

# Residential Child Care Qualifications Audit

March 2004

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#### **ACKNOWLEDGEMENTS**

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We particularly wish to acknowledge the efforts of organisations' staff members for taking the time to complete and return the questionnaires, in the midst of what we know is a difficult, busy and stressful job. Without their collective efforts, and the hard work of the SIRCC staff, we would have little knowledge of the situation on which to base our future workforce qualification endeavours.

Our hope is that this study will offer readers information that helps to provide direction for the important work ahead of equipping staff to best care for children and young people.

Jennifer Davidson Director

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#### 1. INTRODUCTION

This inquiry into the qualification levels of the residential child care workforce was commissioned from the Scottish Institute for Residential Child Care (SIRCC) by the Scottish Executive, in line with SIRCC's objective of providing essential information for the Scottish Social Services Council (SSSC). A previous audit was undertaken in 2001<sup>1</sup>, published by SIRCC in April 2002, at which time the SSSC's Qualifications Framework was not known. In March 2003, the baseline qualification for residential child care was announced by the SSSC, and this current report is based on the published qualifications framework.

This audit commenced in February 2003 with letters being sent to the 72 organisations in Scotland that provide services in approximately 235 residential schools and units. The letter sought agreement to meet and work with a member of staff who would have knowledge about the organisation's strategy regarding the training needed to make their residential child care staff fully qualified by 2008. It was our hope that the member of staff would take responsibility for ensuring that the individual qualification audit forms were completed and returned to SIRCC. Visits to these organisations were completed by January 2004, and this report is based on the information collected by SIRCC staff from the key staff members identified by each organisation.

This study will explain in detail the compiled results of the returned data, outlining the level and range of the qualifications reported, and the challenging implications of these findings for achieving a fully qualified workforce.

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<sup>&</sup>lt;sup>1</sup> Frondigoun, L., Maclean, K., Hosie, A. & Kendrick, A. (2002). *Residential child care qualifications audit.* Scottish Institute for Residential Child Care.

# 2. THE PROCESS OF UNDERTAKING THE QUALIFICATIONS AUDIT

Every organisation in Scotland offering residential child care<sup>2</sup> was contacted by SIRCC in February 2003. This letter advised agencies about the Scottish Social Services Council's (SSSC) intention to announce the qualification requirements for residential child care workers and the Scottish Executive's request that we update the Qualifications Audit undertaken in 2001. Similar to the previous audit, the aim was that every residential child care worker, supervisor and manager (but not teaching, clerical, domestic or manual staff) in Scotland would complete a brief Qualifications Audit questionnaire (Appendix 1). Audit returns were collected between April and December 2003. Naturally, the figures are always subject to change with movement of staff, but are as accurate as we can measure them.

Currently, there are 72 organisations in Scotland which offer residential child care, totalling 235 units and schools. These establishments range in size from the smallest, which has one resident, to large residential schools with up to 104 residents. These 72 organisations were each allocated a SIRCC staff member as their SIRCC 'link' person. Nineteen members of SIRCC staff visited 68 organisations (94.4% of all organisations) before the cut-off date of January 2004.

On this occasion, each organisation was asked to designate one named member of their staff who would have responsibility for organising the distribution and collection of the questionnaires, encouraging completion and returning them to their SIRCC 'link' person. It was suggested that a turn-around time of four weeks from the time of distribution be given for questionnaires to be returned, with a further four weeks given for any necessary chasing up of late returns. In fact, follow up of audit returns took significantly longer than this. Where organisations had already collected similar data for their own use, some nonetheless encouraged their staff to complete the SIRCC audit questionnaire. Other organisations instead provided copies of their own data to SIRCC. Although this meant that the data was not as detailed and was presented in a different format, it was included in our research where compatible. Completed questionnaires were entered into the Statistical Package for Social Sciences (SPSS) for analysis.

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<sup>&</sup>lt;sup>2</sup> The definition of residential child care used for the audit is the one specified in SIRCC's remit: residential units are defined as those services provided by Scottish Local Authorities or registered under Section 62 of the Social Work (Scotland) Act 1968. This includes residential schools but does not include boarding (public) school or boarding hostels.

#### 3. THE FINDINGS

#### Introduction

So far as our database figures show, there are currently 4,367 child care staff employed in residential child care in Scotland, comprising 3,439 full time, 839 part time and 89 relief or sessional posts. Of this, 46% are employed in the local authority sector, 49.4% in the voluntary/independent sector and 4.6% in the private sector. The Scottish Executive's latest bulletin on Children's Social Work Statistics<sup>3</sup> (published October 2003) show the total number of staff in local authority, voluntary and private sectors for 2002 to be 4,560. Their report on the staff of Scottish local authority social work services in 2002<sup>4</sup> show the number of residential staff in services for children and young people (discounting support and ancillary staff) to be 2024.

At 9<sup>h</sup> January 2004, 3,070 completed questionnaires had been received, a 70.3% response rate. These were received from 169 units and schools (71.9% of units and schools) within Scotland managed by 53 organisations (73.6% of organisations). This is an increase over the 2001 audit, which had a 63.9% response rate from units and schools.

#### Characteristics of the work force

Of the total 3,070 respondents, 1,597 (52%) were from local authorities, 1,341 (43.7%) from the voluntary/independent sector and 132 (4.3%) from the private sector. The audit questionnaire asked staff to provide their date of birth and from this the age of each member was determined as at 31<sup>st</sup> March 2004 (Table 1).

Table 1: Staff age

No. % 16-24 years of age 192 7.6 25-39 years of age 1001 39.4 40-49 years of age 859 33.8 50-59 years of age 433 17.0 60 plus 55 2.2 Total 2540 100

N = 2540

This shows that the highest proportion of staff are aged between 25 and 39 years of age followed by those between 40 and 49. These two groups account for almost three quarters (73.2%) of staff who provided this information.

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<sup>&</sup>lt;sup>3</sup> Scottish Executive (2003). *Children's Social Work Statistics 2002-03.* Statistical Bulletin, Edinburgh: Scottish Executive.

<sup>&</sup>lt;sup>4</sup> Scottish Executive (2002). *Staff of Scottish Local Authority Social Work Services*, *2002*. Statistical Bulletin, Edinburgh: Scottish Executive.

<sup>&</sup>lt;sup>5</sup> Totals in tables will not always add up to 3070 (the total number of returns) as not all information requested was provided by all respondents.

Of those who provided information on gender, 1033 (34.1%) were male and 1,995 (65.9%) were female. Table 2 breaks down figures by gender and sector.

**Table 2: Gender numbers by sector** 

Sector Local Authority		Authority	Voluntary	/Independent	Private	
	No. in	% of	No. in	% of	No. in	% of
	Sector	Respondents in Sector	Sector	Respondents in Sector	Sector	Respondents in Sector
Males	554	35.4	415	31.1	64	50.0
Females	1010	64.6	921	68.9	64	50.0
Total	1564	100	1336	100	128	100

N = 3028

This shows gender representation to be similar within local authority and voluntary/independent sectors with approximately 2 females (64.6% and 68.9%) being employed for every 1 male (35.4% and 31.1%). This is not evident in the private sector which appears to employ equal numbers of men and women.

Table 3 looks at the type of contract held by respondents within the three sectors.

Table 3: Type of employment contract held within the three sectors

Employment	Local Authority		Voluntary/l	ndependent	Private		
Туре	No. of respondents in sector	% of respondents in sector	No. of respondents in sector	% of respondents in sector	No. of respondents in sector	% of respondents in sector	
Permanent Full Time	722	63.5	663	71.6	72	72.7	
Permanent Part Time	200	17.6	180	19.4	7	7.1	
Temporary Full Time	86	7.5	20	2.2	-	-	
Temporary Part Time	27	2.4	11	1.2	3	3.0	
Casual/Sessional	102	9.0	52	5.6	17	17.2	
Total	1137	100	926	100	99	100	

N= 2162

This shows that within all three sectors the highest proportion of staff is employed on a permanent basis, whether full or part time. Over 90% of those in the voluntary/independent sector are employed on a permanent contract, full or part time. This falls to 81.1% for those in the local authority sector and again to 79.8% for those in the private sector. The number of respondents employed on a temporary contract is highest in the local authority sector (9.9%) compared to approximately 3% of employees in either voluntary/independent or private sectors.

The private sector has the highest number of respondents employed on a casual/sessional basis (17.2%) compared to local authority (9%) or voluntary/independent sector (5.6%). It should be remembered that the private sector has a small representation, in this instance 4.6%. The figures here relate to a lower number of staff (2,162) as not all respondents provided information on type of contract and hours worked.

Table 4 explores the number of responses on staffing from each type of establishment, broken down by the three sectors.

Table 4: Number of responses from each type of establishment by sector

Unit/School Type <sup>6</sup>	Local A	uthority	ity Voluntary/ Independent		Private	
	No. in sector	% in sector	No. in sector	% in sector	No. in sector	% in sector
Res. Home (without Educ.)	1155	72.6	118	8.8	4	3.0
Res.Home/School (with Educ.)	96	6.0	395	29.5	128	97.0
Res.Home: Disability (without Educ.)	52	3.3	82	6.1	-	-
Res.Home/School: Disability (with Educ.)	31	2.0	482	35.9	-	-
Care Leavers	-	-	8	0.6	-	-
Respite Care	127	8.0	180	13.4	-	-
Secure Care	129	8.1	59	4.4	-	-
Close Support Unit	-	-	-	-	-	-
Young Homeless	-	-	17	1.3	-	-
Total	1590	100	1341	100	132	100

N = 3063

Almost three quarters (72.6%) of respondents in local authority units work in residential homes without education, whereas the majority in the private sector (97%) work in residential homes and schools with education; however, within the private sector only 2 types of service provision were recorded. In the voluntary/independent sector there is no such concentration on one type of care, with the three highest percentages - 35.9%, 29.5% and 13.4% - being recorded for Residential Home/School: Disability (with Education), Residential Home/School (with Education) and Respite Care.

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<sup>&</sup>lt;sup>6</sup> Establishments were placed in one category only.

#### Qualifications criteria for phase one registrants

The final qualification criteria for phase one of registration were set out by the SSSC in March 2003 with registration of residential child care staff to commence in 2005.

To be recognised as qualified, the SSSC stipulate that residential child care staff hold one of a range of care qualifications, supervisors and managers one of a more limited range of care qualifications, with managers also requiring a management award (Appendix 2). The results in this section relate to these registrable qualifications only; respondents were not asked about any additional qualifications that they may have. As we could not make definite decisions on the qualifications required for 16 staff who indicated their position as 'Other' they were excluded from this analysis.

#### Overview of all qualifications held

Initial analysis focused on all registrable qualifications and the number of respondents who presently have them (Table 5). These findings are based on the highest qualification held by each respondent.

Table 5: Qualifications held

Qualification	Number	% of Total Respondents
Diploma in Social Work or equivalent	260	8.5
SVQ4 in Care	5	0.2
Teaching/Nursing <sup>7</sup>	120	3.9
BA in Curative Education	8	0.3
Degree or Diploma in Community Education or		
equivalent	49	1.6
Diploma in Curative Education	6	0.2
CCYP <sup>8</sup>	16	0.5
HNC <sup>9</sup> & SVQ3 <sup>10</sup>	320	10.5
HNC only	552	18.0
SVQ3 only	229	7.5
Total	1565	51.2

Management award 29 1.0

N = 3054

This shows that over half of all respondents (51.2%) have at least one registrable qualification. The most commonly held is the HNC (28.5%) followed by the SVQ3 (18%), with 10.5% of each having both. Less than one in ten (8.5%) have the Diploma in Social Work or equivalent and only very small percentage have the SVQ4, Degree or Diploma in Curative Education and CCYP. Twenty-nine respondents (1%) currently have a management award.

<sup>&</sup>lt;sup>7</sup> Teaching/Nursing – A qualification meeting the registration requirements of the General Teaching Council, Nursing and Midwifery Council, General Medical Council or the following professional groups regulated by the Health Professions Council: Occupational therapists, Arts, Music and Drama therapists, Physiotherapists and Speech and Language Therapists.

CCYP - Certificate or Senior Certificate in the Residential Care of Children and Young People 9 HNC – HNC in Social Care or another form of certificated underpinning knowledge from the following: a qualification other than SVQ recognised by the Scottish Child Care and Education Board, certificate of HE in Curative Education or any qualification at or above SCQF level 7 that includes social policy, sociology and psychology.

10 SVQ3 may be in Caring for Children and Young People, Promoting Independence or Care at Level 3.

At the time of the last audit, the qualifications framework had not been established and assumptions had to be made as to which qualifications the SSSC might recognise. SIRCC decided to use the following as possible baseline qualifications: the Diploma in Social Work or equivalent, SVQ4, HNC and SVQ3 (Table 6). For comparison with the 2003 Qualifications Audit we decided to look at these only.

Table 6: Qualifications held in 2001 audit

Qualification	Number	% of Total Respondents
Diploma in Social Work or equivalent	305	10.3
SVQ4 in Care	4	0.1
HNC & SVQ3	247	8.3
HNC only	400	13.5
SVQ3 only	218	7.3
Total	1174	39.5

N = 2971

This shows that there has been an increase in the number who have HNC and SVQ3 qualifications. The number of staff having both HNC and SVQ3 has increased by 2.2%, those with an HNC only by 4.5% and those with SVQ3 only by 0.2%. On the other hand, the number of respondents with a Diploma in Social Work or equivalent has fallen, by 1.8%. Those with a SVQ4 qualification remain consistently small in number.

#### Qualified status of the workforce

Of the total respondents, 162 (5.3%) were managers, 464 (15.2%) supervisors and 2,428 (79.5%) care workers. Applying the qualifications framework we were then able to establish the number of qualified and unqualified staff, based on qualifications which are already held (Table 7).

Table 7: Qualified status by position

Position	Qua	lified	Not Qualified		Total
	Number	%	Number	%	
Registered Manager	12	7.4	150	92.6	162 (100%)
Supervisor	139	30.0	325	70.0	464 (100%)
Care Worker	398	16.4	2030	83.6	2428 (100%)
Total	549	18.0	2505	82.0	3054 (100%)

N = 3054

This shows that 18% of all respondents are presently qualified. Within each position - managers, supervisors and care workers - the minority are qualified: 7.4%, 30% and 16.4%, respectively. As we will go on to see, the low percentage of qualified managers is due to the small number who have the management award; the majority do have a relevant care qualification.

The qualifications framework differentiates between the qualifications required at each level, although there are some relevant to all. Owing to this, the qualifications held by managers, supervisors and care workers were looked at separately. All these findings are based on the highest qualification held by each respondent and percentages are calculated on the basis of the total number of respondents at that level.

#### Qualifications held by registered managers

Managers are in the unique position of requiring two types of qualification, a care qualification and a management award, to be registrable. The care award has to be one from a more limited range of qualifications.

Table 8 focuses on the registrable qualifications which managers presently have and Table 9 looks at the care qualifications which are not recognised at this level. Columns 2 and 3 of both tables show the number of managers who have a relevant care qualification, columns 4 and 5 the number who also have a management award, and 6 and 7 the number who do not.

Table 8: Qualifications relevant to registration for managers

Care Qualification			Has Management Award		Does not have Management Award	
	Number	%	Number	%	Number	%
Diploma in Social Work or equivalent	95	58.6	9	5.6	86	53.0
SVQ4 in Care	1	0.6	1	0.6	-	-
Teaching/Nursing	20	12.4	1	0.6	19	11.8
BA in Curative Education	-	-	-	-	-	-
Degree/Diploma in Community Education or equivalent	3	1.9	1	0.6	2	1.3
Total	119	73.5	12	7.4	107	66.1

N = 162

Table 8 shows that 73.5% of managers currently have a relevant care qualification. Of these, 7.4% also have a management award and are registrable. Sixty-six percent of managers (66.1%) who currently have a relevant care qualification require the management award.

As seen below in Table 9, 43 managers (26.5%) do not have a registrable care qualification; 22 (13.6%) of whom do have a qualification but one which is not recognised at this level. Of these, one also has the management award.

Table 9: Other care qualifications held by managers

Care Qualification			Has Manage Awa	ment	Does no Manage Awa	ement
	Number	%	Number	%	Number	%
Diploma in Curative Education	-	-	-	-	-	-
CCYP	4	2.5	-	-	4	2.5
HNC & SVQ3	9	5.5	-	-	9	5.5
HNC only	4	2.5	-	-	4	2.5
SVQ3 only	5	3.1	1	0.6	4	2.5
None 11	21	12.9	-	-	21	12.9
Total	43	26.5	1	0.6	42	25.9

N= 162

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<sup>&</sup>lt;sup>11</sup> None - in all tables this refers to the number of staff who do not have any of the qualifications set down in the qualifications framework. It may be that they do have a qualification of some kind.

#### **Qualifications held by supervisors**

Supervisors, like managers, require one of the same more limited range of care qualifications to be registrable. Table 10 details the number who presently have one of these. Table 11 looks at other care qualifications that supervisors have which are not recognised at this level.

Table 10: Qualifications relevant to registration for supervisors

Qualification	Total		
	Number	%	
Diploma in Social Work or equivalent	87	18.8	
SVQ4 in Care	2	0.4	
Teaching/Nursing	32	6.9	
BA in Curative Education	2	0.4	
Degree/Diploma in Community Education or equivalent	16	3.5	
Total	139	30.0	

N=464

Table 10 shows that 139 (30%) hold a relevant care qualification and are qualified. Of those, the most commonly held is the Diploma in Social Work or equivalent followed by the Teaching/Nursing qualification.

Table 11: Other care qualifications held by supervisors

Qualification	To	tal
	Number	%
Diploma in Curative Education	2	0.4
CCYP	3	0.6
HNC & SVQ3	110	23.7
HNC only	69	14.9
SVQ3 only	47	10.1
None	94	20.3
Total	325	70.0

N = 464

Table 11 shows that while 70% are not qualified, 49.7% of supervisors have a qualification not recognised for supervisors, leaving 20.3% who have no qualifications. The most commonly held of these is the HNC (38.6%) followed by the SVQ3 (33.8%), with 23.7% of each having both.

Four supervisors (0.9%) also have a management award, two of whom hold a care qualification registrable for a manager's post.

#### Qualifications held by care workers

Care workers require one of a range of care qualifications to be registrable and Table 12 details the number who have one of these. Table 13 looks at other care qualifications care workers have which are not recognised at this level.

Table 12: Qualifications relevant to registration for care workers

Qualifications	Total		
	Number	%	
Diploma in Social Work or equivalent	78	3.2	
SVQ4 in Care	2	0.1	
Teaching/Nursing	68	2.8	
BA in Curative Education	6	0.2	
Degree/Diploma in Community Education or equivalent	30	1.2	
Diploma in Curative Education	4	0.2	
CCYP	9	0.4	
HNC & SVQ3	201	8.3	
Total	398	16.4	

N = 2428

Table 12 shows that presently 398 (16.4%) care workers hold a relevant qualification and are registrable. The most commonly held is the combined HNC/SVQ3 award followed by the Diploma in Social Work or equivalent and the Teaching/Nursing qualification.

As seen below in Table 13, 2030 care workers (83.6%) do not have a registrable qualification. One route to being qualified for care workers is to have both HNC and SVQ3 awards (either on its own is not sufficient) and some staff may find themselves to be partly qualified but not yet registrable. Table 13 shows that 27% are in this situation, with 19.7% having the HNC and 7.3% the SVQ3. This leaves 56.6% who have no qualifications.

Table 13: Other care qualifications held by care workers

Qualifications	ations Total		
	Number	%	
HNC only	479	19.7	
SVQ3 only	177	7.3	
None	1374	56.6	
Total	2030	83.6	

N= 2428

Twelve care workers also have a management award, five of whom have a relevant care qualification at managerial level and one person has a qualification relevant to care workers.

#### A potentially qualified workforce

As well as recording qualifications already gained, staff were asked to indicate if they were currently undertaking any. Table 14 details the qualifications currently being undertaken by managers, Table 15 by supervisors and Table 16 by care workers. These findings are based on the highest qualification being undertaken by each respondent and percentages are calculated on the basis of the total number of staff at that level.

We have seen that 119 managers (73.5%) presently have a relevant care qualification. Table 14 shows that there are 15 managers (9.2%) undertaking a care qualification; 12 (7.4%) of these are qualifications recognised for a manager. None is already qualified. This leaves 31 managers (19.1%) still to begin a relevant care qualification.

Table 14: Qualifications currently being undertaken by managers

Qualification	Total				
	No.	%	Currently undertaking a qualification but already qualified	%	
Diploma in Social Work or equivalent	5	3.1	-	-	
SVQ4 in Care	7	4.3	-	-	
Teaching/Nursing	-	-	-	-	
BA in Curative Education	-	-	-	-	
Degree/Diploma in Community Education or equivalent	-	-	-	-	
Diploma in Curative Education	-	-	-	-	
CCYP	-	-	-	-	
HNC & SVQ3	-	-	-	-	
HNC only	2	1.2	-	-	
SVQ3 only	1	0.6	-	-	
Total	15	9.2	-	-	

N= 162

There are also 34 managers currently undertaking a management award, of whom 22 already have a relevant care qualification, eight do not and four are also undertaking one.

We have previously seen that 139 supervisors (30%) presently have a relevant qualification.

Table 15 looks at the qualifications currently being undertaken by supervisors, and shows that 99 (21.3%) are undertaking a care qualification; six (1.3%) of these members of staff are already qualified. Forty-four (9.5%) are undertaking a qualification relevant to registration as a supervisor; three members of this group are already qualified. Fifty-five (11.8%) are undertaking a qualification not recognised at this level; again three of this group are already qualified.

Table 15: Qualifications currently being undertaken by supervisors

Qualification	Total				
	No.	%	Currently undertaking a qualification but already qualified	%	
Diploma in Social Work or equivalent	28	6.0	-	-	
SVQ4 in Care	13	2.8	3	0.6	
Teaching/Nursing	-	-	-	-	
BA in Curative Education	3	0.6	-	-	
Degree/Diploma in Community Education or equivalent	-	-	-	-	
Diploma in Curative Education	-	-	-	-	
CCYP	-	-	-	-	
HNC & SVQ3	3	0.6	-	-	
HNC only	17	3.7	-	-	
SVQ3 only	35	7.5	3	0.6	
Total	99	21.3	6	1.3	

N= 464

Twenty five supervisors are also currently undertaking a management award; 16 of this group are already qualified.

We have seen that 398 care workers (16.4%) currently have a recognised qualification. Table 16 looks at qualifications currently being undertaken by care workers.

This shows that 575 (23.7%) are currently undertaking a qualification; 46 (1.9%) of this group are already qualified and 155 (6.4%) are undertaking one recognised at this level (HNC/SVQ3 or above); 27 (1.1%) of this group are already qualified.

Table 16: Qualifications currently being undertaken by care workers

Qualification	Total				
	No.	%	Currently undertaking a qualification but already qualified	%	
Diploma in Social Work or equivalent	62	2.6	22	0.9	
SVQ4 in Care	3	0.1	1	0.0	
Teaching/Nursing	11	0.5	-	-	
BA in Curative Education	5	0.2	2	0.1	
Degree/Diploma in Community Education or equivalent	4	0.2	-	-	
Diploma in Curative Education	23	0.9	-	-	
CCYP	-	-	-	-	
HNC & SVQ3	47	1.9	2	0.1	
HNC only	99	4.1	2	0.1	
SVQ3 only	321	13.2	17	0.7	
Total	575	23.7	46	1.9	

N = 2428

There are 321 care staff undertaking SVQ3 (17 of whom are already qualified), and 99 undertaking the HNC (two of whom are already qualified). We determined from this that of the 304 unqualified workers taking SVQ3, 130 already have the HNC and of the 97 unqualified staff taking the HNC, 15 already have SVQ3. This means that there are 273 currently unqualified care workers (11.2%) undertaking a qualification which, if achieved, would meet registration requirements.

Four care workers are also undertaking a management award, three of whom are already qualified.

As the three previous tables show there are 689 respondents (22.6%) undertaking at least one care qualification and 63 (2.1%) undertaking the management award. Our analysis then combined these with the qualifications already gained to determine the number of staff who would be qualified if those being undertaken were all achieved (Table 17).

Table 17: Qualified and potentially qualified by position

Position	Qualified & Potentially Qualified				- 1		Total (%)
	Number	%	Number	%			
Registered Manager	38	23.5	124	76.5	162 (100%)		
Supervisor	180	38.8	284	61.2	464 (100%)		
Care Worker	671	27.6	1757	72.4	2428 (100%)		
Total	889	29.1	2165	70.9	3054 (100%)		

N = 3054

Table 17 shows that in this instance the number of staff who would now be qualified increases to 29.1%. The number of unqualified managers, supervisors and care workers has fallen by 16.1%, 8.8% and 11.2% respectively.

These figures were then broken down to examine in further detail the highest qualification which would now be held by managers (Tables 18 & 19), supervisors (Tables 20 & 21) and care workers (Tables 22 & 23). It is important to stress that the following figures are based on the assumption that all qualifications which are currently being undertaken are achieved.

<sup>&</sup>lt;sup>12</sup> Not Qualified – this includes respondents who are presently not qualified and those who will not qualified even if they achieve the qualifications they are undertaking.

#### Qualifications held and potentially held by registered managers

Table 18 focuses on the registrable qualifications that managers have and will potentially have and Table 19 looks at other care qualifications which are not recognised at this level. Columns 2 and 3 in both tables show the figures for managers who have and will have a relevant care qualification, columns 4 and 5 the number who also have and will have a management award and 6 and 7 the number who do not.

Table 18: Qualifications managers have and will potentially have

Care Qualifications		Has or will have management Award		Does not have management award		
	No.	%	No.	%	No.	%
Diploma in Social Work or equivalent	100	61.7	27	16.7	73	45.1
SVQ4 in Care	8	4.9	6	3.7	2	1.2
Teaching/Nursing	18	11.1	4	2.5	14	8.6
BA in Curative Education	-	-	-	-	-	-
Degree/Diploma in Community Education or	2	1.2	1	0.6	1	0.6
equivalent						
Total	128	79.0	38	23.5	90	55.5

N = 162

Table 18 shows that potentially 79% of managers would have a relevant care qualification, the most common being the Diploma in Social Work or equivalent. Of these, 23.5% would have a management award and be registrable. This would leave 55.5% of managers having a relevant care qualification and requiring the management award.

Table 19: Other qualifications managers have and will potentially have

Care Qualifications			ha manag	or will ave gement vard	Does no manag awa	ement
	No.	%	No.	%	No.	%
Diploma in Curative Education	-	-	-	-	-	-
CCYP	4	2.5	1	0.6	3	1.9
HNC & SVQ3	8	4.9	3	1.9	5	3.0
HNC only	4	2.5	2	1.2	2	1.2
SVQ3 only	4	2.5	1	0.6	3	1.9
None	14	8.6	2	1.2	12	7.4
Total	34	21.0	9	5.6	25	15.4

N = 162

Table 19 shows that, should all managers achieve the qualifications they are undertaking, then 34 (21%) managers would not have a recognised care qualification. Of these, 20 (12.4%) would have a qualification but one which is not ecognised at this level. Columns 4 and 5 in Table 19 show that of these 34 managers, there are nine who would now have the management award, seven of whom would have a care qualification not recognised at this level.

#### Qualifications held and potentially held by supervisors

Table 20 focuses on the registrable care qualifications which supervisors have and will potentially have and Table 21 looks at other care qualifications which are not recognised at this level.

Table 20: Qualifications supervisors have and will potentially have

Care Qualifications	Total	al
	Number	%
Diploma in Social Work or equivalent	115	24.8
SVQ4 in Care	15	3.2
Teaching/Nursing	29	6.3
BA in Curative Education	5	1.1
Degree/Diploma in Community Education or equivalent	16	3.4
Total	180	38.8

N = 464

Table 20 shows that potentially 38.8% of supervisors would have a recognised qualification, the most common being the Diploma in Social Work or equivalent.

Table 21: Other qualifications supervisors have and will potentially have

Care Qualifications	Tota	l
	Number	%
Diploma in Curative Education	-	-
CCYP	3	0.6
HNC & SVQ3	118	25.4
HNC only	58	12.5
SVQ3 only	50	10.8
None	55	11.9
Total	284	61.2

N= 464

Table 21 shows that should all supervisors achieve the qualifications they are undertaking then 284 (61.2%) would not have a recognised qualification. Of these, 229 (49.3%) would have a care qualification but one which is not recognised for supervisors. This would leave 11.9% who have no qualifications.

Twenty-nine supervisors would also now have a management award, 21 of whom would now have a relevant care qualification.

#### Qualifications held and potentially held by care workers

Table 22 focuses on the registrable care qualifications that care workers have and will potentially have and Table 23 looks at other care qualifications which are not recognised at this level.

Table 22: Qualifications care workers have and will potentially have

Qualifications	Total		
	Number %		
	1.10	5.0	
Diploma in Social Work or equivalent	140	5.8	
SVQ4 in Care	5	0.2	
Teaching/Nursing	79	3.2	
BA in Curative Education	11	0.5	
Degree/Diploma in Community Education or equivalent	32	1.3	
Diploma in Curative Education	25	1.0	
CCYP	9	0.4	
HNC & SVQ3	370	15.2	
Total	671	27.6	

N = 2428

Table 22 shows that potentially 27.6% of care workers would have a recognised care qualification, the most common being the combined HNC/SVQ3.

Table 23: Other qualifications care workers have and will potentially have

Qualifications	Total			
	Number	%		
HNC only	404	16.6		
SVQ3 only	335	13.8		
None	1018	42.0		
Total	1757	72.4		

N = 2428

Table 23 shows that should all care workers achieve the qualification they are undertaking then 1757 (72.4%) care workers would not have a recognised care qualification. Of these, 739 (30.4%) would have either the HNC (13.8%) or SVQ3 (16.6%) and be part way to becoming qualified. In this instance, 42% of staff at this level would have no qualifications.

There are also 16 care workers who would now have the management award, nine of whom would now have a relevant care qualification at managerial level and two a relevant qualification for care workers.

This section has looked at qualifications already gained together with those currently being undertaken and assumes that these will all be achieved. We have seen that in this instance the number of qualified staff would increase within each position and overall. In addition to this, the number of staff who have a care qualification of some kind also increases; however, we do recognise and appreciate that not all respondents who are undertaking a qualification will necessary achieve or complete it.

#### Overview of results

- At present 18% of staff are qualified.
- Of this 7.4% of managers, 30% of supervisors and 16.4% of care workers currently meet registration requirements. The low percentage of qualified managers is due to the small number having the management award, the majority (73.5%) do have a relevant care qualification.
- 22.6% of staff are currently undertaking at least one care qualification and 2.1% a management award.
- Breaking this down:
- 12 managers (7.4%) are undertaking a relevant care qualification and 34 (21%) a management award.
- 44 (9.5%) supervisors are undertaking a relevant care qualification, three (0.6%) of whom are already qualified.
- 273 (11.2%) care workers currently unqualified are undertaking a qualification which would meet registration requirements if achieved.
- Assuming these are achieved, the number of qualified and potentially qualified staff increases to 29.1%.
- In this instance, 23.5% of managers, 38.8% of supervisors and 27.6% of care workers meet and would meet registration requirements.

#### 4. IMPLICATIONS

These findings indicate that the challenges involved in qualifying the workforce by 2008 remain daunting, and require considerable attention and creativity to achieve the task successfully. This section will begin by providing a summary of the data related to each category of residential child care staff, and will consider some of the key concerns that these data raise. Following this, several factors to consider in planning the way forward are briefly discussed, and the vision of a workforce that is fully equipped to provide effective care to children and young people is revisited.

#### **Summary of the results**

These findings are based on the highest qualification held by each respondent.

#### Residential child care staff:

Currently, 27.6% (671 out of 2428) of care staff are either qualified or undertaking qualifications which, when completed, will meet registration requirements. An additional 30.4% (739) of care staff are either partly qualified (for example, staff in this group may have an HNC and need to undertake an SVQ3 to become qualified), or are undertaking qualifications which, if completed, will make them partly qualified. Finally, 42% (1018) of care staff in this study are reportedly neither qualified nor undertaking qualifications-related training, as defined by the SSSC's qualifications framework in March 2004. The Skinner Report<sup>13</sup> recommended that local authorities and independent organizations should aim to have 60% of residential child care staff assessed as competent at both HNC and SVQ3 levels. With up to 27.6% of staff in this study reaching that award level at this point, we still have a considerable way to go to meet this twelve-year-old target.

#### Residential child care staff with supervisory responsibilities:

At present, 38.8% (180 out of 464) of care staff in this study who have supervisory responsibilities are either qualified or undertaking qualifications which, if completed, will meet registration requirements. Although they do not have the required qualifications for their level of responsibility, an additional 26% (121) of these supervisory care staff have achieved the required qualifications for non-supervisory staff, and another 23.3% (108) have or are undertaking a care qualification which is not registrable at any level as a distinct qualification. This may offer some indication of their potential for future achievement of a supervisory level qualification. Finally, only one out of ten care staff (55) with supervisory responsibilities neither have a qualification nor are undertaking related training.

#### Managers of residential child care services:

Currently, 23.5% (38 out of 162) of managers are either qualified or undertaking qualifications which, if completed, will meet registration requirements. Four out of five managers in this study (79%) either have, or are undertaking, a relevant care qualification. Of the remaining 21% (34), all but 14 managers have a care qualification that is not recognised at their level. A majority of residential child care managers (71%) still need to undertake a management award.

 $<sup>^{13}</sup>$  Skinner, A. (1992). Another kind of home: a review of residential child care. Crown

#### **Key concerns**

Although we have seen an increased number of staff undertaking qualifications, the numbers of qualified staff remain low. Directly comparing the current figures with the previous audit is difficult because the qualifications framework was not in place in 2001 and a number of assumptions had to be made. When comparing what we can of this data to that of the 2001 audit, we are concerned by how minimal are the shifts in the number of currently qualified staff in residential child care, particularly given the fact that the number of students who have achieved the SIRCC-funded HNC has increased. Unlike the previous audit's comparisons with the qualified staffing levels in the Skinner Report, this minimal proportion change cannot be attributed to significant increases in staffing levels over the last two years, and hence it raises critical questions regarding residential child care workforce recruitment and retention.

Although beyond the scope of this study, anecdotal evidence from students undergoing the BA/DipSW in Residential Child Care, in particular the initial cohorts who will be graduating this spring, indicates that social work qualified residential child care staff are being successfully recruited away from residential child care and into field social work. Issues related to parity of pay between residential child care and fieldwork exist to varying degrees across employers. Significant signing-bonuses, encouragement from employers to change to fieldwork positions once qualified, and the social recognition and status of fieldwork compared to residential care are important factors in the decisions being made by (and possibly for) newly-qualified staff. Anecdotal evidence suggests that residential child care staff with HNCs are also moving across to fieldwork positions and community-based projects because of the shortage of qualified fieldwork staff.

Regardless of the cause, employers are reportedly struggling to retain qualified staff in residential child care, and are facing a crisis in some areas. Clearly, there is a need to prevent residential child care staff who are becoming qualified from leaving the sector. We recognise that creating a workplace culture that provides effective leadership and training, supports and encourages staff and offers opportunities for meaningful input play an important role in retaining staff. We suggest, however, that effectively tackling this problem will involve more than developing a high quality work environment alone. Without dismissing the difficult financial task facing employers in light of these problems, in order to successfully retain staff, residential child care should be placed on a similar footing to field social work in terms of attracting and retaining qualified staff and should not be seen as a source of staff to fill the shortages in field social work.

#### The way forward

In addition to providing effective enticements to qualified residential child care staff to remain within the sector, the goal of achieving a qualified workforce by 2008 also requires consideration of the accessibility to and marketing of the various qualification routes available. In light of the tasks ahead, additional routes to successful completion of the qualifications must be explored.

Furthermore, staff members have varying levels of competence in literacy, and assessing their capacity for completing an HNC, for example, prior to their commencement of the course would enable staff to follow preparation studies if necessary in order to ensure they are sufficiently prepared, or to consider other employment options. Attending to staff members' needs in this way will help to minimize failure rates, and thereby shorten staff members' overall length of enrolment and minimize disruptions to the lives of the children and young people they care for. SIRCC's connection to further and higher educational institutions through its partnerships would enable SIRCC to facilitate this process and provide support to employers as they consider the varying capacity levels of their staff.

With such a challenging task ahead, intentional planning and development of sound workforce plans by employers are critical. Given the timeframe involved, we would strongly recommend that these plans be thoughtfully developed, supported by the organisation's leadership in an ongoing manner, attended to and closely maintained in the years ahead.

We have heard consistently from employers about their concerns regarding both the expenditures related to replacing staff while they are pursuing training, and the salary and benefits costs required to retain staff in residential child care once they have achieved their qualifications. Although it is beyond the scope of this study to explore solutions to these problems, these are additional factors that contribute to the challenge of making the workforce qualified and the sooner they are addressed effectively, the fewer barriers will exist to achieving this qualified workforce.

#### The Optimum framework revisited

We are concerned that these major challenges currently facing the sector must not overshadow the importance of aiming for a more effectively qualified and professional residential child care workforce in the long term.

In the 2001 audit, SIRCC proposed to the SSSC a long term 'stepwise strategy' for making the workforce qualified. This incremental approach began with an interim framework for new entrants and existing staff, which supported the combination of both the HNC and SVQ3 as a baseline qualification for the field. It required training awards which are similar to those in the current (March 2004) SSSC qualifications framework for residential child care. We continue to maintain that the HNC should be a required pre-entry qualification, and recommended the SVQ3 award be achieved within a tight post-entry timescale. This interim framework was proposed as an important step toward an optimum framework for residential child care. We not only recommend maintaining the required qualifications as a baseline at the present educational levels, but we continue to suggest that this current qualifications framework should remain only in the interim. As stated in the previous audit:

We consider that it would be responsible and entirely justifiable...that the only recognised residential child care qualification, in most settings, would be at degree/diploma level, be 3-4 years full-time or equivalent part-time, have a substantial, dedicated residential child care curriculum, have relevant, well-assessed practice placements, and flexible but robust APEL arrangements to allow workers with other qualifications to enter the workforce.

Recently the complexities and challenging nature of fieldwork was acknowledged in a new way, by requiring fieldwork social workers to become qualified with a four-year undergraduate honours degree. This clearly supports the preservation of this residential child care optimum framework as a long-term goal for the residential child care field, given the shared challenges of both sectors. In the words of A. Skinner in *Another Kind of Home* 

Residential child care establishments are faced with meeting needs which are amongst the most complex and challenging of any social work service...lt is generally accepted that field social workers should be fully qualified, and it is far from clear that they have more demanding or complex responsibilities.

The challenges currently facing the sector are many; however, the complexities of the needs of the children and young people being served in residential care are equally challenging, and these individuals both require and have a right to effective, well-equipped and qualified professionals to care for their needs. We would suggest that aiming for anything short of the optimum framework in the long term does not do justice to these children and young people.

#### 5. CONCLUSION

In some ways, achieving a fully qualified workforce appears no less daunting a task now than it did two years ago following the results of the previous audit. There are still large numbers of staff across Scotland who are needing to undertake a qualification relevant to registration, and employers continue to find it difficult to offer sufficient release time to staff to support their studies. However, the qualifications landscape has shifted over these last two years in ways that are worthy of our attention, as they may indicate reasons for guarded optimism. Consider the following:

- A growing proportion of the unqualified residential child care workforce is currently undertaking qualifications-related training. The message to employers of the importance of supporting staff to become qualified now rather than later has been heard and is beginning to be acted upon by many employers.
- The new SIRCC preparatory course for the HNC was recently piloted and highly evaluated, and plans are underway to extend these preparation services.
- Proposed changes in the review of the SVQs may facilitate quicker achievement, given the
  wider options for witnessing evidence. Assessment guidance for the new awards, when they
  are validated, will be provided by the Scottish Qualifications Authority.
- In addition to offering continuing professional development, SIRCC's short courses now provide underpinning knowledge for SVQs and in some cases also provide the time to write up SVQ evidence.
- More accessible APEL arrangements are being successfully negotiated between colleges and universities. This is one of the expectations of the new Standards in Social Work Education, upon which the new Degree in Social Work is based, and the SSSC will be looking for evidence of such arrangement when they validate the new awards.
- Further education admission requirements have been tightened where necessary to support students' capacity to succeed.
- Recently, the number of SIRCC-funded places on the specialized residential child carefocused HNC in Social Care has been expanded, and the course will be offered through a growing number of further education colleges across Scotland.
- Research is being planned to track graduates of SIRCC-funded courses to establish where they are ending up professionally, and why.

These shifts in the landscape are probably an effect of many, many people's 'doggedness, determination and commitment', the qualities suggested in the previous audit as being critical to the achievement of a qualified workforce. There is no doubt, of course, that additional resources, continued creativity, and ongoing inter-organisational cooperation and communication are equally vital in achieving these desired outcomes. Much has yet to be done, and there are still many barriers to be surmounted; however, among many other concerned groups within the sector, SIRCC staff are resolute and optimistic that this monumental task of making the workforce qualified is indeed achievable, and nothing short of necessary in order to ensure that children and young people are cared for by well-equipped professionals.

#### **APPENDIX 1**

#### **Residential Child Care Qualifications Questionnaire**

Please read these instructions carefully before completing the questionnaire below and overleaf

The Residential Child Care Qualifications Audit (2003) is designed to find out more about the residential child care workforce in Scotland so that the Scottish Executive, the Scottish Social Services Council, social care employers and the Scottish Institute for Residential Child Care can plan the necessary qualifying courses, underpinning knowledge training, assessment resources and support to achieve a fully qualified workforce. The information you provide will be treated confidentially in accordance with the Data Protection Act 1998. Apart from members of SIRCC staff who will process the data, access to the data about identified individuals will only be available to the individual him or herself and their current employer.

A questionnaire should be completed by each member of **Care Staff**, including on-site managers and supervisors, **employed** either temporarily, permanently or in a casual/sessional capacity in the unit or school on 1 April 2003. (i.e. not just those on duty on that day). If you are employed as a teacher, except where you are a Head Teacher who is a manager registered by the Care Commission or a teacher who regularly undertakes care shifts, or a member of the clerical, domestic or manual staff, please do not complete an audit form. If you are employed by a staffing agency, please do not complete a form.

This form should be collected by a designated manager in your own organisation. If, however, you are unsure who to return it to or there is anything else you are uncertain about, and you cannot find anyone in your organisation who can answer your question, please ring SIRCC on 0141 950 3683. We run a dedicated advice service on Tuesday and Friday afternoons and so those are the best times to call us.

#### PLEASE ENSURE YOU COMPLETE BOTH SIDES OF THE FORM-THANK YOU FOR YOUR HELP.

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK PEN

Name of School/Unit Authority	Authority/Organisation						
Name of staff member	Gender	M/F	(please circle)				
Date of Birth							
Are you likely to retire, or leave the residential child care workforce for some other reason, in the next 5 years? YES / NO / N.K. (please circle)							
<b>POSITION</b> (Only tick 'other' if your responsibilities do not match any of the descriptions at all closely)							
REGISTERED MANAGER (A staff member in overall charge of the establishment required to register with the Care Commission)							
SUPERVISOR (A staff member who has supervisory responsibilities for other staff)							
CARE WORKER (A staff member who provides care for children and young people)							
OTHER (Please state)							

TYPE OF CONTRACT	Permanent	Temporary	Ca	asual/Sessional				
HOURS	Full time	Part-time (s	state hours)		_			
PLEASE TICK ANY BOXES BELOW THAT APPLY TO YOU:-								
QUALIFICATION		ALREADY GAINED	CURRENT UNDERTAK					
Diploma in Social Work or CSS, CQSW.	equivalent e.g.							
SVQ in Care level 4.								
A qualification meeting requirements of the G Council e.g. PGCE, the Midwifery Council e.g. SR professional groups represented the Professions Courtherapists, Arts, Musitherapists, Physiotherapists, and Language therapists.	General Teaching and N, or the following gistered by the noil: Occupational c and Drama							
SVQ level 3 in Caring Young People, Promoting Care.								
HNC in Social Care, or a than SVQ recognised by Care and Education Boar Care and Education, or C Curative Education, or ar or above HNC or Cer Education level that inclusociology and psychology.	the Scottish Child d e.g. HNC Child ertificate of HE in ny qualification at tificate in Higher des social policy,							
Degree in Curative Educat	tion.							
Diploma in Curative Educa	ation.							
Degree or Diploma Education or equivalent, Community Education Endorsement Unit, Comm	Validation and							
SCRCCYP or CRCCYP.								
An award in management above Diploma in HE level Management Studies, MBA	el e.g. Diploma in							
SVQ 4 Registered Manage	ers Award.							
A post qualifying or adva approved by the PQ Con- Work in Scotland, in which Credit points covers N Certificate, Diploma or MS Management.	sortium for Social a minimum of 60 Management e.g.							
NONE OF THE ABOVE QU	IALIFICATIONS (ticl	k)						
Signed		Date						

#### **APPENDIX 2**

#### The Qualifications Criteria for Residential Child Care Staff<sup>14</sup>

Persons registering as residential child care staff must hold one of the following:

- Diploma in Social Work or equivalent
- SVQ in Care at level 4
- A qualification meeting the registration requirements of the General Teaching Council, Nursing and Midwifery Council, General Medical Council or the following professional groups regulated by the Health Professions Council:
  - Occupational therapists
  - Arts, Music and Drama therapist
  - Physiotherapist
  - Speech and Language therapists
- SVQ in Caring for Children and Young People, Promoting Independence, or Care at level 3, along with either an HNC in Social Care or another form of certificated underpinning knowledge from the following:
  - A qualification other than SVQ recognised by the Scottish Child Care and Education Board
  - Certificate of HE in Curative Education
  - Any qualification at or above SCQF level 7 that includes social policy, sociology and psychology
- Degree or Diploma in Curative Education
- Degree or Diploma in Community Education or equivalent, as recognised by Community Education Validation & Endorsement Unit, Communities Scotland
- Certificate in the Residential Care of Children and Young People
- Senior Certificate in the Residential Care of Children and Young People

<sup>&</sup>lt;sup>14</sup> Scottish Social Services Council (2004). *Qualifications criteria for phase one registrants*.

#### Residential Child Care Staff with Supervisory Responsibilities

Persons registering as residential child care supervisory workers must hold one of the following qualifications for practitioners:

- Diploma in Social Work or equivalent
- SVQ in Care at level 4
- A qualification meeting the registration requirements of the General Teaching Council, Nursing and Midwifery Council, General Medical Council or the following professional groups regulated by the Health Professions Council:
  - Occupational therapists
  - o Arts, Music and Drama therapist
  - o Physiotherapist
  - Speech and Language therapists
- BA in Curative Education
- Degree or Diploma in Community Education or equivalent, as recognised by Community Education Validation & Endorsement Unit, Communities Scotland

#### The Qualifications Criteria for Managers of Residential Child Care Services

Persons registering as managers of residential child care services must hold one of the above qualifications and have successfully completed one of the following:

- Any award in management that is certified at or above SCQF Level 8 (minimum of 60 credits)
- SVQ level 4 Registered Managers Award
- An assessed programme of study (either through a taught programme or by portfolio) where a
  minimum of 60 credit points covers management, at post-qualifying or advanced level, awarded
  by the PQ Consortium for Social Work in Scotland.

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