

Guest Editorial

As the new director of the Scottish Institute for Residential Child Care (SIRCC), and being new to the Scottish social policy context, I have had the opportunity over these last six months to view the situation of residential child care from a different perspective. Having formerly worked professionally in both Canada and the USA, I naturally find myself comparing what I know of child care policy, and the role of the residential child care profession from one country to the next. No longer quite so new, I would like to share with you some of my reflections and impressions of the Scottish residential child care situation from that initial perspective, including a mixture of both my commendations and concerns.

The attention paid to residential child care in Scotland

I have been struck by how firmly the residential child care sector is 'on the map' in Scotland. Although there is undoubtedly still far to go to consistently improve the quality of care that children and young people receive when living in residential care, many factors exist that are unheard of in many other countries. This, in my opinion, bodes well for the future of children and young people, and staff in residential care.

And how do I deduce it is 'on the map'? First of all, the need for improvement in the quality of care is undisputed within the Scottish Parliament. There are a number of initiatives in place to support the sector, although we may disagree on whether these are sufficient. The Scottish Executive appears to continue to educate the Parliament on the relevant issues and works to facilitate improved quality. Policy drivers exist at a myriad of levels which address residential child care concerns, and the very existence of SIRCC and of this particular journal also indicate the sector's significance.

Workforce registration

I believe the existence of a statutory baseline qualification for residential child care staff is a significant step toward improving the quality of residential services. Although many of us remain unsettled about the designated minimum qualifications criteria, a qualified residential child care workforce is a vital step toward the recognition of the professional status and the integration of professional expectations of residential child care.

Not only does a baseline exist, but this baseline criteria for registration includes an academic qualification (the Higher National Certificate or equivalent), unlike England, for example. This academic requirement is an important first step toward a fully equipped workforce, and with the disturbingly poor educational outcomes of children and young people living in residential care, the academic component is very welcome.

However, although an academic component within the criteria is critical, SIRCC has maintained that this current criteria should be an interim framework only, with the aim of the "only recognised residential child care qualification, in most settings, being

at degree/diploma level with a substantial, dedicated residential child care curriculum..." (Frondigoun & Maclean, 2002). Despite the value of an academic requirement, the current baseline refers to a generic academic level and does not require the academic study to be within a related field. I would suggest this is not a sufficient minimum starting point for the registration of this sector. The recent, disturbing report into the Scottish Borders Council and NHS Border Services for People with Learning Difficulties (Social Work Services Inspectorate, 2004) indicated that the misguided decisions taken grew in part from the fact that staff were not sufficiently equipped to strike the difficult and delicate balance between a client's right to self-determination and their right to protection. I am convinced that this capacity is equally important for staff in residential child care. Such complex challenges arise at least as regularly in residential child care settings as in field work, within the numerous daily interactions with young people who are struggling to develop their independence in, at times, unsafe ways. The complexity of the tasks of residential child care convince me that providing underpinning knowledge through the SVQ3, rather than through an academic qualification relevant to residential child care, makes it substantially more difficult to provide consistently high quality residential care for young people. For the sake of vulnerable young people, I would hope that the goal of a relevant qualification is not delayed for long.

An additional benefit of the registration of staff is the necessary safeguard it offers to children and young people from unethical and abusive staff members. For those staff members who have abused their position of power, this system will make it more difficult for them to move into other positions in child care. It must be said, however, that there is a major challenge in ensuring false allegations against staff members are identified as such.

Certainly the North American child and youth care profession have nothing resembling this support for the residential child care sector with regards to government funding or statutory registration.

The integration of children's rights

I have also been struck by the degree to which Scotland is a leader in its involvement of children and young people in planning for services. Children and young people's right to participation as delineated in the UN Convention on the Rights of the Child has been implemented to a relatively large degree in Scotland, and young people's participation exists in ways rarely seen elsewhere (for example their participation in adult conferences, training and education). Although there is still much to be done to secure the genuine participation of young people and move beyond tokenism, the latest proud achievement for Scotland is the appointment of a Commissioner for Children and Young People, whose role will carry further the work of including young people in the decisions and systems that affect them. This is at a time when the US remains the only non-signatory to the United Nations Convention on the Rights of the Child, and when Canadian funding for Child Ombudsman posts has been substantially reduced.

Influence across borders

Scotland's work in the field of residential child care is influencing other countries as they too work to improve the care they provide. Although the Care Commission may be new and still establishing itself in some ways, the National Care Standards it has produced and which guide the residential care of young people, are being studied in several European countries, and used as prototypes in the development of their own care standards.

Staff recruitment and retention

Consistent across countries are the difficulties employers are facing as they struggle to recruit and retain qualified residential child care staff. In this country, I am concerned about the emerging crisis in some areas, as anecdotal evidence suggests that social work qualified residential child care staff and those with HNCs are being recruited out of residential care into field social work and community-based projects. Clearly much has yet to be done to create equity between field work and residential care staff, in remuneration and status. The 'Supporting Front Line Staff' initiative of the Association of Directors of Social Work will be looking more closely at these issues specific to the residential child care sector in the months ahead, and this attention is welcomed.

Mental health services for children and young people

In terms of the conditions for children and young people in Scotland, I am most disturbed by the lack of resources made available to attend to the mental health of children and young people living in care. This must be substantially improved. This we knew even before the Office for National Statistics released their findings that nearly half (45 per cent) of young people looked after in Scotland were assessed as having a mental disorder (Meltzer et al, 2004) A number of initiatives are addressing this serious issue (van Beinum, Martin & Bonnett, 2002; Residential Care Health Project, 2004) and SIRCC is playing a role in supporting initiatives and training related to this issue, but much more needs to be done.

Policies directly impacting children and young people

There are other policies that have grabbed my attention. The anti-social behaviour bill, for example, has perhaps intended to bring a new perspective to viewing young people's offending behaviour in Scotland. I fear, however, that it has mistakenly encouraged an unhelpful, stigmatising view of young people themselves and contravenes their rights; a perspective which resonates much more closely with American, and English juvenile justice policy than has typically been adopted in the Scottish approach. SIRCC's views are clear on this issue (see SIRCC's website), and we are continuing to actively voice our strongly held beliefs about the rights and place of children and young people in society, in, for example, the consultation on the Children's Hearing review.

Conclusion

Residential child care has tremendous potential to be a very positive experience for children and young people, and is often their placement of choice. They have a universal right to effective, well-equipped and qualified professionals to care for their needs. We know, however, that the quality of care that children and young people receive while in residential care in Scotland has not improved consistently across the sector, and with resources, recruitment and training issues, there is still far to go to reach that goal. There is no doubt that additional resources, supportive policies, continued creativity, and ongoing inter-organisational cooperation and communication are vital in achieving our desired outcomes. Despite these challenges, I would suggest that Scotland is leading the way in many areas related to residential child care, and I am encouraged by the many supports that are in place to ensure that the sector is moving ahead in the right direction. It is evident to me that much perseverance, determination and commitment has been invested to create the current situation in Scotland, and it is these same qualities that are necessary to make lasting and far-reaching changes for the children and young people of Scotland.

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References

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

Meltzer, H., Lader, D., Corbin, T., Goodman, R. & Ford, T. (2004) The mental health of young people looked after by local authorities in Scotland. Retrieved from www.statistics.gov.uk/downloads/theme_health/Mentalhealth_Scotland.pdf

Residential Care Health Project (2004) *Forgotten children: addressing the health needs of looked after children and young people*, Edinburgh: Astron.

Scottish Social Services Inspectorate. (2004). *Scottish Borders Council and NHS Border Services for People with Learning Difficulties: Joint Statement from the Mental Welfare Commission and the Social Work Services Inspectorate*. The Scottish Executive.

Van Beinum, M., Martin, A, & Bonnett, C. (2002) Catching children as the fall: mental health promotion in residential child care in East Dunbartonshire, *Scottish Journal of Residential Child Care*, 1(1), 14-22.