of stakeholders in raising and debating strategic, operational, practice, ideological and policy issues. The outputs of this work are not limited to the reports and recommendations; the ongoing momentum, the newly created inter-professional networks, and the enthusiastic cross-sectoral commitment of this wide range of stakeholders to the NRCCI implementation are also valuable outcomes.

Stakeholders have frequently asserted the importance of the NRCCI having a clear implementation plan, accountability, adequate resources and authority. This has been based on concerns about previous reports not having been satisfactorily put into action. Evidence of action on the NRCCI recommendations will be important to all stakeholders, including and especially children, young people and their parents.

### 1 The Context for Action

There is at this time a convergence of new legislation, guidance and policy (for example the *Kerelaw Inquiry report*, the *Kinship and Fostering Strategy*, *Looked After Children Regulations* and the NRCCI among others) which will impact on the experiences of looked after children and young people. The implementation of the NRCCI must be aligned with the direction being taken on all these fronts. This convergence offers an opportunity for the wider sector to focus critically on the whole journey of children and young people who are looked after, as many of the key change areas identified in the NRCCI touch on the wider care experience of all children, and not just those in residential care.

### 2 Summit Group

The Initiative proposes that the Scottish Government and COSLA establish a group of key representative senior professionals to lead and oversee implementation of the NRCCI recommendations. We propose that this Summit Group will have the greatest impact if it is also given responsibility for the delivery of wider policy initiatives which affect all looked after children and young people. Within this wider role, it will be critical that a focus on the unique challenges of the residential child care sector is upheld.

A group comprised of strategic partners in the delivery of effective services for looked after children including senior representation from a wide range of agencies is proposed. Its accountability to Ministers will be important to ensure its aims are achieved.

### 3 Peer Learning Alliances for Service Improvement

Many of the NRCCI recommendations identify areas which require practice improvement. A number of the strategic, operational and practice issues highlighted throughout the NRCCI could be effectively addressed through supported consultative mediated peer learning networks, where appropriate building on what is already in place through *Changing Lives*, focusing on service improvement, capacity building and information sharing.



#### 4 Activity Hubs

In addition, we propose the following time-limited activity hubs to undertake the NRCCI recommendations which relate to more specific pieces of work:

- **Workforce Development**  
This hub includes registration and qualifications, the promotion of integrated training, safer recruitment, external management roles and responsibilities
- **Commissioning**  
Work is already underway to establish a National Strategic Commissioning Group (Recommendation 1.1 of the Commissioning Report), with a focus initially on developing a national approach to commissioning of secure care. This will be shared with others and inform future developments around commissioning. Recommendations on data collection and management, and research gaps are included within this hub.
- **Health**  
Significant progress in relation to the physical and mental health of looked after children requires the active engagement of residential care providers, NHS Boards, Scottish Government and specialist health services. Each Health Board has now nominated an executive director to lead on looked after children, and they will be key to making an impact on this issue.

#### 5 Coordination

Coordination to plan and initiate project activities to ensure recommendations are acted upon will require key stakeholders' involvement and ownership. Ministerial leadership and support will be essential to this task. We would suggest that a coordinating body be established, accountable to the Summit Group, to plan and manage activity.

#### 6 Call for action

The NRCCI recommends that the Ministers and COSLA agree with partners as a matter of urgency how these various strands of policy and legislation can best be applied to practice in an integrated way to make the most of this important opportunity.



## References

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[www.sircc.org.uk/publications/documents/sofi](http://www.sircc.org.uk/publications/documents/sofi)
- <sup>4</sup> Independent providers included voluntary and private providers
- <sup>5</sup> McManus, K.; Parker, D. & Ray, E. (2009). *Residential Child Care, the First and Best?: The expert views of young people*. Glasgow: Who Cares? Scotland.
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- <sup>10</sup> Forrester, D. (2008). 'Is the care system failing children?' *The Political Quarterly* 79(2): 206-211
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- <sup>13</sup> Frizzell, E. (2009) *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*. Edinburgh: Scottish Government.
- <sup>14</sup> Scottish Executive (2007) *Looked after Children and Young People: We can and must do better*. Edinburgh: Scottish Executive
- <sup>15</sup> Scottish Commissioner for Children and Young People (2008) *Sweet 16? The Age of Leaving Care in Scotland*. Edinburgh: SCCYP
- <sup>16</sup> Scottish Government. (2008). *These are our bairns: A guide for community planning partnerships on being a good corporate parent*. Edinburgh: The Scottish Government.
- <sup>17</sup> Adam Ingram, Minister for Early Years, 2008: Scottish Parliament, *Official Report 7 February 2008*, column 5928. Retrieved 1 Sep 2009.  
<http://www.scottish.parliament.uk/business/officialreports/meetingsparliament/or-08/sor0207-02.htm>
- <sup>18</sup> Frizzell, E. (2009) *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*. Edinburgh: Scottish Government.
- <sup>19</sup> SIRCC stakeholder consultation 2009
- <sup>20</sup> Scottish Government (2006) *Changing Lives: Report of the 21st Century Social Work Review*
- <sup>21</sup> The Children (Scotland) Act 1995 Regulations and Guidance, Volume 2, paragraph 57.  
<http://www.scotland.gov.uk/Resource/Doc/26350/0023698.pdf>

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## Appendix 1: Aims and objectives of the National Residential Child Care Initiative:

1. Develop a blueprint for the development of residential child care in Scotland including:
  - o An audit and strategy for the supply of residential child care services to match the full range of needs of children and young people
  - o A determination of the right skills mix of professionals working in residential child care to ensure those working with these young people are well-equipped to support these young people to develop their full potential
  - o An agreement of expectations between local authorities and providers to ensure effective commissioning of services for these young people
  - o Recommendations on how to address the challenges facing the secure care sector (This aim was dealt with in the Securing Our Future Initiative report of February 2009).
2. Recommend to Scottish Government, local government and providers of residential child care the actions required to achieve consistent improvement across the residential child care sector.



# Higher Aspirations, Brighter Futures:

## Overview of the National Residential Child Care Initiative

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### Appendix 2

#### NRCCI Project Board and Working Group Membership

##### *PROJECT BOARD*

Aberdeenshire Council and representing ADSW <sup>1</sup>	Colin Mackenzie
Aberlour Child Care Trust	Addie Stevenson
Action for Children Scotland	Andrew Girvan
Care Commission	Ronnie Hill
Convention of Scottish Local Authorities (COSLA)	Councillor Jim Logue
Convention of Scottish Local Authorities (COSLA)	Paula Evans
Glasgow School of Social Work	Andy Kendrick
Harmeny School and member of EtCS <sup>3</sup>	Peter Doran
HM Inspectorate of Education	Neil McKechnie
Kibble Education and Care Centre and member of SCF <sup>2</sup>	John Harte
NHS Scotland, Highland	Garry Coutts
NHS Scotland, Fife	Annie Buchanan
North Ayrshire Council and representing ADES <sup>4</sup>	Carol Kirk
North Ayrshire Council and representing ADSW <sup>1</sup>	Bernadette Docherty
NRCCI Project Manager	Kelly Bayes
Troup House, Aberdeenshire and member of EtCS <sup>3</sup>	Jane Arrowsmith
Scottish Children's Reporter Administration (SCRA)	Netta MacIver
Scottish Government	Olivia McLeod
Scottish Government	Jackie Brock
Scottish Institute for Residential Child Care	Jennifer Davidson
Scottish Institute for Residential Child Care	Steven Paterson
Scottish Institute for Residential Child Care - Independent Chair	Romy Langeland
Scottish Social Services Council (SSSC)	Carole Wilkinson
Social Work Inspection Agency (SWIA)	Marc Hendrikson
Who Cares? Scotland	Heather Gray

<sup>1</sup> ADSW – Association of Directors of Social Work

<sup>2</sup> SCF – Secure Care Forum

<sup>3</sup> EtCS – Educating through Care Scotland

<sup>4</sup> ADES – Association of Directors of Education in Scotland

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*MATCHING RESOURCES TO NEEDS WORKING GROUP MEMBERS*

CHAIR:

	Andy Kendrick, <i>Glasgow School of Social Work</i>
Action For Children Scotland	Andrew Girvan
Care Commission	Bryan Livingstone
Dundee City Council and representing ADES <sup>4</sup>	Jim Gibson
Glasgow School of Social Work	Malcolm Hill
Kibble Education and Care Centre	John Harte
NHS Greater Glasgow and Clyde	Jackie Dougall
Scottish Government	Janine Kellett
Scottish Government	Ian Storrie
Scottish Institute for Residential Child Care	Ian Milligan
South Lanarkshire Council and representing ADSW <sup>1</sup>	Liz Lafferty
Spark of Genius	Tom McGhee
Troup House, Aberdeenshire and member of EtCS <sup>3</sup>	Jane Arrowsmith,
Who Cares? Scotland	Denny Ford

*COMMISSIONING WORKING GROUP MEMBERS*

CHAIR:

	Garry Coutts, <i>NHS Highland</i>
Care Commission	Ronnie Hill
City of Edinburgh Council and representing ADSW <sup>1</sup>	Michelle Miller,
Clackmannanshire Council and representing ADES <sup>4</sup>	Yvonne Wright
CORA, St Phillips School and member of SCF <sup>2</sup>	Bill Duffy
Glasgow City Council	Pat Coltart
Harmeny School and member of EtCS <sup>3</sup>	Peter Doran
NHS Fife	Maxine Moy
Quarriers	Phil Robinson
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Scotland Excel	Dorothy Cowie
Scottish Government	Jackie Brock
Scottish Institute for Residential Child Care	Ian Milligan



# Higher Aspirations, Brighter Futures:

## Overview of the National Residential Child Care Initiative

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### *WORKFORCE WORKING GROUP MEMBERS*

#### CHAIR:

Aberlour Child Care Trust

East Lothian Council

Linn Moor Residential School and member of EtCS<sup>3</sup>

NHS Grampian

North Ayrshire Council and representing ADSW<sup>1</sup>

North Ayrshire Council and representing ADES<sup>4</sup>

Scottish Government

Scottish Government

Scottish Government

Scottish Institute for Residential Child Care

The Royal Blind School and member of EtCS<sup>3</sup>

Who Cares? Scotland

Carole Wilkinson,  
*Scottish Social Services Council*

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Andy Thorpe

Karen Gebbie- Smith

Jeanette Smart

Bernadette Docherty

Carol Kirk

Ian Davidson

Graham McCann

David Purdie

Maureen Anderson

Elizabeth Horne

Cheryl-Ann Cruickshank

<sup>1</sup> ADSW - Association of Directors of Social Work

<sup>2</sup> SCF – Secure Care Forum

<sup>3</sup> EtCS – Educating through Care Scotland

<sup>4</sup> ADES Association of Directors of Education in Scotland



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