

Evaluation of Brucefield Case Management Arrangements

Pilot Project
April 2007-April 2008

Consultant's Final Report



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1. Introduction

1.1 Stirling Council Residential Child Care Services

Brucefield young people's unit is a long-established local authority home for children and young people. At the start of the pilot project in 2007 the residential service consisted of two units with 3 places in each; Brucefield itself and a satellite unit referred to as 'Glasgow Road'. The care is provided by a single team of residential staff, with the manager and depute based at Brucefield. Brucefield was designated as a short-term unit which would take planned and emergency admissions. It would aim to work with young people admitted for a short time and then either returned home, or a longer-term placement sought. The Glasgow Road unit was designated as a longer-term unit, and has lower staffing levels. It was not normally expected to receive emergency or short-term admissions but would offer places to children where the care-plan decision had been to provide longer-term care and 'preparation for independent living' under the 'leaving care' arrangements.

1.2 Transfer of Case Management to Residential Staff Pilot Project

Following discussions within Stirling Council Children's Services the department established a pilot scheme for the transfer of the case management of children resident within Brucefield children's unit. The plan was that Brucefield-based social workers, who were part of the residential team, would manage the case for the duration of the child's stay in Brucefield and would also keep them for a 3-month follow-up period, before transferring the child back to a community-based social worker. An initial 'Discussion Paper' (24.07.06) was produced by the Head of service and this was followed by a document 'Procedural guidance for the pilot case management of the young people resident in Brucefield Young people's Unit' (1.11.06). The pilot was initially intended to run for 6 months but given the delays to the start, and the changing circumstances outlined below, it was decided to extend the pilot to 12 months and conduct the review in April 2008.

1.3 The Evaluation of the Pilot Project

Involvement of the SIRCC consultancy service

During 2006 when the project was under consideration, staff from Stirling Council's Children's Services had contacted the Scottish Institute for Residential Child care (SIRCC) to ask for their knowledge of developments within the residential sector in Scotland in relation to family work and case management being undertaken from a residential base. Following on from these initial contacts it was agreed that SIRCC would provide support to the project through its consultancy service and a member of staff; Ian Milligan, Assistant Director (Education), took on the consultant's role. When the proposals for the pilot project were published they included reference to the role that SIRCC had agreed to play in providing an independent element of consultation during the development of the project, including the provision of an evaluation report at the end of the pilot.

1. Introduction

Participation in the project

The consultant was invited to attend the steering group which met a number of times in 2007 to review the development of the project. The evaluation report is based on the consultant's participation in these meetings and individual discussions and interviews with the participants in the pilot; the two residential social workers, and the unit and service managers. The consultant also met with the Brucefield staff team in a staff meeting and interviewed link-workers. He also interviewed the senior Independent Reviewing Officer (IRO) and a number of field staff (basic grade and senior social workers) in preparing the report. An Interim report was produced and circulated in December 2007. This final report is based on feedback from the Interim Report and further interviews with key stakeholders.

Soliciting the views of service users

Given the personal and family difficulties facing the children placed in Brucefield and their parents, and the time that would be necessary to establish a relationship with them, the consultant was not asked to interview children or parents. Direct consultation with services user would have considerably extended the nature and cost of the evaluation and it was felt that there were other sources available who could elicit the views of children, and where appropriate, parents. For the children this included the Children's Rights Officer, whose role in the project was to be available to consult the young people and seek their views. Parents' views have not been sought directly and the source of the brief reference in this report comes from the opinions of the residential team and manager. As it is believed that the new arrangements may offer parents more flexible access to their child's social worker it would be valuable to explore this issue further once the new arrangements have been running for some time and there are a larger number of cases to consider.

2. Purpose and Context of the Pilot Project

2.1 Purpose of the New Arrangements

The discussion document reveals that the initial reason for the new arrangements was associated with a number of factors:

- a) Brucefield's function as a short-term unit,
- b) its experience of undertaking work with families, and
- c) the qualifications of the staff in the team.

It is relevant to note that the staff group in Brucefield have a relatively high level of qualification compared to residential teams in many other parts of Scotland. As well as the Unit manager, two of the staff are qualified social workers and others are currently undertaking social work qualifying training. The Brucefield staff team as a whole have also been involved in undertaking 'outreach' work with families for a number of years. It was hoped that by holding case management responsibilities the Brucefield social workers, with the rest of the residential team, would be better placed to work consistently in progressing care-plans. The new arrangements would reduce the chain of communication, and decision-making, over things such as levels of contact and contact arrangements. In other words the linkworkers and the residential team would no longer have to refer decisions to a social worker based elsewhere and be dependent on their availability in order to progress the care-plan. The discussion document also identified possible gains to the young people in having more contact with their social worker, and parents having more flexible access to their social worker; the latter being available at evenings and week-ends, due to their participation in the residential rota.

2.2 Scottish Context

Stirling's pilot needs to be seen in a wider Scottish context of increasing numbers of children becoming 'looked after' and the changing organisation of social work services. For several years there has been a policy focus on integrating children's services (*For Scotland's Children 2001, Getting it Right for Every Child* (GIRFEC) 2005), aimed at improving and streamlining service users access to services. The report of the 21st century review of social work, *Changing Lives* (2006), recognised changing circumstances and emphasised that social services would have to find new ways of working to meet the demands of service users. The report highlighted the increasing numbers of service users across all client groups and the increasing complexity of the needs of children and young people in particular. It also emphasised the changing expectations of service users and carers, and concluded 'doing more of the same won't work'. *Changing Lives* puts this point across in a very positive way: *Social workers skills are highly valued and increasingly relevant to the changing needs of society. Yet we are far from making the best use of these skills*, (Changing Lives 2006: 8). SIRCC is aware that in many parts of Scotland residential workers are being encouraged to take on more direct work with families; sometimes to prevent an out-of-home admission and sometimes to support rehabilitation. This practice of residential workers taking on aspects of family work had also been noted as far back as the early 1990s (Kendrick and Fraser 1992). Furthermore, over recent years there has been a steady rise in the numbers of children becoming 'looked after' which has placed a huge

2. Purpose and Context of the Pilot Project

strain on existing resources. In this context the new arrangements in Stirling represent an important attempt to look at how a Children's Services department can make the best use of the skills available in the residential unit team.

2.3 'Key-working' and Case Management: a Brief History

Another aspect of the new arrangements at Brucefield concerns the contribution they make to the debates about 'key-working' in relation to children looked after away from home.

This concept originated in the 1970s at the time of the expansion and professionalization of social work, and was originally an attempt to promote a constructive relationship between residential workers and the then newly-emerging profession of generic social workers. In 1976 a dialogue between the British Association of Social Workers (BASW) and the Residential Care Association (RCA) - now the Social Care Association (SCA) - led to the production of a joint report (RCA/BASW 1976) on cooperation between field and residential workers. This report argued that social workers or **residential workers** could hold case management responsibilities. Munro (2008) summarises the arguments in the report:

**In essence preceding models which upheld separate rigid roles and boundaries were rejected in favour of a 'keyworker model', that is that person having full accountability for the young person received into care and for decisions relating to that care. The keyworker in this model was (and variously still is) a challenge to the common practice of a field social worker always being finally responsible for the care plan. The latter practice is considered to devalue the contribution of the residential worker, leading to erratic standards of care and arguably a model wasteful of human resources having too many workers responsible for the implementation of a care plan.
(Munro 2008: 2)**

It should also be noted that the residential case-management model was adopted for a time in the early 1980s in parts of the old Grampian Region when two new children's homes were opened with 100% CQSW-qualified staff teams. Robert Gordon University (a SIRCC partner), the principal provider of social work education in the north and north-east of Scotland - and elsewhere in the UK via distance-learning, has also long been influenced by the residential social worker concept. RGU continues to give a strong emphasis to residential and group care on its social work course - for all students, not just those of the SIRCC/RGU residential child care honours route to training.

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However, although residential workers were not given case management responsibilities, in most parts of Scotland during the 1980s a limited form of key-working was adopted *within* residential units. This was done with the aim of providing a more personalised residential experience for the child, and to give residential workers at least some responsibilities for coordinating each child's case within the residential setting and acting as a link to the social worker. Nevertheless the impetus for developing the potential of a residential-based case management model was lost (Munro 2008:3). However it was picked up again in the Skinner Report (SWSG 1992) which made much of the potential for *suitably trained* residential workers to take on more responsibility. One of the report's recommendations concerned residential key-working:

Rec 57: Qualified key-workers should be able to hold full case responsibility within agency review systems, when this is in the best interests of the young person or child. When this is done, care should be taken to ensure that young people and children continue to have regular contact with other professional adults.

3. Operation of the New Arrangements in Stirling

3.1 Start Date

It had been anticipated by the management that the new arrangements would start at the beginning of January 2007 however it was clear that a number of fieldwork staff were continuing to question the new arrangements and the start of the project was deferred to allow further discussions to take place. In interviews conducted for this evaluation one of the community-based team leaders made clear that he does not support the new arrangements; he acknowledged that they had to have 'their arms twisted up their backs' to transfer the cases. The first cases, of children then resident in Brucefield, were transferred in the March - April 2007. This report therefore covers the operation of the project over a period of about 12 months.

3.2 Numbers Managed Under New Arrangements

To date a total of 5 children have been 'case managed' by the two Brucefield social workers; one of the children is currently resident in Brucefield and one is in the Glasgow Road unit, and one has been recently moved to another unit following a period of crisis. The cases of two other children were transferred back following the 3-month follow up period; both had been moved to a residential school after a period of several months in Brucefield. In one case the child was transferred to a new field-worker, as the child's home base had changed, and in the other case the child was transferred to a member of a youth justice team, rather than their original social worker, because of ongoing concerns about offending behaviour. Due to the high level of demand on Stirling's services in recent months quite a number of children have been admitted to Brucefield on a short-term, and sometimes very short-term, basis. At times the pressure on places has resulted in Brucefield going over its registered numbers. As it was clear from the outset that these children were highly likely to be short-term it was agreed by all concerned that their cases should not be transferred.

3.3 Selecting Cases for Transfer

As already noted the pattern of admissions to Brucefield over the past 12 months has been very varied, and no attempt has been made to transfer the case-management of all the admissions to Brucefield, as had initially been envisaged. Rather what has happened is that each case has been considered individually in terms of whether it should be transferred or not. In some cases where the case has not been transferred the residential team at Brucefield have continued to 'take the lead' in terms of progressing the care plan, with the full agreement of the field social worker. The overall result has been the establishment of a more diverse, and flexible, pattern of case-management. There have been other cases where the placement length is not necessarily assumed to be short but where other factors indicate that transferring the case is not the best plan; for example where there are a number of siblings in different placements.

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3.4 'Taking the Lead' in Care-Planning

Another category of case-working has also become more visible during the operation of the pilot project; as noted in the previous paragraph this is referred to as 'taking the lead'. Taking the lead in respect of individual cases is the term that has come into use within Brucefield to describe those cases where the residential team take on a lot of responsibility for the progressing of the care-plan, and working with the child's family - responsibility which is in effect delegated by the social worker. In these cases Brucefield social workers, and others in the team, have taken the main role in progressing care-plans, but the field social worker continues to be the case-manager. In these situations Brucefield staff are described as 'taking the lead' in family work, with the full agreement of the social worker and liaising closely with them. The increased use of this option seems to be one of the unanticipated outcomes of the pilot, but is a type of flexibility which stakeholders believe is working well.

3.5 Relations Between Residential and Field Staff

It would be surprising if, notwithstanding the call in *Changing Lives* to find new ways of working, the new arrangements did not cause some questioning, among those staff in field work settings who are used to being the case holders and managers. This is after all a significant change, and an issue of 'territory and status', even if the number of children involved is very small. When the proposals were brought forward there was indeed some opposition from these quarters as already noted. It was also reported after one Children's Hearing that the panel said they were unaware of these new arrangements. The service and unit manager believe that they had consulted widely and circulated information about the new arrangements to all these parties. However with the passage of time, the residential staff team believe that relationships with fieldwork colleagues are good and that any apparent resentment seems to have disappeared. Two field social workers who had children transferred to Brucefield were interviewed by the consultant. They said they thought that the new arrangements were working well and benefiting the children and young people.

3. Operation of the New Arrangements in Stirling

3.6 Reports for Children's Review Meetings

The operation of the pilot has thrown up a few areas where the new practice arrangements have impacted on the wider system. One of these is in relation to reviews. Stirling uses Independent Reviewing Officers (IROs); social work staff whose role is to chair all the 'reviews' of looked after and accommodated children. During the course of the pilot it emerged that there were two opinions about how reports should be submitted to review meetings of children whose social workers were in the Brucefield team. In summary, the manager and social workers at Brucefield hoped that a single report which brought together all the perspectives on the child would be beneficial, while the Review Manager (senior IRO) felt that the two different reports 'reflected a slightly differing perspective and that whilst these could be amalgamated this may reduce the young person's perspective that their social worker had a separate voice at the review, in turn thus lessening their own right to be heard.' The consultant can understand the merit in each of these perspectives and feels that senior management should facilitate further discussion in order to come to some kind of resolution of this issue. His own view is that it should be possible to combine the perspectives in a single report and make sure that the young person's voice is heard. The process of discussion between residential and fieldwork staff, including the IROs, is the element that is most important here, so that confidence can be maintained in the system of review, whether any changes are made to the current system or not.

4. Effects of the New Arrangements on Brucefield Staff Team & Operation of the Unit

4.1 Impact on the Social Workers of their New Role

The two Brucefield social workers seem to have mixed views about the extent to which their new roles have involved significant changes for them. One of them is quite clear that it has been a good development and allowed them to make more use of the training they have recently completed. This worker also pointed out that they had previously been doing quite a bit of outreach work and in that context had been working with families and contributed to reports etc. However being in the new role had made them think more about the family as a whole. Before, while they was aware of the other family members and their needs, this worker felt they would have been purely focussed on the child's situation, whereas now they felt more accountable for the other family members. This worker also felt it had changed (improved) their understanding of the role of social workers. On the other hand, the other social worker who had qualified many years ago was not sure what difference the new role was making. This worker pointed out that they had previously been a senior in the residential team and therefore had a high degree for responsibility for care-planning and report writing etc.

4.2 Impacts on Rest of Brucefield Staff Including Linkworkers

When the residential staff were spoken to in the early days of the pilot (28.06.07) there were quite a number of concerns being expressed. Staff felt that the new arrangements had caused a bit of resentment among some fieldwork staff. Some staff also did feel that the loss of an outside 'social work advocate' might be an issue in the longer-term; the fact that the kids were 'living with their social worker'. However the team also acknowledged that in general terms the families had a better relationship with residential staff than with social workers and that this was a major plus about the new arrangements.

4.3 Loss of Linkworker Role

The major concern expressed by residential workers in June was that the linkworkers for the children in the pilot had 'lost their role' as a result of the new arrangements, as the two children initially transferred put all their energies into their relationship with their social worker, rather than their linkworker. On revisiting this issue in interview in November one of the linkworkers felt this particular issue had improved, and their child had engaged meaningfully with them. This had been reinforced by the social workers themselves who had directed the children to speak to their linkworkers about various matters and this had worked. The Brucefield manager feels that it would be valuable for the residential team as a whole to do further work on what is understood by the linkworker role; perhaps writing down what is expected of the role and how it differs when a child has a social worker internal to Brucefield.

5. Effects on the Children

5.1 The Children in the Pilot

There was a great deal of consensus that the children in the pilot were definitely benefitting from the new arrangements and were themselves happy with it. This was the view of the managers and the Brucefield social workers themselves and was confirmed by the CRO and other members of staff. The messages are quite clear; all the young people involved, and that includes a number of young people who have very challenging behaviour and for whom the placement has not been at all settled, have a very positive relationship with their social worker. The consultant did in fact have one informal conversation with one of the young people who he met during the course of his visits to Brucefield. The young person, who has been looked after for many years, did not offer any comparisons with previous social work arrangements but he emphasised repeatedly that his social worker was 'great' and he clearly enjoyed the time that she was available to him and the bond that he had developed with her.

All are agreed that the young people are benefitting from ease of access to their social worker, and the substantial amount of contact with them, which allows the relationship to be built up. It is clear that the young people, most of whom have had a number of years' involvement with the social work system, and have had previous social workers, understand what a social worker's role is. As already noted this actually caused a little initial difficulty when they stopped putting effort into the relationship with their linkworkers. It is the view of the managers and the Brucefield social workers themselves that being social workers is facilitating quicker decision making around some aspects of care and care-planning, such as home visits and access arrangements.

5.2 The Children 'Not in the Pilot'

It was originally anticipated that gradually that all the children resident in Brucefield, and all new admissions, would be transferred. However the first 6 months or so of the pilot coincided with some changes to the function of Brucefield, in terms of offering more medium and longer-term places to some children who might previously have been transferred quickly to residential schools. This resulted in a degree of uncertainty about whether some children would stay or move on, and this uncertainty affected the speed at which cases were transferred. The CRO and the staff at Brucefield are consistent in their view that those children who kept their original social worker were also happy with that arrangement. There is no evidence so far that these children were displaying any envy concerning those children in the unit whose social worker was in the residential team. It did not seem to concern the children who are 'not in the pilot' either way.

6. The Issue of 'External' Social Worker Oversight

6.1 Loss of a Safeguard?

The loss of a degree of external social work oversight had been identified at the outset of the project as a possible consequence of the new arrangements and was the reason given to the consultant by some of the fieldwork staff who opposed the transfer of case management. In order to address this it had been agreed that the Children's Rights Officer would be asked to be involved in the pilot, attending meetings of the steering group and being available to the young people. The CRO has attended meetings of the group and made herself known to the children. However she acknowledges that the children have not raised any issues with her or sought her services. All the participants in the evaluation were asked specifically about this issue. One fieldwork team leader continues to hold the view that it is a weakness of the new arrangements, however other respondents did not feel that it is a concern. Several interviewees pointed to the number of professionals and advocates external to the residential team including the CRO and the Who Cares? Scotland young person's worker, based in an office in the unit itself. The fact that external managers and others, including teachers, visit the unit regularly is another safeguard, and of course there is independent inspection from the Care Commission. Everyone emphasised that this was not a unit with a 'closed' culture that was difficult to access, rather several people said things like: 'there are people going in and out of there all the time'. However one member of fieldwork staff did say that the transfer of case responsibility created the 'impression of a loss of an external safeguard' even if it was not a reality in this particular situation.

6.2 What Brings Safety?

It seems important that those in fieldwork positions who are concerned about the possible loss of a safeguard acknowledge the changes that have occurred in relation to children in residential care over the past 15 years or more. The issue of safeguarding is itself a high profile one given the high level of publicity associated with cases of abuse in residential settings in various parts of the UK, including the Edinburgh Inquiry (Marshall, Jamieson & Finlayson 1999). These problems were the subject of major inquiries across the UK; Scotland being reviewed via the Kent Report (1997). This has led to the development of a range of safeguarding measures; including the development of police record checks, more careful recruitment procedures, and the adoption of 'whistle-blowing' and complaints procedures. There has also been the additional funding for Who Cares? Scotland workers who provide an element of independent advocacy. In relation to physical abuse there has been the widespread adoption of training in particular systems and extensive guidance for staff on this aspect of care (Holding Safely 2004). These developments have been further strengthened by the development of National Care Standards, and the national system of external inspection - the Care Commission, with its own complaints procedures. It is important to recognise these changes to the care system and the profile of the issue of safe caring. These changes emphasise the importance of recognising risks and promoting vigilance. It is unfortunately necessary to point out in connection with this topic that looked after children have been abused in all settings in recent years; whether it be in foster or residential care or indeed those looked after at home. As various Scottish enquiries have made clear having a social worker itself is not a guarantee that abuse will be detected.

6. The Issue of 'External' Social Worker Oversight

The most important safeguard is the culture of the unit - which is based upon the commitment of all staff to a philosophy or ethos of care, and regular supervision from qualified managers who have an understanding of the risks of maltreatment which exist in any family or child care setting. Such a culture is marked by the willingness of residential staff to listen carefully to children, to challenge one another and support young people to access external advocates when required. A number of members of staff, and indeed one of the field social workers, expressed the opinion that the staff in Brucefield would be very quick to help a young person make a complaint about their care and would support them to challenge anything they are unhappy about. Having an external social worker in itself is not a safeguard, though the presence of 'external eyes' with the authority to visit and possessing an understanding of residential care is (Kent Report 1997). The most fundamental safeguard is the existence of a positive and open culture of care, provided by a cohesive team who are empowered to question practice, supervised by external managers who understand residential care and who take ownership and responsibility for the development of the residential team and the quality of the care practice.

7. Summary

7.1 Case Management and the Role and Function of Brucefield

It has to be noted that the pilot has only affected a relatively small number of children so far and at no stage have all the children in Brucefield been case managed under the new arrangements. Brucefield's remit and the types of placement it has offered has changed in some ways since the inception of the pilot. On the one hand there have been a number of very short 'holding'-type placements where a child has been admitted in an emergency pending a move elsewhere. For these very short-term cases the transfer of social worker to one of the Brucefield staff does not make much sense and it has not been done. On the other hand there have been a number of medium- and long-term placements for children with very intensive support needs; typically also including school exclusion or refusal to engage even with special educational day provision. Given their difficulties these children are likely to require longer-term placement and are much less likely to return home, which it was hoped would be the main type of work undertaken at Brucefield. This has had an impact on the pilot in that it has meant less rehabilitative/short-term work than might have been expected based on previous placement patterns. These changed circumstances probably indicate that the discussion document and the procedures should be reviewed to reflect the current realities of longer-term placement for some of the children in Brucefield. The logical time to do this would be following the review of the pilot.

7.2 Benefits to Children and Families

There is a strong and consistent view that the children themselves are benefitting from the new arrangements. This is significant as these are children with major difficulties. It is clear that all the children in the pilot have a good relationship with their social worker, and many of the participants in the project felt this was a big plus. The children were able to spend a lot more time with their social worker because they were on shift with them, and it was believed that this was leading to better outcomes for children. No one expressed any criticism of field workers but a number of participants expressed the view that children in care often complain about not seeing their social workers often enough, and the new arrangements overcome that issue. The CRO also acknowledged that sometimes children in residential care do try to 'play off' their linkworker against their social worker and the new arrangements prevent that possibility. The residential staff are also of the view that parents generally have better relationships with residential workers compared to social workers in office-based settings, and the new arrangements mean that parents are having better relationships with their social workers. Both of the field social workers consulted whose children cases had been transferred felt that the children were benefitting from the new arrangements, one of the social workers felt this was definitely the case for children in longer-term placement though he was not so sure that it would work so well for children in short-term placement.

7. Summary

7.3 'Key Result' of the Pilot Project

The consultant's view is that the pilot period has allowed a flexible system of case-management to be developed which offers a wider range of options to children and families than previously. The possibility of an 'in-house' case management service makes better use of the training and skills of workers in the residential team and expands the range and depth of service offered by the team as a whole. None of this is intended as criticism of field social workers or their work with children placed in Brucefield, rather it is recognition that the new arrangements seem to have produced an improved experience for a number of children by making better use of the skills available in the residential team. The consultant's view is that the new arrangements enhance the range and quality of services provided by the Brucefield team and offers the potential to provide a more developed, and personalised, range of child and family support services. A number of young people are receiving a more intensive social work support service via these arrangements and the care-planning process in respect of these children and young people is enhanced. The consultant does not consider that children are at any increased risk as a result of the new arrangements.

8. Consultants Suggestions: Key Issues for the Steering Group and Review of the Pilot

- 8.1 Following the review of the pilot it is suggested that the senior management of the department should produce a revised guidance paper which explains the new arrangements in the context of the types of placement Brucefield is currently offering, and explains the practice of assessing each admission to see whether a Brucefield worker will be allocated to the case or not.
- 8.2 The residential team at Brucefield should review the role of the linkworker in the light of the new arrangements and draft a document which explains the linkworkers role when there is an internal social worker and when there is not.
- 8.3 The Senior management should initiate further discussions about the expectations and format of reports which are submitted at children's care-plan review meetings.
- 8.4 Once the pilot phase is ended, and assuming that the new arrangements are continued, it may be useful to take the opportunity to once again explain the new arrangements to all relevant stakeholders including the Children's Hearing panel members.

Ian Milligan
20 May 2008

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Further Information

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