



Residential Child Care Qualifications Audit 2009

Andrew Kendrick
Jennifer Davidson
Zachari Duncalf
Maureen Anderson

SIRCC is a partnership of the University of Strathclyde, The Robert Gordon University, Who Cares? Scotland and Langside College.

www.sircc.org.uk

First published in 2010
Scottish Institute for Residential Child Care
University of Strathclyde
Glasgow

Copyright © SIRCC 2010

ACKNOWLEDGEMENTS

We would like to thank all the residential child care staff who completed and returned questionnaires. We appreciate their commitment to our work and recognise the effort made in the midst of a busy daily life in residential child care.

We would also like to thank:

- Staff in SIRCC's National Office, particularly Roy Wilson and Michelle Lamont for organising and disseminating the questionnaires.
- Roy Wilson and Andrew Hosie for their time spent contacting units and helping them to submit this much needed data.
- Tom Hopkins of Langside College who, in the last few weeks of this project, provided much needed contact and assistance to those submitting their returns.
- Donna Liyanage for the many hours expended trawling through the questionnaires, organising them and inputting the data onto our database for analysis.

CONTENTS

EXECUTIVE SUMMARY	5
INTRODUCTION	7
METHODOLOGY	9
CHARACTERISTICS OF THE RESPONDENTS.....	10
QUALIFICATION OF THE WORKFORCE	13
STAFF PERSPECTIVES ON ASPECTS OF QUALIFICATION AND REGISTRATION	17
CONCLUSION	22
BIBLIOGRAPHY	24

TABLES	PAGE
TABLE 1: RESPONSE RATES TO SIRCC QUALIFICATIONS AUDITS	8
TABLE 2: QUALIFICATION STATUS OF RESPONDENTS*	8
TABLE 3: RESPONSES BY GENDER (2002 – 2009).....	10
TABLE 4: POSITION BY GENDER	10
Table 5: SECTOR BY GENDER.....	10
TABLE 6: POSITION BY AGE	11
TABLE 7: RESPONSES BY CONTRACT (2002-2009)	11
TABLE 8: RESPONSES FROM EACH SECTOR	11
TABLE 9: SECTOR BY AGE	12
TABLE 10: SECTOR BY SERVICE.....	12
TABLE 11: QUALIFIED BY STATUS AND POST HELD.....	13
TABLE 12: RESPONSES BY CARE QUALIFICATIONS HELD	13
TABLE 13: QUALIFICATIONS AND GENDER	14
TABLE 14: QUALIFIED STATUS AND AGE.....	14
TABLE 15: QUALIFICATIONS AND CONTRACT HELD	15
TABLE 16: QUALIFIED STATUS AND WORK SECTOR.....	15
TABLE 17: QUALIFIED STATUS AND LEARNING NETWORK AREA	16

EXECUTIVE SUMMARY

- In 2005, voluntary registration was opened and from September 2009, registration for all residential child care workers became mandatory;
- This is the fourth Qualifications Audit undertaken by SIRCC;
- It was carried out between February and September 2009;
- A total of 2,928 questionnaires were returned – 50% of the 5,807 in the workforce;
- There has been little change in the age and gender profile of the workforce
- The proportion of qualified staff in the workforce has increased in each audit:
 - 18% in 2004; 32% in 2007; **49% in 2009;**
- A further 23% were currently undertaking qualifications;
- 56% of managers are qualified, 59% of supervisors, and 47% of care workers
- 52% of the workforce have an SVQ3 and 45% have an HNC, with 345 having both qualifications;
- 9% of the workforce have a social work qualification and 7% have an S/NQ4;
- The proportion of male and female staff members qualified is virtually identical:
 - 49% of males; 50% of females
- The proportion of qualified staff increases with age up until the age of 60:
 - 25% of 16-24; 47% of 25-39; 53% of 40-49; 58% of 50-59; 53% of 60+;
- While 52% of those on permanent contracts are qualified, only 29% of those on temporary or sessional contracts are qualified;
- 58% of those in the local authority sector are qualified, 47% in the voluntary/independent sector, and 31% in the private sector;
- There is variation in qualifications across the country with 59% qualified in South-East Learning Network area, 53% in North, 52% in West, and 40% in Tayforth;

- The majority of respondents did not identify any areas not covered in the qualifications they held or were undertaking;
- Of the small proportion who did, the main issues related to: management, supervision and report writing; policy, legislation and systems; mental health and behaviour; disability; and child protection;
- While the proportion of qualified staff has consistently increased since 2002, the proportion of the workforce yet to be fully qualified remains a concern;
- *Higher Aspirations, Brighter Futures* has recommended several ambitious actions to ensure the sector is better equipped to meet the complex needs of children and young people.

INTRODUCTION

This is the fourth Qualifications Audit undertaken by the Scottish Institute for Residential Child Care (SIRCC) over the past seven years. The purpose of these audits has been to record progress towards achieving a workforce qualified to the criteria required by the Scottish Social Services Council (SSSC).

The audit was carried out between February 2009 and September 2009. During this period, each organisation in Scotland offering residential child care¹ was contacted by SIRCC. A total of 2,928 residential child care questionnaires (see Appendix A) and 82 managers' questionnaires (see Appendix B) were completed and returned to us. In this audit, we have focused on charting those qualifications identified by the SSSC for registration. We acknowledge that staff members in residential child care undertake a wide range of learning that is equally important but not compulsory for registration.

We are now in a position to chart some important trends that have taken place over the last seven years. In this audit, we also took the opportunity to carry out some additional data collection to explore the process of transferring the knowledge gained from qualifications into practice, and the role of managers in this endeavour.

On 31 March 2009 there were 15,288 looked after children and young people in Scotland (55% male and 45% female). 1,580 (10%) were in residential care. In addition 2,123 children were looked after in a planned series of short-term placements, some of whom will be in residential care. The number of children looked after has increased every year since 2001, and is at its highest since 1983. The number in residential care, however, has remained fairly stable since 2000, at around 1,600. The total number of residential units has remained predominantly stable in Scotland over the last eight years. SIRCC's database shows that in 2001 there were 263 units throughout Scotland and in 2009 there are now 260; however, this is not to say that they are *the same units*, as SIRCC has recorded some closures and other new units opening.

We know that the needs of children and young people in care are becoming increasingly complex; the majority are taken into care from families who are living in poverty where there has been serious neglect and/or physical, sexual or emotional abuse, sometimes compounded by a care giver's substance misuse. Children in care are increasingly in need of specialist support. The historical context of residential child care and the shifts in culture and practice are also important to acknowledge when understanding the needs of young people in care today, and the needs of the current workforce in coping with these complexities (Kendrick, 2008; Mainey, *et al.*, 2006).

¹ By residential child care we mean residential child care services provided by Scottish local authorities and the voluntary and private sectors. This includes residential schools but does not include boarding (public) schools or hostels.

In August 2009, the SSSC provided statistics that identified that 5,807 residential child care staff in Scotland had registered. Previous estimates of the workforce were based on SIRCC's National Office database and Labour Market Reports, and we can see from Table 1 below that the SSSC figures are significantly higher.

Table 1: Response rates to SIRCC Qualifications Audits

	2002	2004	2007	2009
Estimated staff numbers	4,601	4,367	4,610	5,807
Number of responses	2,971 (64%)	3,070 (70%)	3,330 (72%)	2,928 (50%)

Since we are using a much higher figure for the 2009 workforce, the return rate has fallen. However, the number of staff members who have responded to the audits has remained relatively constant; approximately 3000, and, given the size of this sample, comparisons over time can be drawn from this data.

SIRCC's three Qualifications Audits show that there has been a steady increase in the proportion of qualified residential child care staff in Scotland, and a corresponding reduction in the proportion not qualified.

Table 2: Qualification status of respondents*

	2004	2007	2009
Qualified**	549 (18%)	1,053 (32%)	1,433 (49%)
Currently undertaking a qualification***	356 (11%)	698 (22%)	516 (18%)
Not qualified or undertaking any qualifications	2,165 (71%)	1,579 (47%)	937 (32%)
Not known			42 (1%)
Total	3,070 (100%)	3,330 (100%)	2,928 (100%)

* Figures from SIRCC's 2002 Qualifications Audit are not presented as the framework of qualifications for registration had not been established.

** 'Qualified' means holding qualifications which meet the SSSC qualification criteria.

*** 'Currently undertaking a qualification' applies to those staff members currently undergoing a qualification that will result in meeting the qualification criteria.

METHODOLOGY

As with the previous Audits, questionnaires were sent to the managers of all residential establishments. These were then disseminated to the care staff for completion and return. The original deadline for completion of the questionnaires was 8 June 2009. At interim points before this deadline, we sent out a number of reminders (via newsletters, letters and through word of mouth). In order to increase the return rate, the deadline was extended until 17 August 2009. Contact was made with a number of the units who had not returned any questionnaires to encourage them, and to support staff to do so. In addition, a letter outlining the importance of this audit was sent from the Scottish Government to each of the units.

As well as the paper copy circulated to care staff, the questionnaire was also available for completion online through *Survey Monkey*. We hoped that this would provide some staff with an easier and quicker way to submit their responses. In total, we gained 671 responses online (23% of overall responses).

For the most part, the questionnaire took the same format as the 2007 Audit and included the same questions to keep a level of continuity; however, some changes were made to the questionnaire to provide additional detail. We separated out 'withdrawn' and 'failed' as answers in relation to each qualification because of the implications for workers' ability to continue to work in residential child care. For workers who withdraw from courses, the likelihood would be that they could resume their studies. For those who fail, however, their future in residential child care is potentially at risk unless they are able to remedy the problems that caused them to fail. We also included an open-ended question to identify respondents' perceptions of the gaps in knowledge and skills in relation to qualifications they had undertaken. Finally, we also updated the list of qualifications that are now accepted for registration by the SSSC.

In addition, we collected further data by carrying out follow-up telephone interviews with 24 care workers. We identified six care workers to interview from each of the Learning Network areas - three male and three female – from those who had indicated on their questionnaire that they could be contacted. This qualitative information adds depth to the statistical information collected in the audit, although we do not claim that the interview sample is representative of the wider workforce.

This audit was undertaken according to the ethical procedures of Strathclyde University.

CHARACTERISTICS OF THE RESPONDENTS

This section presents the characteristics of the respondents in the audit sample, and, where appropriate, compared to information from previous audits.

Table 3: Responses by Gender (2002 – 2009)

	2002	2004	2007	2009
Female	1,792 (60%)	1,033 (65%)	2,220 (67%)	1,938 (66%)
Male	945 (32%)	1,195 (34%)	1,040 (31%)	959 (33%)
Not Known	234 (8%)	42 (1%)	70 (2%)	31 (1%)
Total (100%)	2,971	3,070	3,330	2,928

The majority of workers in residential child care are female with a ratio of approximately two to one. We can see that this has remained fairly constant since 2002. This is consistent with Scottish Government data which shows that 69 per cent of local authority residential care workers are female, and 31 per cent are male (Scottish Government, 2009).

Table 4: Position by Gender

	Male	Female	Total
Managers	75 (44%)	94 (56%)	169 (100%)
Supervisors	157 (35%)	297 (65%)	454 (100%)
Care Workers	712 (32%)	1,518 (68%)	2,230 (100%)
All Staff	944 (33%)	1,909 (67%)	2,853 (100%)

While the majority of managers are women, it can be seen from Table 4, that the proportion of women decreases from care worker to supervisor to manager.

Table 5: Sector by Gender

	Male	Female	Total
Local Authority	360 (30%)	826 (70%)	1,186 (100%)
Voluntary/Independent	463 (33%)	922 (67%)	1,385 (100%)
Private	136 (42%)	190 (58%)	326 (100%)
All Staff	959 (33%)	1,938 (67%)	2,897 (100%)

Table 5 shows that there are some differences in the proportion of women and men across the different sectors, with a highest proportion of women working in the local authority sector and the lowest in the private sector (although women are still in the majority).

Table 6: Position by Age

	Managers	Supervisors	Care Workers	All Staff
16 - 24	2 (1%)	6 (1%)	172 (8%)	180 (7%)
25 – 39	29 (17%)	142 (32%)	873 (41%)	1,044 (38%)
40 – 49	63 (38%)	193 (43%)	672 (31%)	928 (34%)
50 – 59	65 (39%)	97 (22%)	352 (16%)	514 (19%)
60+	8 (5%)	8 (2%)	72 (3%)	88 (3%)
Total	167 (100%)	446 (100%)	2,141 (100%)	2,754 (100%)

There has been very little change in the age of respondents over the three Audits, 2004 - 2009. The 2007 Qualifications Audit identified that 'staff in the 60-plus age range are less likely to be undertaking qualifications' (Lerpiniere *et al.*, 2007, 27). It is to be hoped that older people will engage with learning as they can have much to offer in terms of sharing their experience with younger and newer recruits to the workforce. It can be seen in Table 5, that the highest percentage of managers is in the in the age range 50 – 59, with the largest proportion of supervisors in the range 40 – 49 and the highest proportion of care workers in the age range 25 – 39.

Table 7: Responses by Contract (2002-2009)

	2002	2004	2007	2009
Permanent	2,099 (71%)	1,844 (60%)	2,741 (82%)	2,448 (84%)
Temporary	264 (9%)	147 (5%)	173 (5.5%)	122 (4%)
Casual/sessional	158 (5%)	171 (6%)	243 (7%)	155 (5%)
Not Known	450 (15%)	908 (29%)	173 (6%)	203 (7%)
Total	2,971 (100%)	3,070 (100%)	3,330 (100%)	2,928 (100%)

The vast majority of respondents are on permanent contracts. It is difficult to make clear comparisons because of the variation in the number of 'not known' in each audit, but approximately one in ten of respondents are on temporary or casual/sessional contracts.

Table 8: Responses from each sector

	2002	2004	2007	2009
Local Authority	1,389 (47%)	1,597 (52%)	1,415 (42%)	1,196 (41%)
Voluntary/Independent	1,468 (49%)	1,341 (44%)	1,534 (47%)	1,406 (48%)
Private	114 (4%)	132 (4%)	381 (11%)	326 (11%)
Total	2,971 (100%)	3,070 (100%)	3,330 (100%)	2,928 (100%)

It can be seen that there has been an increase in the proportion of staff working in the private sector in recent years, with a corresponding fall in the number in the local authority sector.

Table 9: Sector by Age

	Local Authority	Voluntary/Independent	Private	All Staff
16 - 24	37 (3%)	121 (9%)	22 (7%)	180 (6%)
25 – 39	391 (33%)	524 (40%)	142 (46%)	1,057 (38%)
40 – 49	422 (36%)	419 (32%)	101 (32%)	942 (34%)
50 – 59	273 (23%)	217 (17%)	37 (12%)	527 (19%)
60+	50 (4%)	31 (2%)	9 (3%)	90 (3%)
Total	1,173 (100%)	1,312 (100%)	311 (100%)	2,796 (100%)

Table 9 shows that there is a slightly different age profile across the sectors. The Voluntary/Independent and Private sectors have a younger age profile with a larger proportion of respondents aged under 40, while the local authority sector has a higher proportion aged 40 or over.

Table 10: Sector by Service

	Local Authority	Voluntary/Independent	Private	All Staff
Res. Home without Educ.	916 (77%)	183 (13%)	75 (23%)	1,174 (40%)
Res. Home/Sch. With Educ.	19 (2%)	417 (30%)	215 (66%)	651 (22%)
Res. Home Disability without Educ.	25 (2%)	304 (22%)	1 (0%)	330 (11%)
Res. Home/Sch. Disability with Educ.	9 (1%)	271 (19%)	0	280 (10%)
Care Leavers	0	7 (0%)	11 (3%)	18 (1%)
Respite	174 (15%)	113 (8%)	6 (2%)	293 (10%)
Secure Care	42 (4%)	90 (6%)	0	132 (5%)
Close Support Unit	0	12 (1%)	0	12 (0%)
Young Homeless	8 (1%)	9 (1%)	3 (1%)	20 (1%)
Emergency Response	3 (0%)	0	15 (5%)	18 (1%)
Total (100%)	1,196	1,406	326	2,928

The highest proportion of respondents (40 per cent) worked in residential homes without education, most of which are in the local authority sector. Residential homes or schools with education provide the working context for the next highest proportion of respondents (22 per cent), and these are predominantly in the voluntary/independent and private sectors. Another fifth of respondents (21 per cent) work in residential homes for disabled children and the vast majority of these are in the voluntary/independent sector.

QUALIFICATION OF THE WORKFORCE

We have seen that almost half of the workforce are qualified (49 per cent), although nearly a third (32 per cent) are not qualified and are not undertaking qualifications, and that there has been a steady increase in the proportion of qualified residential child care staff. In this section, we will provide more detail on these figures.

If we look at qualifications in relation to the respondents' position, we can see that a larger percentage of managers and supervisors are qualified (56 per cent and 59 per cent) than care workers (47 per cent). Similar proportions, however, are not qualified and not undertaking relevant qualifications.

Table 11: Qualified by status and post held

	Managers	Supervisors	Care workers	Total
Qualified	97 (56%)	271 (59%)	1,061 (47%)	1,429 (50%)
Currently undertaking	12 (7%)	69 (15%)	435 (19%)	516 (18%)
Currently undertaking but not to qualified	13 (8%)	9 (2%)	129 (6%)	151 (5%)
Not qualified	51 (29%)	114 (24.5%)	619 (28%)	784 (27%)
Total (100%)	173	463	2,244	2,880*

* A further 48 are not known

Table 12 shows the qualifications held by respondents to the four qualifications audits. The number holding social work qualifications has remained constant over the period, and this may reflect the

Table 12: Responses by care qualifications held

	2002	2004	2007	2009
Dip/BA/CQSW or equivalent	305	260	243	272
S/NVQ 4 (Care/Health and Social Care)	4	5	90	215
SVQ3	218	229	696	1,508
HNC	400	552	697	1,327
SVQ3 and HNC	247	320	566	986
Dip/BA Curative Education	*	14	33	51
Teaching/Nursing/Medical Qualification	*	120	133	134
British Psychology Society (Chartered)	*	*	1	14
Dip/BA Community Education	*	49	63	45
CCYP	15	16	9	27
Total Responses	2,971	3,070	3,330	2,928

* This data is not available

fact that those with social work qualifications may move out of residential child care and into field social work (Skinner, 1992; Kay, 2005). There have, however, been significant increases in the numbers of residential child care staff members holding HNCs and SVQs.

It can be seen from Table 13 that there is virtually no difference in the qualification rates of men and women.

Table 13: Qualifications and gender

	Male	Female	Total
Qualified	460 (49%)	958 (50%)	1,418 (50%)
Currently undertaking	171 (18%)	341 (18%)	512 (18%)
Currently undertaking but not to qualified	41 (4%)	109 (6%)	150 (5%)
Not qualified	273 (29%)	505 (26%)	778 (27%)
Total (100%)	945	1,913	2,858*

* A further 70 are not known

Table 14 shows that the proportion of qualified staff increases with age, up to those staff who are 60 or older. It would be expected that the proportion of qualified staff in the youngest age group would be lowest, but it is concerning that this group of workers also has the highest proportion who are not qualified and not undertaking a qualification.

Table 14: Qualified status and age

	16 - 24	25 - 39	40 - 49	50 - 59	60+	Total
Qualified	45 (25%)	490 (47%)	496 (53%)	299 (58%)	47 (53%)	1,377 (50%)
Currently undertaking	56 (31%)	212 (20%)	162 (18%)	66 (13%)	6 (7%)	502 (18%)
Currently undertaking but not to qualified	8 (4%)	63 (6%)	49 (5%)	20 (4%)	4 (4%)	144 (5%)
Not qualified	71 (40%)	278 (27%)	223 (24%)	131 (25%)	32 (36%)	735 (27%)
Total (100%)	180	1,043	930	516	89	2,758*

* A further 170 are not known

As can be seen from Table 15, those respondents with permanent contracts have the highest rate of qualification (52 per cent), significantly higher than those on temporary or casual/sessional contracts. Respondents with temporary contracts have the highest proportion currently undertaking qualifications.

Workers on casual and sessional contracts continue to be a feature of this workforce; almost one in ten of the workforce (Scottish Government, 2009, p. 41), and 46 per cent of respondents in this

Table 15: Qualifications and contract held

	Permanent	Temporary	Casual/Sessional	Total
Qualified	1,269 (52%)	34 (29%)	44 (29%)	1,347 (50%)
Currently undertaking	408 (17%)	36 (30%)	27 (18%)	471 (18%)
Currently undertaking but not to qualified	123 (5%)	13 (11%)	11 (7%)	147 (5%)
Not qualified	618 (26%)	36 (30%)	69 (46%)	723 (27%)
Total (100%)	2,418	119	151	2,688*

* A further 240 are not known

category are not qualified. This group of workers, as we know, is one that does not at times have the same level of input, investment or supervision as those with more secure contracts.

It can be seen from Table 16 that the local authority sector is most advanced in qualifying the workforce, with almost three-fifths of the workforce qualified, compared to just under half of the voluntary/independent sector workforce and less than a third of the private sector workforce.

Table 16: Qualified status and work sector

	Local Authority	Voluntary/ Independent	Private	Total
Qualified	677 (58%)	654 (47%)	102 (31%)	1,433 (50%)
Currently undertaking	214 (18%)	238 (17%)	64 (20%)	516 (18%)
Currently undertaking but not to qualified	54 (5%)	74 (5%)	23 (7%)	151 (5%)
Not qualified	229 (20%)	421 (31%)	136 (42%)	786 (27%)
Total (100%)	1,174	1,387	325	2,886*

* A further 42 are not known

While similar proportions of respondents across the three sectors are undertaking qualifications which would mean meeting the registration criteria, this means that over two-fifths of the private sector workforce are not qualified nor undertaking qualifications compared to one-fifth of the local authority sector and slightly less than one-third of the voluntary/independent sector.

Table 17 shows that there is a marked variation in the qualifications of residential staff across the country. The proportion of qualified staff ranges from two-fifths in Tayforth Learning Network area to almost three-fifths in South-East Learning Network area. Interestingly, though, Tayforth

Table 17: Qualified status and learning network area

	North	South East	Tayforth	West	Total
Qualified	196 (53%)	296 (59%)	330 (40%)	611 (52%)	1,433 (50%)
Currently undertaking	72 (19%)	79 (16%)	139 (17%)	226 (19%)	516 (18%)
Currently undertaking but not to qualified	19 (5%)	22 (4%)	31 (4%)	79 (7%)	151 (5%)
Not Qualified	84 (23%)	103 (21%)	332 (40%)	267 (23%)	786 (27%)
Total (100%)	371	500	832	1,183	2,886*

* A further 42 are not known

also has the highest proportion of staff who are not qualified and not undertaking qualifications.

STAFF PERSPECTIVES ON ASPECTS OF QUALIFICATION AND REGISTRATION

As pointed out earlier, this Qualifications Audit collected qualitative information in two ways. Open-ended questions were included in the questionnaire and this offered respondents the chance to provide additional information. In addition, follow-up telephone interviews were undertaken with twenty-four respondents to explore in further depth particular issues raised by the Audit questionnaire.

Knowledge and Skills: Responses to Open-Ended Questions

Respondents were given the opportunity to answer an open-ended question asking whether they felt that there was knowledge or skills training missing from courses they had taken which would have benefitted their practice.

The majority of respondents (1,504 of the total 2928) stated that they did not consider that there had been any deficits in the courses they had taken. A further 1,242 respondents did not complete this question. So a relatively small minority of 182 respondents (6 per cent) stated that they did consider that they were lacking skills or knowledge that they did not get from their courses. Of the 182 respondents who answered the question, 108 (59%) were qualified and a further 26 (14%) were taking qualifications which, when completed, would register them as qualified.

We can group these responses into five main areas of knowledge or skills.

i) **Management, supervision and report-writing**

A number of respondents identified specific areas of training that they would find helpful:

'People management... working relationships between line managers, [and] sharing some responsibilities roles etc.

'... more time and training focused on the supervision of staff' and 'recording and report writing... As a manager I need to be up to speed to implement these and pass my knowledge to staff.'

ii) **Policy, legislation and systems**

Respondents also stated a need to know more about policy, legislation and other relevant systems. For example:

'Having an in-depth understanding of acts, regulations and care standard in the care of children and young people.'

'policies within local authorities and how this impacts on service delivery' .

Some said that they did not fully understand the legislation relating to mental health or criminal justice which would enable them to better support young people who encounter these systems. Many did acknowledge that legislation was covered in the qualifications they undertook but that:

'knowledge about the Children's Hearing System, LAC Reviews, LA responsibilities were gained through experience. This should be covered in statutory training and/or qualifications. Although it was covered slightly in SVQ, it wasn't detailed enough.'

iii) **Mental health and behaviour of children and young people**

Many respondents outlined the need for further specific training in relation to mental health, stress and behaviour management. The mental health and behavioural issues highlighted in relation to children and young people were: self-harm, drug and alcohol misuse, loss and bereavement, sexually harmful behaviour, post-traumatic stress disorder (PTSD), violent behaviour, aggression and anxiety. Respondents stated that they needed much more information on these issues and the services available to them in their local areas.

Although the majority of these statements focused on the needs of children and young people, some did address this in relation to needs of the staff:

'a far bigger part of the HNC should be given to how we deal with the stress involved in our daily work'.

iv) **Disability**

A lack of training in dealing with the challenging behaviour of disabled children and young people was also identified. A respondent who works with disabled children said that there is a need for:

'knowledge of behaviour management/support strategies for young people with special needs...'

Some respondents noted that disabilities such as 'Prader Willi Syndrome, autism and Down's Syndrome' can manifest challenging emotional, cognitive and behavioural difficulties but these were not addressed enough, or at all, in their training. A further set of responses focused on the practicalities of working with disabled children young people.

v) Child protection

Finally, a high proportion of those who responded to this section of the questionnaire highlighted 'child protection' as an issue requiring additional attention in courses. While many did not elaborate on specific aspects of child protection, those who did identified: the protection of disabled children; child protection and report writing; and child protection processes.

Telephone interviews

Follow-up telephone interviews were carried out with twenty-four respondents. Twelve women and twelve men were selected, and they were drawn equally from the four Learning Network areas. They were asked a series of questions about their learning, and also about the process of registration.

- i. To what extent did your course prepare you for practice?
- ii. What additional learning do you need?
- iii. Have you been able to put your learning into practice?
 - a. What helps this?
 - b. What hinders this?
- iv. What do you think about registration?

Respondents identified a number of similar issues to those outlined above; knowledge and skills training missing from courses or not given in enough detail. In addition to these issues, three main themes were identified:

i) Transferring knowledge into practice

Fifteen of the twenty-four respondents discussed the difficulties of transferring knowledge into practice. One respondent stated:

'It is difficult to know what to do with the qualification once you have it. There doesn't seem to be a culture that promotes putting what you have learnt into practice'

Previous research has highlighted the frustrations involved in the transfer of knowledge and learning into practice, particularly where there are poor cultures of learning and a lack of support from colleagues and managers (Campbell, 2006; Liyanage, 2007):

'I think change is really important but when you have five members of staff in a group of ten who all want to pull change in

different directions, all at the same time and immediately, I can see why our manager struggles with engaging with change.'

Age and 'length of service' were also identified as being problematic in attempting to change practices or ideologies within the work place:

'... some have been here for donkey's years and feel it is too late to learn or change.'

ii) **Registration and accountability**

The majority of respondents considered that registration was a positive and important step forward in terms of professionalising residential child care:

'nurses and teachers have long since had it, now I can be proud of my profession',

'it's great to be seen as an equal to people like teachers and, hopefully, this will help improve pay and the input we get from the government.'

One pointed out the consequences for children and young people of that professionalisation of the workforce:

'it helps young people feel secure. They know that they are being looked after by professionals, and it helps staff feel valued'.

Some respondents suggested ways in which the registration process could be made 'quicker', and 'sustain meaning.' This is a positive sign that people wanted to be involved in this process and see the importance of registration.

'make it so that people can't work unless they are qualified'.

However, some respondents also raised issues about registration. For example, one respondent asked, 'will mandatory registration make people practice better?'

The issue of accountability was linked to the discussion of registration; there were concerns about the way in which this affected on practice and the workplace. One respondent commented on:

'the culture of fear that hangs around like a bad smell'.

Another respondent stated:

'I know that some people feel like they should be looking over their shoulder all the time when they have no reason to'.

One the other hand, respondents also considered that higher levels of accountability brought about by the process of registration are necessary to improve the standard of care for children and young people:

'it is important to make people accountable for any mistakes they make. And for young people that we care for to see there is a process they can go through, and that we are listening to them'.

This returns us then to the acknowledgement of the importance of registration highlighted earlier:

'not only is it a good process but it makes people think about how they will change their practices, and what knowledge they need to get in order to become better carers'.

CONCLUSION

This has been a challenging time for the residential child care sector with a number of significant drivers for change. The increased pressure in relation to registration of the workforce will significantly affect the workforce and employers. The policy agenda in relation to looked after children and young people which has developed from the findings of the *National Residential Child Care Forum* will also have important implications for the sector (Davidson *et al*, 2009).

The drive to achieve a fully qualified and registered residential child care workforce in Scotland has brought about noteworthy changes. In 2005, voluntary registration was opened and from September 2009, registration for all residential child care workers became mandatory. To register, workers must satisfy the criteria for registration which include holding the appropriate qualifications for the job as defined by the SSSC, following consultation with the sector. If workers do not meet these criteria, they will be registered with a condition that they gain the appropriate qualifications by the date for renewal of their registration, three years after initial registration. Workers who have not gained the appropriate qualifications for registration by the date of renewal of their registration may not be permitted to continue to work in residential child care.

The 2007 Qualifications Audit noted 'reason for optimism in the aim of achieving a fully qualified workforce in Scotland' (Lerpiniere *et al.*, 2007, p. 35). The data presented in this report bears out that positive trend, given the numbers and percentages of qualified respondents which have consistently increased since 2002. This audit has identified that slightly less than half of the workforce (49%) have the required qualifications, and a further fifth (18%) are currently undertaking qualifications which will meet registration criteria. The fact that registration with the SSSC is now mandatory will obviously have important consequences for individual staff members and employers.

One stream of the *National Residential Child Care Initiative* focused on the workforce and the development of their knowledge, skills and qualities (Davidson *et al*, 2009). The NRCCI recommendations build on the 'Optimum Framework' outlined in previous Qualifications Audits. In terms of qualifications, the *Workforce Report* proposes a stepped process:

Step One:

A review of the current qualifications for registration with the intention of removing all but the most appropriate and relevant to care.

Step Two:

Given the increasingly complex needs of children and young people and the professional tasks that require high-level academic abilities, a minimum level of education with assessed practice at SCQF level 9 for workers, supervisors and managers would better equip them to undertake their work most effectively. It is recommended 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). It was considered that this would meet the NRCCI vision for a competent workforce capable of reflective practice and equipped with the right skills and knowledge for an increasingly challenging task.

It will be important that in conjunction with developments in relation to qualifications, the issue of the transfer of learning to the workplace is addressed. Evaluations of a range of courses have identified the valuable impact of these courses on improving practice (Kay and Stevens, 2006; Liyanage, 2007). Managers play a crucial role in this and in supporting staff members to make the most of their education and training, through supervision and engagement with the Continuous Learning Framework.

Children and young people in residential care are presenting with more challenging and complex needs than ever before (Bayes, 2009; Elsely, 2008), and:

Scotland aspires to having a residential child care workforce which is internationally renowned for providing the best care for our children and young people. (Davidson et al, 2009, p.4)

This audit shows that the sector is addressing the challenge in moving towards a fully qualified workforce, and that the pace will quicken over the coming years.

BIBLIOGRAPHY

Campbell, A. (2006). Qualifications and training. In A. Mainey & D. Crimmens. (Eds.), *Fit for the Future? Residential Child Care in the United Kingdom* (pp. 48-61). London: National Children's Bureau.

Clough, R., Bullock, R & Ward, A. (2006). *What Works in Residential Child Care: A review of research evidence and the practical considerations*. London: National Children's Bureau.

Davidson, J., Anderson, M. & Rafferty, E. (2008). *Core Skills Appraisal Project Evaluation*. Glasgow: Scottish Institute for Residential Child Care.

Davidson, J., Wilkinson, C., Docherty, B. & Anderson, M. (2009). *Higher Aspirations, Brighter Futures: NRCCI Workforce Report*. Glasgow: Scottish Institute for Residential Child Care.

Department for Children, Schools and Families. (2008). *(Children Looked After in England including Adoption and Care Leavers) year ending 31 March 2008*. London: Department of Children, School and Families.

Elsley, S. (2008). *Home Truths: Residential child care in Scotland. A context paper*. Glasgow: Scottish Institute for Residential Child Care.

Frondigoun, L., Maclean, K., Hosie, A. & Kendrick, A. (2002). *Residential child care qualifications audit*. Glasgow: Scottish Institute for Residential Child Care.

Frizzell, E. (2009) *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*. Edinburgh: Scottish Government.

Hicks, L., Gibbs, I., Weatherly, H. and Byford, S. (2007). *Managing Children's Homes: Developing effective leadership in small organisations*. London: Jessica Kingsley.

Howie, J., Anderson, M & Stevenson, A. (2006). *Towards a Competent and Confident Residential Child Care Workforce: A guide for residential managers to the registration and continual professional development of residential child care staff*. Glasgow: Scottish Institute for Residential Child Care.

Hunter, L., Hosie, A., Davidson, J & Kendrick, A. (2004). *Residential Child Care Qualifications Audit*. Glasgow: Scottish Institute for Residential Child Care.

Iles, V. & Sutherland, K. (2001). *Managing change in the NHS*. London: National Co-ordinating Centre for NHS Service Delivery and Organisation Research and Development.

Kay, H. (2005). *Survey of SIRCC 2004 Graduates*. Glasgow: Scottish Institute for Residential Child Care.

Kay, H & Stevens, I. (2006). *The Pilot Evaluation of SIRCC Short Courses*. Glasgow: Scottish Institute for Residential Child Care.

- Kendrick, A. (2008). *Residential Child Care: Prospects and challenges*. London: Jessica Kingsley.
- Kent, R. (1997). *Children's Safeguards Review*. Edinburgh: Stationery Office.
- Lerpiniere, J., Davidson, J., Hunter, L., Kendrick, A & Anderson, M. (2007). *Residential Child Care Qualifications Audit*. Glasgow: Scottish Institute for Residential Child Care.
- Liyanage. D. (2007). *Learning into Practice: The evaluation of SIRCC HNC in social care*. Glasgow: Scottish Institute for Residential Child Care.
- Macleod, N. (2007). *Registration of the Social Care Workforce: A UK Agenda*. Stirling: Voluntary Sector Social Services Workforce Unit.
- Mainey, A., Milligan, I., Campbell, A., Colton, M., Roberts, S & Crimmens, D. (2006). Context of residential child care in the United Kingdom. In A. Mainey & D. Crimmens. (Eds.), *Fit for the Future? Residential Child Care in the United Kingdom* (pp 6-22). London: National Children's Bureau.
- Macleod, K. (2002). *Residential Child Care Qualifications Audit*. Glasgow: Scottish Institute for Residential Child Care.
- Milligan, I., Kendrick, A. & Avan, G. (2004). *A Survey of Job Satisfaction, Staff Morale and Qualifications in Residential Child Care in Scotland*. Glasgow: Scottish Institute for Residential Child Care.
- Milligan, I., Hunter, L. & Kendrick, A. (2006). *Current Trends in the use of Residential Child Care in Scotland*. Glasgow: Scottish Institute for Residential Child Care.
- Scottish Executive. (2002). *Staff of Scottish Local Authority Social Work Services, 2002*. Edinburgh: Scottish Executive.
- Scottish Executive. (2007). *Looked After Children and Young People: We can and must do better*. Edinburgh: Scottish Executive.
- Scottish Government. (2008). *Children Looked After Statistics 2007-2008*. Edinburgh: Scottish Government.
- Scottish Government (2009). *Statistics Publication Notice: Health and Care Series: Staff of Scottish Local Authority Social Work Services, 2008*. Edinburgh: Scottish Government.
- Scottish Social Services Council. (2004). *Qualifications criteria for phase one registrants*. Dundee: Scottish Social Services Council.

Scottish Social Services Council. (2007). *Qualifications Criteria for Phase One Registrants*. Dundee: Scottish Social Services Council.

Scottish Credit and Qualifications Framework (2009). *SCQF Levels and Level Descriptors*. <http://www.scqf.org.uk/TheFramework/SCQF-Level-Descriptors.aspx>. [Retrieved 1 February 2009]

Scottish Office. (1999). *Aiming for Excellence: A White Paper: Modernising social work services in Scotland*. Edinburgh: Stationery Office.

Skinner, A. (1992). *Another Kind of Home: A review of residential child care*. Edinburgh: HMSO.

Social Research Association. (2003). *Ethical Guidelines*. www.the-sra.org.uk [Retrieved 1 February 2009].

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I., Taggart, B & Elliot, K. (2003). *The Effective Provision of Pre-School Education (EPPE) Project: Findings from the Pre-school Period*. London Institute of Education.

Thomas, J., Kellogg, W. A & Erikson, T. (2001). 'The knowledge management puzzle: Human and social factors in knowledge management'. *IBM Systems Journal*. 40 (4), 863-884.

Welsh Assembly Government. (2008). *Social Services Statistics Wales 2007 – 2008*. Wales: Welsh Assembly Government.

Who Cares? Scotland. (2009). *Residential Childcare, The First and Best...?... The expert views of young people*. Glasgow: Who Cares? Scotland.