

Guest Editorial

After just over 3 years as Director of the Scottish Institute for Residential Child Care (SIRCC), I am returning to work in the Social Work Services Inspectorate. This has caused me to reflect on whether anything has changed in residential care over that period and, if so, what and why. It is my conviction that there has been change, although much of the change is quite small, gradual and, to some extent, fragile. Nevertheless, it leads me to believe that a corner has been turned. The old side of the corner often had residential care viewed as in decline and a last resort; the new side of the corner has residential child care increasingly seen as a positive choice for some children and young people and a valued part of the placement spectrum.

My conviction springs from a number of sources:

- The increasing adoption of a children's rights approach in child care that allows looked after children to have choices about where they live – a significant proportion, particularly of teenagers, prefer to be in residential care rather than foster care.
- Recognition that some children cannot be successfully fostered because of their very damaging life experiences or that there are insufficient foster carers with the particular skills, experience and family structures needed to care for them.
- The quality of residential child care is still variable but it is generally improving. Many organisations report benefits from an increasing proportion of staff becoming qualified and predict even better results once the work force is fully qualified.
- Although abuse may still occasionally occur in residential care, our knowledge about it, the checks made on staff, and our greater willingness to believe children, make it less likely that it will be prolonged, widespread or undiscovered.
- Residential care can provide necessary specialist services for children and young people with complex difficulties and disabilities: for example, young people who are sexually aggressive or persistent offenders, children and young people with sensory impairments or on the autistic spectrum.
- Some residential units and schools have an increasingly wide role: for instance, provision of outreach work with children and their families when the child is on the verge of care or when a young person leaves care. Whilst sometimes these roles are adopted because of the current shortage of social workers, in other cases they are planned developments that recognise the particular knowledge and strengths that residential workers can provide.
- There are a small number of new developments of joint residential and foster care projects; there is also more general acknowledgement of the need for close working relationships between residential and foster care, rather than, as sometimes happened in the past, rivalry or working in isolation from each other.

Is my conviction just wishful thinking? I do not believe so. A number of developments tend to demonstrate increasing confidence within and concerning the sector. Although there has been a small drop in the number of children placed in residential care in 2002-2003, this comes after a number of years of steady numbers. The statistics on short breaks for purposes of respite care, mainly provided for children with disabilities, do not distinguish between residential and foster care, and it

is likely that the overall increase in children placed means that more children are receiving their breaks in residential care.

A number of voluntary and private agencies have had the commitment and confidence to open new residential establishments in the last year or two. They are generally full. In addition, a number of local authorities have reconfigured their residential services, which has usually included building new units or refurbishing existing ones.

The current expansion in secure care and close support provision, much of it funded by the Scottish Executive, appears to make a statement on their part that residential child care is a necessary, and hopefully effective, part of placement provision for some of the most difficult young people in our society.

Has SIRCC had an influence on these processes? Whilst there have undoubtedly been a number of different influencing factors, I believe it has. Our provision of qualifying courses is an obvious contribution but I believe our provision of training, conferences, seminars, research, consultancy, advice, advocacy, and library and information services and our championing of residential child care and residential carers through these services may have been equally influential. This has not been a naïve or uncritical championing but a championing that recognises the complexity and challenges of the job and the commitment and courage of those who do it. Residential child care will not succeed unless the young people who use it and the staff who provide it feel respected, supported and valued. We believe we have played a role, and will continue to play a role, in residential child care regaining its confidence.

Kirstie Maclean

Director SIRCC (July 2000 – September 2003)