

CHAPTER 5

Residential Care for Children and Youth in Scotland: Keeping the Promise?

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<1>Policy and Legislative Context

Residential care in Scotland is at a potential tipping point of significant change. A review incorporating the views of over 5,500 children, young people, families and carers, commissioned for the expressed purpose of Scotland figuring out how it “could love its most vulnerable children to give them the childhood they deserved,” has produced comprehensive recommendations for how care, including residential care, should be delivered (Independent Care Review, 2020, p. 4).

Prior to the review, the sector had been relatively stable. For example, the number of children in residential care has remained similar since the late 1980s (see Figure 5.1) and some attempts to change the sector have perhaps not fulfilled their initial intention. An example is the 2015 Scottish Government strategy to develop the workforce by requiring a degree-level qualification for all residential workers (Scottish Government, 2015). This was delayed the following year in order to incorporate the recommendations of the Independent Care Review (CELCIS, n.d.-c).

[see Figure 5.1]

Two acts form the legislative basis for residential care. The Children (Scotland) Act 1995 requires decisions about care placements to be made through the Children’s Hearing System, a legal hearing separate from the court or justice systems that holds children’s welfare as paramount. Any placement into non-emergency residential care must be agreed

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upon through a Children's Hearing. The introduction of the Children and Young People (Scotland) Act (CYPSA) 2014 strengthened the focus on children's rights and introduced the concept of "corporate parenting" (i.e., applying the same standards parents would want for their own children to children who are receiving services). The CYPSA 2014 raised the age of eligibility to remain in a care placement such as residential to the age of 21 (for details around implementation and criteria, see McGhee, 2017; McGhee et al., 2020).

The policy and practice landscape of residential care in Scotland is shaped by its long-running commitment to a government-funded, semi-autonomous body to address the needs of residential care. What started as the Centre for Residential Child Care in 1995 and developed into the Scottish Institute of Residential Child Care (SIRCC) in 2000 has been subsequently subsumed into the Centre of Excellence for Children's Care and Protection (CELCIS). While holding a wider remit than just residential care, CELCIS continues to drive change through the development of evidence, policy and practice in residential care (CELCIS, n.d.-a).

A long and unfortunate shadow of abuse and related public inquiries continues to affect residential care in Scotland, both positively and negatively. A continuing public inquiry, commenced in 2015, is examining the abuse of children in *all* forms of out-of-home care, including boarding schools (Scottish Government, n.d.-e). Previous inquiries have highlighted the need for more rigor in recruitment, selection, training and education of the workforce, and led to the implementation of the current regulatory systems (including registration of all workers and regular inspection of all services) (Kendrick et al., in press). In 2001, Corby et al. described the "unremitting nature of the focus on institutional abuse" (p.x), which continues to influence the way residential care is framed, a characterization that is still relevant and contributes to its enduring place as a last-resort service (Nolan & Gibb, 2018).

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The independent care review's recommendations have been crystallized into *The Promise* (Independent Care Review, 2020) – a collection of values, plans and imperatives, and a government-funded team to help drive them. *The Promise* calls for significant change to residential care including the prioritization of sustained quality relationships, values-based recruitment over educational qualifications, and restraint-free practice (among many others).

<1>Residential Care System

A matrix of detailed information and data is collated at the end of this chapter in table-form and will be referred to throughout as “the matrix.”

<2>Program Features

There are a total of 312 registered residential care services for children and young people including five secure care services and numerous specialist residential care programs, (e.g., for children with disabilities or mother and baby homes). Of the 312, approximately 275 provide residential care as defined in this volume.

On July 31, 2020, there were 10,895 children living in out-of-home care in Scotland. Of these, 1,436 (13.1%) lived in residential care, 5,003 (46%) in foster care or with prospective adopters, and 4,456 (40.89%) in kinship care (Scottish Government, 2021). For every 1,000 children in Scotland, there are approximately 1.8 children in residential care. Figure 5.1 (see above) shows how the use of residential care has remained stable for over twenty years. For example, the last three years have seen only negligible changes to the number of children living in residential programs with 1,480 in 2018, 1,448 in 2019 and 1,436 in 2020 (Scottish Government, 2021). Residential care can be provided within a large campus (e.g., 80 registered places) or within small individual housing. The average size of each home is difficult to calculate but Care Inspectorate records suggest that the majority of

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residential services have houses that support between a minimum of one and a maximum of eight young people (Care Inspectorate, n.d.).

The majority of providers are local authority children's homes, caring for 556 (38.7%) of the 1,436 young people in residential care (Scottish Government, 2021). The remainder are within third-sector charitable or private, profit-making organizations. There is a wide range in the cost of residential care with local authority residential care costing considerably less than private or charitable providers. In the last five years, there appears to be an increase in the proportion of children cared for by private services (Scottish Government, 2021).

There is no clear predominant conceptual approach or model for residential care in Scotland. Broadly, there is a relational model with an emphasis on building safe and trusting relationships. This could be viewed as a 'milieu model' but it is rarely, if ever, described as such. In recent years, there has been a growth in the idea that residential care serves "therapeutic" purposes but rarely is the model or theory behind such approaches specified or explained. Parallel to this, there has been a growing interest and adoption of trauma theory, leading many services to attempt to be trauma-informed. Social pedagogy has also garnered growing interest although perhaps less so than trauma-informed care. The absence of clear conceptual or theoretical models may be in part explained by the fact that this is not a requirement or focus of the regulator or legislation.

<2>Residential Care Personnel

A practice qualification (often referred to as an Scottish Vocational Qualification or SVQ) and an award of certificated knowledge (most usually an Higher National Certificate or HNC) are required to register to work in residential care, or to maintain a registration at the end of a registrant's first three years. A few qualifications contain both components (e.g., the BA in Social Work). SVQs are work-based assessments of basic competency, and HNCs are

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the equivalent of one year of study in further education. There is no dedicated residential care component required in the curriculum for any of the minimum qualifications. Despite the declaration in the 1970s that residential care is a form of social work (CCETSW cited in Smith, 2003), residential child care workers' average pay and minimum qualifications continue to be comparably lower than those of social workers. This, in all likelihood, contributes to the continued use of residential child care as a last-resort service.

There is a range of other professionals working within residential care. The last ten years have seen an increase in services provided by in-house psychologists, therapists and other professionals due to an increased recognition of children's mental health needs and an acknowledgement that governmental health services are poorly resourced to meet them. In more innovative and progressive programs, multi-disciplinary teams of psychologists, therapists and family workers are employed to support children and collaborate closely with the residential care workers that engage children and youth in their life-space.

<2>Children and Youth

Figure 5.1 had shown trends over time in out-of-home care. Anecdotal evidence suggests that while the total number of children in residential care has remained stable, the needs the children have and their behaviors of concern have changed over time (e.g., a decrease in offending behaviors and an increase in self-harm and suicide risk).

Emerging research on children who moved to residential care prior to their twelfth birthday has found high rates of sexual abuse, physical abuse, exposure to violence and neglect (Nixon & Henderson, forthcoming). The median number of Adverse Childhood Experiences (Felitti, 2009) was six with a range of two to nine such experiences. Not surprisingly, there were high rates of mental health and learning difficulties. Encouragingly, however, this research also identified significant positive changes: prior to residential care

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74% of these children potentially met the diagnostic criteria for conduct disorder based on file screening; this figure had fallen to 34% within 24 months of being in residential care. Improvements were also observed for sleeping difficulties, concentration levels, attachment concerns, fatigue, anxiety, anger management issues, suicidal ideation and self-harm, with the reported incidence of these behaviors falling within 24 months of entry into residential care (Nixon & Henderson, forthcoming).

<2>Strengths and Deficits

High aspirations for looked-after children and young people, including those in residential care, combined with access to government policy makers by experts in the field (including and especially care-experienced people) has created a dynamic context for the development of high quality care. From a perspective of research and theoretical development, Scotland has a long track record of recognizing the central importance of relationships and illuminating the ameliorative power of the everyday caring interactions that make up high quality residential care. This encompasses relationships between young people in group care (Emond, 2002, 2010, 2014), food practices (Emond et al., 2014), everyday practices of care as moral or relational (Smith, 2009; Smith et al., 2013), healing and developmental considerations (Emond et al., 2016), attachment-informed practice and relationship dynamics (Furnivall, 2018; Furnivall et al., 2012) as well as a focus on developing workforce capacity for therapeutic relationships (Steckley, 2020a, 2020b). It also warrants noting that all of the researchers cited here have a practice background in residential care. Finally, Scotland is geographically and theoretically positioned at a rich intersection between a social work tradition of residential care (Ward, 2014, 2018), child and youth care, and social pedagogy (Smith, 2020; Steckley, 2020b).

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CELCIS continues to include a focus on residential care in its remit and hosts an annual (SIRCC) conference and a bi-annual, peer-reviewed journal dedicated to residential care (Scottish Journal of Residential Child Care). Scotland also has one of the few master's degrees with a dedicated focus on residential care practice/practitioners (the MSc in Advanced Residential Child Care). These are necessary but not sufficient infrastructural components for the development of skills, knowledge and a professional identity equal to the task of providing ameliorative care to some of our most disadvantaged children and young people.

The most significant deficits in residential care all relate to what can be referred to as an 'implementation gap' (CELCIS, n.d.-b): the sometimes sizable gap between the evidence base for good practice and for policy aspirations on the one hand, and their implementation across the sector in everyday practice on the other (see Sutherland, 2021 for a compelling example). At a policy level, there is a similar implementation gap between rhetoric and the provision of resources to match those aspirations.

Residential care continues to be used as a last-resort service (Nolan & Gibb, 2018), with multiple moves compounding the relational trauma children bring with them into the residential environment (Steckley, 2018) and a "false economy of short-term, narrow thinking and budgeting that results in insufficient upstream investment in care experienced people" (Independent Care Review, 2020, p. 19).

There is apparent ambivalence surrounding workforce development, with increasing recognition of the complexity of residential care but a potentially waning commitment to professional qualifications. In this changing landscape, there is a growing need for workers' knowledge, skills and effective use of their *selves* to be equal to the complex task of caring for disadvantaged and often traumatized children and young people (Steckley, 2020a). This

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is especially evident in the almost complete consensus around the central importance of good relationships as part of high-quality residential care, with the taboos around love and continuing connections being rightly challenged, but very limited acknowledgement or pedagogic development around effectively preparing or supporting workers to manage the related complexities (Steckley, 2020b).

<1>Promising Programmatic Innovations and Research Advances

To better understand and close implementation gaps, CELCIS is involved in ongoing work with two large residential care providers using implementation science (Fixsen et al., 2005) to embed more consistent high-quality practice that achieves socially significant outcomes for children, young people and their families. Research on components of developmentally rich care environments continues with Roesch-Marsh and Emond's (2020) work on children's friendships and Gracie et al.'s (2018a, 2018b) research examining the systemic challenges involved in facilitating regular access to music for children and young people.

Impersonal, jargonistic language used with and about children has come under fire, with a growing commitment to better reflect their experiences and needs. The 75 times 'love' or 'loved' is referenced in *The Promise*, for example, signals a significant shift in thinking, one which was nurtured four years prior with a special issue of the Scottish Journal of Residential Child Care dedicated to love in professional practice (Smith, 2016). The use of language in care records is also changing (CELCIS, 2019), with several residential services replacing daily logs with more personalized, relational narratives in the form of letters (see also MacNeil et al.'s 2018 study on impact of records from social justice perspective).

Scotland is addressing the use of physical restraint and restrictive practices in residential care through a grass-roots collaborative of over 60 residential care services and

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care-experienced people (McMeeking, 2019). It has developed a research agenda and has started a pilot study, is working with the Care Inspectorate to improve the accuracy of data through greater clarity of restraint-related definitions, and has run a pilot subgroup to increasing reflective capacities of services and workers.

The Children and Young People's Centre for Justice (CYCJ) is tackling the criminalization of young people in residential care, with a study into the responses of residential workers to offending behavior (Moodie & Nolan, 2016) that led to an award-winning project to implement its findings (CYCJ, 2018). Two 'snapshot' studies of young people in secure care in Scotland were also carried out, with a 100% response rate for both (Gibson, 2020, 2021). All of this research informed the development of their residential care-specific guide to youth justice (CYCJ, 2021) and the Secure Pathway and Standards Scotland (2021), which they co-produced with children and young people in and with experience of secure care, secure care staff, and Scottish Government (CYCJ, 2020).

The Scottish Care Leavers Covenant Alliance and A Way Home Scotland Coalition are two cross-sector, co-productive groupings of organizations addressing disadvantage and homelessness, respectively, as experienced by care-experienced young people in their journeys into adulthood (AWHSC, 2019; SCLCA, n.d.). Some of the tangible achievements of Staying Put (see the matrix) and these subsequent collaborations include: the exemption of all care leavers up to the age of 26 from paying council tax (McGhee, 2018); the entitlement of a non-income assessed bursary for further or higher education for all care-experienced people (SCLCA, 2020); and evidence collected and recommendations that appear to be gaining traction in addressing the digital exclusion of care-experienced people (Roesch-Marsh et al., 2021).

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In recognition of the central importance of relationships developed in residential care to the resilience and well-being of young people as they enter adulthood, Care Visions (a relatively large provider in Scotland) developed The Why Not? Trust to address ongoing relationships post care. The Why Not? Trust developed a Right to Relationships Charter (2019), has supported over 80 young people and their carers in the development of their post-care relationships.

<1>Key Take-Aways

- Scotland is at a potential tipping point in residential care following a national independent care review calling for sweeping change that the sector has yet to fulfil.
- Scotland has historically invested in key infrastructural components to facilitate workforce development and good practice, resulting in pockets of (rather than comprehensive) high-quality residential care.
- Wider opinion regarding residential care is often dominated by a preference for family-based care and/or short term cost implications. Emerging research is showing a more nuanced view, adding further evidence that residential care is the right service for some children under some circumstances.
- There has been a welcome and meaningful increase in co-production and participation in the development and delivery of residential care and related social policy. This increase may be an important factor in closing the gap between aspiration and implementation.

<1>Matrix

Variables	Data for Scotland	Sources
Program Features		
Number of children in OOHC	10,895 (07/31/2020)	Scottish Government (2021)
OOHC rate per 1,000 minors (under 18)	14 /1,000 (see figure 5.1)	Scottish Government (n.d.-c)

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Number of children in RC	1,436 (07/31/2021)	Scottish Government (2021)
RC rate per 1,000 minors	1.8 / 1,000 (see figure 5.1)	Scottish Government (2021)
Youth in RC vs. FC/other forms of OOHC	13.1% RC; 40.9% kinship care; 45.2% with foster carers / adopters	Scottish Government (2021)
Utilization Trends in RC	Residential care has remained stable over the last three years and relatively so since the late 1980s (see figure 5.1).	Scottish Government (2021)
Number and types of RC programs	Of 312 care homes for children and young people, 275 were focused on residential care for children and young people (12/2020). The remaining homes were specialist care (e.g. disability).	Personal communication with C. Wilson (member of the Care Inspectorate; 06/29/2021)
Average number of children per RC unit/program	Services range from single-resident homes to campus models of over 60 children in numerous separate houses. The largest houses appear to care for eight young people.	Care Inspectorate (2021)
Agency type (private, public)	Of 1,436 children, 556 were in local authority home, 329 in residential schools, 59 in secure accommodation, 0 in crisis care, and 362 in 'other residential,' which includes mostly private/independent residential placements. The proportion of services that are private or public is not known.	Scottish Government (2021)
Service System	Residential child care is part of the wider system of care for children in Scotland.	Scottish Government (n.d.-a)
Official / explicit aims of RC	To provide children and young people a safe place to live away from their original home along with support and, in some cases, education.	Scottish Government (n.d.-d)
Adoption as a permanency option for CW	The collection of child welfare structures within which residential child care is located is referred to as 'the care system'; children are 'looked after at home' or 'looked after away from home'. In the case of the former, these children have been subject to a supervision requirement, which legislates regular contact with social services, but they remain at home (usually with supports put in place). Kinship care, foster care, adoptive care, residential child care and 'leaving care' together constitute the forms of care for children looked after away from home. As such, adoption is an option for some young unable to remain in their family of origin.	Scottish Government (n.d.-a) Scottish Government (n.d.-b)
Primary reasons for entry into RC	All residential placements must meet the criteria of a legal Compulsory Supervision Order via a children's hearing. The most common ground for referral to children's hearings was for "lack of parental care" followed by "offence". There is no available data on reasons associated with placement into residential care.	Children's Hearings (Scotland) Act 2011 (Scottish Children's Reporter Administration, 2020)
Average length of stay in RC	Average is unknown. Duration ranges between "respite breaks" of days to many years.	
Primary RC concepts or models	There is no clear predominant model for residential care in Scotland and this is not a focus of inspection.	Scottish Government (2010)

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Careleaver programming and aftercare services from RC	<ul style="list-style-type: none"> – ‘Staying Put’ guidance to improve stability of older young people by remaining in their care placements consolidated into legislation in the Children and Young People (Scotland) Act 2014 (CYPSA). – Age of eligibility for aftercare raised to 26 by the CYPSA 2014. – Aftercare entitlements under a broader umbrella for care-experienced people, including: exemption from paying council tax and entitlement of a non-income assessed bursary for further or higher education. – Research and recommendations related to digital exclusion – Right to Relationships Charter & support for ongoing relationships after RC. 	<p>Scottish Government (2013)</p> <p>McGhee (2018); SCLCA, (2020);</p> <p>Roesch-Marsh et al. (2021) The Why Not? Trust (2019)</p>
Parent/family involvement in RC	National standards have little comment but do establish a right to maintain family contact and withholding contact not be used as a punishment. <i>Involvement</i> of families receives less attention. <i>The Promise</i> has demanded increased integration and support for families.	Independent Care Review (2020); Scottish Government, (2017)
Cost of RC; funding	In May 2020, a mean cost for local authority care was approximately £2650 per child per week. The mean for private and charitable providers was £4460 per child, per week.	McKaig (2020)
National or regional quality standards	National Health and Social Care Standards. The governmental Care Inspectorate regulates and inspects all residential services according to the standards.	Scottish Government (2017)
Complaint procedures and processes	In addition to internal processes within services, complaints can be made to the Care Inspectorate who can investigate and make a requirement for a change in practice enforceable by law. If not fulfilled, the organization’s registration can be removed, ceasing its ability to provide care.	Care Inspectorate (2015)
Perceived strengths and deficits	<ul style="list-style-type: none"> – High aspirations for looked after children and young people and access to government policy makers by experts in the field (including and especially care-experienced people). – Infrastructural components (historic & current) addressed to research, policy, practice & workforce development (including professional identity): CELCIS, CYCJ, SIRCC Conference, Scottish Journal of Residential Child Care, MSc in Advanced Residential Child Care. – A large local authority and voluntary sector proportional to private providers relative to other neighboring countries (see Ofsted, 2020). – Deficits all relate to the ‘implementation gap’ between evidence base for good practice and policy aspirations & implementation. 	<p>Independent Care Review (2020)</p> <p>Ofsted (2020)</p> <p>CELCIS (n.d.-b); Sutherland (2021)</p>
Major current issues	<ul style="list-style-type: none"> – RC continues to be used as a last-resort service, with multiple moves compounding the relational trauma children bring with them into the residential environment. – Impact of New Public Management (managerialism, cultures of procurement and commissioning, commodification of children and the privatization of services) with elevated risk that constraining costs and maximizing profits (where relevant) is the bottom line over serving even basic interests of children and young people. – Effects of the pandemic, but also positive related impacts and innovations; lack of related research to record and understand the effects. 	<p>Connelly (2020); McMillan (2020); Nolan & Gibb (2018); Roesch-Marsh et al. (2021); Steckley (2018)</p>

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RC Personnel and Training		
Required education / degree	A practice qualification (usually a Scottish Vocational Qualification, or SVQ) and an award of certificated knowledge (usually a Higher National Certificate, or HNC) at varying levels of the Scottish Credit and Qualifications Framework (SCQF) depending on role: <u>Workers</u> : SVQ in Social Services (Children and Young People) at SCQF level 7 ¹ (often referred to as SVQ3) & an HNC - currently, any HNC; <u>Workers with supervisory responsibilities</u> : SVQ in Social Services (Children and Young People) SCQF Level 9 (often referred to as SVQ4) and any HNC; <u>Designated Managers</u> : SVQ4 in Leadership and Management for Care Services and any award in management that is certificated at or above SCQF Level 8 (minimum 60 credits) and mapped against the national occupational standards: Leadership and Management for Care Services These are minimum, standard accepted qualifications. For a digest of accepted qualifications, see CELCIS (n.d.-d). ¹ SCQF level 7 is the starting point of education post high school.	CELCIS (n.d.-d) SVQF (2012)
Length of training	<u>SVQs</u> : work-based assessments of basic competency, length of process variable. <u>HNCs</u> : typically one year.	SQA (2013, 2018)
Content on RC in Curriculum	<u>SVQs</u> : competency-based assessments, so curriculum in traditional sense not the same. Skills relevant to residential child care are assessed. <u>HNC in Social Services</u> (the most relevant and preferred HNC): no dedicated residential child care content. Some other qualifications above the minimum accepted may have limited curricular content on RC, dependent on interests of academic staff—MSc in Advanced RC the exception, with fully dedicated curriculum to RC.	SQA (2013, 2018) CELCIS (n.d.-d)
Worker - Youth Ratio	No regulated or national guidance on worker-to-youth ratios unless it is for children under 12. Anecdotally, the highest ratios can be 2 or 3 staff to one young person, although rare. The average is estimated as around 2 staff to 6 children.	Care Inspectorate (n.d.)
Salary (in relation to national average salary)	The average annual salary for residential child care workers at the time of writing is £22,256, based on Adzuna, a 'job search engine'. For comparison, the average annual salary for social workers was £34,232 and the median annual salary of all employees in Scotland in 2020 was £25,616.	Adzuna (n.d. -a, -b); Aiton (2020)
Characteristics of Youth in RC		
Gender	37% female; 63% male	Personal communication C. Kellock (Statistician, Scottish Government, 07/29/2020)
Age categories	n=1,436 (07/31/2020) Under 5: <1%; 5-11: 11%; 12-15: 48%; 16-17: 39%; 18+: 2%	Personal communication, C. Kellock (07/29/2020)

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Average age at entry	For children who were subject to residential care conditions prior to their 12th birthday, the median age at which they first became looked after in residential care was 9.51 years.	Nixon & Henderson (forthcoming)
Youth with a migration background OR Race/ethnicity	(07/31/2020) White=82%;Mixed ethnicity=2%; Asian, Asian Scottish or Asian British =4%; Black, Black Scottish or Black British = 2%; Other ethnic background =3%; Not Known = 6%	Personal communication, C. Kellock (07/29/2020)
Rate of mental health problems	Glasgow looked after children reported low levels of mental health problems or emotional illness but small sample size and potential under reporting. For children who lived in residential care prior to their 12th birthday, 43% had learning or behavioral difficulties, with boys more likely than girls to be recorded as having a learning or behavioral difficulty.	Nixon & Henderson, (forthcoming); Tarren-Sweeney (2019); Vincent & Jopling (2019)
Single parent status and/or other risk factors	Research suggests high rates of exposure to Adverse Childhood Experiences. Emerging research regarding children under twelve shows the median number of ACES was 6 (range: 2-9).	Nixon & Henderson (forthcoming)

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