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The Scottish Children's Home: An Evolving Model of Residential Provision for Vulnerable Children

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This article describes developments in residential childcare services in Scotland and the influence of various policy trends; in particular, it draws on the work of the National Residential Child Care Initiative, a major government-led review that reported in 2009. The development of small-scale residential units, the emergence of a 'mixed economy' of provision and a focus on staff training are key features of residential care for children in Scotland. The sector has received strong central government affirmation for two decades, notwithstanding a gradual reduction in its overall size. The article focuses on developments over the past 10 years and identifies a number of 'drivers' that aim to promote improvement, including staff training and the promotion of interprofessional collaboration. The emergence of specialist education and health services for 'looked after children' is noted. The relative underemphasis, until recently, on specific theories of care or particular therapeutic approaches is considered. Constraints on improvement are also considered; these include the fragmentation of provision and the operation of markets, the pressure on places and a high level of placement breakdown.

■ **Keywords:** residential care, looked after children, models of care, inter-professional collaboration, markets in children's homes

In contrast to most other English-speaking countries, the role and value of small-scale residential care has been repeatedly affirmed in Scottish central government policy reviews; from the influential Chief Inspector's report (Skinner, 1992) — which described residential care as 'Another kind of home' — to the statement that residential care should be the 'first and best choice for those children whose needs it serves' (Bayes, 2009, p. 6). The latter statement was used by the Minister for Children when he launched the National Residential Child Care Initiative (NRCCI). The NRCCI was a major review of the residential childcare sector, which complemented the previous year's Fostering and Kinship Care Strategy (The Fostering Network & British Agencies for Adoption and Fostering Reference Group [TFN & BAAF], 2008). The report from the initiative, *Higher Aspirations, Brighter Futures*, recognised that the children in residential care had needs that were 'increasingly complex and demanding, often due to severe neglect, abuse and trauma in their earlier life' (Bayes, 2009, p. 6). The report sought to strike a balance that recognised significant 'challenges' while not being sweepingly critical of the sector:

> Hundreds of vulnerable children and young people are successfully cared for in residential settings every year; however, reports from research and inquiries, policy documents, and consultations with children and young people have repeatedly highlighted a number of considerable challenges facing residential child care. (Bayes, 2009, p. 7)

This article will identify factors affecting service development by drawing on the findings of the NRCCI (Bayes, 2009; Davidson, Wilkinson, Docherty, & Anderson, 2009; Hill, 2009; Milligan, 2009b) and other research into residential care conducted by the author and colleagues. The article is divided into three sections: first, the structure of the sector is outlined; second, a number of key drivers that have supported improvements in the sector are identified and third, a number of constraints and barriers to improvement are discussed.

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The authors will suggest that in the past decade there have been a number of 'drivers' that have supported improvement in the quality of residential provision. These include: a favourable policy environment with high-level concern, the establishment of a £3m per year 'centre of excellence' (Scottish Institute for Residential Child Care [SIRCC], see http://www.sircc.org.uk), mandatory requirements and resources for staff training, a focus on educational attainment and a widespread professional commitment to improving the quality of residential care. However, there have also been major constraints that have hindered the hoped-for good 'outcomes' for children and young people; such as the fragmented nature of provision, the operation of a market, the tendency to use residential care after other options have failed, a high level of emergency admissions and poor transition management and support, especially in relation to 'care-leavers'.

The Scottish Context and Background

Scotland has a 0–18 age range population of approximately 1.1m (General Register Office for Scotland, 2010). Centrally collected statistics show that 15,800 children are 'looked after' in Scotland, 1.43% of the entire child population (Scottish Government, 2011). This figure has risen every year since 2001 and is now at its highest since 1982. In Scotland, many children are 'looked after' while still living in the birth family. This means that they have been placed under social work supervision by the Children's Hearing system. This group constitutes about 40% of the total numbers of 'looked after children'. There are 1,600 looked after children in residential care and these make up about 16% of those who are 'looked after away from home'. A further 1,000 children with disabilities also receive residential care in a 'planned series of placements' (respite care), but are not included in the looked after children statistics (Scottish Government, 2011).

Scotland's 32 local authorities have the responsibility to meet the care and protection needs of children. These authorities are diverse in size and range widely in terms of population, geography and levels of poverty and deprivation. They also vary in the volume of services they purchase from the independent sector. The local authorities are the main 'providers' of children's homes and directly manage 101 units. The voluntary sector provides 18 units and the private sector 43 units (Hill, 2009, p. 63). In total, the 162 units identified for the NRCCI provide 823 places. There is a further group of 10 'close support' units, providing 69 places; these are for young people with especially challenging behaviour who might otherwise be at risk of placement in a secure setting. Over the past 20 years residential units have become progressively smaller and now '90% of the residential units provide places for between two and nine children' (Hill, 2009, p. 33).

Despite the policy support from central government for small-scale residential units there continues to be significant scepticism on the part of some social workers about the value and benefit of care, especially residential care, and reports have noted the reluctance of social workers to use this option even when children remain at significant risk (McPheat, Milligan, & Hunter, 2007; Scottish Executive, 2002). The relatively high staff ratios associated with small units also means that costs are high. The consequence is that local authorities have generally sought to deal with the increased numbers of children becoming looked after by increasing foster and kinship care placements rather than expanding their residential provision.

Diverse Functions of Residential Child Care in Scotland

This article focuses on children's homes and does not include reference to other parts of the residential sector, such as the residential schools or disability services. Scotland does not 'detain' young people under the age of 16 in any type of juvenile justice facility and it has only a small in-patient psychiatric provision for young people. Thus virtually all residential care for vulnerable, or 'troubled and troublesome', children is located within the child welfare system. This means that all residential providers (local authority, voluntary sector and private providers) are faced with caring for a wide range of children, some of whose needs and behaviours may be exceptionally challenging in terms of mental distress or destructiveness. The residential school sector also includes a small number of secure care units where the few children convicted of very serious offences may be placed following sentence by the courts. Secure care also accommodates other children who are placed there on a temporary basis because their behaviour poses a serious risk to themselves or others (Milligan & Smith, 2006).

Drivers for Change

In this section a number of key areas that have been the focus of policy and practice development are highlighted: staff training, educational attainment and health improvement.

Staff Training

Another Kind of Home (Skinner, 1992) emphasised the importance of a highly qualified workforce and laid down high aspirations for making the workforce more professional. It also set up a small university-based centre for residential childcare with responsibility for raising the profile of the sector and sharing 'good practice' via seminars and conferences. In 1999, building on the work of this centre, the government made a major investment in the training of residential childcare staff. The SIRCC was established with a remit to provide training to residential workers across Scotland. This included the entire range of training opportunities from in-service courses to a master's course tailored for residential childcare. In 2003, the Scottish Social Services Council was set up to establish

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a register for social care staff. Residential workers were among the first groups of social care staff, after social workers, who were faced with a mandatory requirement to register. The registration requirement for staff includes gaining qualifications to a certain level. For residential childcare workers this includes a combination of practice qualifications usually via the Scottish vocational qualification (SVQ) system and an 'academic' qualification equivalent to at least the first year of a university degree course. Although any academic qualification at the appropriate level is acceptable for registration purposes, the most common course for previously unqualified staff has been the Higher National Certificate (HNC) in Social Care, provided by SIRCC-funded staff in further education colleges across Scotland. Thus several hundred Scottish staff have now achieved a general social care training award with a specific focus on residential childcare (Lerpiniere, Davidson, Hunter, Kendrick, & Anderson, 2007). The mandatory requirement for training and the provision of accessible and relevant SIRCC courses has created an environment of training and learning in the residential sector. In one study of 400 residential staff, 80% agreed that training was of a good quality, and the criticisms offered mainly related to releasing staff to attend training. Some suggested that the training on offer, while good, was not at a high enough level to equip staff for the complexity of the task (Milligan, Kendrick, & Avan, 2004). The need for more highly trained staff is widely recognised across Scotland, and the NRCCI recommended moving to a degree-level qualification for all residential staff and explored the contribution that social pedagogy might make to this (Davidson et al., 2009).

Focus on Educational Attainment

The NRCCI followed another major government report, *Looked After Children And Young People: We Can And Must Do Better* [WC&MDB] (Scottish Executive, 2007) which focused on improving the 'educational attainment' of children in residential care. In 2004, the government invited local authorities to bid for additional funding to establish innovative projects to engage more effectively with looked after young people who had missed considerable periods of schooling or who were seriously disengaged from education (Connelly et al., 2008). Eighteen local authorities were successful in their bids and set up diverse programs. The evaluation found that in most authorities it took a long time to establish the programs and that there were data-gathering weaknesses. There was also a high level of concern about whether the benefits would be sustained once the additional central government funding came to an end. Nevertheless all the projects led to improved school attendance and:

> About 40% of the young people participating in the pilots advanced by one 5–14 National Assessment level, much better than the average progress reported for all looked after children and similar to advances made by non-looked after children nationally. (Connelly et al., 2008, p. 4)

The WC&MDB report and the guidance and training materials that flowed from it identified the conditions necessary for systematically improving attainment. Guidance on the concept of the 'corporate parent' was articulated to create a sense of commitment to these children by staff in all departments of a local authority, summed up in the title, *These Are Our Bairns. A Guide For Community Planning Partnerships On Being A Good Corporate Parent* (Scottish Government, 2008a). Education personnel, at all levels, were also encouraged to improve their understanding of the needs of looked after children. Extensive training materials were developed and delivered in interprofessional programs and guidelines issued to 'designated senior managers' for looked after children in each school and further education establishment (Scottish Government, 2008b). While the educational disadvantages of a substantial proportion of children in residential care do not admit to easy or short-term resolution there is no doubt that a focus on educational progress is an important part of the contemporary care environment. The NRCCI report described the progress to date thus:

> Recent attention to educational attainment for looked after children through the We Can and Must Do Better report and the range of work being undertaken following this report have undoubtedly led to improvements, but the challenge now is to ensure the policy and practice initiatives emanating directly and indirectly from the report are embedded into everyday practice. (Hill, 2009, p. 53)

Improving Health

Concern about the health, both physical and mental, of children in residential care had been rising for several years before the publication of a comprehensive survey of the children in Edinburgh's homes (Residential Care Health Project, 2004). This provided evidence of significant unmet physical and mental health need. 'Health' had been one of the eight Skinner 'foundational principles' from 1992, although the emphasis at that point was on smoking, alcohol and drug-taking, and sexual health. One recent study shows that a substantial amount of 'health improvement activity' is taking place in residential units (Harkins & Dudleston, 2009). Evidence for the effectiveness of this activity, however, is much harder to find. The NRCCI argued that 'the work of LAC [Looked After Children] nurses must be built upon to improve health assessment and care in residential establishments', and that there was an urgent need for a 'national policy and practice initiative' (Hill, 2009, p. 54). Mental health needs were especially prominent in the Edinburgh survey and confirmed other research on the mental health of children entering the care system (Dimigen et al., 1999). Meanwhile, a national study revealed that around half of all looked after children had diagnosable mental health

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disorders, many of which were undiagnosed and untreated (Meltzer, Lader, Corbin, Goodman, & Ford, 2004).

The growing concern about the prevalence of serious mental health troubles had led to a number of pilot projects (Kendrick et al., 2004; Milligan & Paul, 2006; van Bienam, Martin, & Bonnett, 2002). These were set up to find new ways to meet the needs of young people in residential care, but all included a commitment to providing consultation to the staff as well as direct work with the children. As one project emphatically notes, 'work carried out through those involved in directly caring for young people is at least as valuable, if not more valuable, than direct clinical work with young people themselves' (van Bienam et al., 2002, p. 18).

These developments confirm a rising awareness of the need to tackle children's health and the emergence of new categories of health professional: the 'looked after children's nurse' and the 'looked after children mental health service'. Levels of provision, however, still vary by Health Board and there are no national standards of service. The Scottish government has recently attempted to ensure a more comprehensive focus on looked after children's health by requiring all Health Boards to appoint a named director with responsibility for looked after children and to ensure that the health needs of all looked after children are systematically assessed. There is also a new expectation that Health Boards will report on an annual basis to the government on the health of their looked after children.

The Corporate Family

The concept of the 'corporate parent' has been articulated in the UK in recent years and it encapsulates the idea that children who have to be cared for away from their birth family deserve a quality of care that matches that of good parents (Scottish Executive, 2007). The challenge has been articulated in terms that those responsible should always ask themselves the question 'would this be good enough for my own child?' and strive to ensure that all services can meet this test. Social work services in Scotland are provided by local government authorities that are also responsible for a number of other services such as education, leisure and housing. The *Children (Scotland) Act 1995* made it clear that the responsibility for looked after children did not rest solely with the social work department of these authorities, but with the authority as a whole. Influenced by a widely publicised scheme from Barnet Council (Greater London) (Wallace, 2006), a number of Scottish local authorities have established 'children's champions' schemes. These involve senior managers from all departments in the authority taking special responsibility for one or two children in residential care and acting in the background as a 'pushy parent' on behalf of the child. The most powerful impact of these schemes has not been on the individual children involved, but at a systemic level. When the champions became aware of the barriers facing 'their' children they were able to make changes that improved the experience for all looked after children. In one authority (Furnivall et al., forthcoming) care-leavers were given access to much improved housing; job and training opportunities were created for young people within the authority's own services; restrictions were placed on head teachers' powers to exclude young people; and substantially increased resources for the residential estate were provided, despite the bleak economic climate. Even more starkly, some of the champions were able to identify and articulate that even with these positive changes the most important challenge facing them in their role as corporate parent was to ensure that the needs of young people for love and emotional support were met. In the government guidance on corporate parenting the concept was extended to include the idea of the corporate family, suggesting that other public authorities such as the local health, police and fire service should also take on some responsibility for these young people (Scottish Government, 2008a). The term 'corporate parent' is clumsy and it is difficult to equate the intimacy of parenting with services provided by a corporate body. However, there is no doubt that both local government officials and elected councillors throughout Scotland have been sensitised to the needs of these children and their responsibilities to them by the emphasis on corporate parenting.

Emerging Models of Residential Childcare

The emphasis on training, particularly at master's level, and the regular program of conferences and seminars organised by SIRCC has led to a greater focus by some providers on using a range of theories to construct effective ways of working therapeutically with young people. The importance of such theory-led practice has been highlighted by research, most recently in a report *Outstanding Children's Homes* published by the English regulatory body Office for Standards in Education, Children's Services and Skills [Ofsted] (2011), which identified the characteristics of particularly effective homes. The report highlights the importance of developing a shared and coherent philosophy of care and commented that 'the theoretical approach helped managers and staff to articulate a clear vision and purpose for the home' (Ofsted, 2011, p. 15). Some providers have identified models of intervention that have produced positive results in other contexts and have modified them for the Scottish environment. This includes one large private provider introducing a form of the 'Sanctuary model®' developed by Sandra Bloom in New York (http://www.sanctuary-web.com/sanctuary-model.php), and a local authority using ideas from the multitreatment fostering model to create an enhanced residential care service as a pilot in one of its homes. Other agencies have drawn on developmental theories such as 'attachment' and identified how this can inform direct work with young people and also

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provide a basis for work with families. One large local authority has developed a philosophy of care based on the idea of 'promoting attachment' (Edinburgh City Council, 2006). Many residential workers across Scotland are also now being trained in the dyadic developmental approach (Hughes, 2009). Particularly important for almost all these theory-led developments has been the inclusion of some form of external consultancy or support to staff. Another emerging influence on Scottish residential childcare is the adoption of ideas and practices from the European social pedagogy tradition. This has been supported by the Scottish government through study visits to European centres (Children in Scotland, 2010) and several providers have now enabled some of their staff to undertake in-service training in this approach (Milligan, 2009a).

Although all these developments have produced anecdotal examples of more positive outcomes for children there is very little robust research that links outcomes to particular theoretical interventions in residential childcare. Recently, however, the Scottish government has extended the remit of SIRCC to include a much stronger focus on research. In addition, there is now a developing network of researchers within Scotland who have a particular interest in looked after children and initial plans are being made to undertake longitudinal studies.

Constraints on Quality

In this section a number of problems that have been identified by the NRCCI and elsewhere will be considered: the fragmentation of providers and the operation of markets, multipurpose units, emergency admissions and untimely exits, and placement instability.

Fragmentation of Providers and Markets

As already noted, fragmentation of ownership of residential services for children is a feature of the Scottish landscape. Local authorities tend to buy places in the independent sector on a 'spot purchase' basis, 'as and when needed', rather than working in partnership on a 'block purchase' basis. While such an approach offers flexibility to purchasers, especially when seeking placement for a child on an 'emergency' basis, it also tends to drive up costs. The size of independent-sector organisations is varied; there are a number of national, long-established children's charities such as Action for Children and Quarriers and one or two large private providers, but there has recently been a growth in small organisations providing just one or two residential units. This may provide more choice and the potential for innovation, but there is no long-term commitment in a spot-purchase dominated market and this restricts the ability of independent providers to make investments in particular models of care, as there is no guarantee that local authorities will buy places from them. Nevertheless, the entry of new providers has created an extended range of residential services, especially for those more difficult children for whom the local authorities struggle to provide direct care.

Following the crisis in financial markets in 2008–09 and subsequent reductions in public sector budgets, many local authorities are seeking to reduce spending on placements purchased from the voluntary and private sectors. This has created severe consequential financial difficulties for some long-established charitable providers who often have a large building and estate to maintain and may have complex conditions on the disposal of their assets. In contrast, many of the smaller providers have established services in rural areas where property prices may be lower and they are able to respond more flexibly to ups and downs in the market. Relations between local authorities, who are usually providers themselves, and the independent sector have sometimes been strained (Milligan, 2009b). Recent attempts to improve stability and outcomes for children in this 'market' have focused on the concept of commissioning. This process involves purchasers and providers engaging in a shared consideration of the data on children's needs, identifying the types and locations of services that will meet these needs, before proceeding to the contracting phase and purchasing of individual places (Social Work Inspection Agency, 2009).

Strategic commissioning, while having the backing of the regulatory body, has not yet become established practice in children's services. There are considerable problems caused by the working of the markets and the perception that local authorities sometimes remove children from independent placements on budgetary rather than childcare grounds. This has been especially noticeable in relation to older children who may 'age out of care' from independent sector residential schools, which may not be located near their home areas. These children may have been placed in such settings by the local authority for several years following a period of difficulty, and made good progress, only to see much of it lost by abrupt terminations of placement without satisfactory support services following the child. This issue is part of the wider problem of 'poor outcomes' for care-leavers highlighted in an investigation by the Children's Commissioner who challenged Scotland's local authorities about the quality of the 'throughcare and aftercare' provision (Scotland's Commissioner for Children and Young People, 2008).

Multipurpose Residential Units

While Scotland's providers have been successful in establishing small-scale and high quality physical environments, the question of the care philosophy or 'therapeutic' orientation of units has been much more problematic. The Skinner review had welcomed the trend towards residential units with specific remits. The residential regulations that accompany the *Children (Scotland) Act 1995* direct that each home should have a 'statement of aims and functions' that should be reviewed annually. In the survey conducted by the NRCCI, however, most local authorities described

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their homes as 'generic': 'This denotes that they do not specialise and might suggest a lack of specificity, but equally "generic" can be interpreted to suggest a flexible service that adapts to meet the need of a wide range of children' (Hill, 2009, p. 14).

While Hill's evaluation of generic units is open-ended, others have pointed out that this lack of differentiation in local authority provision is not satisfactory (House of Commons, 1998). Research by one of the authors of this article and colleagues has also suggested that the mixing of very different needs is unhelpful and, in particular, the tendency to use residential units for emergency placements and for children in longer-term care, was especially unsettling for the latter group (McPheat et al., 2007). Undoubtedly, some of the mixing of different needs in so-called generic units is caused by pressure on places. The NRCCI research confirmed professional perceptions that most children's units are run at maximum capacity and there is considerable pressure to fill empty places, even where the child's profile does not fit the remit of the unit (Milligan et al., 2006).The NRCCI did, however, find a number of units, particularly in the independent sector, which had some degree of specialism by function; examples included units designated for younger children (under 12), and others described as close support or crisis services.

Emergency Admissions and Untimely Exits

Two particular aspects of the current care system — the prevalence of emergency admissions, and the problem of placement breakdown — contribute significantly to poor experiences and outcomes for children. The NRCCI recognised this and emphasised the need for improved multiagency care-planning. It also, however, confronted professional suspicion of residential care by advocating that it should be the placement of choice for some younger children, rather than exposing them to a series of failed foster placements. It argued that a clearer focus on what the placement was intended to achieve (outcomes) would be important for making the best use of residential care (Hill, 2009, p. 51).

It is clear that local authority residential units house a mixture of children in short-term (sometimes very short-term) placements alongside children who have been placed for 2 years or more. In one study, 33% of admissions to local authority units were for one week or less, and among those discharged from the same units in the same period, 20% had resided for 1 year or more (Milligan et al., 2006). Further, although legislation has extended the duties of local authorities to provide services to 'care-leavers', with the expectation that they will not leave care until they are 18, many young people continue to leave the system at 16 (Scotland's Commissioner for Children and Young People, 2008) without the mandated 'pathway plans' (Scottish Government, 2011).

Placement Instability

Reports from the field suggest that a high rate of placement breakdowns continues to be a major problem damaging the lives of children and carers and unsettling other children in residential units. This was recognised as a problem that had to be addressed if education was to be improved:

> The group [Ministerial working group] felt that more needs to be done to limit the number of moves experienced by looked after children and young people once they are in the care system, whilst recognising that suitable placements should not be maintained, and to ensure appropriate placements are secured at as early a stage in the young person's life as possible. (Scottish Executive, 2007, p. 49)

In England, reducing placement breakdown was included in the list of indicators imposed on local authorities by central government under the Quality Protects initiative 1999–2003 (Crimmens & Milligan, 2005). The scale of the problem can be inferred from the target, which was to reduce the number of children having three or more placements in a year to less than 15% of all looked after children. In Scotland, the government has not used targets in its relations with local government, but the problem has been recognised and some statistical information is reported annually. The most recent figures suggest that over half of all children in care during the year had had three or more placements over the course of their 'current episode of being looked after'. For some children this could, of course, be many years, but the figures throw up some astonishing examples of instability, confirming sustained anecdotal evidence from the field, including three children, aged between 1 and 2 years old, who each had eight placements (Scottish Government, 2011).

The NRCCI Matching Resources to Needs group wrestled with this issue and attempted to link its resolution to a range of other strategies, including careful individual assessments and taking children's views into account. They also emphasised the importance of recognising the value of the residential option earlier in a child's 'care career', rather than simply repeatedly placing a child in a foster placement if similar previous placements had broken down. Nevertheless, the preference, on both ideological and costs grounds, to place younger children in foster placements remains strong. Breakdowns in residential placements are also fairly high when taken across the sector as a whole, constituting 13% of all admissions to local authority units (Milligan et al., 2006). One of the key messages for the NRCCI was that stability should be pursued, 'Stability and continuity of placement are a high priority. Placement changes and breakdowns should be regarded very seriously, monitored closely and reviewed for the lessons to be learned' (Hill 2009, p. 51).

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Conclusion

This article has shown how Scotland, despite its own abuse scandals (Frizzell, 2009; Kent, 1997), has had a strong and continuing policy commitment to residential care for children and young people, and successive governments have provided substantial funds to address the training challenges facing the sector. The Scottish residential sector has reduced in scale and, as a result, cares mainly for very troubled young people. Many of them have had several previous placements that have not worked, creating for some children a situation of insecurity and turmoil. Units have become smaller and less institutional in location and quality of physical environment. However, the aspirations of the Skinner Report (1992) included a choice of placement for children. This would require units to operate at less than full capacity and this aspiration has not been realised.

The level of placement instability and the vulnerability of young care-leavers suggest that there are still significant problems facing the residential childcare sector in Scotland. Research from the UK (Clough, Bullock, & Ward, 2005) supports Ainsworth about the importance of theory to inform residential practice if it is to meet needs, rather than simply contain children: 'Behind a clear set of objectives every residential program needs to have an articulated theoretical foundation' (Ainsworth, 2007, p. 34). As has been noted, a growing number of organisations and units are now seeking to adopt coherent theory-based frameworks to inform a more systematic approach to practice. The next step is to rigorously examine the outcomes of these approaches.

While the government and the profession have higher aspirations for children in residential care — as per the title of the NRCCI reports — it is clear that further improvement is required both in how children are placed in the 'beds' that are available, and in the quality of the work undertaken with them and their families while there. Although there are serious challenges facing Scottish residential care, there are some grounds for optimism in that policy and practice over two decades suggest that these challenges will be faced and tackled.

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