

Children's Hearings, Residential Childcare and Professional Education

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Abstract

This article considers the relationship between the Scottish Children's hearings system and residential childcare, with particular attention to issues of training and education. The paper summarises the key characteristics of Scotland's Children's Hearings system and highlights changes that have taken place following the introduction of the Children's Hearing (Scotland) Act 2011. The paper also considers the relevance of the original Kilbrandon Report to residential childcare in Scotland and critically examines the changes that have taken place to the education and training of residential childcare workers since the report was published in 1964. The paper argues that recent developments in relation to the regulation of the residential child workforce in Scotland provides an opportunity to focus on the importance of attending to all aspects of children's 'upbringing' through the application of approaches informed by social pedagogy.

Keywords

Children's Hearings, residential care, education

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Introduction: the hearings system

The Scottish Children's hearings system was introduced in 1971 under the terms of the Social Work (Scotland) Act 1968. The system in many respects followed closely the recommendations of the Kilbrandon Report of 1964, including the core concept that a lay panel should in most cases replace the role of juvenile courts.

Three key elements of the hearings system have stayed essentially the same over the last 50 years (Lockyer & Stone, 1998; Schaffer, 2014). Firstly the system deals in the same ways with children who need some form of public intervention *either* for the sake of their care and protection *or* on account of their (mis-)behaviour, including 'offending behaviour' as it would now be called. Secondly, when cases are dealt with formally, in all but the most serious instances the decision about what should happen is made by a panel of three lay members of the community, not by juvenile or youth courts as happens in

nearly all other jurisdictions¹ (Hill et al., 2007). Moreover, panel hearings do not take place in court-like settings, but in ordinary rooms. Their format is non-adversarial with round table discussion by panel members, children, relatives and professionals (Connelly & Milligan, 2012; Norrie, 2013). Thirdly, the new role of 'Reporter' to the Children's Hearing was created to oversee the referral process and provide legal guidance to Panel members. The children's reporters consider all referrals and may divert cases from formal processing.

The 'matching field organisation'

One very important difference between the system that was set up and the one envisaged by the Kilbrandon committee (Stone, 1995) concerned what Kilbrandon referred to as the Matching Field Organisation; the Social Education Department. Its role was to have been that it would provide reports on children for the panels, supervise children when directed to do so and organise placements for children required to live away from home. By the 1960's education was a well-established profession and Kilbrandon stated that many children's difficulties could be ameliorated by effective learning. The suggestion also fitted with Kilbrandon's view that troubled young people are not essentially different from others :

During childhood the child is subject to the influences of home and school. Where these have for whatever reason fallen short or failed, the precise means by which the special needs of this minority of children are brought to light are equally largely fortuitous. The individual need may at that stage differ in degree, but scarcely in essential character

(The Kilbrandon Report, 1964, para 251).

This focus on social education and an holistic view of children's "upbringing" was drawn from Scandinavian models of service which included the philosophy and profession of 'social pedagogy'. Though little known in Scotland, these ideas have become influential in recent times, as we shall see.

However, in the mid-1960s, there was also support for the idea of creating a new local authority social work service, which would integrate welfare provision not only for children but across the lifespan. In the event, Social Work Departments were created through the same legislation that introduced the Children's Hearing system. Included in the remit of Social Work Departments was support to hearings. Subsequently some authorities combined education and social work services for children but for the most part, until recently, the functions have remained organisationally separate (Schaffer, 2014).

¹ When the facts of the case are disputed, then a more formal proceeding takes place before a Sheriff to determine what in other jurisdictions would be called 'guilt' or 'innocence'. Proven cases then proceed to the children's hearing for a decision.

It is also important to note that the Kilbrandon report highlighted the importance of national education and training systems for those staff who work with children in need and associated standards and regulations. This too will be considered later in this paper.

Changes since the inception of hearings

Although the essential elements of the hearings themselves have stayed constant, detailed modifications have occurred in response to a range of influences, including research evidence, internal discussions, political considerations and the European Convention on Human Rights. Probably the biggest transformation has affected the infrastructure which supports hearings. From the outset, panel members were meant to come from the neighbourhoods of the families they would be dealing with (Lockyer, 1992), so initially the responsibility for recruitment and support lay with local committees in each local authority area, but independent of that authority. Reporters worked for a separate department in local authorities. When the new role of safeguarding was introduced in 1985 to represent the child's best interests in certain cases, local authority administrators were given the task of recruiting, paying and organising training (Hill et al., 2003). Finally, the training of panel members was arranged by organisers based in adult education departments of several Universities (Lockyer & Stone, 1998). Later these training units took over safeguarder training too.

This 'devolved' structure has given way to unification and centralisation in two main steps. In 1995, reporters were removed from local authorities and placed within a single organisation (Scottish Children's Reporter Administration) with its headquarters in Stirling. A report about the service had concluded in favour of a local service, but the Government thought that a national system would lead to more consistent practices and procedures (Finlayson, 1992; Dewar, 1997).

Recently, following changes introduced by the Children's Hearings (Scotland) Act 2011, a single body was created (Children's Hearings Scotland) with responsibilities for the recruitment, training and support of panel members. This is headed by a National Convener, and its central office is also in Stirling. A single national panel has replaced the previous 32 children's panels. Similarly, there is now one panel of Safeguarders, administered by the voluntary agency, Children 1st. These changes were introduced in order to increase impartiality and independence (Schaffer, 2014), although critics have expressed concern about a loss of local links and autonomy. Area Support teams within Children's Hearings Scotland are intended to allow local involvement to continue.

Overall, the functions of panel members, reporters and safeguarders have not changed substantially over the last 5 decades, but there have been some modifications in their responsibilities and in the processes for dealing with cases.

The hearings and residential care

It has always been the case that most children in contact with hearings remain in their family home or - less often - a foster home, so that residential care is only relevant in a minority of cases. On the other hand, many young people who live in residential care have

attended children's hearings and been admitted to their current placement as a result of a legally binding order by a hearing. During the 1970s, the majority of children subject to compulsory supervision *away from home* by a hearing were in children's homes, hostels or residential schools, but the relative growth of foster care meant that by the 1980s only half were in residential care (Lockyer and Stone, 1998). On 31st March 2014, of more than 11,000 children subject to a compulsory supervision order (CSO) from a children's hearing, 800 were placed in residential care, more than one third of whom were in residential schools (SCRA, 2014).

Hence, the general provisions for hearings and their detailed arrangements have always had important implications for the residential childcare sector. The 1966 White paper which first planned the setting up of hearings, considered residential childcare in detail, and envisaged that a range of residential provision would be available to panels, including children's homes, hostels and residential schools (Ford, 1982). However, with the important exception of secure accommodation dealt with separately in the next section, residential care as such has been seldom mentioned explicitly in legislation about the hearings. Instead, reference has been made to hearings requiring children to reside in a specified place as a condition of a compulsory supervision order². If the specified place is a residential placement then the particular establishment must be named (Norrie, 2013). Should a change of placement be deemed necessary by the local authority then a review hearing must be fixed. The precise arrangements for children and young people living away from home together with their rights have been covered by statutes and guidance that are separate from the hearings³.

When a child is placed in a residential or foster placement by decision of a Hearing the order lasts for a maximum of a year and so must be reviewed and renewed or cancelled before the year is up. It can be reviewed sooner on request of parents or social work department. These review Hearings are very significant in the lives of children in care, and thus significant for the residential workers who normally accompany the child to the Hearing, and support them there. The role of residential workers at Hearings can be summarised as containing two main elements; providing information to the Hearing about the well-being and progress of the child against their care-plan, and supporting the child at the hearing.

Recent research on Hearings system has for the most part had little to say about residential childcare whilst much Scottish writing about residential care makes little mention of Hearings. An early study of Hearings did however give some attention to decision-making in relation to residential care (Murray et al., 1981). At that time, when the great majority of referrals related to offences, foster care was rarely considered, so the choice of actions was usually between home supervision and residential placement. Recommendations by social workers for residential care were most influenced by young people's problematic behaviour at home. The authors noted the general reluctance of panel members to require residential supervision. They saw the residential option more as

² Under Section 91(3)(a) or 119(3)(a) of the Children's Hearings (Scotland) Act 2011, which replaced the previous term 'supervision requirement' with 'supervision order'.

³ E.g. the Children (Scotland) Act; Looked After Children Regulations 2009; Children and Young Persons (Scotland) Act 2014.

a measure for control than treatment and usually considered a residential option only for those who had had multiple referrals for offences. As Murray noted, 'expressions of concern or remorse or undertakings for the future are eagerly elicited as justifications for an alternative disposal' (Murray et al., p. 314). Panel members' main hopes for residential care were that it would teach children to conform to expected standards and provide stability.

The issue of decisions about placement in residential care came to prominence as a result of the controversial childcare policies of Fife Council during the 1980s. Interestingly, the focus of the controversy was about panel members' *greater* willingness to use residential care than social workers, in contrast to the earlier research findings. Fife Council Social Work Department prioritised keeping children with their families and communities and regarded residential care as a 'last resort'. Fife Council policies were consistent with a widespread practice philosophy in Scotland (Lockyer and Stone, 1998), they were, however, criticised for pushing preventive and diversionary principles to the extreme and, significantly, marginalising the role of reporters and panel members. Following an extensive Inquiry, the Kearney Report (1992) concluded that the Council had been dogmatic in its negative view of residential care and had withheld vital information from reporters. In the few cases where hearings had made residential requirements, this had been despite advice from the social workers arguing against a residential placement. Kearney's findings were published in the same year as the Skinner Report (1992) on residential care. In different ways, they each proposed a more positive view of residential care, which has influenced subsequent policy and thinking.

Nevertheless it remains a common belief that many social workers and panel members continue to assume that 'family settings are always preferable to group care' (Connelly and Milligan, 2012, p. 50) and that the social work profession has had an ingrained but misguided 'anti-institutional bias' (Smith, 2009, p. 27). Research in the 1990s, however, showed such prejudices were by no means universal (Kendrick, 1995). The National Review of Residential Childcare (NRCCI) of 2009 identified several circumstances in which residential care can provide a positive function e.g. to avoid multiple fostering breakdowns or when a troubled attachment history makes family placement very risky (Hill, 2009; Connelly & Milligan, 2012).

Over the years, a number of reporters and panel members have complained about the limited range of residential resources available (Hallett et al., 1998; Lockyer & Stone, 1998). This has applied particularly to meeting the needs of young people with more specialist needs (Ford, 1982).

Overall, recent evidence about the outcomes of residential care have been positive (NRCCI 2009). However, there have been claims that young people referred to residential care by Hearings may have their behaviour adversely affected. Sometimes young people in residential care come to the attention of the police and may then be referred to the reporter for behaviour that might not have merited such reactions had it occurred 'in the community'. This arises in part from a desire to protect staff from violence, but may also reflect a risk-averse approach (Smith, 2009; Shaw, 2014). In addition, young people with a

minimal offending history can become involved in crime through association with peers in residential care who are inclined to offend (Bradshaw, 2005; Hill et al., 2005).

Another significant issue has concerned the respective roles of residential staff and field social workers in relation to attendance at Hearings. Since 1971, it has been widely assumed that field social workers should be the primary persons other than family members to attend and provide overall assessments to Hearings, though schools also routinely provide written reports. Residential workers would attend, if at all, mainly to provide support to a young person. In fact, attendance at Hearings should be determined by the panel chair on the basis of whose presence is helpful to the matter in hand and in the best interests of the child. It is not mandatory for a social worker to attend, but this nearly always happens because social work services are responsible for implementing Hearing decisions and usually have valuable information (Norrie, 2013). Yet, field workers usually have less frequent contact with the child and may not be good at sharing information or valuing the role of residential workers (Milligan & Stevens, 2005). Over the years it has become increasingly recognised that residential staff have vital knowledge about the day-to-day experiences of children in their care that field workers often lack and that in some cases they have known a young person for longer. Research carried out in the mid-1990s found that representatives from residential units attended 14 out of 60 Hearings observed. Given that many of the children concerned were not in residential care at the time and a residential supervision requirement was made in only 11 instances, this indicates the presence of residential staff in a high proportion of relevant cases (Hallett et al., 1998).

Secure accommodation

Panel members were empowered by the 1968 Act to authorise admissions to secure units when a young person either had a history of absconding or was a danger to her/himself or the public. Today one or more of essentially the same conditions need to be satisfied (Norrie, 2013).

The law was changed in 1983 in response to the European Convention, so that authorisations were to be made according to specific criteria that could be challenged in court (Lockyer & Stone, 1998). Currently a secure accommodation authorisation may be made under Section 83 of the Children's Hearings (Scotland) Act 2011. Section 83(5) states that a compulsory supervision order may contain a requirement for the child to reside in a residential establishment, which contains both secure and not secure accommodation or in two or more residential establishments one of which is not secure. This is a rare example of residential provision being explicitly mentioned in the Act. The 2011 Act introduced a new requirement for hearings to consider all other options, including a movement restriction condition, before recourse to secure accommodation authorisation.

Strictly, the hearing does not require a young person to stay in secure accommodation - this is a decision made by the Chief Social Work officer in consultation with the child and relevant persons in respect of the child. The decision can only be implemented with the

authorisation of a hearing^[1]. In the year 2012-13, 112 authorisations were made as a condition of a compulsory supervision order and 125 as part of an interim order. The 2011 Act continues to state that the Chief Social Work Officer may only implement a secure authorisation if the head of the relevant unit agrees (Section 151). According to the associated Regulations, Heads of Unit must provide in writing the nature of their decisions and the reasons for it. When a compulsory supervision order with a secure accommodation authorisation is made, the reporter must initiate a review hearing within 3 months. Such placements invoke rights under Articles 5, 6 and 8 of the European Convention on Human Rights (e.g. as regards rights of challenge, length of placement) (Norrie, 2013). The 2011 Act also extended the right of appeal to cover not only authorisation but also implementation.

Some people have argued that Scotland has had a high rate of admission to secure accommodation compared with other countries (Whyte, 2007). It should be noted however that it is difficult to compare numbers when other jurisdictions may use 'detention centres' for some under 16s, (located within juvenile justice rather than child welfare systems). Nevertheless in Scotland there had been a long term trend of rising numbers of secure placements (Smith & Milligan, 2005), only halted and reversed recently. There was a substantial growth in admissions after 2000 corresponding with an increase in the overall size of the secure estate, but a change in policy resulted in a significant fall from 102 young people in March 2009 to 65 on the equivalent date in 2013 (Walker et al 2006; Scottish Government, 2013).

Research on secure accommodation has shown that in most instances panel chairs and social work staff were in agreement about when secure authorisation was required. However, both panel chairs and social work managers acknowledged that at times panel members' tolerance of risk was lower. In particular, panel chairs could be less convinced about the likely effectiveness of individualised support 'packages', preferring services that were explicitly designated as 'alternatives to secure' (Walker et al., 2006). Tensions were apparent when social work managers and panel members wanted a secure placement, but heads of units refused or delayed placement on the grounds that the current group of young people were not in a position to accept an additional person. Partly for that reason, an authorisation was more likely to be made and implemented when social work managers had greater influence over the units, as in the case of local authorities with their own provision. A study of secure referral groups in one Scottish local authority found that decision-making about whether to recommend secure care or not could be improved, for example by including individuals with mental health expertise, greater clarity of roles and more critical awareness of gender-related risk (Roesch-Marsh 2012, 2013).

Professional Education and Training

Turning now to the professional development needs of residential childcare workers. It has already been noted that Kilbrandon's original vision of a Social Education Department and centralised statutory education and training requirements, for workers engaged in children and young people's upbringing, , were never implemented. (Asquith, 1995, p. 75).

^[1] In certain circumstances, an admission may be arranged without prior authorisation, but then a hearing must be held within 72 hours.

It could be argued however that the creation of the Scottish Social Services Council in 2001 and the establishment of the Centre for Excellence for Looked After Children in Scotland have gone some way to realising this ambition.

Strengthening the skills and levels of qualification of residential childcare personnel has had a long history (Winnicott, 1971). There has however been a fragmented approach as noted by Barr who identified that 50 reports addressing the issue of qualifications in social work and social care, across all age groups, since 1945 (CCETSW, 1987). On a more positive note, major reforms took place in the Northern Irish residential childcare sector following the Kincora enquiry (Hughes, 1986). Whilst this led to parity in relation to pay and professional education, all residential workers were required to hold the same qualification as their fieldwork colleagues; this was not replicated elsewhere in the United Kingdom (Boyle 1991).

In Scotland, the Skinner report named after the Chief Inspector of Social Work's review of residential childcare, highlighted low levels of qualification among the workforce (Skinner, 1992, p.114). The report led to the introduction of both professional and vocational training targets and the establishment of the National Centre for Residential Childcare (Lindsay, 1999).

However, by the end of the decade, little progress had been made and a new residential childcare training initiative was included within the 'modernising social work' policy push, which followed the election of the 'New Labour' government in 1997. The National Centre for Residential Childcare was succeeded in 2000 by the Scottish Institute for Residential Childcare (SIRCC), a partnership linking two universities, an FE college and the national advocacy body, Who Cares? Scotland. SIRCC was funded by the Scottish Government to deliver a large number of training courses at all levels from in-service specialist training to Masters' awards, including the development of a specialist social work qualification, the residential childcare pathway of the BA in Social Work (Milligan, 2003). In the 11 years of SIRCC's existence hundreds of qualifications were achieved by residential childcare workers at HNC and SVQ level 3, plus smaller numbers of BA and Masters Qualifications, the latter often aimed at senior residential practitioners or residential unit managers (Kendrick et al., 2009).

The role of the residential worker in the Children's Hearings system has however been largely absent from professional training. In service programmes have therefore been developed. These have emphasised the importance of children's rights, advocacy and report writing skills. These skills have also featured heavily in the HNC in Social Care programme developed and delivered by SIRCC (2000-2011).

The New Labour agenda sought to strengthen the social services sector whilst making it more responsive to service users' needs through increased regulation. This involved setting up a register for individual social services workers and setting national standards for care services (residential homes, day centres etc.). This substantial regulatory framework was introduced by the Regulation of Care Act 2002 (ROCA) which created the then Scottish Commission for the Regulation of Care, now the Care Inspectorate and the Scottish Social Services Council.

The Scottish Social Services Council began to register the workforce in 2002. Initially social workers were registered followed by residential childcare workers. One of the criteria required for registration was completion of a range of prescribed qualifications aligned with the Scottish Credit and Qualification Framework (SCQF 2014). As we have seen, SIRCC had been delivering and developing courses at a variety of levels and were prepared to respond to whatever mandatory qualifications were set by the SSSC.

Many in the residential sector were disappointed when, in preparation for registration with the SSSC the level of qualification required for registration was set at SCQF levels 6 and 7. It was also felt that there was an over reliance on competency based Scottish Vocational Qualifications (Heron, 2006).

There was also dismay over the fact that the SSSC initially included an SVQ Level 2 award as a minimum qualification for registration as it was felt that this failed to recognise the complexity of the role carried out by residential childcare workers. The rationale put forward by the SSSC for this was that the level 2 award contained important personal care competences including, assistance with bathing and toileting, which were relevant to a small number of specialised residential services for children with a disability; these were later incorporated into the SVQ level 3 award. Two other issues are of relevance here. First, the importance placed by the SSSC on parity of esteem between academic and vocational qualifications and issues of staff retention. Many residential workers on obtaining their Diploma in Social Work through SIRCC were drawn to employment in fieldwork practice because levels of pay and other conditions of service were more attractive; unlike the situation in Northern Ireland post the Kincora scandal.

Further to this, the registration requirement for managers of residential units was that they hold both a professional social work qualification plus a management award. This served to 'anchor professionalism at the level of the manager of the residential unit but failed to meet the long held aspiration that many front line residential workers should have a relevant professional-level qualification, the original Skinner target from 1992. In response to regulatory demands and pressures it is interesting to note that residential childcare workers have become more assertive and confident about their role, in spite of the reduction in the overall size of the sector and frustrations about its 'last resort' status (Crimmens & Milligan, 2005; McPheat et al., 2007). The Scottish government continues to affirm residential care as a 'positive choice' and indeed a 'first choice' for some children (Bayes, 2009).

A strategic review of residential childcare was launched in 2008 (Bayes, 2009). The challenges it sought to address were twofold: the increasing complexity of the needs of children and young people, and the recommendations from an enquiry into abuse and poor practice in a major residential school (Frizzell, 2009). In addition, there was increasing recognition that a workforce with the skills and confidence to work in therapeutic ways was needed.

The National Residential Childcare Initiative established three working groups tackling various aspects of this agenda; matching needs and resources, commissioning (the relation between local authority *purchasers* and the *providers*,) and professional development of

the workforce. The working groups produced separate reports at the end of a year-long process.

The workforce report, *Higher Aspirations, Brighter Futures* made 15 recommendations (Davidson et al., 2009). These sought to place responsibility on all parties, workers and managers, employers and regulatory bodies to develop consistent standards of training and professional development. The recommendations addressed management, supervision, and external oversight of residential childcare, acknowledging the wider organisational context in which services operate. In relation to education and training it was recommended that from 2014 all staff should have as a minimum a Scottish Credit and Qualification Framework (SCQF) level 9 award, corresponding with the Ordinary Degree awarded by Scottish Universities. It was argued that:

Given the increasingly complex needs of children and young people and the professional task that require high-level academic abilities, the Workforce group believes that a minimum level of education, with assessed practice, at SCQF level 9 for workers, supervisors and managers, would better equip them to undertake their work most effectively;

(Davidson et al., 2009, p.21).

Although lower than the Honours degree (level 10) that had become the standard for most degrees in Scotland, including social work in 2004, this was evidence of a more aspirational and ambitious approach. All key institutional stakeholders including local authorities accepted the recommendations of the NRCCI. Responsibility for developing the new degree award was given to the SSSC which had recently also developed a standard for a similar award (a BA in Childhood Studies) for managers in the early year sector against the national Childhood Practice Standards. The SSSC undertook to develop a practice-based standard at level 9 for residential workers, seek support from stakeholders and support universities to provide courses which, subject to SSSC approval, will enable workers to gain the qualification and meet the requirements for professional registration. The SSSC also commissioned its own research into the new standards highlighting that:

The Scottish Government's intention is to have a "joined up" child's workforce allowing individuals to move across and between different sectors including early years and where appropriate some of the non-professional children's health roles. So a single qualifications framework would be a preferred option;

(Farrier and Bizas, 2012, p. 7).

Note here however, the ambiguity that continues to exist: What is being proposed is at least in the eyes of some stakeholders a qualification that is 'non-professional'.

Social Pedagogy

Nevertheless, the residential childcare standards building, as they have, on the success of the standards for early years present a new opportunity to develop a new qualification geared specifically to the needs of residential childcare practitioners. This is to be

welcomed as it appears to be more in keeping with Kilbrandon's vision and is informed by lessons learned over the last fifty years. The prospect of a new higher level bespoke qualification with transferability across other parts of the childcare sector gives cause for optimism, as does the inclusion of key concepts such as 'Lifespace' within the standards. This suggests that there is increasing recognition of the need for theorisation of the work that takes place in a child's home or residential facility - the 'lifespace'. There is too recognition of the distinctive role of the residential childcare worker as someone who works professionally *and* relationally with children and young people throughout the routine activities of everyday life (Trieschman et al., 1969).

Social pedagogy is most commonly described as 'education in the broadest sense of the term' (Jackson & Cameron, 2011). It extends beyond the upbringing of individual children to incorporate wider dimensions of community responsibility and provision. The importance of the quality of all aspects of a child's upbringing, a theme that concerned the Kilbrandon report, is central to social pedagogy. It connects with an alternative, more aspirational, approach to raising children in Scotland and is concerned with social justice and inequality (Davis et al., 2014).

Since the early 1990's the social pedagogue profession has been repeatedly examined by Scottish and UK policy makers, as an alternative model of professional training for residential childcare workers (Warner, 1992; Kent 1997; Bayes, 2009), for the 'early years' workforce (Children in Scotland, 2008-10), and for youth work (Regional Youth work Unit, 2010). In parallel with the residential childcare developments described above, social pedagogy has been introduced through pilot projects across the UK. This approach offers the potential to provide a richer more theoretically informed paradigm to residential childcare practice. Initiatives have been positively received by residential childcare workers although implementation has been patchy (Cameron, 2007; Milligan, 2009). Thus far, these have served to highlight the differences between social work and social pedagogy as distinctive professions in terms of the main locations where these respective professionals practice. Pedagogues often undertake sustained 'direct care practice' - nurturing or playing with children, promoting their development and social integration - as well as working to 'care plans' (Holtoff & Juncker Harbo, 2011), rather than being mainly based in offices and carrying the many statutory responsibilities and case management which are duties that typify contemporary UK social work. Social pedagogy is beginning to emerge as a new profession in the UK supported by appropriate qualifications (Smith, 2012).

Conclusion

This paper brings together aspects of Scotland's Children's Hearing system and highlights important changes that have taken place following the introduction of the Children's Hearing (Scotland) Act 2011. Some of these changes have been to organisational structures to bring about greater consistency in the operation of Children's Hearings. Others have been concerned with clarifying the role of the reporter and increasing awareness of children's rights. The paper also highlights the significance of the Kilbrandon report to the use of Secure Accommodation.

The paper draws out the relevance of the original Kilbrandon Report to the residential childcare sector and has charted issues concerned with the role of both field social workers and residential childcare workers. Finally, it has critically examined changes that have taken place in systems of education and training of residential childcare workers over the last fifty years. It has noted recent developments in relation to implementation of the Residential Childcare Standards, and the emergence of social pedagogy in Scotland. Taken together we suggest they provide an opportunity to fully realise aspects of Kilbrandon's original vision which were never implemented, namely to equip workers with the knowledge and skills to improve the quality of children's 'up bringing'.

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