

**A View from Scotland:
Meeting the Challenges of Out-of-Home Care Provision**

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**Working Group 2:
Meeting the Challenges of Out-of-Home Care Provision**



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1. Introduction

The Scottish Institute for Residential Child Care (SIRCC)¹ is based in Scotland in the UK. It is funded by the Scottish Executive² and is a partnership of the University of Strathclyde, The Robert Gordon University, Who Cares? Scotland³, Langside College and Save the Children UK.

SIRCC was established in 2000 with the aim of ensuring that residential child care staff throughout Scotland have access to the skills and knowledge they require to meet the needs of the children and young people in their care.

SIRCC provides continuing professional development training, education courses ranging from college level to postgraduate masters level for staff and managers, consultation services, and carries out research studies to promote the development of good practice and improve the quality of residential child care across Scotland.

SIRCC has a network of links across the UK and internationally. It hosted the international congress of FICE in 2004⁴.

2. Residential child care in Scotland

In this submission, SIRCC uses the term 'residential child care' to denote smaller group homes and residential schools. We fully support a move away from large scale institutions to residential environments which can respond to the needs of individual children most appropriately.

Residential child care in Scotland is accommodation for children away from their home where several children or young people live in a small group environment, cared for by a team of staff. Children may live there for short or longer periods of time before returning home, being placed in other specialist care provision, moving on to live with foster carers or adoptive parents, or leaving care as young adults to live independently.

'Looked after' is the term used in Scotland when it is a duty of a local authority to look after a child for reasons of welfare or protection. Children and young people can be looked after in their own home or away from home in residential care, foster care or other provision. In this submission, the terms 'children' and 'young people' are used interchangeably.

In Scotland residential child care is provided by local authorities, non-governmental organisations and the private sector. A wide range of services exist from children's units or homes, respite services, residential schools, provision for children with disabilities to secure care units for children at risk to themselves or others. There is a positive shift away from institutionalisation with children living in smaller units and more access to respite care.

There were 11,700 children looked after in Scotland, approximately 1% of the Scottish population under 18 at end of March 2004⁵. Of these 1,917 were in residential accommodation and 3,461 were looked after by foster carers. The majority of children who are looked after live with their parents at home.

¹ SIRCC <http://www.sircc.strath.ac.uk/>

² Scottish Executive- the government in Scotland

³ Who Cares? Scotland- an NGO organisation providing support and advocacy for children and young people who are looked after

⁴ <http://www.fice-inter.org/>

⁵ Scottish Executive, 2004, Children's Social Work Statistics 2003-4 <http://www.scotland.gov.uk/stats/bulletins/00369-00.asp>

Trends for children who are looked after in Scotland include more children being placed in community settings away from home and increasing numbers of children aged under one year and girls being looked after. There are more children being looked after who are affected by living in families where one or both parents may be drug users. Government initiatives on youth crime and offending have led to an increase in the number of places in secure accommodation. Numbers of children experiencing emotional abuse and physical neglect as reasons for being on the child protection register have increased, in contrast to those of sexual abuse and physical injury which have decreased.

SIRCC believes that all those working in residential child care should be fully qualified. This is not the current position in Scotland where the majority of the workforce is unqualified. Our experience is that children and young people in residential child care are among the most vulnerable in society. The complexity of their needs requires a fully equipped and expert workforce which can call on a range of skills and knowledge. To provide children with less denies them the right to the best possible start in life.

3. What conditions/safeguards need to be in place to ensure that an institutional placement decision complies with the rights of the child?

SIRCC believes that demands on residential child care can mean that the need to protect children is more dominant than supporting young people's right to participation. In our view, there should not be a loss of young people's rights either to participation or protection because of being placed in residential care while greater attention needs to be given to achieving a balance between these rights.

Our experience is that the majority of placements of children and young people in residential child care are still made in an emergency. This is unsettling for children and young people who are being placed as well as for those already living in a children's home. The lack of available placements when existing designated emergency provision is full, and a low level of contingency planning, means that the capacity to respond to the individual needs of a child is diminished. There is little opportunity therefore to choose the right kind of provision. Children may not be in a children's home near to where they live, leading to further disruption in their lives. Pressure on places can mean that siblings cannot stay together, causing more distress to members of a family. Appropriate provision for younger children, who are coming into care in greater numbers, may not be available. There continues to be a high number of placement breakdowns so that children are moved several times. Local authorities are not necessarily fulfilling their duty of care in providing every looked after child with a social worker who is able to maintain regular contact. All these factors undermine children and young people's ability to have a positive experience living in a residential unit and deny their rights to make informed choices.

SIRCC believes that the following conditions or safeguards need to be in place:

- A better balance needs to be achieved between children's rights to protection and participation.
- Staff must have access to relevant, high quality education and training in order to ensure that they have the skills and experience to respond to children's and young people's needs prior to and after placement. This should include knowledge of children's rights.
- Children need to have access to independent advocacy and support at all times during the placement process. They should have information about the type of placement and the options available.
- Placements should not be made in an emergency unless absolutely necessary and should instead be the result of a full assessment of a child's needs. All processes should take the child's views into account in decision making.

4. As regards child's right to grow up in safe, stable and trustworthy relationships, how to address the issue of institutionalisation as a measure of last resort?

SIRCC believes that residential care must be a positive choice for children and young people who are dealing with complex and difficult situations in their lives. It has the capacity to provide a healing and supportive environment where children have the opportunity to develop their potential. It is the right provision for children when it is chosen based on a full assessment of their needs and when it takes children's views into account.

'Institutionalisation' is a negative and harmful process in which residents' social and emotional development needs are unmet. We recognise that negative effects can arise when children are cared for in large groups, or when the numbers of staff are small, or both. Staff need to be trained in child development and also to understand the continuing significance of family contacts and the development of individual identity and cultural competence. SIRCC therefore believes that a positive ethos and culture which is implemented by the staff team who are able to offer individual attention and develop individual care-plans is crucially important for countering institutionalisation.

Residential child care still has a reputation for being the 'poor relation' of care provision, a placement of last resort. This has an impact on the profile and morale of the workforce and undermines residential child care's therapeutic potential. This view hinders residential and foster care and other preventative services from working together more closely.

Residential child care does not exist just because there is a shortage of foster care or other services. For many young people it is the placement of choice which can meet their individual needs away from a family setting or through specialist support⁶. SIRCC's view is that residential child care is complementary to other care provision for children and young people.

There is concern among those working in residential child care in Scotland that public perceptions of young people's offending and anti-social behaviour have led to an increasingly negative view of children and young people, particularly of those living in residential care. This is matched by tensions in meeting the policy objectives of youth justice within the therapeutic environment of residential child care.

SIRCC believes that negative aspects of institutionalisation can be best addressed by ensuring that:

- Residential child care provides a positive, therapeutic and healing environment for children which can offer specialist support. The ethos and culture of a care home should be underpinned by the work practices of the staff team.
- Children are only placed in residential provision after a full assessment of their needs and one which takes their views into account. There should be a common framework for assessing children's needs. Assessments should be updated regularly.
- Children are supported to maintain family contact, with few exceptions.
- There is a role for inspection and visitors who have the duty to meet with the children on their own.
- There is a complaints procedure with an independent element (see below).
- A number of situations which result in children entering residential care are addressed by providing other forms of provision such as a short term facility.

⁶ Skinner, A. (1992). *Another Kind of Home: a review of residential child care*. Edinburgh: The Scottish Office, Social Work Services Inspectorate.

- Residential child care staff become more involved in long term preventative services in communities which aim to ensure that children stay in their homes, where possible, for all or part of the time.
- Staff have access to high quality training and education which is based on common skills, knowledge and competences in order that they can best address the needs of the children they work with. This must include training and education on children's rights.

5. How to develop indicators to assess the conditions of institutions and the impact of institutionalisation on children?

Care standards have been developed in Scotland in order to register, inspect and regulate services across all areas of social care including residential accommodation for children⁷ (see also section 6). Care provision is inspected by an independent agency, the Scottish Commission for the Regulation of Care, which has national responsibility for overseeing the care standards⁸.

The care standards were developed after an extensive period of consultation, led by government and involving local government, service providers across all sectors and non governmental organisations including advocacy organisations for children and young people. The development of national care standards in Scotland is regarded as a positive step towards raising quality in residential accommodation for children and young people.

Research was undertaken in 2004 by SIRCC and Who Cares? Scotland on behalf of the Scottish Commission for the Regulation of Care in order to find out children and young people's views on the extent to which care home providers were meeting the national care standards and how effectively the rights of children were being safeguarded in residential settings⁹. This research found that children and young people had positive experiences of residential child care but also that two-thirds of young people were unhappy with some aspect of their care. Many felt that their views were not adequately respected and that complaints procedures were not easy to access. The outcomes of the research will be used to improve regulation and inspection in the future.

Research and consultation has been carried out in Scotland, particularly by Who Cares? Scotland and SIRCC, drawing on the experiences and views of children and young people in residential child care. There are, however, few longitudinal studies in Scotland on the impact of the experience of residential child care although there is national data collected by government on, for example, educational outcomes of young people who are looked after and aftercare arrangements, accommodation and economic activity of those leaving care¹⁰.

SIRCC believes that:

- Care standards or their equivalent need to be strictly monitored and evaluated to ensure that they are effective rather than tokenistic.
- Residential care providers should not be complacent about their standards even when there is a regulatory framework in place. They should aim to meet and surpass the existing standards.
- There should be indicators developed locally by residential child care services which involve children and young people. These should be routinely used to assess and monitor a residential care home.

⁷ National Care Standards <http://www.scotland.gov.uk/Resource/Doc/1095/0001729.pdf>

⁸ Scottish Commission on the Regulation of Care <http://www.carecommission.com/>

⁹ Scottish Commission on the Regulation of Care, A Review of the quality of care homes in Scotland 2004 <http://www.carecommission.com/publications/documents/51.pdf>

¹⁰ Scottish Executive, 2004, Children's Social Work Statistics 2003-4 <http://www.scotland.gov.uk/stats/bulletins/00369-09.asp>

6. What systems and/or monitoring mechanisms, including child-sensitive complaints procedures and minimum standards, need to be in place to ensure that residential care, when used appropriately, will be a constructive experience for the children involved?

The Scottish national care standards, described in section 5, are the main systems for registering, inspecting and regulating residential child care in Scotland. These standards are welcomed by SIRCC as a significant contributor to developing quality care. These standards are based on principles which recognise the right of children and young people to dignity, privacy, choice, safety, realising their potential and equality and diversity¹¹. They cover a wide range of areas from arriving in the care home to being supported in educational choices and reflect the involvement of young people in their development. Although these standards are welcome, research carried out with young people shows that young people are concerned about the effectiveness of the standards including complaints procedures¹².

A network of Children's Rights Officers, who are based in many local authority areas in Scotland, have a remit for providing advocacy and support for children and young people who are looked after by the state. There is also a national independent advocacy organisation for children and young people, Who Cares? Scotland¹³, which has workers based across Scotland to provide advocacy, advice, information and support to children and young people who are looked after, as well as influencing policy and professional practice at national and local level. These services are funded by central and local government. Both these resources have been able to increase the profile of children's rights and are an example of good practice in ensuring that children and young people are supported in making their own voices heard.

The use of physical restraint is particularly contentious and is one which is raised as an area of concern by young people. The Scottish Executive commissioned guidance on physical restraining children for staff and managers in residential child care from SIRCC¹⁴, and SIRCC is also undertaking research with children and young people on the subject which will be published shortly. Without guidance and clear policies in units, children and staff are vulnerable to the effects of its misuse.

SIRCC believes that:

- National care standards or their equivalent should be regularly evaluated and reviewed to ensure that they remain effective.
- Complaints procedures should be easily accessible to children and young people and their effectiveness monitored.
- Advocacy and support should be readily available for children and young people through networks of independent professionals such as children's rights workers.
- Clear policies and guidance on the use of physical restraint ought to be available to staff and to children.

7. What are the opportunities for enhanced participation by children not only in the decision-making process, but also in their daily lives as residents in an institutional care setting?

SIRCC believes that opportunities for children's participation should be built into all formal and informal aspects of residential child care. These should include involving children in formal decisions such as those about placements, taking account of children's wishes about how near they want to be to their homes and schools, being placed with their brothers and sisters,

¹¹ National Care Standards: Care homes for children and young people
<http://www.scotland.gov.uk/Resource/Doc/1095/0001729.pdf>

¹² Scottish Commission on the Regulation of Care, A Review of the quality of care homes in Scotland 2004
<http://www.carecommission.com/publications/documents/51.pdf>

¹³ Who Cares? Scotland <http://www.whocaresScotland.org/>

¹⁴ Davidson, J., McCullough, D., Steckley, L. and Warren, T. (2005). *Holding Safely*. Scottish Institute for Residential Child Care. <http://www.sircc.strath.ac.uk>

level of contact with their families and what kind of provision they would prefer. It should also include day to day decisions such as the kind of food children want to eat, maintaining their hobbies and seeing friends. Children should also be involved in contributing to decisions about rules and practices in the care home such as discipline, decoration of rooms and group outings. Particular attention should be paid to ensuring that children with disabilities are able to access their rights to participation.

SIRCC is concerned about continuing poor educational outcomes for children and young people in care. Educational opportunities for older young people can be detrimentally affected by decisions made about care provision at a point of transition in their lives. The timing of important school exams can coincide with a move from one placement to another or to independent living. There needs to be greater account taken of children's education and consideration given to the impact of disruption such as at the age of 16 when young people generally leave care in Scotland.

Children and young people should have access to interesting and stimulating recreational experiences. Strict interpretations of health and safety and child protection policies have led to restrictions on activities even when this is not required. This can prevent children from participation in normal everyday activities such as visiting friends overnight and taking part in outdoor pursuits.

SIRCC believes that participation can be better supported by:

- Ensuring that residential staff have knowledge of children's rights, and the skills to facilitate children's and young people's participation in formal and informal decision making. This should be supported by all levels of management within residential child care.
- Children and young people should have the opportunity to develop their understanding of their rights and how to access them in residential child care. They should have access to independent advocacy through children's rights officers.
- Ensuring that children and young people are able to access their rights to education, play and leisure.

8. How to facilitate and enhance child's transition process from institutional care to independent living?

There is a need for better preparation for young people leaving residential care whether this is returning home, moving to foster care, or transition to independent living.

Older young people are poorly equipped to live by themselves when they have left care. It may be helpful to explore whether there are additional ways of providing support and more informal group care which could make this transition more successful. Generally SIRCC is concerned at what is happening to young people who leave the care system when they are 16 or over¹⁵.

For young people with disabilities, there needs to be better planning for the transition into adult services. The availability of more services aimed at 18 to 25-year-olds with a greater focus on preparing for independence would better support the move of young people into young adulthood.

The Scottish Throughcare and Aftercare Forum is an example of an organisation which provides information and support to professionals and to young people prior to and after leaving care¹⁶.

¹⁵ Biehal, N., Clayden, J., Stein, M. and Wade, J. (1995). *Moving On*. London: HMSO.

Dixon, J. and Stein, M. (2002) Still a bairn? Throughcare and aftercare services in Scotland: Final report to the Scottish Executive. York: University of York.

¹⁶ Scottish Throughcare and Aftercare Forum <http://www.scottishthroughcare.org.uk/>

SIRCC believes that the transition process to independent living can be better supported by:

- High-level commitment from local government or other bodies for providing effective throughcare and aftercare services including appropriate financial support.
- Ensuring that there continues to be professional and advocacy support for young people who have left care and are living independently.
- Maintaining continuity of education for young people in order to ensure their best possible life chances.
- Specialist support for young people with disabilities in planning for the transition to adult services.

Five suggestions for recommendations to be adopted by the Committee

1. Workforce

Residential child care services should be staffed by an appropriately trained and professionally qualified workforce. All staff working in residential child care should have access to initial and ongoing training and education. Registration of the residential child care workforce should be undertaken by a nationally accredited agency.

2. Children's rights

Children's participation should be encouraged through the establishment of high quality independent advocacy and support services such as networks of children's rights officers and advocacy organisations for children and young people. All staff working in residential child care should have access to training in children's rights and have opportunities to reflect on their practice.

3. Residential child care as a positive choice

Good quality residential child care should not be presented as a service of last resort by professionals or policymakers. This ignores the realities of the difficult situations that confront children and young people and undermines their right to positively choose residential child care. In turn it also stigmatises those working in the residential child care workforce and diminishes their skills and expertise.

4. Leaving care

Better support should be available for young people at local and national level prior to and after leaving care in the 16-21 age group in order to help them to achieve their potential.

5. Community of residential child care practitioners

There are considerable benefits from having a national organisation such as SIRCC which can provide training, education, consultancy and support to those working in residential child care. We believe that this model might be of interest to other countries.

SIRCC has facilitated the development of a growing practice community through the establishment of professional networks and the cohorts of students who have been through SIRCC's training and education provision. Through SIRCC, there is access to more specialist training and the opportunity to benefit from international links. SIRCC works closely with government and other providers to influence policy. There has been a significant research output from SIRCC and the establishment of a widely circulated academic journal. All these initiatives support knowledge transfer across residential child care and increase the capacity of the sector, as well as sharing current thinking and practice with other professionals.